

Section 7: Non-Farm Household Enterprise

Section 7-- Non-farm Household Enterprise

RESPONDENT: *Head or Spouse, person who knows about business, employees, assets*

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Part A: Basic Information

<p>0. Point of verification: In the last year, has any member of this household (7 years and older) been involved in any non-farm employment, where the household member is not someone else's employee?</p> <p>1. Yes 2. No >>>next section</p>	
<p>1. How many businesses are owned by members in this household?</p> <p>1. Number</p>	<p>1. No. _____</p>

Enumerator: Please ask these questions to the person who is responsible, or most knowledgeable, about each enterprise.

	Enterprise 1	Enterprise 2	Enterprise 3
<p>2. What is the name of the enterprise?</p>	<p>Name: _____</p>	<p>Name: _____</p>	<p>Name: _____</p>
<p>3. Please list the name(s) of the person(s) who own(s) the enterprise and their household ID number</p>	<p>Name1: _____</p> <p>ID: _____</p> <p>Name2: _____</p> <p>ID: _____</p>	<p>Name1: _____</p> <p>ID: _____</p> <p>Name2: _____</p> <p>ID: _____</p>	<p>Name1: _____</p> <p>ID: _____</p> <p>Name2: _____</p> <p>ID: _____</p>
<p>4. Please list the name of the person who is responsible (if this person is different from the one who owns it) for the enterprise and his/her household ID number</p> <p>(Code 99 if outside the household)</p>	<p>Name: _____</p> <p>ID: _____</p>	<p>Name: _____</p> <p>ID: _____</p>	<p>Name: _____</p> <p>ID: _____</p>
<p>5. Name and ID of household member interviewed</p>	<p>Name: _____</p> <p>ID: _____</p>	<p>Name: _____</p> <p>ID: _____</p>	<p>Name: _____</p> <p>ID: _____</p>
<p>6. What is the main (principal) activity of this enterprise?</p>			
<p>7. In which industry does it belong?</p> <p>(See codebook for ISIC code and write 4 digits)</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>8. What is the secondary activity of this enterprise?</p> <p>Code NA if no secondary activity</p>			
<p>9. In which industry does it belong?</p> <p>(See codebook for ISIC code and write 4 digits)</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>

10. How many years, altogether, has this business been in operation? 1. Years 2. Months	_____ y _____ m	_____ y _____ m	_____ y _____ m						
11. Please circle the months that this business operated in during the last 12 months: <i>(Circle all that apply)</i>	Jan April July Oct	Feb May Aug Nov	March June Sept Dec	Jan April July Oct	Feb May Aug Nov	March June Sept Dec	Jan April July Oct	Feb May Aug Nov	March June Sept Dec
12. Does the income from this enterprise belong entirely to the household? 1. Yes >>15 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No						
13. What percent of the income from this enterprise belongs to the household? 1. Percent	1. _____%	1. _____%	1. _____%						
14. What is your relationship with the main partner outside the household? 1. Relative in community 2. Relative outside community 3. Non-relative in community 4. Non-relative outside community	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.						
15. Is this enterprise registered with any government agency? 1. Registrar General's Department – RG 2. Department of Cooperatives – DC 3. District Assembly – DA 4. Other(specify) – OT 5. No – NO	1. RG 2. DC 3. DA 4. OT _____ 5. NO	1. RG 2. DC 3. DA 4. OT _____ 5. NO	1. RG 2. DC 3. DA 4. OT _____ 5. NO						
16. What was the most serious difficulty in establishing this enterprise? 1. No difficulty – NO 2. Capital / credit – CC 3. Technical knowhow – TC 4. Government regulation – GR 5. Other (specify) – OT	1. NO 2. CC 3. TC 4. GR 5. OT _____	1. NO 2. CC 3. TC 4. GR 5. OT _____	1. NO 2. CC 3. TC 4. GR 5. OT _____						

<p>17. What was the main source of capital in setting up this enterprise? 1. Household savings – HS 2. Bank – BA 3. Remittances from abroad – RA 4. Proceeds from family farms – FF 5. Proceeds from family non-farm enterprise – NF 6. Income from family property(ies) -- IP 7. NGO support – NG 8. District assembly / town development support – DA 9. Church assistance – CA 10. Money lenders – ML 11. Relatives/ friends – RF 12. Other partners – OP 13. No capital required – NC 14. Other (specify)–OT</p>	<p>1. HS 2. BA 3. RA 4. FF 5. NF 6. IP 7. NG 8. DA 9. CA 10. ML 11. RF 12. OP 13. NC 14. OT _____</p>	<p>1. HS 2. BA 3. RA 4. FF 5. NF 6. IP 7. NG 8. DA 9. CA 10. ML 11. RF 12. OP 13. NC 14. OT _____</p>	<p>1. HS 2. BA 3. RA 4. FF 5. NF 6. IP 7. NG 8. DA 9. CA 10. ML 11. RF 12. OP 13. NC 14. OT _____</p>
<p>18. What was the nature of this capital? 1. Loan – LO 2. Gift – GI 3. Self-financed – SF 4. Not applicable –NA</p>	<p>1. LO 2. GI 3. SF 4. NA</p>	<p>1. LO 2. GI 3. SF 4. NA</p>	<p>1. LO 2. GI 3. SF 4. NA</p>
<p>19. During the last 12 months has this enterprise tried to get credit from any source? 1. Yes, successfully – YS 2. Yes, unsuccessfully – YU 3. No >>23</p>	<p>1. YS 2. YU 3. NO >>23</p>	<p>1. YS 2. YU 3. NO >>23</p>	<p>1. YS 2. YU 3. NO >>23</p>
<p>20. During the last 12 months where has this enterprise tried to get credit? <i>(Circle all that apply)</i> 1. Bank – BA 2. Other financial agencies – OA 3. Cooperative – CO 4. Money lender – ML 5. Relative/ friend – RF 6. Proceeds from other enterprise – OE 7. Government agency – GA 8. NGO – NG 9. Community epicenter – CE 10. Other (specify) – OT</p>	<p>1. BA 2. OA 3. CO 4. ML 5. RF 6. OE 7. GA 8. NG 9. CE 10. OT _____</p>	<p>1. BA 2. OA 3. CO 4. ML 5. RF 6. OE 7. GA 8. NG 9. CE 10. OT _____</p>	<p>1. BA 2. OA 3. CO 4. ML 5. RF 6. OE 7. GA 8. NG 9. CE 10. OT _____</p>
<p>21. During the last 12 months, how much, in total has this enterprise borrowed? 1. GHcedis and pesawas</p>	<p>_____ c _____ p</p>	<p>_____ c _____ p</p>	<p>_____ c _____ p</p>
<p>22. How much of the total loans contracted / borrowed during the last 12months has this enterprise repaid? 1. GH cedis and pesawas</p>	<p>_____ c _____ p</p>	<p>_____ c _____ p</p>	<p>_____ c _____ p</p>

23. In the month of (...), are your sales (H) high, (A) average, (L) low/ below average (N) none?

	Enterprise 1				Enterprise 2				Enterprise 3			
1. January	H	A	L	N	H	A	L	N	H	A	L	N
2. February	H	A	L	N	H	A	L	N	H	A	L	N
3. March	H	A	L	N	H	A	L	N	H	A	L	N
4. April	H	A	L	N	H	A	L	N	H	A	L	N
5. May	H	A	L	N	H	A	L	N	H	A	L	N
6. June	H	A	L	N	H	A	L	N	H	A	L	N
7. July	H	A	L	N	H	A	L	N	H	A	L	N
8. August	H	A	L	N	H	A	L	N	H	A	L	N
9. September	H	A	L	N	H	A	L	N	H	A	L	N
10. October	H	A	L	N	H	A	L	N	H	A	L	N
11. November	H	A	L	N	H	A	L	N	H	A	L	N
12. December	H	A	L	N	H	A	L	N	H	A	L	N

	Enterprise 1	Enterprise 2	Enterprise 3
24. What is the average level of sales in a HIGH month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
25. What is the average level of sales in an AVERAGE month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
26. What is the average level of sales in a LOW month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
27. What is the average level of costs in a HIGH month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
28. What is the average level of costs in an AVERAGE month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p
29. What is the average level of costs in a LOW month for this enterprise? 1. GH cedis and pesewas	_____ c _____ p	_____ c _____ p	_____ c _____ p

