



LOCAL AUTHORITY _____

NAME OF TOWN/VILLAGE _____

ADDRESS OF HOUSE OR COMPOUND _____

GOVERNMENT OF GHANA

1960 POPULATION CENSUS

ANSWER THE QUESTIONS BELOW FOR EACH PERSON						ANSWER ONLY FOR PERSONS 6 YEARS AND OVER						
1 NAME	2 SEX	3 AGE In completed years only. Write 0 for infants less than 1 year	4 BIRTHPLACE			5 COUNTRY OF ORIGIN		6 TRIBE Ask only persons of African Origin	7 FULL-TIME EDUCATION			
			a Born in this town or village	b Born in another town or village in Ghana. Specify town or village and Region	c Born outside Ghana. Specify Country	a Ghana	b Outside Ghana. Specify Country		a Whether attending Now, in the Past, or Never	b Type of School	c Highest standard or Grade attained	
1	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PRIMARY 1 <input type="checkbox"/>	MIDDLE 2 <input type="checkbox"/>	SECONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	
2	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PR. MARY 1 <input type="checkbox"/>	M. DDLE 2 <input type="checkbox"/>	SEC ONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	
3	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PR. MARY 1 <input type="checkbox"/>	M. DDLE 2 <input type="checkbox"/>	SEC ONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	
4	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PR. MARY 1 <input type="checkbox"/>	M. DDLE 2 <input type="checkbox"/>	SEC ONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	
5	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PR. MARY 1 <input type="checkbox"/>	M. DDLE 2 <input type="checkbox"/>	SEC ONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	
6	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PR. MARY 1 <input type="checkbox"/>	M. DDLE 2 <input type="checkbox"/>	SEC ONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	
7	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PR. MARY 1 <input type="checkbox"/>	M. DDLE 2 <input type="checkbox"/>	SEC ONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	
8	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PR. MARY 1 <input type="checkbox"/>	M. DDLE 2 <input type="checkbox"/>	SEC ONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	
9	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PR. MARY 1 <input type="checkbox"/>	M. DDLE 2 <input type="checkbox"/>	SEC ONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	
0	MALE 1 <input type="checkbox"/>		IN THIS TOWN/VILLAGE 0 <input type="checkbox"/> <input type="checkbox"/>	TOWN/VILLAGE _____		GHANA 0 <input type="checkbox"/> <input type="checkbox"/>		0 <input type="checkbox"/> NEVER 1 <input type="checkbox"/> PAST 3 <input type="checkbox"/> NOW	PR. MARY 1 <input type="checkbox"/>	M. DDLE 2 <input type="checkbox"/>	SEC ONDARY 3 <input type="checkbox"/>	1 <input type="checkbox"/> 4 <input type="checkbox"/>
	FEMALE 3 <input type="checkbox"/>			REGION _____					Other Type-Specify _____	2 <input type="checkbox"/> 5 <input type="checkbox"/>	3 <input type="checkbox"/> 6 <input type="checkbox"/>	



GOVERNMENT OF GHANA
1960 POPULATION CENSUS

ENUMERATION AREA No.

TOWN/VILLAGE CODE

FOR OFFICE USE ONLY;
DO NOT WRITE HERE

SERIAL NUMBER OF HOUSE OR COMPOUND
WITHIN THE ENUMERATION AREA

VER	ANSWER THE QUESTIONS BELOW ONLY FOR PERSONS 15 YEARS AND OVER							
	8 TYPE OF ACTIVITY		ANSWER THESE QUESTIONS ONLY FOR PERSONS WHO WORKED LAST MONTH					
	a Did you do any work for at least one day last month?	b If NO, how were you mainly occupied last month?	9 INDUSTRY		10 OCCUPATION	11 EMPLOYMENT STATUS		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	a Name and Address of establishment where you worked	b Major product or service of this establishment	What kind of work did you do?	SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		
4	1 <input type="checkbox"/> YES	HOUSE-WIFE 2 <input type="checkbox"/>	UN-EMPLOYED 3 <input type="checkbox"/>	NAME			SELF-EMPLOYED 1 <input type="checkbox"/>	EMPLOYEE 2 <input type="checkbox"/>
5							3 <input type="checkbox"/> FAMILY WORKER	
6	1 <input type="checkbox"/> NO	Other-Specify				Other-Specify		

CONFIDENTIAL

HOUSEHOLD



GOVERNMENT OF GHANA

1960 POPULATION CENSUS
POST-ENUMERATION SURVEY

GP/V10116/15,000/6/59-60

E.A. No.

