

Institute of Statistical, Social & Economic Research (ISSER),
University of Ghana, Legon



**GHANA LEAP 1000 IMPACT EVALUATION
BASELINE SURVEY**

HOUSEHOLD INSTRUMENT

2015

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COVER SHEET

METADATA		Cluster ID	_ _		
1	Date of interview	_ _ - _ _ - _ _	Household ID	_ _ _ _	
2	Time start (MM:HH)	_ _ : _ _ 24-hour clock	3	Time end interview	_ _ : _ _ 24-hour clock
4	Region	_____ _ _	12	Enumerator name and code	_____ _ _
5	District	_____ _ _	13	Supervisor name and code	_____ _ _
6	Locality/community	_____ _ _ _ _ _	14	GPS coordinates	
7	Name head of household and PID	_____ _ _	14a	Latitude	N _ _ _ _ _ . _ _ _ _ _ _ _ _
8	Name respondent and PID	_____ _ _	14b	Longitude	E/W _ _ _ _ _ . _ _ _ _ _ _ _ _
9	Language used by respondent	_ English..... 1 Frafra 6 Akan 2 Kusal 7 Dagbani 3 Konkomba..... 8 Mampruli..... 4 Basare 9 Bimoda 5 Other (specify) 10			
10	Interpreter used?	_ Yes 1 No..... 2			
11	Response status	_ Complete interview 1 Partially complete (reason: _____). 2 Non-contact 3 Refusal..... 4 Other (specify: _____) 5			

FUTURE CONTACT INFORMATION

Enumerator: please remind the household that it will be interviewed again in 2017, and thus having a way to contact them in the future is critical to the success of the survey. We are going to ask them for two people who can be contacted in the future should the family move from the village. If you left this place, who would be the most likely people to know where you are?

	Contact 1	Contact 2
1. Name of contact people		
2. Relationship to you		
3. Where do these people currently live?		
Community		
Region		
4. Phone numbers of these people		
5. How best would we be able to contact these people? (Pls. feel free to give as many options as necessary) e.g. Contact address, landmarks, street numbers, nicknames		

Question 0:	I would like to ask you a very important question about how you feel about your life. Taking all things into consideration, are you happy with your life?	Yes..... 1 No 2
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SECTION 1: HOUSEHOLD ROSTER

Instruction: Please give me the names of all persons who usually live with this household and eat from the same pot. Start with the head of the household and include visitors who have lived with the household for six months or more. Include usual members, who are away visiting, in hospital, at boarding schools or college or university, etc.

1	2	3	4	5	6	7	8	9	
					For those 12 years or older				
ID	Name of the member	Sex 1 = Male 2 = Female	What is [NAME'S] relationship with the head? 1 = Head 2 = Spouse 3 = Child 4 = Grandchild 5 = Parent/Parent-in-law 6 = Son/Daughter-in-law 7 = Other relative 8 =Adopted/ Foster/Stepchild 9 = House help 10 = Non-relative	How old is [NAME] now?		What is (NAME'S) present marital status? 1 = Married, monogamous 2 = Married, polygamous 3 = Consensual Union 4 = Separated (>> Q9) 5 = Divorced (>> Q9) 6 = Widowed (>> Q9) 7 = Never Married (>> Q10)	Does (NAME'S) spouse live in this household? 1 = Yes 2 = No (>> Q9)	COPY THE I.D. CODE OF THE SPOUSE (IF MORE THAN ONE SPOUSE, THE FIRST ONE)	At what age did (NAME) first get married or started living with a partner? (AGE IN YEARS)
				AGE IN YEARS	IF <5 YRS: MONTHS SINCE LAST BDAY				
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

SECTION 1: HOUSEHOLD ROSTER (Continued)

	10	11	12	13
	For those aged 0 – 17 years		For those aged 5 – 17 years	
ID	Is the biological mother of [NAME] alive? WRITE PID =YES, MOTHER LIVES IN HOUSEHOLD 88=YES, BUT MOTHER NOT IN HOUSEHOLD 99=NO, MOTHER IS DEAD 7777=DON'T KNOW	Is the biological father of [NAME] alive? WRITE PID =YES, FATHER LIVES IN HOUSEHOLD 88=YES, BUT FATHER NOT IN HOUSEHOLD 99=NO, FATHER IS DEAD 7777=DON'T KNOW	Does [NAME] have a pair of shoes or sandals? 1=YES 2=NO 8=DON'T KNOW	Does [NAME] have at least 2 sets of clothes? 1=YES 2=NO 8=DON'T KNOW
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				

SECTION 2: EDUCATION OF ALL HOUSEHOLD MEMBERS AGED 3 YEARS OR OLDER

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	All members 3 years or older			Members aged 3 – 24 years old only										
ID	During 2014/2015 academic year, did (NAME) attend school? 1=YES (>>Q3) 2=NO	What was the highest grade [NAME] attained? [SEE CODES BELOW] [Enter 00 if did not complete any grade] ->>NEXT PERSON	What grade/level of education was/is (NAME) attending during 2014/2015 academic year? [SEE CODES BELOW]	Does (NAME) participate in a school feeding programme? [ANY KIND] 1=YES 2=NO	I want to ask you about the educational expenses for (NAME) during the past 12 months? (DO NOT INCLUDE BURSARY AND SCHOLARSHIP) How much was spent on									
					School fees and registration fees?	Contributions to parent/teacher associations (PTA)?	Uniforms and sports clothes?	Books and school supplies?	Transportation to and from school?	Food, board & lodging at school?	Expenses on extra classes?	In-kind expenses?	OTHER	(IF CANNOT GIVE BREAK DOWN)
					IN GH¢ AND GHp	IN GH¢ AND GHp	IN GH¢ AND GHp	IN GH¢ AND GHp	IN GH¢ AND GHp	IN GH¢ AND GHp	IN GH¢ AND GHp	IN GH¢ AND GHp	IN GH¢ AND GHp	IN GH¢ AND GHp
Codes for Q2 & Q3:			P6..... 16	Voc/Tech/Comp/										
Never attended school... 00			JSS1/JHS1 17	Comm/Agric..... 41										
Pre-school 01			JSS2/JHS2 18	Teacher Training 42										
P1 11			JSS3/JHS3 19	Nursing 43										
P2 12			SSS1/SHS1 24	Polytechnic 51										
P3 13			SSS2/SHS2 25	University 52										
P4 14			SSS3/SHS3 26	Other Tertiary 53										
P5 15			SHS4 27	Other (specify 61										

SECTION 3: HEALTH OF ALL HOUSEHOLD MEMBERS AGE 5 YEARS AND ABOVE

ID	1 Has [NAME] been sick or injured during the last two weeks? 1=Yes, sick/injured 2=No>>Q7 9=Don't know>>Q7	2 During the last 2 weeks, did (NAME) have to stop the usual activities because of this condition? 0=No IF YES: PUT NUMBER OF DAYS (1 – 14)	3 During the last 2 weeks has (NAME) consulted a health practitioner, visited a health facility or consulted a traditional healer for this injury/illness? 1=YES 2=NO (>>Q7)	4 On the most recent visit whom did (NAME) consult? 01=Doctor 02=Dentist 03=Nurse 04=Medical assistant 05=Midwife 06=Pharmacist 07=Drug/chemical seller 08=Traditional Healer 09=Trained TBA 10=Untrained TBA 11=Spiritualist 12=Other (specify)	5 Where did the consultation take place? 1=Public Facility 2=Private Facility 3=Pharmacy 4=Traditional Healer 5=Drug store 6=Drug seller 7= Other (Specify)	6 How much in total was spent on [NAME]'s medication and consultation in the last two weeks? [INCLUDE BOTH CASH AND IN KIND] [GIVE AMOUNT IN GH¢ AND GHp] [ENTER '00' IF NONE]	7 During the last 2 weeks did (NAME) buy any medicine or medical supplies? [OTHER THAN ALREADY INCLUDED IN Q6!] 1=YES 2=NO	8 How much in total was spent on (NAME)'s medicine or medical supplies in the last two weeks? [GIVE AMOUNT IN GH¢ AND GHp]	9 Does (NAME) have any serious disability that limits his/her full participation in life activities (such as mobility, work, social life, etc.) 1=YES 2=NO (>> Q11)	10 What type of disability does (NAME) have? 1=Sight 2=Hearing 3=Speech 4=Physical 5=Intellect 6=Emotional 7=Other (specify) [RECORD UP TO 3 DISABILI-TIES]		
										1 ST	2 ND	3 RD

SECTION 3: HEALTH OF ALL HOUSEHOLD MEMBERS (CONTINUED)