Part B: Information about Employees

i. Information About All Employees: Please fill out for one enterprise at a time

	Enterprise 1	Enterprise 2	Enterprise 3
1. How many people are currently working at this enterprise? Include HH members, apprentices, hired labor, <u>AND</u> the person responsible for the enterprise. 1. Male 2. Female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
2. How many of these workers are paid? 1. Male 2. Female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
3. During the last 12 months, how many people have usually worked in this enterprise? Include HH members, apprentices, hired labor, <u>AND</u> the person responsible for the enterprise. 1. Male 2. Female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
4. How many of those who “usually worked” are employed <u>FULL TIME</u>? 1. Full time male 2. Full time female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
5. How many of those who “usually worked” are <u>CASUAL LABOR</u>? 1. Casual labor male 2. Casual labor female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
6. How many of those who “usually worked” are <u>APPRENTICES</u>? 1. Apprentices male 2. Apprentices female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
7. How many of those who “usually worked” <u>SKILLED</u>? 1. Skilled male 2. Skilled female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
8. How many of those who “usually worked” have formal wage contracts? 1. Formal wage male 2. Formal wage female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____
9. How many of those who “usually worked” receive paid or sick leave? 1. Benefits male 2. Benefits female	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____	1. No. male _____ 2. No. female _____

ii. Now we want to ask about the four most important people who work in each enterprise

	Enterprise 1				Enterprise 2				Enterprise 3			
	a. Worker 1	b. Worker 2	c. Worker 3	d. Worker 4	a. Worker 1	b. Worker 2	c. Worker 3	d. Worker 4	a. Worker 1	b. Worker 2	c. Worker 3	d. Worker 4
10. Report the name and ID of up to four people working the most time in this enterprise, including the person responsible for this enterprise. (if Household member code ID, Otherwise code NM) 1. Name 2. ID	1. Name:	1. Name:	1. Name:	1. Name:	1. Name:	1. Name:	1. Name:	1. Name:	1. Name:	1. Name:	1. Name:	1. Name:
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID
11. What is this person's relationship with the owner of the enterprise? 1. Self – SE 2. Spouse –SP 3. Child –CH 4. Grandchild –GC 5. Parent/parent-in-law –PI 6. Son/daughter-in-law –SD 7. Other relative –OR 8. Adopted/ foster/stepchild –AC 9. Apprentice –AP 10. Non-relative –NR	1. SE	1. SE	1. SE	1. SE	1. SE	1. SE	1. SE	1. SE	1. SE	1. SE	1. SE	1. SE
	2. SP	2. SP	2. SP	2. SP	2. SP	2. SP	2. SP	2. SP	2. SP	2. SP	2. SP	2. SP
	3. CH	3. CH	3. CH	3. CH	3. CH	3. CH	3. CH	3. CH	3. CH	3. CH	3. CH	3. CH
	4. GC	4. GC	4. GC	4. GC	4. GC	4. GC	4. GC	4. GC	4. GC	4. GC	4. GC	4. GC
	5. PI	5. PI	5. PI	5. PI	5. PI	5. PI	5. PI	5. PI	5. PI	5. PI	5. PI	5. PI
	6. SD	6. SD	6. SD	6. SD	6. SD	6. SD	6. SD	6. SD	6. SD	6. SD	6. SD	6. SD
	7. OR	7. OR	7. OR	7. OR	7. OR	7. OR	7. OR	7. OR	7. OR	7. OR	7. OR	7. OR
	8. AC	8. AC	8. AC	8. AC	8. AC	8. AC	8. AC	8. AC	8. AC	8. AC	8. AC	8. AC
	9. AP	9. AP	9. AP	9. AP	9. AP	9. AP	9. AP	9. AP	9. AP	9. AP	9. AP	9. AP
	10. NR	10. NR	10. NR	10. NR	10. NR	10. NR	10. NR	10. NR	10. NR	10. NR	10. NR	10. NR
12. How many days did (...) work in this business in the last two weeks? 1. Days in two weeks	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
	days/2wk	days/2wk	days/2wk	days/2wk	days/2wk	days/2wk	days/2wk	days/2wk	days/2wk	days/2wk	days/2wk	days/2wk
13. Average number of hours that (...) worked during these days? 1. Hours per day	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day
14. In a typical month, how many days does (...) work on this business? 1. Days per month	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
	days/month	days/month	days/month	days/month	days/month	days/month	days/month	days/month	days/month	days/month	days/month	days/month
15. Average number of hours that (...) worked per day in a typical month? 1. Hours per day	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day	hrs/day

Section 8: Household Health

Section 8- Household Health

[Part A: Insurance](#)

[Part B: Anthropometry](#)

[Part C: Immunization](#)

[Part D: Activities of Daily Living](#)

[Part E: Miscellaneous Health](#)

[Part F: Health in the Last 4 Weeks](#)

[Part G: Health in the Last 12 Months](#)

Part A: INSURANCE (FILL OUT FOR ALL HOUSEHOLD MEMBERS)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
1. Has [Name] ever registered or been covered with a health insurance scheme? 1.Yes 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
2. What type of health insurance scheme does [Name] have? <i>(Circle all that apply in 1-5)</i> 1.National / District health insurance scheme (NHIS) 2.Health insurance through employer 3.Mutual health org. / community base health insurance 4.Other private purchase commercial health insurance 5. Other (specify) 6. None <i>(skip to 4 if member of NHIS)</i>	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.
3. Why is [Name] not registered with (NHIS)? <i>(Circle all that apply)</i> 1.Not heard of (NHIS) 2.Don't understand the (NHIS) 3.Cannot afford premium 4.Donot need health insurance 5.NHIS does not cover health insurance [Name] needs 6.Other (specify)	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.
4. Who is currently paying [Name's] health insurance cost? <i>(Circle all that apply in 1-11)</i> 1.HH Member (write ID) 2.Relative / friend 3.Employer 4.SSNIT contribution 5.Exempted (as child) 6.Exempted (as elderly) 7.Exempted (as pregnant woman) 8.Exempted (as pensioner) 9.Exempted as indigent (poor) 10.L.E.A.P Programme 11.Other (specify) 12..NA	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
5. Does [Name] hold a valid NHIS card? 1.Yes (CARD seen) >>7 2.Yes (CARD NOT seen) 3.No	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
6. Why is [Name] not holding NHIS card? 1.Registered, (Not paid fully) 2.Registered, (card not received) 3.Registered, (waiting period) 4.Not renewed registration 5.Lost card 6.Other (specify)	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.	1 2. 3. 4. 5. 6.
7. How much money has [Name] paid or is expected to pay as premium to the current insurance year? 1.Amount paid (GH¢) 2.Amount expected to pay (GH¢)	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p
8. How much money has [Name] paid or is expected to pay as registration fee to the current insurance year? 1.Amount paid (GH¢) 2.Amount expected to pay (GH¢)	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p	1. -----c -----p 2. -----c -----p
9. How many weeks did it take [Name] to obtain the NHIS card after the premium was paid in full? 1.Expected number in weeks 2.Code 888 if not received yet	weeks	weeks	Weeks	weeks	weeks	weeks	weeks	weeks	weeks	weeks	weeks	weeks	weeks	weeks	weeks

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
10. Has [Name] ever benefited from the NHIS? 1.Yes 2.No >>12	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
11. How many times has [Name] used NHIS card during the last 12 months? 1.Number of times															
12. How many times has [Name's] NHIS card renewed since first registration? 1.Number of times															
13. Is [Name] holding a valid NHIS card for current year? 1.Yes >>15 2.No (crosscheck with Question 5)	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
14. Why has [Name] not renewed current year's NHIS card? 1.The card has not expired 2.Has not been sick 3.Premium is expensive 4.Poor quality care for insurance card holders 5.Waiting time for card too long 6.Prefered services not covered 7.Use clinics / traditional practitioners who are not covered 8.Other (specify)	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____	1. 2. 3. 4. 5. 6. 7. 8. _____
15. Which of the following group schemes does [Name] contribute to? Circle all that apply A.Susu B.Family contribution C.Welfare association D.Micro credit scheme E.Other (specify) F.None>>17	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.	A. B. C. D. E. _____ F.
16. Does [Name] derive any health care financing benefit from the group schemes? A.Susu B.Family contribution C.Welfare association D.Micro credit scheme E.Other (specify)	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No	A. 1.Yes 2.No

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No	B. 1.Yes 2.No C. 1.Yes 2.No D. 1.Yes 2.No E. 1.Yes 2.No
17. Is [Name] willing to pay one-off premium to renew or register for membership under the NHIS? 1.Yes 2.No >> next person	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
18a.If yes, is [Name] willing to pay 200% increase or more? 1.Yes >>19 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
18b.If yes, is [Name] willing to pay 100% increase? 1.Yes >>19 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
18c.If yes, is [Name] willing to pay 50% increase? 1.Yes >>19 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
18d.If yes, is [Name] willing to pay 20% increase? 1.Yes >>19 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
18e.If yes, is [Name] willing to pay 10% increase? 1.Yes 2.No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
19. What is the maximum percentage increase is [Name] prepared to pay?	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%	-----%