Serial No. of house or compound within E.A. (Copy this from P.E.S.I.)
8-10

Name of Locality.....
FOR OFFICE USE Detailed address of house or compound.....

Local Authority.....
1-7

Region.....

Serial No. of household within house
11-12

LIST A. List below the names of all members of the household and their guests who slept in the house last night.
Begin with the name of the head of household.

No.	Full Name	Relationship to head of household (see the list below)	Sex	AGE (Enter Exact Ages)	
				Below 15	15 and above
		HEAD <input type="checkbox"/> Usual <input type="checkbox"/> Temporary			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
If more than one Questionnaire is used for a household, indicate the number of Questionnaires here..... and write the total				TOTAL	

After completing this list, read the names of all the members to the head of household (or any other responsible person who gives you the relevant information) and ask whether these are all the persons who slept in the house last night.

FOR OFFICE USE
13-14

FOR OFFICE USE
15-16

FOR OFFICE USE
17-18

LIST B. List below the names of all the usual members of the household who did not sleep in the house last night.

1					
2					
3					
4					
5					
6					
				TOTAL

LIST OF RELATIONSHIPS TO BE SPECIFIED

(a)
FATHER OR MOTHER
FATHER'S BROTHER OR SISTER
MOTHER'S BROTHER OR SISTER

(b)
HEAD—(WIFE OR HUSBAND)
BROTHER
SISTER

(c)
SON OR DAUGHTER
BROTHER'S SON OR DAUGHTER
SISTER'S SON OR DAUGHTER

(d)
SON'S CHILDREN
DAUGHTER'S CHILDREN

(e)
OTHER (Specify)

FILL THIS QUESTIONNAIRE FOR EVERY PERSON IN THE HOUSEHOLD AGED 15 YEARS AND ABOVE LISTED ON THE FRONT PAGE (LIST A ONLY)
PUT A CROSS IN THE APPROPRIATE BOX OR WRITE THE ANSWER ON THE DOTTED LINE