	11	12	13	14	15	16
ID	Is (NAME) currently registered or covered by health insurance? 1=YES 2=NO (>> NEXT PERSON/ SECTION)	If (NAME) is registered or covered, what type of health insurance scheme is he/she registered with? A=National/District Health Insurance (NHIS) B=Mutual Health Organization/Community-based Health Insurance C=Other Privately Purchased Commercial Health Insurance X=Other Health Insurance (specify) RECORD ALL MENTIONED IF 'A' NOT CIRCLED >> NEXT PERSON/ SECTION	Does (NAME) hold a valid National Health Insurance Scheme (NHIS) card? 1=Yes, card seen 2=Yes, card not seen 3=No	How much is the fee for NHIS per year? [GIVE AMOUNT IN GH¢ AND GHp]	How much did you expect to pay? [GIVE AMOUNT IN GH¢ AND GHp]	Who paid for the fee? 1=Household 2=LEAP 3=NGO 4=Exempt 5=Other (specify)
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				
		A B C X				

SECTION 4A: HOUSING CONDITIONS AND WASH

Respondent for this section should be the head of household or other knowledgeable adult

	Question	Answers	Skip
1	How many rooms does this household occupy? Count living rooms, dining rooms, bed rooms but not bathrooms, toilet & kitchen	ROOMS..... __ __	
2	What is the main source of lighting for your dwelling?	Electricity (mains) 1 Electricity (private generator)..... 2 Kerosene lamp 3 Gas lamp..... 4 Solar energy..... 5 Candle 6 Flashlight/Torch 7 Firewood..... 8 Crop residue 9 Other (specify)..... 10	
3	What is the main construction material used for the outer wall?	Mud/Mud bricks/Earth 1 Wood 2 Metal Sheet/ Slate/Asbestos 3 Stone..... 4 Burnt bricks 5 Cement blocks/Concrete..... 6 Landcrete 7 Bamboo 8 Palm leaves/Thatch (Grass/Raffia) 9 Other (specify)..... 10	
4	What is the main material used for the roof?	Mud/Mud bricks/Earth 1 Wood 2 Metal sheet 3 Slate/Asbestos 4 Cement/Concrete 5 Bamboo 6 Palm leaves/Thatch (Grass/Raffia) 7 Roofing tile..... 8 Other (specify)..... 9	
5	What is the main construction material used for the floor?	Earth/Mud..... 1 Cement/Concrete 2 Stone..... 3 Burnt brick..... 4 Wood 5 Vinyl tiles 6 Ceramic/Porcelain/Granite/Marble tiles 7 Terrazzo/Terrazzo tiles..... 8 Other (specify)..... 9	
6	What is the main source of drinking water for members of your household?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbor 13 Public tap / standpipe..... 14 Tube Well, Borehole..... 21 Dug well Protected well 31 Unprotected well..... 32 Protected spring 41 Unprotected spring 42 Rainwater collection..... 51 Tanker-truck 61 Cart with small tank / drum 71 Surface water River/ stream 81 Dam, lake, pond, canal, irrigation channel) .. 82 Bottled water 91 Sachet water 92 Other (specify)..... 96	

	Question	Answers	Skip
7	Do you do anything to the water to make it safer to drink?	Yes..... 1 No..... 2 Don't know..... 8	→ Q9 → Q9
8	What do you usually do to make it safer to drink? Anything else? RECORD ALL ITEMS MENTIONED	Boil..... A Add bleach / chlorineB Strain it through a clothC Use water filter (ceramic, sand, composite, etc.) D Solar disinfection.....E Let it stand and settle..... F Add camphor/naphthalene..... G Add water tablet H Other (specify)..... X Don't know.....Z	
9	What is the main source of water used by your household for other purposes such as cooking and hand washing?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbor 13 Public tap / standpipe..... 14 Tube Well, Borehole..... 21 Dug well Protected well 31 Unprotected well..... 32 Protected spring..... 41 Unprotected spring 42 Rainwater collection..... 51 Tanker-truck 61 Cart with small tank / drum 71 Surface water River/ stream 81 Dam, lake, pond, canal, irrigation channel) .. 82 Bottled water 91 Sachet water 92 Other (specify)..... 96	
10	What type of toilet facility is usually used by members of your household? If “flush”, probe: WHERE DOES IT FLUSH TO? If necessary, ask permission to observe the facility.	Flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush, don't know where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 Hanging toilet, Hanging latrine 51 Mobile Toilet..... 61 No facility, Bush, Field, Beach 95 Other (specify)..... 96	
11	What type of fuel does your household mainly use for cooking?	Electricity 01 Liquefied Petroleum Gas (LPG)..... 02 Biogas..... 03 Kerosene..... 04 Charcoal 05 Wood/Firewood..... 06 Straw / Shrubs / Grass 07 Animal waste..... 08 Agricultural crop residue/sawdust 09 No food cooked in household..... 95 Other (specify)..... 96	→ Q14 → Q14 → Q14 → Q14 → Q14

	Question	Answers	Skip
12	In this household, is food cooked on an open fire, a coal pot or a closed stove?	Open fire..... 1 Coal pot 2 Closed stove 3 Improved stove 4 Other (specify)..... 6	
13	Is the cooking usually done in the house, in a separate building, or outdoors? <i>If 'in the house', probe: is it done in a separate room used as a kitchen?</i>	In the house In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4 Other (specify)..... 6	
14	Please show me where members of your household most often wash their hands.	Observed..... 1 Not observed Not in dwelling / plot / yard 2 No permission to see..... 3 Other reason..... 4	→ Q17 → Q17 → Q17
15	Observe presence of water at the specific place for hand washing. VERIFY BY CHECKING THE TAP/PUMP, OR BASIN, BUCKET, WATER CONTAINER OR SIMILAR OBJECTS FOR PRESENCE OF WATER	Water is available 1 Water is not available 2	
16	Record if soap or detergent or other traditional detergents are present at the specific place for hand washing. CIRCLE ALL THAT APPLY THEN GO TO NEXT SECTION	Washing Soap (e.g. Key soap) A Detergent (Powder / Liquid / Paste) B Liquid hand washing soap C Ash D Toilet Soap (e.g. Lux)..... E Other (specify)..... X None Y	— NEXT SECTION
17	Do you have any soap or detergent or any other traditional detergents in your household for washing hands?	Yes..... 1 No..... 2	→ NEXT SECTION
18	Can you please show it to me?	Washing Soap (e.g. Key soap) A Detergent (Powder / Liquid / Paste) B Liquid hand washing soap C Ash D Toilet Soap (e.g. Lux)..... E Other (specify)..... X Not able / Does not want to show..... Y	

SECTION 4B: FOOD SECURITY

	Question	Answers	Skip
1	How many meals excluding snacks do you normally have in a day?	One 1 Two..... 2 Three..... 3 More than three..... 4	
2	In the past four weeks , did you worry that your household would not have enough food?	Never 1 Rarely (once or twice) 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
3	In the past four weeks , did you or any household member go a whole day and night without eating anything because there was not enough food?	Never 1 Rarely (once or twice) 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
	CHECK HOUSEHOLD ROSTER: ANY CHILDREN YOUNGER THAN 5 YEARS IN THE HOUSEHOLD? <input type="checkbox"/> YES → Q4 <input type="checkbox"/> NO → NEXT SECTION		
4	In the past four weeks , was there a time when any of the children younger than 5 years old did not eat healthy and nutritious foods because of a lack of money or other resources?	Never 1 Rarely (once or twice) 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
5	In the past four weeks , was there a time when any of the children younger than 5 years old was not given enough food because of a lack of money or other resources?	Never 1 Rarely (once or twice) 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	

SECTION 4C: TIME USE AND EMPLOYMENT

Ask of all HH members 6 years of age & above (inclusive). First identify id codes for all HH members **age 6 and above**, then proceed with question 1.