Part B: ANTHROPOMETRY (FILL OUT FOR ALL HOUSEHOLD MEMBERS)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Was [Name] measured? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
2. If not, why? 1. Not home during survey period, 2. Too ill, 3. Handicapped or Deformed, 4. Not willing, 5. Other (specify) (> NEXT PERSON)	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____	1. 2. 3. 4. 5. _____
3. Was height measured standing or lying down? 1. Standing, 2. Lying down	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
4. Height (Centimeters)															
5. Weight (Kilograms)															
6. Hip Size (centimeters)															
7. Waist Size (centimeters)															
8. Arm circumference (mid-upper arm-centimeters)															

Part C: IMMUNIZATION (FILL OUT FOR ALL HOUSEHOLD MEMBERS)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
ID of Person Interviewed																
1. Has [Name] ever been immunized? 1. Yes 2. No >>12	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	
2. Has [Name] received the BCG vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	
3. How many polio vaccines has [Name] received? (Circle all that apply) 1. "0 2. "1 3. "2 4. "3 5. "4 6. Booster 7. Don't know,	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.
4. How many DPT shots has (NAME) received? (Circle all that apply) 1. "1, 2. "2, 3. "3 4. "Don't know,	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	
5. Has [Name] received the five in one vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
6. Has [Name] received the measles vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
7. Has [Name] received the Vitamin 'A' vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
8. Has [Name] received the Yellow Fever vaccine? 1. Yes, 2. No, 3. Don't know,	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
9. Did [Name] have to pay any fees for these vaccinations? 1. Yes, 2. No >> Next Person	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
10. How much was paid? (GH cedis and pesawas) >> next person	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
11. What did [Name] pay for? (Circle all that apply) 1.BCG 2.Polio 3.DPT 4.Five in one 5.Measles 6.Vitamin A 7.Yellow Fever	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c
	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p
	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c
	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p
	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c
	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p
	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c
	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p
	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c
	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p
	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.
	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c
	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p
	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.
	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c
	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
12. If [Name] is not immunized, why? 1. Too young, 2. Didn't know [Name] had to be immunized, 3. Health Care center is too far, 4. Shortage of supply, 5. Other (specify)	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Part D: ACTIVITIES OF DAILY LIVING (FILL OUT FOR ALL HOUSEHOLD MEMBERS 10 YEARS AND OLDER)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
1. If [Name] had to carry a heavy load (e.g. size 34 Bucket of water) without any help for 20 meters, could he/she do it?	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2. With difficulty	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3. Not at all	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
2.If not easily, could (NAME) have been able to do this 10 years ago?	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
1.Yes	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
2.No															
3. If yes, how long has [Name] had difficulty/ been unable to do this?	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y
1. Years (yy)	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m
2. Months (m)															
4. If [Name] had to bathe him/herself without any help, could he/she do it?	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
1. Easily	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
2. With difficulty	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
3. Not at all															
5. If not easily, how long has [Name] had difficulty/ been unable to do this?	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y	-----y
1. Years	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m	-----m
2. Months															

Part E: MISCELLANEOUS HEALTH (FILL OUT FOR ALL HOUSEHOLD MEMBERS 10 YEARS AND OLDER)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. In general, how would you rate your health? 1. Very healthy, 2. Somewhat healthy, 3. Somewhat unhealthy, 4. Unhealthy	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.
2. Have you ever had any sores or irritations on the feet that took more than four weeks to heal? 1. Yes 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
3. In the last 3 months, have you had numbness or tingling in the hands or feet, other than numbness/tingling of the hands or feet resulting from falling asleep, foot aches, or long walks? 1. Yes 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
4. Have you ever had the habit of chewing tobacco, smoking pipe, smoking self-rolled cigarettes, or smoking cigarettes/ cigars? 1. Yes 2. No >>15	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
5. At what age did you begin this habit? 1. Age in years															
6. Does (NAME) still smoke /chew tobacco or have you completely quit? 1. still smokes >>9 2. has quit 3. still chew tobacco	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
7. How long ago did you quit? 1. Years															
8. In one day how many cigars/cigarettes do you consume before totally quitting? 1. number >> 15															

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
9. In one day how many cigars/cigarettes do you consume now? 1. Number															
10. In the last 12 months has (NAME) tried to stop smoking? 1. Yes; 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
11. Would (NAME) like to stop smoking some time in life? 1. Yes; 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
12. If so, when? DO NOT PROMPT. 1. In the next 30 days, 2. In the next year, 3. In the next 5 years, 4. When I get sick	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
13. Will you actually quit smoking in the next 6 months? 1. Yes; 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
14. Are you <u>so</u> addicted to smoking that you will need some sort of help to quit? 1. Yes 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
15. How many days in the week do you consume alcoholic beverages? 1. days															

Part F: HEALTH IN THE LAST 4 WEEKS (Fill For All Household Members)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
1. During the last four weeks has [Name] suffered any illness or injury?	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
1. Neither >>8	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
2. Illness	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
3. Injury >>8															
4. Both															
2. What was the illness that [Name] suffered?	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
1. Watery diarrhea	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
2. Diarrhea with blood >>8	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
3. Fever >>8	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.
4. Cold/cough >>8	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.
5. Guinea Worm >>8	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
6. Bilharzia >>8															
7. Other (specify) >>8															
3. What was the most important liquid that was given to [Name] to drink?	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
1. Oral Rehydration Salt (ORS)	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
2. Rice Water	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.
3. Soup	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.	7.
4. Homemade sugar/saltwater solution, 5. Milk or infant formula, 6. Coconut water, 7. Water															

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
4. If watery diarrhea, was [Name] given the same amount to drink as before the watery diarrhea, or more, or less? 1. Same 2. More 3. Less	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
5. For how many days during the last 4 weeks has [Name] suffered from this condition?															
6. During the last 2 weeks did [Name] have to stop the usual activities because of this condition? 1. Yes 2. No (>>8)	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
7. For how many days did [Name] have to stop his/her usual activity? (1-14 days)															
8. During the last 4 weeks, has [Name] consulted any health care facility? 1. Yes 2. No >>23	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
9. On the most recent visit, who did [Name] consult? 1. Doctor, 2. Dentist, 3. Nurse,	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
4. Medical Asst., 5. Midwife, 6. Pharmacist, 7. Drug/Chemical seller, 8. Traditional Healer, 9. Trained TBA, 10. Untrained TBA, 11. Spiritualist, 12. Other (specify)	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12
10. What was the reason for the most recent visit?															
1. Illness, 2. Injury, 3. Follow-up, 4. Check-up, 5. Prenatal care, 6. Postnatal care, 7. Vaccination, 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
11. Where did the consultation take place?															
1. Hospital, 2. Clinic, 3. MCH Clinic, 4. Maternity home, 5. Pharmacy, 6. Chemical Store, 7. Consultant's home, 8. Patient's home, 9. Community epicenter, 10. Other (specify)	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. -----

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
12. What was the name of the health care facility? Enter name															
13. Is this a public or private facility? 1. Public, 2. Private, 3. Private religious 4. Public religious	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4	1. 2. 3. 4
14. How much did [Name] pay for this consultation? (GH cedis and pesawas)	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p
15. How much did [Name] pay to travel and return? (GH cedis and pesawas)	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p
16. How much time did it take to travel to and from the facility? (TRAVEL TIME) 1. Hours 2. Minutes	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
17. How long did [Name] wait in the health facility before being attended to by a health officer? (WAITING TIME) 1. Hours 2. Minutes	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m
18. How much TOTAL time (Waiting and Receiving treatment) did [Name] spend at the health facility? (CONSULTATION TIME) 1. Hours 2. Minutes	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m	-----h -----m
19. During last 4 weeks was [Name] admitted to a hospital/ health care facility on account of an illness/ injury? (Include traditional healing centers) 1. Yes, 2. No >>22	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
20. How many nights did [Name] spend in the health center during the last 4 weeks?															
21. How much did/will [Name] pay for staying in the health center during the last 4 weeks? (GH cedis and pesawas)	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
22. During the last 4 weeks did [Name] purchase any medicine or medical supplies? 1. Yes, 2. No >> Part G	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
23. How much did [Name] pay altogether for these medicine/medical supplies? (GH cedis and pesawas)	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p
24. Total medical expenses over the last 4 weeks (If cannot, give breakdown) (GH cedis and pesawas)	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p
25. Were all the medical/medicinal supplies obtainable from the health facility? 1. YES 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N

PART G: HEALTH IN LAST 12 MONTHS (Fill for All Household Members)

