

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	MARITAL STATUS AGE 12+	E D U C A T I O N					
			Does (NAME) usually live here?	Did (NAME) sleep here last night?				Is (NAME) male or female?	How old is (NAME)?	What is (NAME)'S current marital status? MARR- IED 1 CONSE- NSUAL 2 WIDOW- ED 3 DIVOR- CED 4 SEPAR- ATED 5 NEVER MARR- IED 6	**IF AGED 6 YEARS OR OLDER		
											Has (NAME) ever been to school?	IF ATTENDED SCHOOL	IF AGED LESS THAN 25 YEARS
(1)	(2)	(3)	YES NO	YES NO	M F	IN YEARS	YES NO	What is the highest level of school (NAME) attended?	What is the highest grade (NAME) completed at that level?	Is (NAME) still in school? IF YES	FINANCIAL CONSTRAINT...1 SCHOOL TOO FAR.....2 LACK OF INTEREST....3 DISABILITY...4 NEEDED TO HELP IN FAMILY BUSINESS....5 GRADUATED...6 OTHER.....7		
			1 2	1 2	1 2		1 2	LEVEL GRADE		YES NO			
01			1 2	1 2	1 2		1 2			1 2			
02			1 2	1 2	1 2		1 2			1 2			
03			1 2	1 2	1 2		1 2			1 2			
04			1 2	1 2	1 2		1 2			1 2			
05			1 2	1 2	1 2		1 2			1 2			
06			1 2	1 2	1 2		1 2			1 2			
07			1 2	1 2	1 2		1 2			1 2			
08			1 2	1 2	1 2		1 2			1 2			
09			1 2	1 2	1 2		1 2			1 2			
10			1 2	1 2	1 2		1 2			1 2			
11			1 2	1 2	1 2		1 2			1 2			
12			1 2	1 2	1 2		1 2			1 2			
13			1 2	1 2	1 2		1 2			1 2			
14			1 2	1 2	1 2		1 2			1 2			
15			1 2	1 2	1 2		1 2			1 2			

* CODES FOR Q.3

- RELATIONSHIP TO HEAD OF HOUSEHOLD:
- 01= HEAD
 - 02= WIFE OR HUSBAND
 - 03= SON OR DAUGHTER
 - 04= SON OR DAUGHTER-IN-LAW
 - 05= GRANDCHILD
 - 06= PARENT
 - 07= PARENT-IN-LAW
 - 08= BROTHER OR SISTER
 - 09= OTHER RELATIVE
 - 10= ADOPTED
 - 11= NOT RELATED
 - 98= DK

** CODES FOR Q 10

- LEVEL OF EDUCATION:
- 1= PRIMARY
 - 2= MIDDLE/JSS
 - 3= SSS/COMMERCIAL/TECHNICAL/4 YEAR TRG. COLL.
 - 4= POST SEC./ NURSING TRG/ POLYTECHNIC
 - 5= HIGHER
 - 8= DK

GRADE:

- 00=LESS THAN 1 YEAR COMPLETED
98=DK

**FOR THOSE AGED 7 YEARS AND ABOVE
O C C U P A T I O N**

Line No.	What work did (NAME) do during the past 7 days, even if (NAME) was not paid for it? Describe what (NAME) did in this work? IF ONLY STUDENT/HOMEMAKER/ UNEMPLOYED SKIP TO ↳q17	What kind of industry is it connected with?	In this work did (NAME) work on own account, as an employer, as unpaid family worker or for wages/salary? OWN ACCOUNT W/O EMPL.....1 EMPLOYER.....2 UNPAID FAMILY WORKER.....3 FOR WAGES/SALARY.....4	For how many days during the past 7 days did (NAME) do this work?	During these days how many hours per day did (NAME) do this work? RECORD HOURS WORKED AND SKIP TO ↳q18.	Did (NAME) look for work during the past 7 days?
	(12)	(13)	(14)	(15)	(16)	(17)
	DESCRIPTION	CODE	TYPE	CODE		YES NO
01						1 2
02						1 2
03						1 2
04						1 2
05						1 2
06						1 2
07						1 2
08						1 2
09						1 2
10						1 2
11						1 2
12						1 2
13						1 2
14						1 2
15						1 2