	For Office Use	1	For Office Use	2	For Office Use	3
1. Name						
2. Relationship to head	19 <input type="checkbox"/>	HEAD	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>	
3. Sex	20 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	20 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	20 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Age (in completed years)	21-22 <input type="checkbox"/>		21-22 <input type="checkbox"/>		21-22 <input type="checkbox"/>	
5. (a) Where were you born?	23-24 <input type="checkbox"/>	(a) <input type="checkbox"/> In this town or village. <input type="checkbox"/> Another town or village in Ghana. Specify Town/Village _____ Region _____ <input type="checkbox"/> Outside Ghana _____ Specify Country _____	23-24 <input type="checkbox"/>	(a) <input type="checkbox"/> In this town or village. <input type="checkbox"/> Another town or village in Ghana. Specify Town/Village _____ Region _____ <input type="checkbox"/> Outside Ghana _____ Specify Country _____	23-24 <input type="checkbox"/>	(a) <input type="checkbox"/> In this town or village. <input type="checkbox"/> Another town or village in Ghana. Specify Town/Village _____ Region _____ <input type="checkbox"/> Outside Ghana _____ Specify Country _____
IF BORN OUTSIDE GHANA (b) When did you last enter Ghana?	25 <input type="checkbox"/>	(b) Year of last entry _____	25 <input type="checkbox"/>	(b) Year of last entry _____	25 <input type="checkbox"/>	(b) Year of last entry _____
6. (a) Have you been living in this town or village since your birth?	26 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 7) <input type="checkbox"/> No	26 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 7) <input type="checkbox"/> No	26 <input type="checkbox"/>	<input type="checkbox"/> Yes (Proceed to 7) <input type="checkbox"/> No
If NO (b) For how long have you been staying in this town or village?		(b) <input type="checkbox"/> 5 years or more <input type="checkbox"/> 2 years but less than 5 years <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 6 months but less than 12 months <input type="checkbox"/> Less than 6 months		(b) <input type="checkbox"/> 5 years or more <input type="checkbox"/> 2 years but less than 5 years <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 6 months but less than 12 months <input type="checkbox"/> Less than 6 months		(b) <input type="checkbox"/> 5 years or more <input type="checkbox"/> 2 years but less than 5 years <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 6 months but less than 12 months <input type="checkbox"/> Less than 6 months
(c) In what town or village were you living before? (If outside Ghana, specify country)	27 <input type="checkbox"/>	(c) _____ Town/Village _____ Region _____	27 <input type="checkbox"/>	(c) _____ Town/Village _____ Region _____	27 <input type="checkbox"/>	(c) _____ Town/Village _____ Region _____
7. What is your tribe?	28-30 <input type="checkbox"/>		28-30 <input type="checkbox"/>		28-30 <input type="checkbox"/>	
8. (a) What is your religion?	31-32 <input type="checkbox"/>	(a) <input type="checkbox"/> Christ. <input type="checkbox"/> Mos. <input type="checkbox"/> Trad. R. <input type="checkbox"/> Other _____ Specify _____	31-32 <input type="checkbox"/>	(a) <input type="checkbox"/> Christ. <input type="checkbox"/> Mos. <input type="checkbox"/> Trad. R. <input type="checkbox"/> Other _____ Specify _____	31-32 <input type="checkbox"/>	(a) <input type="checkbox"/> Christ. <input type="checkbox"/> Mos. <input type="checkbox"/> Trad. R. <input type="checkbox"/> Other _____ Specify _____
IF CHRISTIAN OR MOSLEM (b) What is your denomination or sect? (e.g. Presbyterian, Ahmadiya).		(b) _____ Specify denomination or sect. _____		(b) _____ Specify denomination or sect. _____		(b) _____ Specify denomination or sect. _____
9. (a) Have you attended or are you attending school now?	33 <input type="checkbox"/>	(a) <input type="checkbox"/> Never (Proceed to 10) <input type="checkbox"/> Now <input type="checkbox"/> Past	33 <input type="checkbox"/>	(a) <input type="checkbox"/> Never (Proceed to 10) <input type="checkbox"/> Now <input type="checkbox"/> Past	33 <input type="checkbox"/>	(a) <input type="checkbox"/> Never (Proceed to 10) <input type="checkbox"/> Now <input type="checkbox"/> Past
(b) What is the highest type of school you attended?	34 <input type="checkbox"/>	(b) <input type="checkbox"/> Prim. <input type="checkbox"/> Mid. <input type="checkbox"/> Sec. <input type="checkbox"/> Other _____ Specify _____	34 <input type="checkbox"/>	(b) <input type="checkbox"/> Prim. <input type="checkbox"/> Mid. <input type="checkbox"/> Sec. <input type="checkbox"/> Other _____ Specify _____	34 <input type="checkbox"/>	(b) <input type="checkbox"/> Prim. <input type="checkbox"/> Mid. <input type="checkbox"/> Sec. <input type="checkbox"/> Other _____ Specify _____
(c) What is the highest grade you attained?	35 <input type="checkbox"/>	(c) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and over.	35 <input type="checkbox"/>	(c) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and over	35 <input type="checkbox"/>	(c) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and over
10. (a) Do you know how to read and write any language?	36-37 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 11)	36-37 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 11)	36-37 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 11)
IF YES (b) What Ghanaian language can you read and write?		(b) _____ Main language only		(b) _____ Main language only		(b) _____ Main language only
(c) What non-Ghanaian language can you read and write?		(c) _____ Main language only		(c) _____ Main language only		(c) _____ Main language only