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ID of Person Interviewed															
1. For the last 12 months, was [Name] hospitalized for any illness/ injury? 1. Yes, 2. No	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N	1. Y 2. N
2. If yes, how many days was NAME hospitalized? 1.number of days															
3. What is the total cost of hospitalization? (GH cedis and pesawas)	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p	-----c -----p
4. Who pays for the majority of medical expenses including consultations and hospital stays (if any)? <i>ID of household member,</i> 1. Other relative 2. Government 3. Employer 4. Household member's employer 5. Health insurance 6. Other (specify)	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----	ID ____ 1. 2. 3. 4. 5. 6. -----
5. During the last 12 months did (NAME) suffer from onchocerciasis? 1. Yes 2. No>> next person	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
6. What were the effects of onchocerciasis that name suffered from? Circle all that apply 1. Blindness 2. Body itches 3. Skin rashes 4. Other (specify)	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
7. Did (NAME) take any oncho control drugs? 1. Yes>> 9 2. No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
8. Why did (NAME) not take the oncho control drug 1. drug not available 2. because of side effect of drug previously 3. Drug not useful 4. did not trust distributor 5. Other (specify)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
<i>(next person)</i>															
9. How many tablets did (NAME) take during the last 12 months?															
10. Did name experience any reactions from the oncho control drug that (NAME) took? 1. Yes 2. No>>12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
10. If yes, list the reactions (NAME) experienced from the oncho control drug? 1. Nausea 2. laziness 3. Sleepiness 4. body pains 5. Other (specify)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
12. Did (NAME) pay for the oncho control drug that (NAME) took 1. Yes 2.No	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
13. If yes, how much did name pay for the oncho control drug that (NAME) took (GH cedis and pesawas)	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c
	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p
14. Did name incur any other cost on the treatment of oncho during the last 12 months? 1. Yes 2 .No															
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

Member ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
15. List those other means of controlling oncho on which (NAME) incurred cost.															
16. Give the total of all the other cost incurred on the control of oncho during the last 12 months. (GH cedis and pesawas)	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c	-----c
	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p	-----p
17. During the last 12 months did (NAME) have to stop his/her usual activity because of oncho? 1. Yes 2. No	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
18. If yes to 16, how many days did (NAME) have to stop his/her usual activity because of oncho?															

Section 9: Children's Module

Section 9 – Children's Module

[Part A: Young Child Health](#)

Children younger than 5 years old

[Part B: Raven's Pattern Cognitive Assessment](#)

Children aged 5-15

[Part C: Math questions](#)

Children aged 9-26

[Part D: English Questions](#)

Children aged 9-26

Part A: Child Health, Young Children

0.0 Does your household have any child younger than 5years old?	1. Yes	2.No>> part B
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(FILL OUT FOR CHILDREN YOUNGER THAN 5 YEARS OLD)

	Young Child 1	Young Child 1	Young Child 1	Young Child 1	Young Child 1
Name of child and ID of child and mother (or guardian if mother is not in the household)	Young Child 1 Name: ID _____ child ID _____ mother/guardian	Young Child 1 Name: ID _____ child ID _____ mother/guardian	Young Child 1 Name: ID _____ child ID _____ mother/guardian	Young Child 1 Name: ID _____ child ID _____ mother/guardian	Young Child 1 Name: ID _____ child ID _____ mother/guardian
0. Verify with roster the age of (Name). "Is (Name) x years/months old?" 1. Roster Correct 2. No → record correct age here and on roster	1. Yes 2. No age: _____	1. Yes 2. No age: _____	1. Yes 2. No age: _____	1. Yes 2. No age: _____	1. Yes 2. No age: _____
1. Does (or did) the mother breastfeed (Name)? 1. Yes 2. No >> 3	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
2. At what age was (Name) weaned? Report in months Write 87 if still breastfeeding Don't know	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.
3. At what age was (Name) first given water? 1. Report in months 2. 87 if not yet 3. Don't know	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.
4. At what age was (Name) first given any liquid that was not water or milk? 1. Report in months 2. 87 if not yet 3. Don't know	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.
5. At what age was (Name) first given food other than milk? 1. Report in months 2. 87 if not yet 3. Don't know	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.	1. _____m 2. _____ 3.

	Young Child 1	Young Child 1	Young Child 1	Young Child 1	Young Child 1
6. Does (Name) participate in a community feeding program (e.g. school feeding program)? 1. Yes >>8 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
7. Has [Name] ever participated in a community feeding program? 1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
8. Who usually looks after (Name) during the daytime? 1. Mother - MO 2. Father - FA 3. Adult Female - AF 4. Adult Male - AM 5. Female Child - CF 6. Male Child - CM 7. Other, specify – OT	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____	1. MO 2. FA 3. AF 4. AM 5. CF 6. CM 7. OT _____
9. In the last 7 days, how many times was (Name) left in the care of someone who is under 10 years old? 1. number of times	1. _____	1. _____	1. _____	1. _____	1. _____
10. In the last 7 days, how many times was (Name) left alone? 1. number of times	1. _____	1. _____	1. _____	1. _____	1. _____
11. Did you or someone else take (Name) to a health center for post-natal care in the last 12 months 1. Yes 2. No >> Part B	1. Yes 2. No >> Part B	1. Yes 2. No >> Part B	1. Yes 2. No >> Part B	1. Yes 2. No >> Part B	1. Yes 2. No >> Part B
12. How many times did (Name) go there for consultations in the last 12 months? 1. number of times	1. _____	1. _____	1. _____	1. _____	1. _____
13. Did you have to pay for consultations? 1. Yes 2. No	1. Yes 2. No >> Part B	1. Yes 2. No >> Part B	1. Yes 2. No >> Part B	1. Yes 2. No >> Part B	1. Yes 2. No >> Part B
14. How much did you usually pay for one consultation? 1. Amount in GH cedis & pesawas	_____c _____p	_____c _____p	_____c _____p	_____c _____p	_____c _____p

Part B: Raven's Pattern Cognitive Assessment

Complete for each child between ages 5-15 in the Household

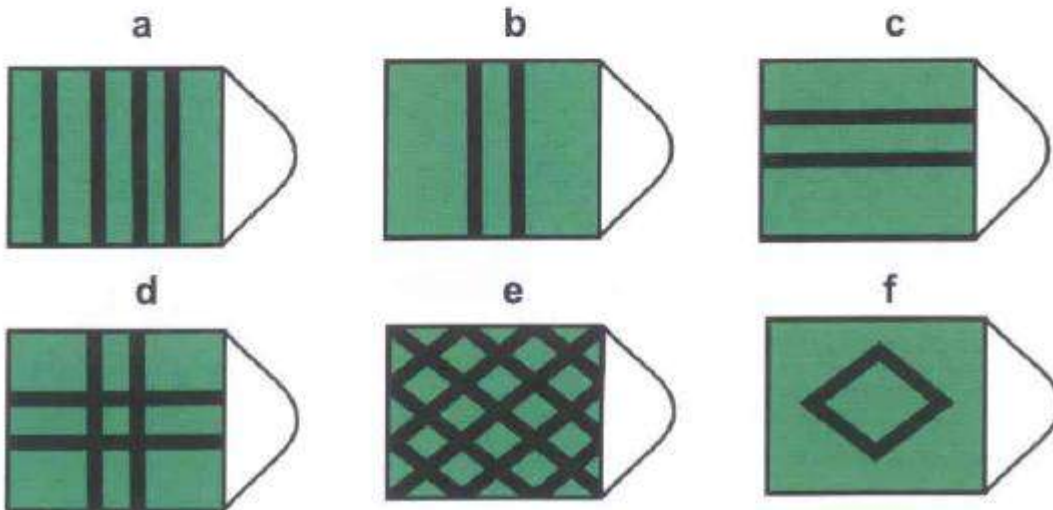
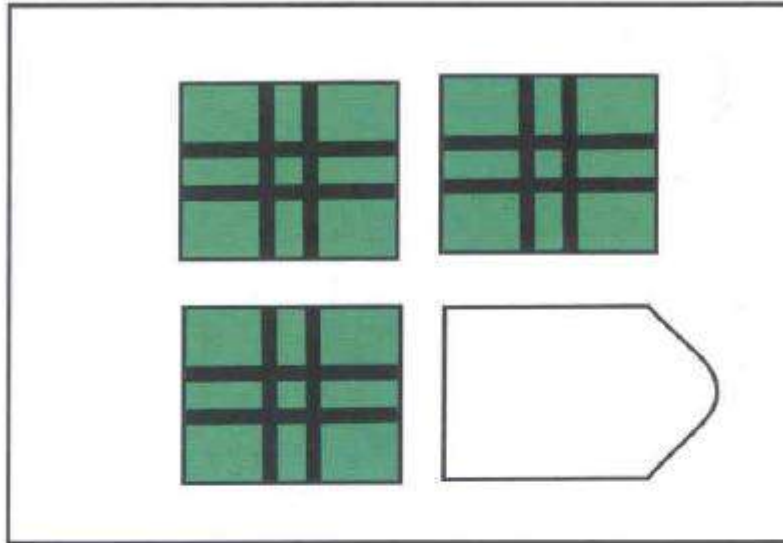
Instructions:

Show the picture below to the child and have them point to one of the shapes labeled (a) - (f)

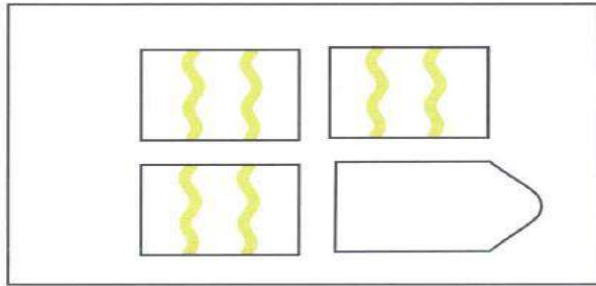
Record below the pictures which shape the child pointed to.