	1	2	3	4	5	6	7	8	9	10
	Last 24 hours – Domestic chores			Last 4 weeks		Other activities – last week				
ID	How many hours did [NAME] spend yesterday collecting water? [IF SPENT MORE THAN 0 BUT <1 HOUR, ENTER "1"]	How many hours did [NAME] spend yesterday collecting firewood (or other fuel materials)? [IF SPENT MORE THAN 0, BUT <1 HOUR, ENTER "1"]	How many hours did [NAME] spend yesterday taking care of children, cooking or cleaning? [IF SPENT MORE THAN 0, BUT <1 HOUR, ENTER "1"]	How many days in the past rainy season did [NAME] spend in land preparation or planting (e.g. ploughing)? [N/A = 99]	How many days in the past rainy season did [NAME] spend in weeding, fertilizing, other non-harvest work? [N/A = 99]	How many hours in the last 7 days did [NAME] run or help in any of the household's non-agricultural or non-fishing household businesses? [N/A = 99]	How many hours in the last 7 days did [NAME] spend in livestock herding, preparing fodder or other livestock activities for the household? [N/A = 99]	How many hours in the last 7 days did [NAME] spend collecting nuts or other tree fruits, honey, or other products from forests, either for food consumption, medicine or sales for the household?	How many hours in the last 7 days did [NAME] engage in casual, part-time or casual labour for anyone who is not a member of your household?	How many hours in the last 7 days did [NAME] do any work for a wage, salary, commission, or any payment in kind, excl. casual labour, for anyone who is not a member of your household?
	HOURS	HOURS	HOURS	DAYS	DAYS	HOURS	HOURS	HOURS	HOURS	HOURS

SECTION 4D: PRODUCTIVE LIVELIHOODS

	Question		Answers				Skip
1	Does this household own any livestock, herds other farm animals or poultry?		Yes 1 No..... 2				→ Q3
2	How many of the following animals does the household have?		[IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.]				
	(a) Draught animals e.g. donkey, horse, bullock		Number: __ __				
	(b) Cattle, including calves		Number: __ __				
	(c) Sheep		Number: __ __				
	(d) Goats		Number: __ __				
	(e) Pigs		Number: __ __				
	(f) Rabbits		Number: __ __				
	(g) Chicken		Number: __ __				
	(h) Guinea fowl		Number: __ __				
	(i) Duck		Number: __ __				
	(j) Other poultry		Number: __ __				
	(k) Fish		Number: __ __				
	(l) Other animals		Number: __ __				
3	Does your household have any outstanding debts to other households or institutions obtained in last 12 months (excluding purchases on credit)?		Yes 1 No..... 2				→ Q9
	4	5	6	7	8		
	Loan ID	How old is the loan (in months)?	What is the main source of the loan? SEE CODES BELOW	What is the primary purpose of the loan? SEE CODES BELOW	What is the total amount borrowed? In GH¢ and GHp	What is the current outstanding amount? In GH¢ and GHp	
	01						
	02						
	CODES FOR Q5		CODES FOR Q6				
	State Bank		a) Family				
	Private Bank.....		For meeting day-to-day expenses01				
	Cooperative		For emergency (funeral, medical, etc02				
	Gov't Agency.....		To pay off debts03				
	NGOs		To pay off someone else's debts.....04				
	Business firm		For social reasons such as wedding, travel or bride price.....05				
	Employer.....		For education of self, children, siblings or others.....06				
	Money lender		For renting your family's apartment.....07				
	Savings and loans scheme.....		b) Assets				
	Susu scheme.....		For purchasing or building a house08				
	Trader.....		Improving your house.....09				
	Farmer		To acquire household assets or property other than car or motorcycle.10				
	Relative/Friend/Neighbour.....		For purchasing a car, motorcycle/bicycle11				
	Other (specify.....		For purchasing land12				
			c) Agriculture and fishing				
			For purchasing of livestock e.g. fish, cattle etc13				
			For agricultural improvements e.g. Irrigation, a dam, fencing, preparing land14				
			For agricultural implements e.g. plough, hoe etc.15				
			For agricultural inputs e.g. seeds, fertilizer16				
			For fishing equipment e.g. net, outboard motor etc.....17				
			d) Business				
			For expanding your business/buy business stock18				
			For starting a business19				
			For investing in someone else's business20				
			e) other (specify)21				

	Question	Answers	Skip
9	In the last 12 months, has anyone in your household purchased food or other goods on credit?	Yes 1 No..... 2	→ Q12
10	In the last 12 months has anyone in your household asked to purchase on credit and been denied?	Yes 1 No..... 2	→ Q15
11	Could you purchase on credit if you asked?	Yes 1 No..... 2	→ Q15 → Q15
12	Ask for the last time credit was obtained in the last 12 months. What was the credit used for?	SEE CODES FOR Q6 CODE:..... __ __	
13	How much overall has your household purchased with the most recent credit? In GH¢ and GHp	AMOUNT: _____	
14	How much do you still owe on these purchases for the most recent credit? In GH¢ and GHp	AMOUNT: _____	
15	During the MOST RECENT agricultural season, did you incur any of the following [COST] (with or without credit)?	A. 1=YES 2=NO >> Next item B. What quantity did you buy? Unit codes: 1=LITER 2=KG 3=PIECE 4=DAYS C. How much did you spend on [COST] during the MOST RECENT agricultural season? [SUM CASH AND ESTIMATED VALUE OF IN-KIND PAYMENTS] In GH¢ and GHp	
	A. Seeds		
	B. Equipment (rental, repairs, spare parts), tools		
	C. Hired labor for production (planting, weeding, harvest)		
	D. Fertilizer, manure		
	E. Bags, containers, strings, packaging		
	F. Pesticides		
	G. Weedicides/Herbicides		

SECTION 4E: NON-FARM ENTERPRISES

1. Did you or anyone in your household operate any non-farm enterprises or provide any services (store, transport, home brewing, trade, etc) in the last 12 months?

- 1=Yes → CONTINUE BELOW
- 2=No → NEXT SECTION

	2	3	4	5
BUSINES ID	What non-farm enterprises did the household operate in the last 12 months? [SEE CODE SHEET BELOW (Q2)] [RECORD UP TO TWO IN ORDER OF IMPORTANCE]	Who in your household has the main responsibility for this enterprise? [ENTER PID OF HOUSEHOLD MEMBER]	Since this time last year, how many months was the business in operation? [TIME REFERENCE IS SINCE JUL/AUG 2015, BUT MONTH IS BASED ON DISTRICT] [WRITE NUMBER OF MONTHS] [WRITE 01 IF LESS THAN ONE MONTH]	What was your profit from this business in the average month? [THIS IS THE CASH INCOME AFTER ALL PURCHASED INPUTS HAVE BEEN PAID FOR] [GIVE AMOUNT IN GH¢ AND GHp]
01				
02				

BUSINESS CODES (Q2)

Ghana informal sector trade/skills/classifications codes (to be added by ISSER)

SECTION 5A: REPRODUCTIVE HEALTH OF ALL WOMEN 12 – 49 YEARS OLD

Start with the LEAP 1000 eligible household member, i.e. the mother of the young children in the household (or the pregnant woman)

ID	1	2	3	4	5	6	7	8	9	10	11	12	13
	Is [NAME] pregnant now? 1=YES 2=NO (>>Q7) 9=UNSURE (>>Q7)	Did (NAME) see anyone for antenatal care during this pregnancy? 1=YES (>>Q4) 2=NO	Why didn't (NAME) go for antenatal care? 1=Can't afford 2=No health care available 3=Health care too far 4=Not necessary 5=Health personnel not friendly 6=Other (specify) (>>Q7)	Whom did (NAME) see? Health professional: A=Doctor B=Nurse / Midwife C=Auxiliary midwife Other person: F=Traditional birth attendant G=Community health worker X=Other (specify) [CIRCLE ALL THAT APPLY]	How many months pregnant was (NAME) when she first received antenatal care for this pregnancy? [MONTHS] 98= DON'T KNOW	How many times did (NAME) receive antenatal care during this pregnancy? [NUMBER] 98= DON'T KNOW	Has [NAME] ever given birth? [Live birth] 1=YES 2=NO >>Q10	How many children to whom [NAME] has given birth are currently living in this household? [number]	How many children to whom [NAME] has given birth are alive but do not live in this household? [number]	Has [NAME] ever given birth to a boy or girl who was born alive but later died? [IF NO, PROBE: I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?] 1=YES 2=NO>>Q12	What is the total number of children that have died?	ENUMERATOR: Sum the answers to Q8, Q9 and Q11	So just to make sure I have this correct, [NAME] has had in total (Q12) live births during her life, is this correct? IF 'YES' NEXT PERSON/SECTION) IF 'NO' >> CHECK RESPONSES Q7 – Q11 AND MAKE CORRECTIONS
				A B C F G X									
				A B C F G X									
				A B C F G X									
				A B C F G X									
				A B C F G X									
				A B C F G X									
				A B C F G X									
				A B C F G X									
				A B C F G X									

SECTION 5B: BIRTH HISTORY SCHEDULE (LEAP 1000 ELIGIBLE HOUSEHOLD MEMBER ONLY!)

Enter ID code of LEAP 1000 eligible woman: |_|_|_|

ENUMERATOR CHECK: For this person, check response to q12, Module 5A: |_|_|_|

- No live births → NEXT SECTION
- One or more live births → CONTINUE BELOW

Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in Q1. Record twins and triplets on separate lines. If there are more than 10 births, use an additional questionnaire.