II. (a) Did you do any work for at least one day last month?	<input type="checkbox"/> 38	(a) <input type="checkbox"/> Yes (Proceed to 11(c)) <input type="checkbox"/> No	<input type="checkbox"/> 38	(a) <input type="checkbox"/> Yes (Proceed to 11(c)) <input type="checkbox"/> No	<input type="checkbox"/> 38	(a) <input type="checkbox"/> Yes (Proceed to 11(c)) <input type="checkbox"/> No
If NO (b) How were you mainly occupied last month?		(b) <input type="checkbox"/> Unemployed (continue with 11(c)) <input type="checkbox"/> Housewife (Proceed to 12) <input type="checkbox"/> Other. Specify and proceed to 12		(b) <input type="checkbox"/> Unemployed (continue with 11(c)) <input type="checkbox"/> Housewife (Proceed to 12) <input type="checkbox"/> Other. Specify and proceed to 12		(b) <input type="checkbox"/> Unemployed (continue with 11(c)) <input type="checkbox"/> Housewife (Proceed to 12) <input type="checkbox"/> Other. Specify and proceed to 12
(c) What kind of work did you do? (for employed, job last month). (for unemployed, previous job).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 39-41	(c) Specify kind of work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 39-41	(c) Specify kind of work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 39-41	(c) Specify kind of work
(d) Did you do any other kind of work last month?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 42-44	(d) <input type="checkbox"/> Yes Specify kind of work <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 42-44	(d) <input type="checkbox"/> Yes Specify kind of work <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 42-44	(d) <input type="checkbox"/> Yes Specify kind of work <input type="checkbox"/> No
(e) Employment Status (for employed, last month's status) (for unemployed, previous status)	<input type="checkbox"/> 45	(e) <input type="checkbox"/> Employee (Proceed to 12) <input type="checkbox"/> Employer (Proceed to 12) <input type="checkbox"/> Self-employed (Proceed to 12) <input type="checkbox"/> Family Worker (Proceed to 12) <input type="checkbox"/> Other Specify and proceed to 12	<input type="checkbox"/> 45	(e) <input type="checkbox"/> Employee (Proceed to 12) <input type="checkbox"/> Employer (Proceed to 12) <input type="checkbox"/> Self-employed (Proceed to 12) <input type="checkbox"/> Family Worker (Proceed to 12) <input type="checkbox"/> Other Specify and proceed to 12	<input type="checkbox"/> 45	(e) <input type="checkbox"/> Employee (Proceed to 12) <input type="checkbox"/> Employer (Proceed to 12) <input type="checkbox"/> Self-employed (Proceed to 12) <input type="checkbox"/> Family Worker (Proceed to 12) <input type="checkbox"/> Other Specify and proceed to 12
FOR EMPLOYEES (WAGE-EARNERS AND SALARIED WORKERS)						
(f) During the last month, for how many days did you do any work for pay?	<input type="checkbox"/> 46	(f) <input type="checkbox"/> Whole month <input type="checkbox"/> Other Specify no. of days	<input type="checkbox"/> 46	(f) <input type="checkbox"/> Whole month <input type="checkbox"/> Other Specify no. of days	<input type="checkbox"/> 46	(f) <input type="checkbox"/> Whole month <input type="checkbox"/> Other Specify no. of days
12. (a) Have you ever been married?	<input type="checkbox"/> 47	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 15)	<input type="checkbox"/> 47	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 15)	<input type="checkbox"/> 47	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 15)
If YES, (b) Are you at present married, divorced or widowed?		(b) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		(b) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		(b) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