EXAMPLE: Show the child the picture and then point to shape d

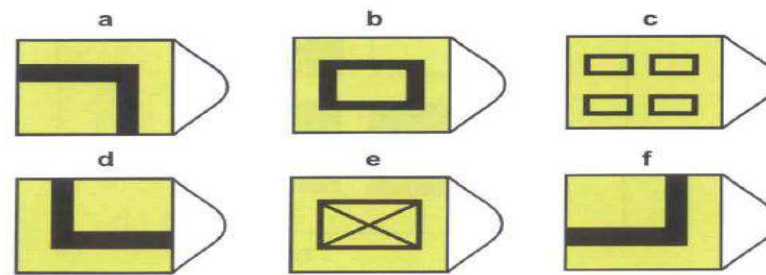
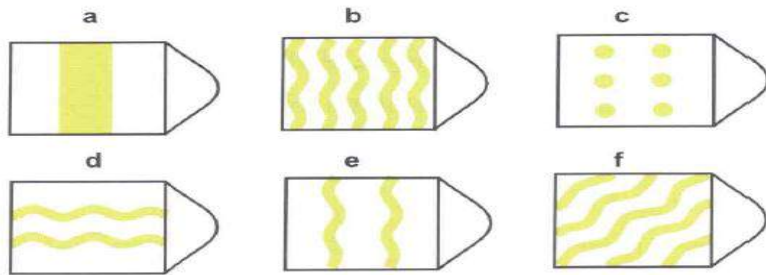
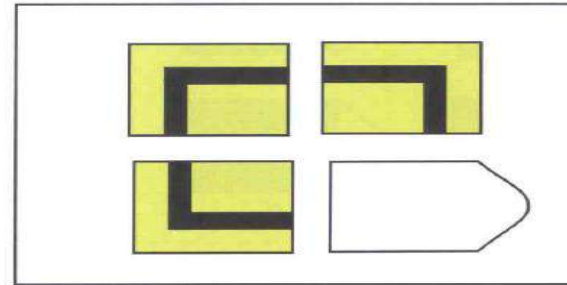
EK0



EK1

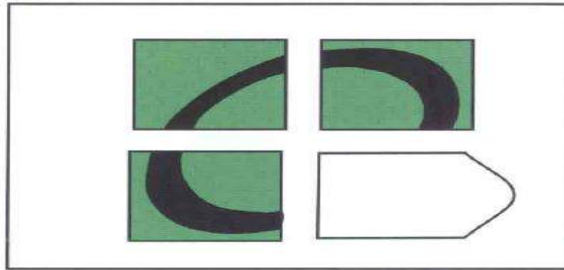


EK2

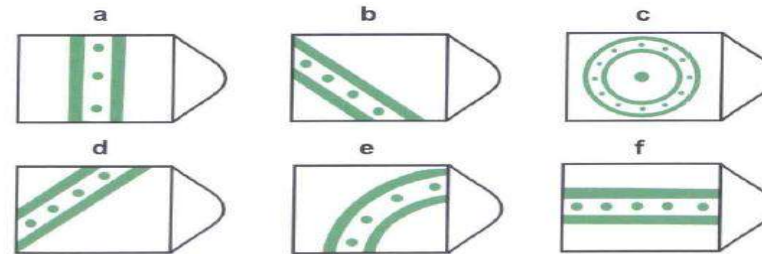
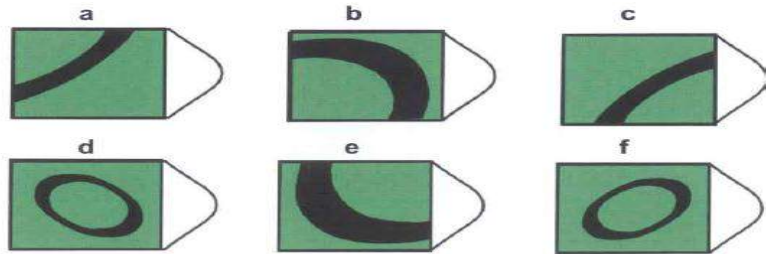
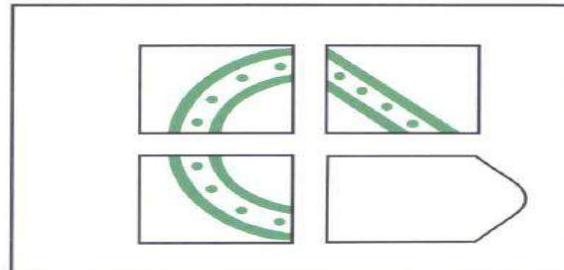


Part 3: Raven's Pattern Cognitive Assessment (I)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____
1. Shape child pointed at 1. letter of shape in EK1	_____	_____	_____	_____	_____
2. Shape child pointed at 1. letter of shape in EK2	_____	_____	_____	_____	_____

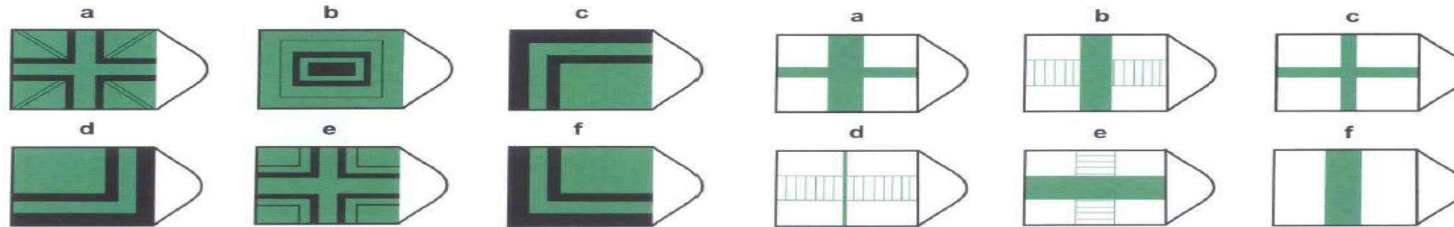
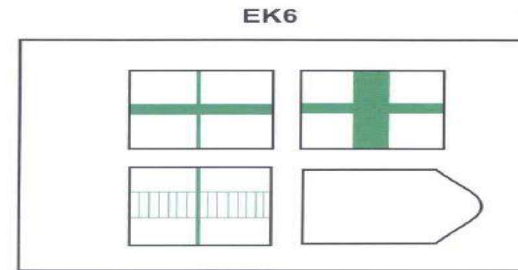
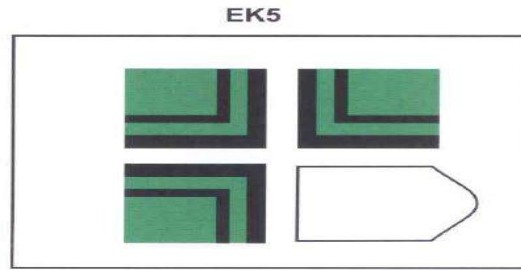
EK3



EK4

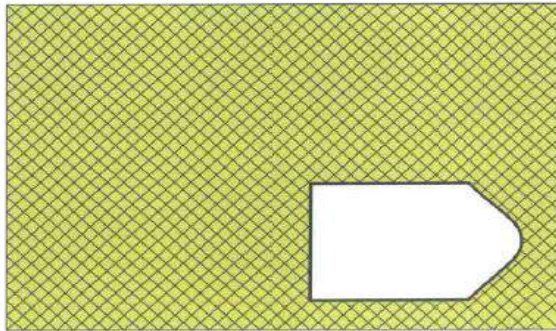


Part 3: Raven's Pattern Cognitive Assessment (II)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____
3. Shape child pointed at 1. letter of shape in EK3	_____	_____	_____	_____	_____
4. Shape child pointed at 1. letter of shape in EK4	_____	_____	_____	_____	_____