Birth history ID	1	2	3	4	5	6	7	8	9		10
	What name was given to your first/next baby?	Were any of these births twins? 1=Single birth 2=Multiple birth	Is (NAME) a boy or a girl? 1=Boy 2=Girl	What is (NAME)'s birthday? (DD/MM/YYYY) RECORD FROM HEALTH CARD OR BIRTH REGISTRATION DOCUMENT IF AVAILABLE. 99=Don't Know	Is (NAME) still alive? 1=YES 2=NO → Q9	How old was (NAME) at his/her last birthday? Record age in completed years	Is (NAME) living with you? 1=YES 2=NO → Q10	Record line number of child from household roster. Record '00' if child is not listed → NEXT BIRTH	IF DEAD: How old was (NAME) when he/she died? Record days if less than 1 months, record months if less than 2 years, otherwise record years 1=Days 2=Months 3=Years		Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? 1=YES 2=NO
									NUMBER	UNIT	
01				_ _ _ _ _ _ _ _							
02				_ _ _ _ _ _ _ _							
03				_ _ _ _ _ _ _ _							
04				_ _ _ _ _ _ _ _							
05				_ _ _ _ _ _ _ _							
06				_ _ _ _ _ _ _ _							
07				_ _ _ _ _ _ _ _							
08				_ _ _ _ _ _ _ _							
09				_ _ _ _ _ _ _ _							
10				_ _ _ _ _ _ _ _							

SECTION 6: MATERNAL AND NEWBORN HEALTH

These questions need to be asked to the LEAP 1000 eligible woman for each child aged 0 – 36 months. Include only children of the LEAP eligible woman and children for which she is the primary caregiver.

Enter ID Code of LEAP 1000 eligible woman: |_|_|_|_|

	1	2	3	4	5	6	7
ID of child [FROM HOUSE - HOLD ROSTER]	Did you see anyone for antenatal care during your pregnancy with (NAME)? 1=YES (>>Q3) 2=NO 9=DK (>>Q6)	Why didn't you go for antenatal care? 1=Can't afford 2=No health care available 3=Health care too far 4=Not necessary 5=Health personnel not friendly 6=Other (specify) (>>Q6)	Whom did you see? Health professional: A=Doctor B=Nurse / Midwife C=Auxiliary midwife Other person: F=Traditional birth attendant G=Community health worker X=Other (specify) [CIRCLE ALL THAT APPLY]	How many months pregnant were you when you first received antenatal care for this pregnancy? [MONTHS] 98= DON'T KNOW	How many times did you receive antenatal care during this pregnancy? [NUMBER] 98= DON'T KNOW	Who assisted with the delivery of [NAME]? [IF RESPONDENT SAYS NO ONE, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.] [RECORD ALL PERSONS MENTIONED] Health professional: A=Doctor B=Nurse / Midwife C=Auxiliary midwife Other person: F=Traditional birth attendant G=Community health worker H=Relative or friend X=Other (specify) Y=No one Z=Don't know	Where did you give birth to [NAME]? 1=Hospital 2= Health Facility 3= Village Health Post 4= Dispensary Or Pharmacy, 5=At Home Of Traditional Birth Attendant Or Midwife, 6=At Own Home, Neighbor Or Friend's Home, 7=Outside, 8=Other, Specify 9=Don't know
			A B C F G X			A B C F G H X Y Z	
			A B C F G X			A B C F G H X Y Z	
			A B C F G X			A B C F G H X Y Z	
			A B C F G X			A B C F G H X Y Z	
			A B C F G X			A B C F G H X Y Z	
			A B C F G X			A B C F G H X Y Z	

SECTION 6: MATERNAL AND NEWBORN HEALTH (CONTINUED)

	8	9	10		11		12	13
ID of child [FROM HOUSE - HOLD ROSTER]	When [NAME] was born, was s/he very big, bigger than average, smaller than average, or very small? 1=Very big 2=Bigger Than Average 3=Average 4=Smaller Than Average 5=Very Small 9=Don't know	Was [NAME] weighed at birth? 1=YES 2=NO (>>Q11) 9=DK (>>Q11)	How much did [NAME] weigh at birth? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE. RECORD IN KG AND USE APPROPRIATE CODE: 1=From health card 2=From recall		How long after birth did you first put (NAME) to the breast? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days. If never breastfed, record '8' at Code 0=Immediately 1=Hours 2=Days 8=Never breastfed 9=Don't know		In the first three days after delivery, was (NAME) given anything to drink other than breast milk? 1=YES 2=NO (>>NEXT CHILD/SECTION) 9=DK (>>NEXT CHILD/SECTION)	What was (NAME) given to drink? Probe: Anything else? [RECORD ALL MENTIONED] A=Milk (other than breast milk) B=Plain water C=Sugar or glucose water D=Gripe water E=Sugar-salt-water solution F=Fruit juice G=Infant formula H=Tea / Infusions I=Honey J=Herbal drink X=Other (specify)
			Kilograms	Code	Code	Number		
			_ . _ _ _ _ _					A B C D E F G H I J X
			_ . _ _ _ _ _					A B C D E F G H I J X
			_ . _ _ _ _ _					A B C D E F G H I J X
			_ . _ _ _ _ _					A B C D E F G H I J X
			_ . _ _ _ _ _					A B C D E F G H I J X
			_ . _ _ _ _ _					A B C D E F G H I J X

SECTION 7: PREVENTIVE CARE AND CHILD HEALTH

This part covers all children under 5 (0- 59 months) of the LEAP eligible woman and children under 5 (0- 59 months) for which she is the primary caregiver.

ID of child [FROM HOUSE - HOLD ROSTER]	1	2	3	4	5	6	7					8
	Did you or someone else take (NAME) to a health facility in the past 12 months? 1=YES 2=NO (>>Q3)	How many times was (NAME) there for consultations in the past 12 months?	In the last two weeks, has (NAME) had diarrhoea? 1=YES 2=NO (>>Q10)	Where did (NAME) seek treatment for this condition? 1=Public Facility 2=Pvt Facility 3=Pharmacy 4=Traditional Healer 5=Drug Store 6=Drug Vendor 7=Did Not Seek 8= Other (Specify))	During the time (NAME) had diarrhoea, was he/she given less than usual to drink, about the same amount, or more than usual? If less, probe: Was he/she given much less than usual to drink, or somewhat less? 1=Much less 2=Somewhat less 3=About the same 4=More 5=Nothing to drink 8=Don't Know	During the time (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? If less, probe: Was he/she given much less than usual to eat, or somewhat less? 1=Much less 2=Somewhat less 3=About the same 4=More 5=Stopped food 6=Never gave food 8=Don't Know	During the episode of diarrhoea, was (NAME) given to drink any of the following:					Was anything else given to treat the diarrhoea? 1=YES 2=NO (>>Q10)
							a. Fluid made from a sachet ORS? 1=YES 2=NO 8=DK	b. A pre-packaged ORS fluid for diarrhoea? 1=YES 2=NO 8=DK	c. Coconut water? 1=YES 2=NO 8=DK	d. Rice water? 1=YES 2=NO 8=DK	e. Mashed kenkey? 1=YES 2=NO 8=DK	

SECTION 7: PREVENTIVE CARE AND CHILD HEALTH (CONTINUED)

This part covers all children under 5 (0- 59 months) of the LEAP eligible woman and children under 5 (0- 59 months) for which she is the primary caregiver.

	9	10	11	12	13	14	15	16	17	18
ID of child [FROM HOUSE - HOLD ROSTER]	What else was given to treat the diarrhoea? Pill or Syrup A=Antibiotic B=Antimotility (anti-diarrhoeal) C=Zinc G=Other (Not antibiotic, antimotility or zinc) H=Unknown pill or syrup Injection L=Antibiotic M=Non-antibiotic N=Unknown injection O=Intravenous Q=Home remedy / Herbal medicine X=Other (specify)	At any time in the last two weeks, has (NAME) had an illness with a cough? 1=YES 2=NO (>>Q14)	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? 1=YES 2=NO (>>Q13)	Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose? 1=Problem in chest only 2=Blocked or runny nose only (>>Q14) 3=Both (specify) (>>Q14) 6=Other (specify) (>>Q14) 8=Don't know	Where did (NAME) seek treatment for this condition? 1=Public Facility 2=Pvt Facility 3=Pharmacy 4=Traditional Healer 5-Drug Store 6=Drug Vendor 7=Did Not Seek 8= Other (Specify)	Has (NAME) been ill with fever in the last 2 weeks? 1=YES 2=NO (>>Q16)	Where did (NAME) seek treatment for this condition? 1=Public Facility 2=Pvt Facility 3=Pharmacy 4=Traditional Healer 5-Drug Store 6=Drug Vendor 7=Did Not Seek 8= Other (Specify))	How much was spent on (NAME) for health related services including medicines and consultations in the last two weeks? [GIVE AMOUNT IN GH¢ AND GHp]	The last time (NAME) passed stools, what was done to dispose of the stools? 1=Child used toilet / latrine 2=Put / Rinsed into toilet or latrine 3=Put / Rinsed into drain or ditch 4=Thrown into garbage (solid waste) 5=Buried 6=Left in the open 7=Other (specify) 8=Don't Know	Did (NAME) sleep under a mosquito net last night? 1=YES 2=NO
	A B C G H L M N O Q X									
	A B C G H L M N O Q X									
	A B C G H L M N O Q X									
	A B C G H L M N O Q X									
	A B C G H L M N O Q X									
	A B C G H L M N O Q X									

SECTION 8: IMMUNIZATIONS

This part covers all children under 5 (0- 59 months) of the LEAP eligible woman and children under 5 (0- 59 months) for which she is the primary caregiver.