(c) What was the form of your marriage?	<input type="checkbox"/> 48	(c) <input type="checkbox"/> Customary only <input type="checkbox"/> Cust. and Ordinance <input type="checkbox"/> Church and Ordinance <input type="checkbox"/> Other Specify	<input type="checkbox"/> 48	(c) <input type="checkbox"/> Customary only <input type="checkbox"/> Cust. and Ordinance <input type="checkbox"/> Church and Ordinance <input type="checkbox"/> Other Specify	<input type="checkbox"/> 48	(c) <input type="checkbox"/> Customary only <input type="checkbox"/> Cust. and Ordinance <input type="checkbox"/> Church and Ordinance <input type="checkbox"/> Other Specify
13. FOR MARRIED MEN ONLY						
(a) How many wives have you got living in this house or compound?	<input type="checkbox"/> 49	(a) Number	<input type="checkbox"/> 49	(a) Number	<input type="checkbox"/> 49	(a) Number
(b) another house or compound in this town/village?	<input type="checkbox"/> 50	(b) Number	<input type="checkbox"/> 50	(b) Number	<input type="checkbox"/> 50	(b) Number
(c) another town/village in Ghana?	<input type="checkbox"/> 51	(c) Number	<input type="checkbox"/> 51	(c) Number	<input type="checkbox"/> 51	(c) Number
(d) another town/village outside Ghana?	<input type="checkbox"/> 52	(d) Number	<input type="checkbox"/> 52	(d) Number	<input type="checkbox"/> 52	(d) Number
14. FOR MARRIED WOMEN ONLY						
Where is your husband living?	<input type="checkbox"/> 53	<input type="checkbox"/> in this house <input type="checkbox"/> in another house in this town/village <input type="checkbox"/> in another town/village	<input type="checkbox"/> 53	<input type="checkbox"/> in this house <input type="checkbox"/> in another house in this town/village <input type="checkbox"/> in another town/village	<input type="checkbox"/> 53	<input type="checkbox"/> in this house <input type="checkbox"/> in another house in this town/village <input type="checkbox"/> in another town/village
15. FOR ALL WOMEN AGED 15 AND ABOVE						
(i) How many children of yours (a) live in this house?	<input type="checkbox"/> <input type="checkbox"/> 54-55	(a) Number	<input type="checkbox"/> <input type="checkbox"/> 54-55	(a) Number	<input type="checkbox"/> <input type="checkbox"/> 54-55	(a) Number
(b) live elsewhere?	<input type="checkbox"/> 56	(b) Number	<input type="checkbox"/> 56	(b) Number	<input type="checkbox"/> 56	(b) Number
(c) were born during the past twelve months? (including children alive and dead)	<input type="checkbox"/> 57	(c) Number	<input type="checkbox"/> 57	(c) Number	<input type="checkbox"/> 57	(c) Number
(d) are dead?	<input type="checkbox"/> 58	(d) Number	<input type="checkbox"/> 58	(d) Number	<input type="checkbox"/> 58	(d) Number
(e) died during the past twelve months?	<input type="checkbox"/> 59	(e) Number	<input type="checkbox"/> 59	(e) Number	<input type="checkbox"/> 59	(e) Number
(ii) What were the ages of those who died during the past twelve months?	<input type="checkbox"/> 60	(ii) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If NONE, proceed to enumerate next person.	<input type="checkbox"/> 60	(ii) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If NONE, proceed to enumerate next person.	<input type="checkbox"/> 60	(ii) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If NONE, proceed to enumerate next person.
	<input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64		<input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64		<input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64	