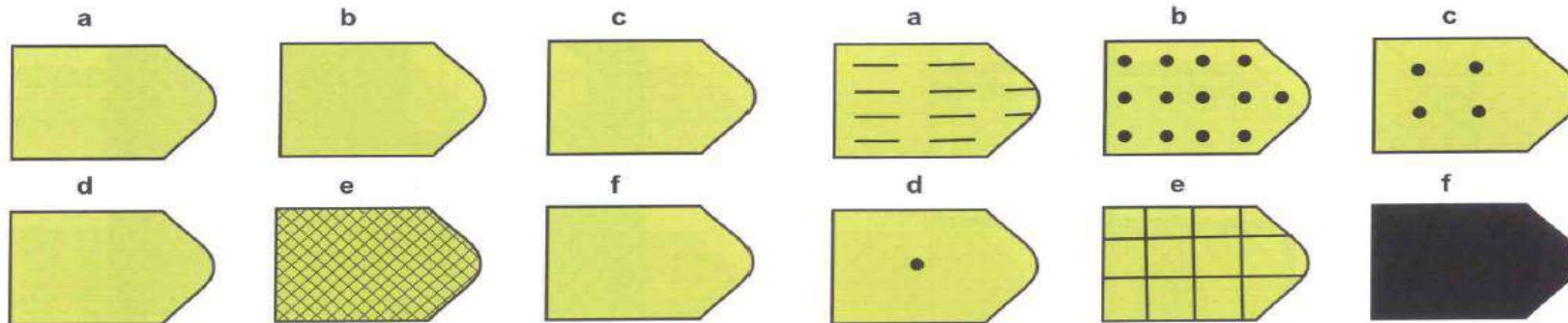
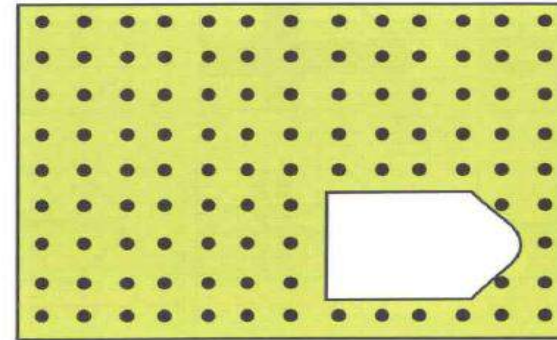


Part 3: Raven's Pattern Cognitive Assessment (III)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____
5. Shape child pointed at 1. letter of shape in EK5	_____	_____	_____	_____	_____
6. Shape child pointed at 1. letter of shape in EK6	_____	_____	_____	_____	_____

EK7

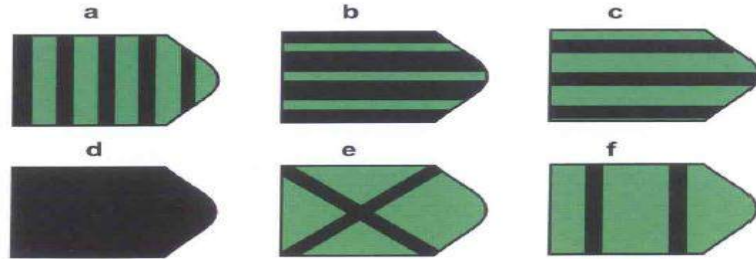
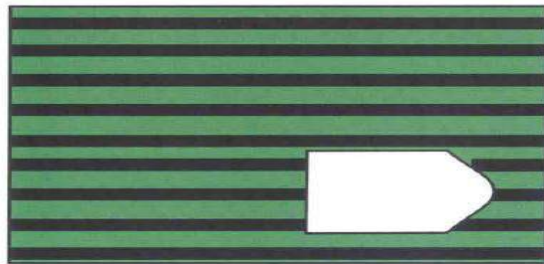


EK8

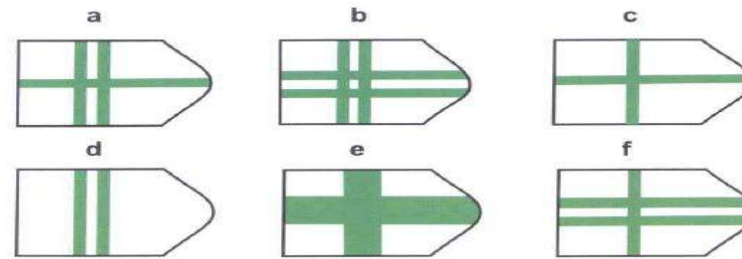
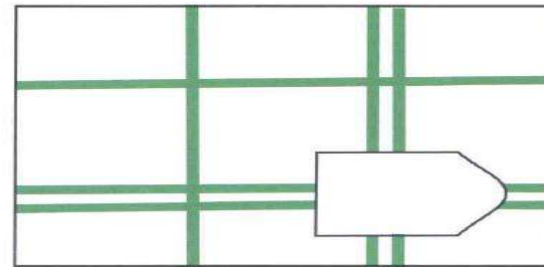


Part 3: Raven's Pattern Cognitive Assessment (III)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____
7. Shape child pointed at 1. letter of shape in EK7	_____	_____	_____	_____	_____
8. Shape child pointed at 1. letter of shape in EK8	_____	_____	_____	_____	_____

EK9

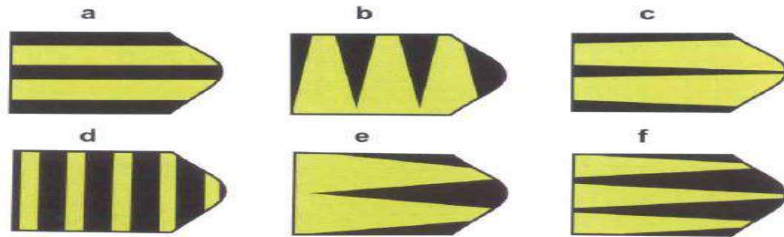
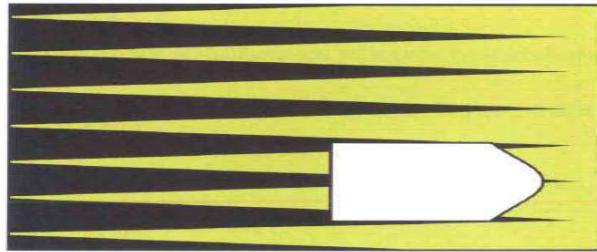


EK10

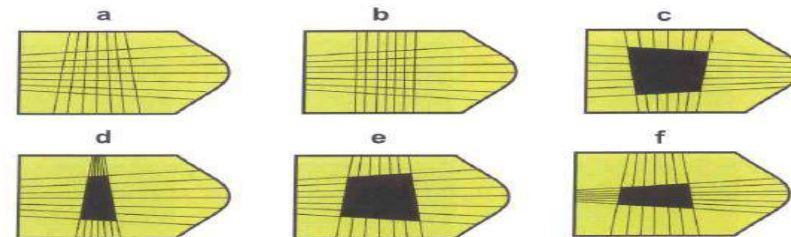
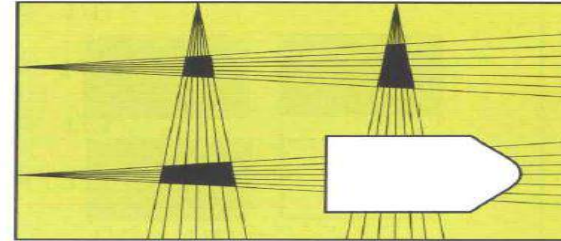


Part 3: Raven's Pattern Cognitive Assessment (IV)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____
9. Shape child pointed at 1. letter of shape in EK9	_____	_____	_____	_____	_____
10. Shape child pointed at 1. letter of shape in EK10	_____	_____	_____	_____	_____

EK11



EK12



Part 3: Raven's Pattern Cognitive Assessment (V)	Child 1	Child 2	Child 3	Child 4	Child 5
	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____	Name: _____ ID: _____
11. Shape child pointed at 1. letter of shape in EK11	_____	_____	_____	_____	_____
12. Shape child pointed at 1. letter of shape in EK12	_____	_____	_____	_____	_____

Part C:

Math Questions

Complete for all household members between ages 9-26

INSTRUCTIONS: SHOW THE MATH QUESTIONS (AS REPORTED SEPARATELY ON THE MATH CARD) TO THE RESPONDENT AND HAVE THEM CHOOSE THEIR BEST ANSWERS, FROM (A) – (D). FOR EACH QUESTION, RECORD BELOW THE ANSWER THAT THE CHILD CHOSE

Member ID															
Write exact start time now? HH:MM															
1. $1 + 2 =$ a. 4 b. 8 c. 1 d. 3	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
2. $5 - 2 =$ a. 2 b. 10 c. 3 d. 1	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
3. $2 \times 3 =$ a. 5 b. 6 c. 1 d. 8	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
4. $10 \div 5 =$ a. 5 b. 8 c. 2 d. 50	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.