	1	2							3	4			
ID of child [FROM HOUSE - HOLD ROSTER]	Do you have a card where (name)'s vaccinations are written down? (IF YES) may I see it please? 1=Yes, seen 2=Yes, not seen 3=No	Check health card for vaccination history. If health card not available inquire from respondent. For PEN, OPV and BCG vaccinations record number of times vaccination received. 1=YES 2=NO							Has (NAME) received a Vitamin A dose like this within the last 6 months? [SHOW COMMON TYPES OF AMPULES /CAPSULES / SYRUPS] 1=YES 2=NO	In the last 7 days was (NAME) given micronutrient powder like this? [SHOW MICRONUTRIENT POWDER PACKAGE] 1=YES 2=NO			
		BCG Vaccination against Tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar	POLIO Vaccination drops in the mouth to protect him/her from getting diseases				PENTA An injection in the thigh or buttocks to prevent him/her from getting tetanus, whooping cough, or diphtheria			MEASLES A shot in the arm at the age of 9 months or older to prevent him/her from getting measles	YELLOW FEVER A shot in the arm at the age of 9 months or older to prevent him/her from getting yellow fever		
			OPV0	OPV1	OPV2	OPV3	PEN1	PEN2	PEN3				

SECTION 9: CHILD NUTRITION AND FEEDING

This part covers all children under 5 (0- 59 months) of the LEAP eligible woman and children under 5 (0- 59 months) for which she is the primary caregiver.

	1	2	3	4	5						6	7
					Children aged 0 – 23 months only							
ID of child [FROM HOUSE - HOLD ROSTER]	Are you still breast-feeding (NAME)? 1=YES (>>Q3) 2=NO	At what age did you stop breast-feeding (NAME)? [Record age in complete d months] (>>Q4)	How many times did you breastfeed (NAME) yesterday, during the day and night? [Record number of times]	At what age (in months) did you first give (NAME) water or other fluids besides breast milk? [00=LESS THAN ONE MONTH] [97=NOT YET] (>>Q7)	Now I would like to ask you about liquids or foods that (NAME) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. [For milk products, infant formula and baby cereal, ask how many times the child had the item] 1=YES 2=NO						Did (NAME) drink anything from a bottle with a nipple yesterday during the day or night? 1=YES 2=NO	At what age (in months) did you first give (NAME) solid or semi-solid food? [00=LESS THAN ONE MONTH] [97=NOT YET] >> NEXT CHILD/ SECTION
					a. Plain water ?	b. Milk such as tinned, powdered, or fresh animal milk?	b2. How many times?	c. Infant formula (SMA, Lactogen , ...)?	c2. How many times?	d. Baby cereal (Nestle Cerelac, Fresocrem , ...)?		

SECTION 9: CHILD NUTRITION AND FEEDING (CONTINUED)

This part covers all children under 5 (0- 59 months) of the LEAP eligible woman and children under 5 (0- 59 months) for which she is the primary caregiver.

8															
All children 0 – 59 months old															
ID of child [FROM HOUSE - HOLD ROSTER]	Now I would like to ask you about (other) liquids and foods that (NAME) may have had yesterday during the day or the night. I am interested to know whether your child had the item even if combined with other foods. Did (NAME) eat (name of food) during the day or the night before: 1=YES 2=NO														
	a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.	o.
	Bread, rice, noodles or other foods made from grain (kenkey, banku, koko, tuo zaafi, akple, weanimix ...)?	Pumpkin, red or yellow yams, carrots, and orange or yellow sweet potatoes ...?	White potatoes, white yams, manioc, cassava, cocoyam, fufu or any other foods made from roots, tubers or plantain?	Any dark green leafy vegetables (kontomire, aleefu, ayoyo, kale, cassava leaves)?	Ripe mangoes, pawpaw?	Any other fruits or vegetables (bananas, avocados, tomatoes, oranges, apples...)?	Liver, kidney, heart or other organ meats?	Any meat such as beef, pork, lamb, goat, chicken, guinea fowl, pigeon, or duck?	Eggs?	Fresh or dried fish or shellfish (prawns, lobsters)?	Any foods made from beans, peas, cowpea or nuts?	Cheese, yogurt or other milk products ?	Any oil, fats or butter, or foods made with any of this?	Any sugary foods as chocolate , sweet candies, pastries, cakes or biscuits?	Any other solid or semi-solid foods ?

SECTION 9: CHILD NUTRITION AND FEEDING (CONTINUED)

This part covers all children under 5 (0- 59 months) of the LEAP eligible woman and children under 5 (0- 59 months) for which she is the primary caregiver.

	9	10	11	12
ID of child [FROM HOUSE - HOLD ROSTER]	<p>IF ALL 'NO' IN Q8 >> Q10</p> <p>IF AT LEAST 1 'YES' IN Q8:</p> <p>How many times did (NAME) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?</p> <p>[RECORD NUMBER OF TIMES]</p>	<p>How often does (NAME) refuse the food you offer him/her?</p> <p>1=Often 2=Sometimes 3=Never (>>Q12)</p>	<p>What do you normally do when (NAME) refuses to eat?</p> <p>1=Do nothing 2=Force him/her to eat 3=Sing, tell stories, play with my child 4=Try different food 5=Other (Specify)</p>	<p>How much do you talk directly to [NAME] when you are feeding him/her complementary food?</p> <p>1=I talk rarely while feeding 2=I talk sometimes while feeding 3=I talk most of the time while feeding</p>

SECTION 10: BIRTH REGISTRATION & CHILD DEVELOPMENT

This part covers all children under 5 (0- 59 months) of the LEAP eligible woman and children under 5 (0- 59 months) for which she is the primary caregiver.

	1	2	3	4	5					
ID of child [FROM HOUSE - HOLD ROSTER]	Does (NAME) have a birth certificate? If yes, may I see it? 1=Yes, seen (>>Q3) 2=Yes, not seen (>>Q3) 3=No	Has (NAME)'s birth been registered with the Births and Deaths Registry? 1=YES 2=NO (>>Q4)	Was (NAME)'s birth registered within the first year of birth? 1=YES 2=NO (>>Q5)	What is the main reason why (NAME)'s birth is not registered? 1=Costs too much 2=Must travel too far 3=Did not know it should be registered 4=Did not want to pay fine 5=Did not find it important 6=Do not know where to register 7=Other (specify)	In the past 3 days , did you or any household member over 15 years of age engage in any of the following activities with [NAME]?					
					If 'YES" ask who engaged in activity with [NAME]. [RECORD ALL MENTIONED] A=MOTHER B=FATHER X=OTHER Y=NO ONE					
					a. Read books to or looked at pictures with [NAME]?	b. Told stories to [NAME]?	c. Sang songs to [NAME] or with NAME including lullabies?	d. Took [NAME] outside the home, compound, yard or enclosure?	e. Played with [NAME]?	f. Named, counted or drew things with [NAME]?
					A B X Y	A B X Y	A B X Y	A B X Y	A B X Y	A B X Y
					A B X Y	A B X Y	A B X Y	A B X Y	A B X Y	A B X Y
					A B X Y	A B X Y	A B X Y	A B X Y	A B X Y	A B X Y
					A B X Y	A B X Y	A B X Y	A B X Y	A B X Y	A B X Y
					A B X Y	A B X Y	A B X Y	A B X Y	A B X Y	A B X Y
					A B X Y	A B X Y	A B X Y	A B X Y	A B X Y	A B X Y

SECTION 11: CONTRACEPTION, FERTILITY PREFERENCES AND SUBJECTIVE HEALTH

Respondent for this section should be the LEAP 1000 eligible woman in the household (i.e. the mother/caregiver of a child < 1 year old or a pregnant woman)