- 1) Are there any other persons such as small children or infants that we have not listed? YES →ENTER EACH NO
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES →ENTER EACH NO
- 3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES →ENTER EACH NO

NAME	H E A L T H				M I G R A T I O N ALL USUAL RESIDENTS AGED 15 OR OLDER				
	During the past 2 weeks has (NAME) suffered from either an illness or an injury? (18)	Has (NAME) had a health consultation in the past 2 weeks? IF NO, SKIP ↓ Q21. (19)		In the past 2 weeks whom did (NAME) consult? DOCTOR.....01 DENTIST.....02 MEDICAL ASSISTANT....03 NURSE.....04 MIDWIFE.....05 PHARMACIST...06 DRUGGIST.....07 TRADITIONAL HEALER.....08 T B A09 SPIRITUALIST.10 OTHER.....96 (20)	Did (NAME) pay anything for medical supplies or consultation in the past 2 weeks? IF YES: How much? IF NO: ENTER "0" (21)	Was (NAME) born in this locality? IF NO, SKIP ↓ Q24. (22)	Has (NAME) lived anywhere else for at least 6 months? (23)	At the time of (NAME's) birth was his/her birth-place a City....1 Town....2 Village.3 *** (24)	How old was (NAME) when he/she left his/her place of birth for the first time to live somewhere else? (25)
	YES NO	YES NO		AMOUNT	YES NO	YES NO		IN YEARS	
01	1 2	1 2				1 2	1 2		
02	1 2	1 2				1 2	1 2		
03	1 2	1 2				1 2	1 2		
04	1 2	1 2				1 2	1 2		
05	1 2	1 2				1 2	1 2		
06	1 2	1 2				1 2	1 2		
07	1 2	1 2				1 2	1 2		
08	1 2	1 2				1 2	1 2		
09	1 2	1 2				1 2	1 2		
10	1 2	1 2				1 2	1 2		
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12	1 2	1 2				1 2	1 2		
13	1 2	1 2				1 2	1 2		
14	1 2	1 2				1 2	1 2		
15	1 2	1 2				1 2	1 2		

*** (Q24) CHECK IF YES IN Q22 AND NO IN Q23 THEN SKIP TO Q31

M I G R A T I O N ALL USUAL RESIDENTS AGED 15 OR OLDER				D I S A B I L I T Y											
How long has (NAME) lived in (PRESENT PLACE OF RESIDENCE) since his/her last move? TIME IN YEARS IN MONTHS IF LESS THAN 1 YEAR.	What was the main reason (NAME) came to (PRESENT PLACE OF RESIDENCE) FOLLOW/JOIN FAMILY.....1 WORK RELATED.....2 MARRIAGE.....3 SCHOOLS.....4 BRIGHTLIGHT 5 ESCAPE FAMILY PROBLEMS.....6 OTHER.....7 (SPECIFY)	Which region or country did (NAME) move from? WESTERN.....01 CENTRAL.....02 G/ACCRA.....03 VOLTA.....04 EASTERN.....05 ASHANTI.....06 B. AHAFO.....07 NORTHERN.....08 U. WEST.....09 U. EAST.....10 NIGERIA.....11 C. D'IVORE...12 TOGO.....13 B. FASO.....14 OTHER AFRICA.15 OUTSIDE AFRI.16	Was the place where (NAME) was living before coming here a city, town or village? CITY...1 TOWN...2 VILL-AGE....3	Does (NAME) have difficulty moving?		Does (NAME) have difficulty seeing?		Does (NAME) have difficulty hearing/speaking?		Does (NAME) have difficulty learning?		Has (NAME) loss of feeling in the hand/foot?		Does (NAME) have fits?	
				(27)	(28)	(29)	(30)	(31)		(32)		(33)		(34)	
YEARS MONTHS				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
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<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/>			1	2	1	2	1	2	1	2	1	2	1	2