Member ID															
5. $5 + 17 =$ a. 15 b. 21 c. 12 d. 22	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
6. $33 - 19 =$ a. 10 b. 14 c. 9 d. 13	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
7. $17 \times 3 =$ a. 5.7 b. 51 c. 21 d. 5	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
8. $42 \div 7 =$ a. 7 b. 9 c. 6 d. 5	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
Write exact end time now? HH:MM															

Part D:

English Reading Questions

Complete also for all household members between ages 9-26

Instructions:

Show the English Questions (as reported separately on the English Card) to the respondent and have them choose their best answers, from (a) – (d).

For each question, record below the answer that the child chose

John is a small boy. He lives in a village with his brothers and sisters. He goes to school every week.

In his school there are five teachers. John is learning to read at school. He likes to read very much.

His father is a teacher, and his parents want him to become a school teacher too.

Member ID															
Write exact start time now? HH:MM															
9 Who is John? (a) An old man (b) A small boy (c) A school teacher (d) A school	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
10. Where does John live? (a) In a village (b) In a city (c) In a school (d) In a forest	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
11. What does John do every week? (a) Works with his father (b) Plays with his friends (c) Helps his brothers and sisters (d) Goes to school	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)

Member ID															
12. How many teachers are there at John's school? (a) One (b) Three (c) Five (d) Six	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
13. What is John doing at school? (a) Helping the teacher (b) Talking with his friends (c) Learning to read (d) Teaching the class	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
14. Who is a school teacher? (a) John (b) John's father (c) John's brother (d) John's mother	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
15. What do John's parents want him to do? (a) Go to school (b) Learn to read (c) Obey his teachers (d) Become a teacher	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
16. The best title for this story is? (a) John Learns to Read (b) Why Reading is Important (c) John's Village (d) Schools in Ghana	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)	(a) (b) (c) (d)
Exact end time now? HH:MM															

Section 10: Social Networking

Section 10: Social Networking

Information Seeking : Interaction with Organizations (*Ask of the household Head or most knowledgeable person in the household*)

(ENUMERATOR: ASK THESE QUESTIONS OF THE HH HEAD OR MOST KNOWLEDGEABLE PERSON)

i. INTERACTION WITH ORGANIZATIONS

	A. Government Extension Office	B. Input Supplier (Private Business Entity)	C. Farmer Based Organization (registered)	D. Non profit Organization/NGO (incl. NGOs providing Extension services)	E. Non profit Organization/NGO (incl. NGOs providing Extension services)
1. Has your HH had any contact with the following organization in the last 12 months?	1. Yes 2. No >>Next Organisation	1. Yes 2. No >>Next Organisation	1. Yes, MiDA FBO 2. Yes, Non-MiDA FBO 3. No >>Next	(specify) _____	(specify) _____
2. How many contacts has HH had with this organization in the last 12 months?					
3. What type(s) of information did you request? <i>(Circle all those that apply)</i> 1. Agriculture – AG 2. Non-agricultural product – NP 3. Resource Management – RM 4. Business – BU 5. Other (specify) – OT	1. AG 2. NP 3. RM 4. BU 5. OT _____	1. AG 2. NP 3. RM 4. BU 5. OT _____	1. AG 2. NP 3. RM 4. BU 5. OT _____	1. AG 2. NP 3. RM 4. BU 5. OT _____	1. AG 2. NP 3. RM 4. BU 5. OT _____
4. Did you request information about crops? 1. Yes 2. No>>8	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
5. Did you have to pay for the information? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
6. For which crops did you request assistance? Write all crops codes that apply.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
7. What were your crop concern(s) regarding? <i>(Circle all those that apply).</i> 1. Use of fertilizer – FT 2. Irrigation – IR 3. New Seed varieties -- NS 4. Pest infestation – PI 5. Weather – WT 6. Marketing – MK 7. Blight/Crop Disease – BD 8. Access to credit – AC 9. General Information – GI 10. Other (specify) – OT	1. 2. 3. 4. 5. 6. 7. 8. 9.	1. 2. 3. 4. 5. 6. 7. 8. 9.	1. 2. 3. 4. 5. 6. 7. 8. 9.	1. 2. 3. 4. 5. 6. 7. 8. 9.	1. 2. 3. 4. 5. 6. 7. 8. 9.

Section 10: Social Networking

Information Seeking

	A. Government Extension Office	B. Input Supplier (Private Business Entity)	C. Farmer Based Organization (registered)	D. Non profit Organization/NGO (incl. NGOs providing Extension services)	E. Non profit Organization/NGO (incl. NGOs providing Extension services)
	10. _____	10. _____	10. _____	10. _____	10. _____
8. Did you request information about livestock?	1. Yes 2. No >>Next Org.	1. Yes 2. No >>Next Org.	1. Yes 2. No >>Next Org.	1. Yes 2. No >>Next Org.	1. Yes 2. No >> Dii
9. Did you have to pay for the information? 1. Yes 2. No	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
10. For which livestock did you request assistance? (Circle all those that apply) 1. Draught Animal (bullock, donkey horse) – DA 2. Cattle – CA 3. Sheep -- SH 4. Goats – GO 5. Pigs – PI 6. Rabbits – RA 7. Chicken – CH 8. Fish – FI 9. Snail – SN 10. Other (specify) – OT	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. _____

Section 11: Food Security Module

Section 11: Household Food Security Module: (These questions should be asked at the Household level)

- i. Number of days in the last 7 days for eating different types of food
- ii. Food situation in your household in the last 12 months

Question 1: (i) *I would like to ask you about all the different foods that your household members have eaten in the **last 7 days**. Could you please tell me **how many days** in the last week your household has eaten the following foods?*

Food Item	Days eaten in last week (0-7 days)
1. Maize	_____
2. Millet	_____
3. Rice	_____
4. Bread/wheat	_____
5. Tubers (cassava, plantain, other)	_____
6. Groundnuts & Pulses (beans, other nuts)	_____
7. Fish (eaten as a main food)	_____
8. Fish powder, small fish (used for flavor only, Magi)	_____
9. Red meat (sheep/goat/beef)	_____
10. White meat (poultry)	_____
11. Vegetable oil, butter, shea butter, fats	_____
12. Eggs	_____
13. Milk and dairy products (main food)	_____
14. Milk in tea in small amounts	_____
15. Vegetables (including green leaves)	_____
16. Fruits	_____
17. Sweets, sugar, honey	_____

II. WHICH OF THESE STATEMENTS BEST DESCRIBES THE FOOD SITUATION IN YOUR HOUSEHOLD IN THE LAST 12 MONTHS?

2. In the last 12 months, did you lose weight because you didn't have enough money for food?

- [1] Yes
- [2] No
- [3] DK or Refused

3a. In the last 12 months, did (you/ or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- [1] Yes
- [2] No (>> 4)
- [3] DK or Refused (>> 4)

3b. [IF YES ABOVE, ASK] How often did this happen?

- [1] Almost every month
- [2] Some months but not every month
- [3] Only 1 or 2 months
- [4] DK or Refused

The next questions are about children living in the household who are under 18 years old.

4. In the last 12 months, since (current month) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

- [1] Yes
- [2] No
- [3] DK or Refused

5. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

- [1] Yes
- [2] No (SKIP 6a)
- [3] DK or Refused (SKIP 6a)

6a. [IF YES ABOVE ASK] How often did this happen?