	Record PID for respondent		
	Question	Answers	Skip
1	Just to confirm: How many living children do you have? CHECK FROM BIRTH HISTORY SECTION 5B	None.....00 Boys __ __ Girls __ __	
2	Now I would like to talk with you about another subject -family planning. ENUMERATOR CHECK SECTION 5A, Q1	Currently pregnant1 Not pregnant.....2 Unsure or don't know8	→ Q5
3	Couples use various ways or methods to delay or avoid a pregnancy. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes1 No2 Don't know8	→ Q7 → Q7
4	What are you and your partner doing to delay or avoid a pregnancy? DO NOT PROMPT. RECORD ALL METHODS MENTIONED	Female sterilizationA Male sterilization B IUD C Injectable.....D Implants E Pill.....F Male condomG Female condom.....H Diaphragm I Foam / Jelly.....J Lactational amenorrhoea method (LAM)K Periodic abstinence / Rhythm L Withdrawal.....M LNG-IUSN Other (specify)X	
5	CHECK Q2: <input type="checkbox"/> CURRENTLY PREGNANT → Q6 <input type="checkbox"/> NOT PREGNANT OR UNSURE → Q7		
6	Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child1 No more / none.....2 Undecided / Don't know8	→ Q9 → Q9 → Q9
7	CHECK Q4: <input type="checkbox"/> CURRENTLY USING FEMALE STERILIZATION → Q9 <input type="checkbox"/> IF NOT → Q8		
8	Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child.....1 No more / none.....2 Says she cannot get pregnant3 Undecided / Don't know8	
9	CHECK Q1: IF ANY LIVING CHILDREN: If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? IF NO LIVING CHILDREN: If you could choose exactly the number of children to have in your whole life, how many would that be?	None.....00 Number __ __	
10	CHECK HOUSEHOLD ROSTER: <input type="checkbox"/> IF CURRENTLY MARRIED, OR IN A UNION → Q11 <input type="checkbox"/> IF NOT IN A UNION → Q12		

	Question	Answers	Skip
11	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	Same number 1 More children..... 2 Fewer children 3 Don't know 8	
12	I will now ask you some questions about your physical health in general: How would you rate your health in general?	Excellent 1 Very Good..... 2 Good..... 3 Fair 4 Poor..... 5	
13	Compared with your health one year ago, would you say that your health is:	Better..... 1 About the same 2 Worse 3	
14	How would you rate yourself when engaging in vigorous activities (such as run, lift a heavy load, lift a bucket of water)? Would you do this ...	Easily 1 With Difficulty..... 2 Not at all..... 3	
15	Can you engage in moderate activities (such as work on the farm, carry a baby, or walk 5 km)?	Easily 1 With Difficulty..... 2 Not at all..... 3	
16	Can you carry a 10 KG bag of shopping for 500 meters? Show distance	Easily 1 With Difficulty..... 2 Not at all..... 3	
17	If you had to bend, squat, or kneel, could you do it:	Easily 1 With Difficulty..... 2 Not at all..... 3	
18	Are you able to walk 2 KMS?	Easily 1 With Difficulty..... 2 Not at all..... 3	

SECTION 12: WOMEN'S EMPOWERMENT, STRESS AND PREFERENCES

Respondent for this section should be the LEAP 1000 eligible woman in the household (i.e. the mother/caregiver of a child < 1 year old or a pregnant woman)

	Record PID for respondent		
	Question	Answers	Skip
1	Some people try to save some money for emergencies or to buy something special in the future. Are you currently saving (in cash)?	Yes 1 No 2	→ Q4
2	How much have you saved in cash in the last one month?	GH¢: _____	
3	What are up to 3 most important things for which you are saving money? [LIST UP TO 3 RESPONSES DO NOT READ, ALLOW RESPONDENT TO STATE]	To purchase bulk or other food items A To purchase household consumables (lighting, fuel, washing powder).....B School fees/schooling expensesC To buy new clothing/shoes D Medical expenses/health careE To repay debts.....F To purchases household durable assets (furniture, pots/pans, radio etc.) G To purchase livestock H To purchase agricultural inputs or tools.....I To purchases assets to start a new small business/income generating activityJ To make home improvements (new roof, latrine).... K To purchase new land or house.....L To spend on services (hair, beauty, sporting, buy into associations, religious functions etc.)M Ceremonies N Other, specify..... X	
4	Now I am going to ask you about a hypothetical situation. Please think about what you would do if this situation were to occur. Suppose you suddenly win the Lotto. You can choose to receive GH¢ 100 now or an amount at a later date. What would you choose? This is not a real situation and there is no real money. CIRCLE '1' (FIRST OPTION) OR '2' (SECOND OPTION)	A. GH¢ 100 now or GH¢ 100 in one month 1 2 B. GH¢ 100 now or GH¢ 300 in one month 1 2 C. GH¢ 100 now or GH¢ 75 in one month 1 2 D. GH¢ 100 now or GH¢ 200 in one month 1 2 E. GH¢ 100 now or GH¢ 150 in one month 1 2 F. GH¢ 100 now or GH¢ 250 in one month..... 1 2	
5	Do you think your life will be better in [...] from now? 1=YES 2=NO	A. 1 year1 2 B. 3 years.....1 2 C. 5 years.....1 2	
6	[modified Medical Outcomes Study Social Support Survey] People sometimes look for companionship, assistance or other types of support. If you needed it, how often is someone available...	Answer categories: None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	
a	to help you if you were confined to bed?	1 2 3 4 5	
b	to take you to the doctor if you need it?	1 2 3 4 5	
c	to prepare your meals if you are unable to do it yourself?	1 2 3 4 5	
d	to help with daily chores if you were sick?	1 2 3 4 5	
e	to have a good time with?	1 2 3 4 5	
f	to turn to for suggestions about how to deal with a personal problem?	1 2 3 4 5	
g	who understands your problems?	1 2 3 4 5	
h	to love and make you feel wanted?	1 2 3 4 5	

	Question	Answers	Skip
7	[Cohen stress scale] [Reference period is last 4 weeks] The following questions ask about your thoughts and feelings during the last month. Please indicate how often you felt or thought a certain way.	Answer categories: Never 1 Almost Never (1 day per week) 2 Sometimes (2-3 days per week) 3 Fairly Often (4-5days per week) 4 Very Often/Always (6-7days per week) 5	
a	In the last 4 weeks, how often have you been upset because of something that happened unexpectedly?	1 2 3 4 5	
b	In the last 4 weeks, how often have you felt that you were unable to control the important things in your life?	1 2 3 4 5	
c	In the last 4 weeks, how often have you felt nervous and “stressed”?	1 2 3 4 5	
d	In the last 4 weeks, how often have you felt confident about your ability to handle your personal problems?	1 2 3 4 5	
e	In the last 4 weeks, how often have you felt that things were going your way?	1 2 3 4 5	
f	In the last 4 weeks, how often have you found that you could not cope with all the things that you had to do?	1 2 3 4 5	
g	In the last 4 weeks, how often have you been able to control irritations in your life?	1 2 3 4 5	
h	In the last 4 weeks, how often have you felt that you were on top of things?	1 2 3 4 5	
i	In the last 4 weeks, how often have you been angered because of things that were outside of your control?	1 2 3 4 5	
j	In the last 4 weeks, how often have you felt difficulties were piling up so high that you could not overcome them?	1 2 3 4 5	
8	In the last 12 months, how often did you feel that ...	Answer categories: None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	
a	Your life is determined by your own actions	1 2 3 4 5	
b	You have the power to make important decisions that change the course of your own life	1 2 3 4 5	
c	You have the power to make important decisions that change the wellbeing of your children	1 2 3 4 5	
d	You have the power to make important decisions that change the wellbeing of your household	1 2 3 4 5	
e	You are capable of protecting your own interests within your household	1 2 3 4 5	
f	You are capable of protecting your own interests outside of your household (e.g. in the community, in groups in which you participate)	1 2 3 4 5	
g	You are satisfied with your life	1 2 3 4 5	

SECTION 13: NUTRITION & FEEDING KNOWLEDGE

Respondent for this section should be the LEAP 1000 eligible woman in the household (i.e. the mother/caregiver of a child < 1 year old or a pregnant woman) DO NOT PROMPT OR PROVIDE CODES, ALLOW RESPONDENT TO ANSWER AND THEN MARK ALL THAT APPLY