NAME	DISABILITY				CHECK Q 31-38: AT MOST ONE "YES" → 40 MORE THAN ONE "YES" → V Which is the main diffi- culty (NAME) has? MOVING.....1 SEEING.....2 HEARING/ SPEAKING....3 LEARNING....4 + HAND/FOOT..5 FITS.....6 BEHAVE STRANGELY...7 OTHER.....8	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***						ELIGIBILITY			
	Does (NAME) behave strangely?		Does (NAME) have any other difficulty?			Is (NAME)'s natural mother alive IF NO OR DK SKIP TO →Q42	IF ALIVE Does (NAME)'s natural mother live in this house- hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (41)	Is (NAME)'s natural father alive? IF NO OR DK SKIP TO →Q44	IF ALIVE Does (NAME)'s natural father live in this house- hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (43)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVI- DUAL INTER- VIEW (15-49) (YEARS)	CIRCLE LINE NUMBER OF MEN ELIGI- BLE FOR INTER- VIEW (15-59) (YEARS)				
	(37)	(38)	(39)	(40)								(41)	(42)	(43)	(44)
	YES	NO	YES	NO		YES	NO	DK		YES	NO	DK			
01	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	01	01
02	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	02	02
03	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	03	03
04	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	04	04
05	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	05	05
06	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	06	06
07	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	07	07
08	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	08	08
09	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	09	09
10	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	10	10
11	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	11	11
12	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	12	12
13	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	13	13
14	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	14	14
15	1	2	1	2		1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	15	15

* CODE FOR Q39: 5= LOSS OF FEELING IN THE HAND/FOOT

TOTAL TOTAL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																													
52	Does your household have: Electricity? A functioning radio? A functioning television? A functioning refrigerator? A functioning video?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VIDEO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	VIDEO	1	2																												
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53	How many rooms in your household are used for sleeping?	ROOMS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>																																														
54	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td colspan="3">NATURAL FLOOR</td> </tr> <tr> <td>EARTH/SAND/MUD.....</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>MUD MIXED WITH DUNG.....</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td colspan="3">RUDIMENTARY FLOOR</td> </tr> <tr> <td>WOOD PLANKS.....</td> <td style="text-align: center;">21</td> <td></td> </tr> <tr> <td>PALM/BAMBOO.....</td> <td style="text-align: center;">22</td> <td></td> </tr> <tr> <td colspan="3">FINISHED FLOOR</td> </tr> <tr> <td>PARQUET OR POLISHED WOOD.....</td> <td style="text-align: center;">31</td> <td></td> </tr> <tr> <td>LINOLEUM</td> <td style="text-align: center;">32</td> <td></td> </tr> <tr> <td>CERAMIC TILES.....</td> <td style="text-align: center;">33</td> <td></td> </tr> <tr> <td>CEMENT.....</td> <td style="text-align: center;">34</td> <td></td> </tr> <tr> <td>CARPET.....</td> <td style="text-align: center;">35</td> <td></td> </tr> <tr> <td>TERRAZO</td> <td style="text-align: center;">36</td> <td></td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;">96</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	NATURAL FLOOR			EARTH/SAND/MUD.....	11		MUD MIXED WITH DUNG.....	12		RUDIMENTARY FLOOR			WOOD PLANKS.....	21		PALM/BAMBOO.....	22		FINISHED FLOOR			PARQUET OR POLISHED WOOD.....	31		LINOLEUM	32		CERAMIC TILES.....	33		CEMENT.....	34		CARPET.....	35		TERRAZO	36		OTHER	96		(SPECIFY)			
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55	Does any member of your household own: A bicycle? A motorcycle? A motor vehicle? A tractor? A horse/cart?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTOR VEHICLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRACTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HORSE/CART.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	MOTOR VEHICLE.....	1	2	TRACTOR	1	2	HORSE/CART.....	1	2																												
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