- [1] Almost every month
- [2] Some months but not every month
- [3] Only 1 or 2 months
- [4] DK or Refused

7. In the last 12 months, (was your child/ were the children) ever hungry but you just couldn't afford more food?

- [1] Yes
- [2] No
- [3] DK or Refused

8. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

- [1] Yes
- [2] No
- [3] DK or Refused

Section 12: Consumption Module

A. Food Items Consumed

B. CLOTHING AND FOOTWEAR

C. Expenditure on Other Items in Last 12 months

D. Fuel and Other Lubricants

Section 12: Consumption Module**A. Food Items Consumed**

- a. Own Produced (quantity, GH¢, P)
- b. Purchased (quantity, GH¢, P)
- c. Gifts Received (quantity, GH¢, P)
- d. Gifts Given (quantity, GH¢, P)
- e. Codes for unit given by respondent

UNITS	CODES	UNITS	CODES
American tin	2	Margarine tin	17
Balls	27	Maxi bag	18
Bar	28	Mini bag	19
Barrel	3	Nut	20
Basket	4	Pair	33
Beer bottle	5	Pieces	34
Bowl	6	Pots	35
Box	7	Pounds	21
Bucket	29	Set	36
Bunch	8	Sheet	22
Bundle	9	Singles	37
Crate	30	Stick	23
Dozen	31	Tonne	24
Fanta / Coke bottle	10	Tree	25
Fingers	11	Tubers	26
Fruits	12	Yard / Metre	38
Gallon	13	Calabash	39
Kilogram	14	Milk Tin	40
Litre	15	Tin	41
Loaf	32	Other (specify)	42
Log	16		

PART A: FOOD ITEMS CONSUMED – PLEASE ASK THE MOST KNOWLEDGEABLE HOUSEHOLD MEMBER ABOUT THE MONTH IN SEASON, OWN PRODUCED FOOD ITEMS, FOOD ITEMS PURCHASED, GIFT RECEIVED AND GIFTS GIVEN OUT BY THE HOUSEHOLD DURING THE LAST 30 DAYS

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
Cereals 1. Guinea corn / sorghum	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
2. Maize	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
3. Millet	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
4. Rice – Local	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
5. Rice Imported	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
6. Other cereals	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
Pulses and Nuts 7. Cowpea Beans	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
8. Soya Beans	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
9. Other Beans	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
10. Groundnuts	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
11. Palm nuts	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
12. Cola nuts	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
13. Other pulses and nuts	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
14. Bread	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
15. Biscuits	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
16. Flour (wheat)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
17. Maize ground / corn dough	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
18. Kenkey / banku (without sauce)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
19. Baby food (cerelac, unimix,etc)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Cooking oil</u>					
20. Coconut oil	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
21. Groundnut oil	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
22. Palm kernel oil	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
23. Shea butter	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
24. Palm oil	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
25. Margarine / Butter	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
26. Other vegetable oils included	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
<u>Spices / Condiments</u>					
27. Black pepper	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
28. Salt	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
29. Ginger	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
30. Other Condiments/Spices (Royco etc)	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
<u>Milk / milk products</u>					
31. Milk (fresh) a) Months in Season	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
32. Milk (powder)	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
33. Baby milk	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
34. Tinned milk	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
35. Other milk products incl. Cheese	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Eggs and Poultry</u> 36. Eggs	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
37. Chicken/Guinea fowl	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
38. Game birds	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Meat</u> 39. Corned beef	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
40. Pork	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
41. Beef	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
42. Goat meat	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
43. Mutton	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
44. Bush meat / wild game	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
45. Fish	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
46. Canned / Tin Fish	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____
<u>Fruits</u> 47. Coconut	a) ____ qty _____c ____p	b.) ____ qty _____c ____p	c) ____ qty _____c ____p	d) ____ qty _____c ____p	e) _____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
48. Banana	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
49. Orange / tangerine	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
50. Pineapple	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
51. Mango	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
52. Avocado pear	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
53. Water melon	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
54. Pawpaw	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
55. Apple	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
56. Sugarcane	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
<u>Vegetables</u> 57. Cocoyam leaves (Kontomire)	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
58. Garden eggs	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
59. Okro (Fresh or Dried)	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
60. Carrots	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
61. Cabbage	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____
62. Pepper (fresh or dried)	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) ____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
63. Onions (large / small)	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
64. Tomatoes (fresh)	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
65. Tomato puree (canned)	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
66. Other vegetables	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
<u>Starchy Staples</u>					
67. Cassava	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
68. Cocoyam	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
69. Plantain	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
70. Yam	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
71. Cassava dough	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
72. Gari	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
73. Other starchy staples	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
Confectionery 74. Sugar (cube, granulated)	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
75. Honey	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
76. Ice cream, ice lollies, etc.	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
77. Chocolate	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____

Item	a) own produce (GH¢) Last 30 Days	b) Purchased (GH¢) Last 30 Days	c) Gift Received Last 30 Days	d) Gift Given Last 30 Days	e) Unit (see Codes above)
78. Other confectionaries	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
<u>Beverages</u> 79. Coffee, tea cocoa, etc	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
80. Bottled water, soft drink & Juices	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
81. Alcoholic beverages	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
82. Tobacco	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
83. Other beverages	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
84. Cooked meals (as wages)	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____
85. Restaurants, cafés, Canteens, Hotels, etc.	a) ____ qty ____c ____p	b.) ____ qty ____c ____p	c) ____ qty ____c ____p	d) ____ qty ____c ____p	e) _____

B. CLOTHING AND FOOTWEAR: – PLEASE ASK THE MOST KNOWLEDGEABLE HOUSEHOLD MEMBER ABOUT THE ANNUAL PURCHASES IN THE LAST 12 MONTHS

Item	Expenditure for children under 16 years	Expenditure for elderly over 60 years	Expenditure for male adults ages 16-60 years	Expenditure for female adults ages 16-60 years	Total expenditure in the last 12 months
1. Suits	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
2. Smocks	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
3. Cloth (eg. Kente). [This does not include cloth for garment]	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
4. Trousers	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
5. Shirts/Jackets	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
6. Jeans	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
7. Underwear	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
8. Cloth for garments. [ie. Cloth and other materials]	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
9. Other garments and clothing	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
10. Footwear	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p
11. Tailoring, laundry / cleaning, clothing repair	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p	_____ c _____ p

PART C. EXPENDITURE ON OTHER ITEMS IN THE LAST 12 MONTHS: – PLEASE ASK THE MOST KNOWLEDGEABLE HOUSEHOLD MEMBER ABOUT EXPENDITURE ON OTHER ITEMS IN THE LAST 12 MONTHS

Item	Total expenditure in the last 12 months (for entire household)
1. Regular remittances / gifts	_____ c _____ p
2. Gifts / support to help at the time of difficulty	_____ c _____ p
3. Cultural festivals (donations) [Homowo, Odwira, etc]	_____ c _____ p
4. Church donations	_____ c _____ p
5. Funerals (donations)	_____ c _____ p
6. Payment for rent	_____ c _____ p
7. Owner occupy housing rent (estimate)	_____ c _____ p
8. Plumbing, electrical, and carpentry services	_____ c _____ p
9. Sewerage removal, refuse disposal, expenditure on public toilets	_____ c _____ p
10. Water (pipe-borne, metered)	_____ c _____ p
11. Water (tanker services)	_____ c _____ p
12. Cement (for minor repairs of the dwelling)	_____ c _____ p
13. Hired labour for dwelling repairs	_____ c _____ p
14. Repairs to furniture and floor coverings	_____ c _____ p
15. Repairs to household appliances	_____ c _____ p
16. Car and truck repairs, maintenance, and other fees	_____ c _____ p
17. Lawn boys / gardeners	_____ c _____ p
18. Security guards	_____ c _____ p
19. House boys / house maids	_____ c _____ p
20. House keepers / caretakers	_____ c _____ p

Item	Total expenditure in the last 12 months (for entire household)
21. Baby sitters, day care attendants, nannies, etc	_____ c _____ p
22. Barbers and beauty shops	_____ c _____ p
23. Soaps, bleaches, disinfectants, cleaners, and toilet papers	_____ c _____ p
24. Matches and candles	_____ c _____ p
25. Insecticides - coils and sprays	_____ c _____ p
26. Medicine (pain killers, antibiotics, anti malaria medicines, condoms, tablets, syrups, etc)	_____ c _____ p
27. Newspapers, magazines, and books	_____ c _____ p
28. Goods for personal care (toothpaste, razor blades, combs, scent sprays, cosmetics, etc)	_____ c _____ p
29. Postal, telephone, telegram, fax, internet / email, etc., services and charges	_____ c _____ p
30. Pets, pet food, veterinary services	_____ c _____ p
31. Gardening expenses (plants, pots, fertilizers, compost, etc).	_____ c _____ p
32. Entertainment	_____ c _____ p

Part D: Fuel Used in the last 12 months

Type of Fuel	Number of Months Used (write in number)	Average Value per Month	Home Produced/Collected	Purchased
1. Electricity		_____ c _____ p	_____ c _____ p	_____ c _____ p
2. Gas for household use		_____ c _____ p	_____ c _____ p	_____ c _____ p
3. Kerosene		_____ c _____ p	_____ c _____ p	_____ c _____ p
4. Charcoal		_____ c _____ p	_____ c _____ p	_____ c _____ p
5. Firewood and other solid fuels		_____ c _____ p	_____ c _____ p	_____ c _____ p
6. Petrol		_____ c _____ p	_____ c _____ p	_____ c _____ p
7. Diesel		_____ c _____ p	_____ c _____ p	_____ c _____ p
8. Dung cake		_____ c _____ p	_____ c _____ p	_____ c _____ p
9. Crop byproducts / waste		_____ c _____ p	_____ c _____ p	_____ c _____ p
10. Rubbish / plastic		_____ c _____ p	_____ c _____ p	_____ c _____ p