	Record PID for respondent		
	Question	Answers	Skip
1	What is the first food a newborn baby should receive?	Only breastmilk 1 Other 2 Don't know 9	
2	How long after birth should a baby be first put to the breast?	Immediately/ within one hour 1 Within one day 2 After more than one day 3 Don't know 9	
3	How long is it recommended that a woman breastfeeds her child? <i>Probe if necessary:</i> Until what age is it recommended that a mother continues breastfeeding?	Six months or less 1 6–11 months 2 12–23 months 4 24 months and more (correct response) 5 Other 6 Don't know 9	
4	There is a nutrient found in food called 'iron' which helps children 'accumulate' blood (nutrient that makes blood strong). Can you tell me some foods that are a good source of iron? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Meat A Fish B Eggs C Breast milk D Cow's milk E Beans/lentils F Blood from cattle or other animals G Other X Don't know Z	
5	Vitamin A is a nutrient that helps children see better. Can you tell me some of the foods that are rich in vitamin A? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Orange colored fruits/vegetables A Green leafy vegetables B Eggs C Liver D Breast milk E Cow's milk F Palm Oil G Other X Don't know Z	
6	What needs to be done when a child has diarrhoea? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Give ORS A Give less food than usual B Give same quantity of food as usual C Give more food than usual D Give less liquids than usual E Give the same amount of liquid as usual F Give more liquid than usual G Keep breastfeeding H Increase breastfeeding I Give syrup J Give traditional medication K Give treated water L Give carrot juice or rice water M Other X Don't know Z	

SECTION 14: DOMESTIC VIOLENCE MODULE

Respondent for this section should be the LEAP 1000 eligible woman in the household (i.e. the mother/caregiver of a child < 1 year old or a pregnant woman)

	Record PID for respondent	_ _ _ _				
	Question	Answers			Skip	
1	<p>CHECK HOUSEHOLD ROSTER:</p> <p><input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A MAN → CONTINUE</p> <p><input type="checkbox"/> FORMERLY MARRIED OR LIVING WITH A MAN → CONTINUE (read questions in past tense)</p> <p><input type="checkbox"/> NEVER MARRIED OR LIVED WITH A MAN → NEXT SECTION</p>					
2	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED</p> <p><input type="checkbox"/> Privacy obtained → Continue</p> <p><input type="checkbox"/> Privacy not possible → Q12</p>					
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in your region. Let me assure you that your answers are completely confidential and will not be told to anyone, no one else will know that you were asked these questions, and no one else in this household is being asked these questions.</p>					
3	First, I am going to ask you about some situations which happen to some women. Thinking about your (current or most recent) husband/partner, would you say it is generally true, in the past 12 months, that he:	Yes	No	DK/Refuse		
	a. Tries to keep you from seeing your friends	1	2	8		
	b. Tries to restrict contact with your family of birth?	1	2	8		
	c. Insists on knowing where you are at all times	1	2	8		
	d. Ignores you and treats you indifferently?	1	2	8		
	e. Gets angry if you speak with another man?	1	2	8		
	f. Is often suspicious that you are unfaithful	1	2	8		
	g. Expects you to ask his permission before seeking health care for yourself	1	2	8		
4	<p>The next questions are about things that happen to many women, and that your current (or most recent) partner may have done to you.</p> <p>Has your <u>current</u> husband/partner, or <u>most recent</u> partner ever....</p>	A. Ever?		B. How often did this happen during the last 12 months: often, only sometimes, or not at all?		
		Often	Some-times	Not at all		
	a. Insulted your or made you feel bad about yourself?	Yes 1 → No 2 DK/Refuse 8	1	2	3	
	b. Belittled or humiliated you in front of other people?	Yes 1 → No 2 DK/Refuse 8	1	2	3	
	c. Done things to scare or intimidate you on purpose?	Yes 1 → No 2 DK/Refuse 8	1	2	3	
	d. Threatened to hurt you or someone you care about?	Yes 1 → No 2 DK/Refuse 8	1	2	3	

	Question	Answers				Skip
5	Does (did) your (last) husband/partner ever do any of the following things to you: a. push you, shake you, or throw something at you? b. slap you? c. twist your arm or pull your hair? d. punch you with his fist or with something that could hurt you? e. kick you, drag you or beat you up? f. try to choke you or burn you on purpose? g. threaten or attack you with a knife, gun, or any other weapon? h. physically force you to have sexual intercourse with him even when you did not want to? i. force you to perform any sexual acts you did not want to?	A. Ever?	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?			
			Often	Some-times	Not at all	
		Yes1 → No2 DK/Refuse8	1	2	3	
		Yes1 → No2 DK/Refuse8	1	2	3	
		Yes1 → No2 DK/Refuse8	1	2	3	
		Yes1 → No2 DK/Refuse8	1	2	3	
		Yes1 → No2 DK/Refuse8	1	2	3	
		Yes1 → No2 DK/Refuse8	1	2	3	
		Yes1 → No2 DK/Refuse8	1	2	3	
		Yes1 → No2 DK/Refuse8	1	2	3	
6	CHECK: <input type="checkbox"/> Q5a-i: at least one 'YES' → Q7 <input type="checkbox"/> Q5a-i: all 'NO' → Q9					
7	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever told anyone about this, or seek help to stop it from happening?	Yes1 No2			→Q9	
8	Who did you tell, and/or seek help from? RECORD ALL MENTIONED PROBE: Anyone else?	Friends A Parents..... B Brother or sister..... C Uncle or aunt..... D Husband/partner's family..... E Children F Neighbours G Police H Doctor/health worker I Priest/religious leader..... J Counsellor K NGO/Women's organization L Local leader..... M Other (specify) X				
9	Does (did) your (last) husband/partner drink alcohol?	Yes1 No2			→ Q11	
10.	How often does (did) he get drunk: often, only sometimes, or never	Often1 Sometimes.....2 Never.....3				
11	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.					

	Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way?		Yes, once	Yes, more than once	No	
12	Interviewer's comments / explanation for not completing the domestic violence module: <hr/> <hr/> <hr/>	Husband/partner Other male adult Female adult	1 1 1	2 2 2	3 3 3	

SECTION 15A: FOOD CONSUMPTION & FREQUENTLY PURCHASED ITEMS

Please ask the most knowledgeable household member about own produced food items, food items purchased, gift received and gifts given out by the household during the last 7 days

UNIT CODES

None.....00	Bowl 08	Dozen..... 15	Loaf 22	Packet 29	Sheet.....37
All01	Box 09	Fanta bottle 16	Log 23	Pair..... 30	Single38
American tin02	Bucket 10	Fingers 17	Margarine tin... 24	Pieces..... 31	Stick39
Balls03	Bunch 11	Fruit 18	Maxi bag 25	Plate 32	Tonne40
Bar.....04	Bundle 12	Gallon 19	Metre 26	Pot..... 33	Tree41
Barrel05	Crate 13	Kilogram..... 20	Mini bag 27	Pounds 34	Tubers42
Basket06	Carton 14	Litre 21	Nut..... 28	Sachet 35	Yards43
Beer bottle.....07				Set..... 36	

[INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.]

Item Code	Over the past one week (7 days), did you or others in your household consume any [. . .]?	1 1= Yes 2= No >> Next item	2		3		4		5		6		7	
			QTY	Unit	QTY	Unit	GH¢	QTY	Unit	GH¢	QTY	Unit		
CEREALS AND BREAD														
001	Guinea corn/sorghum													
002	Millet													
003	Rice – Local													
004	Rice – Imported													
005	Other cereals													
006	Bread- sugar bread													
007	Other bread													
008	Biscuits													
009	Flour (wheat)													
010	Maize ground/corn dough													
011	Kenkey/banku (without sauce)													
012	Maize													
013	Baby food (cerelac, etc)													
014	Other cereal products													
015	Processing of cereals													
MEAT: LIVE, FRESH, FROZEN, PROCESSED														
016	Beef													
017	Goat meat													
018	Mutton													
019	Chicken													
020	Other meat or chicken													
021	Fish (fresh, dried, smoked, fried, canned or salted)													

Item Code	Over the past one week (7 days), did you or others in your household consume any [. . .]?	1= Yes 2= No >> Next item	How much in total did your household consume in the past week?		How much came from purchases?		How much did you spend? Refers to Q3		How much came from own production?		How much would this cost if you were to buy it? Refers to Q5		How much came from gifts and other sources?	
			QTY	Unit	QTY	Unit	GH¢	QTY	Unit	GH¢	QTY	Unit		
MILK AND MILK PRODUCTS														
022	Milk (fresh)													
023	Milk (powder)													
024	Baby milk													
025	Tinned milk (any)													
026	Other milk products including cheese													
EGGS														
027	Chicken eggs													
028	Other eggs													
029	Oil and fats (coconut oil, groundnut oil, palm kernel oil, palm oil, shea butter, margarine/butter or other vegetable oils)													
FRUITS, FRESH OR CANNED														
030	Coconut													
031	Banana													
032	Orange/tangerine													
033	Pineapple													
034	Mango													
035	Avocado pear													
036	Water melon													
037	Apple													
038	Shea Nut													
039	Canned or processed fruits													
040	Oth. fruits not canned													
VEGETABLES INCLUDING POTATOES AND OTHER TUBER VEGETABLES														
041	Cocoyam leaves (kontomire)													
042	Garden eggs													
043	Okro													
044	Carrots													
045	Pepper (fresh or dried)													
046	Onions (large /small)													
047	Tomatoes (fresh)													
048	Tomato puree (can)													
049	Other vegetables													
050	Sugar													
051	Honey, ice cream, chocolate, or other confectionaries													
FOOD PRODUCTS NOT ELSEWHERE CLASSIFIED – Condiments and Spices														
052	Black pepper													

Item Code	Over the past one week (7 days), did you or others in your household consume any [. . .]?	1= Yes 2= No >> Next item	How much in total did your household consume in the past week?		How much came from purchases?		How much did you spend? Refers to Q3	How much came from own production?		How much would this cost if you were to buy it? Refers to Q5	How much came from gifts and other sources?	
			QTY	Unit	QTY	Unit		GH¢	QTY		Unit	GH¢
053	Salt											
054	Ginger											
055	Dawa											
056	Other condiments (Royco, Maggie, etc)											
STARCHY STAPLES												
057	Cassava											
058	Cocoyam											
059	Plantain											
060	Yam											
061	Other starchy staples											
062	Cassava - dough											
063	Gari											
064	Other processed starchy staples											
PULSES AND NUTS												
065	Beans											
066	Groundnuts (roasted or raw)											
067	Palm nuts											
068	Cola nuts											
069	Other pulses and nuts											
BEVERAGES & TOBACCO												
070	Coffee, Tea, Chocolate drinks											
071	Mineral water, soft drinks and juices											
072	Spirits											
073	Wine											
074	Beer											
075	Other beverage drinks											
076	Tobacco (cigarettes, cigars or other tobacco products)											
077	Cooked meals (as wages)											
078	Restaurants, cafés, Canteens, Hotels, etc.											
HOUSEHOLD ITEMS												
079	Soaps, bleaches, disinfectants, cleaners, and toilet papers											
080	Insecticides - coils and sprays											
081	Matches and candles											

Item Code	Over the past one week (7 days), did you or others in your household consume any [. . .]?	1= Yes 2= No >> Next item	How much in total did your household consume in the past week?		How much came from purchases?		How much did you spend? Refers to Q3	How much came from own production?		How much would this cost if you were to buy it? Refers to Q5	How much came from gifts and other sources?	
			QTY	Unit	QTY	Unit		GH¢	QTY		Unit	GH¢
082	Medicine (pain killers, antibiotics, anti-malaria medicines, condoms, tablets, syrups, etc)											
083	Fuel for personal transportation											
084	Passenger transportation (by road, rail, sea or air)											
085	Telephone calls											
086	Other communication (postage, internet, email)											
087	Entertainment & gambling											
088	Newspapers, magazines, and books											
089	Personal care items (toothpaste, razor blades, combs, scent)											

SECTION 15B: CONSUMPTION OF DURABLE GOODS (6-MONTH RECALL)

		1	2	3	4
Item Code	Was anything spent by the household on [...] in the past 6 months?	1= Yes 2= No >> Next item	How much was spent on [...] in the past 6 months altogether?	Has the household used, consumed out of its own output or has received as gift [...] in the past 6 months? 1= Yes 2= No >> Next item	How much of [...] has the household used or consumed out of own production, or has received as gift?
CLOTHING					
090	Suits - for children				
091	Suits - for adults				
092	Smocks - for children				
093	Smocks - for adults				
094	Cloth (eg. Kente). [Exclude cloth for garment] - for children				
095	Cloth (eg. Kente). [Exclude cloth for garment] - for adults				
096	Zalabiya-Children				
097	Zalabiya-Adults				
098	Trousers - for children				
099	Trousers - for adults				
100	Shirts/Jackets - for children				
101	Shirts/Jackets - for adults				
102	Jeans - for children				
103	Jeans - for adults				
104	Underwear - for children				
105	Underwear - for adults				
106	Cloth for garments. [ie. Cloth and other materials] - for children				
107	Cloth for garments. [ie. Cloth and other materials] - for adults				
108	Other garments & clothing - for children				
109	Other garments & clothing - for adults				
110	Footwear - for children				
111	Footwear - for adults				
112	Tailoring, laundry / cleaning, clothing repair - for children				
113	Tailoring, laundry / cleaning, clothing repair - for adults				
TRANSFERS					
114	Regular remittances / gifts				
115	Gifts / support to help at the time of difficulty				
116	Cultural festivals (donations) [Damba, Bugum,etc]				
117	Religious donations				
118	Funerals (donations)				
PERSONAL CARE, COMMUNICATION & ENTERTAINMENT					
119	Barbers and beauty shops				
120	Insecticides - coils and sprays				

Item Code	Was anything spent by the household on [...] in the past 6 months ?	1= Yes 2= No >> Next item	How much was spent on [...] in the past 6 months altogether?	Has the household used, consumed out of its own output or has received as gift [...] in the past 6 months?	How much of [...] has the household used or consumed out of own production, or has received as gift?
			GH¢	1= Yes 2= No >> Next item	VALUE IN GH¢
121	Pets, pet food, veterinary services				
122	Gardening expenses (plants, pots, fertilizers, compost, etc).				
123	Maintenance & Care of vehicles				
FUELS					
124	Electricity				
125	Gas for household use				
126	Kerosene				
127	Charcoal				
128	Firewood and other solid fuels				
129	Petrol				
130	Diesel				
131	Dung cake				
132	Crop by-products / waste				
133	Rubbish / plastic				

SECTION 15C: CONSUMPTION OF DURABLE GOODS (12-MONTH RECALL)

		1	2	3	4
Item Code	Was anything spent by the household on [...] in the past 12 months ?	1= Yes 2= No >> Next item	How much was spent on [...] in the past 12 months altogether?	Has the household used, consumed out of its own output or has received as gift [...] in the past 12 months ? 1= Yes 2= No >> Next item	How much of [...] has the household used or consumed out of own production, or has received as gift?
HOUSING COSTS					
134	Payment for rent				
135	Owner occupy housing rent (estimate)				
136	Plumbing, electrical, and carpentry services (labour cost)				
137	Sewerage removal, refuse disposal, expenditure on public toilets				
138	Water (pipe-borne, metered)				
139	Water (well)				
140	Water (borehole)				
141	Water (tanker services)				
142	Cement (for minor repairs of the dwelling)				
143	Hired labour for dwelling repairs				
144	Repairs to furniture and floor coverings (parts)				
145	Repairs to household appliances (parts)				
146	Car and truck repairs, maintenance, and other fees				
147	House boys / house maids				
148	House keepers / caretakers				
149	Baby sitters, day care attendants, nannies, etc				

SECTION 16: ANTHROMOPETRY

MEASURE ALL CHILDREN 0 – 59 MONTHS OLD.

Record weight and length/height below, taking care to record the measurements on the correct line for each child. Check the child’s name and line number on the household listing before recording measurements. Also observe and record whether the child has oedema or not.

[FOR CHILDREN 4-24 MONTHS MEASURE HEIGHT LYING DOWN. FOR CHILDREN AGE 25-59 MONTHS MEASURE HEIGHT STANDING UP]

[INSTRUCTIONS: Two measurements of height and weight will be taken for each individual and if the difference is > 0.5 cm or 0.5 kg a third measurement should be taken to verify the first two measurements. Take the average of the two most reliable measurements and record in the table.]

	1	2	3	4	5	6	7
MEMBER ID	Was (NAME) measured? 1=YES (>>Q3) 2=NO	Why not? 1=Not home during survey period, 2=Too ill, 3=Handicapped or deformed, 4=Not willing, 5=Other (specify) (>> NEXT PERSON)	Weight in kilograms [USE ONE DECIMAL PLACE]	Was (NAME) weighed with clothes on or off? 1=Clothes on 2=Clothes off	Height in centimeters [USE ONE DECIMAL PLACE]	How was height captured? 1=Lying down 2=Standing up	Check for oedema 1=Oedema present 2=Oedema not present 3=Unsure 9=Not checked (specify reason)
			_ _ . _		_ _ _ . _		
			_ _ . _		_ _ _ . _		
			_ _ . _		_ _ _ . _		
			_ _ . _		_ _ _ . _		
			_ _ . _		_ _ _ . _		
			_ _ . _		_ _ _ . _		
			_ _ . _		_ _ _ . _		