FILL THIS QUESTIONNAIRE FOR EVERY PERSON IN THE HOUSEHOLD AGED 15 YEARS AND ABOVE LISTED ON THE FRONT PAGE (LIST A ONLY)
PUT A CROSS IN THE APPROPRIATE BOX OR WRITE THE ANSWER ON THE DOTTED LINE

	For Office Use	4	For Office Use	5	For Office Use	6
1. Name						
2. Relationship to head	19 <input type="checkbox"/>	HEAD	19 <input type="checkbox"/>		19 <input type="checkbox"/>	
3. Sex	20 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	20 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	20 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Age (in completed years)	21-22 <input type="checkbox"/>		21-22 <input type="checkbox"/>		21-22 <input type="checkbox"/>	
5. (a) Where were you born?	23-24 <input type="checkbox"/>	(a) <input type="checkbox"/> In this town or village. <input type="checkbox"/> Another town or village in Ghana. Specify Town/Village _____ Region _____ <input type="checkbox"/> Outside Ghana _____ Specify Country _____	23-24 <input type="checkbox"/>	(a) <input type="checkbox"/> In this town or village. <input type="checkbox"/> Another town or village in Ghana. Specify Town/Village _____ Region _____ <input type="checkbox"/> Outside Ghana _____ Specify Country _____	23-24 <input type="checkbox"/>	(a) <input type="checkbox"/> In this town or village. <input type="checkbox"/> Another town or village in Ghana. Specify Town/Village _____ Region _____ <input type="checkbox"/> Outside Ghana _____ Specify Country _____
IF BORN OUTSIDE GHANA (b) When did you last enter Ghana?	25 <input type="checkbox"/>	(b) Year of last entry _____	25 <input type="checkbox"/>	(b) Year of last entry _____	25 <input type="checkbox"/>	(b) Year of last entry _____
6. (a) Have you been living in this town or village since your birth?	26 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 7) <input type="checkbox"/> No	26 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 7) <input type="checkbox"/> No	26 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 7) <input type="checkbox"/> No
If NO (b) For how long have you been staying in this town or village?		(b) <input type="checkbox"/> 5 years or more <input type="checkbox"/> 2 years but less than 5 years <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 6 months but less than 12 months <input type="checkbox"/> Less than 6 months		(b) <input type="checkbox"/> 5 years or more <input type="checkbox"/> 2 years but less than 5 years <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 6 months but less than 12 months <input type="checkbox"/> Less than 6 months		(b) <input type="checkbox"/> 5 years or more <input type="checkbox"/> 2 years but less than 5 years <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 6 months but less than 12 months <input type="checkbox"/> Less than 6 months
(c) In what town or village were you living before? (If outside Ghana, specify country)	27 <input type="checkbox"/>	(c) _____ Town/Village _____ Region _____	27 <input type="checkbox"/>	(c) _____ Town/Village _____ Region _____	27 <input type="checkbox"/>	(c) _____ Town/Village _____ Region _____
7. What is your tribe?	28-30 <input type="checkbox"/>		28-30 <input type="checkbox"/>		28-30 <input type="checkbox"/>	
8. (a) What is your religion?	31-32 <input type="checkbox"/>	(a) <input type="checkbox"/> Christ. <input type="checkbox"/> Mos. <input type="checkbox"/> Trad. R. <input type="checkbox"/> Other _____ Specify _____	31-32 <input type="checkbox"/>	(a) <input type="checkbox"/> Christ. <input type="checkbox"/> Mos. <input type="checkbox"/> Trad. R. <input type="checkbox"/> Other _____ Specify _____	31-32 <input type="checkbox"/>	(a) <input type="checkbox"/> Christ. <input type="checkbox"/> Mos. <input type="checkbox"/> Trad. R. <input type="checkbox"/> Other _____ Specify _____
IF CHRISTIAN OR MOSLEM (b) What is your denomination or sect? (e.g. Presbyterian, Ahmadiya).		(b) _____ Specify denomination or sect.		(b) _____ Specify denomination or sect.		(b) _____ Specify denomination or sect.
9. (a) Have you attended or are you attending school now?	33 <input type="checkbox"/>	(a) <input type="checkbox"/> Never (Proceed to 10) <input type="checkbox"/> Now <input type="checkbox"/> Past	33 <input type="checkbox"/>	(a) <input type="checkbox"/> Never (Proceed to 10) <input type="checkbox"/> Now <input type="checkbox"/> Past	33 <input type="checkbox"/>	(a) <input type="checkbox"/> Never (Proceed to 10) <input type="checkbox"/> Now <input type="checkbox"/> Past
(b) What is the highest type of school you attended?	34 <input type="checkbox"/>	(b) <input type="checkbox"/> Prim. <input type="checkbox"/> Mid. <input type="checkbox"/> Sec. <input type="checkbox"/> Other _____ Specify _____	34 <input type="checkbox"/>	(b) <input type="checkbox"/> Prim. <input type="checkbox"/> Mid. <input type="checkbox"/> Sec. <input type="checkbox"/> Other _____ Specify _____	34 <input type="checkbox"/>	(b) <input type="checkbox"/> Prim. <input type="checkbox"/> Mid. <input type="checkbox"/> Sec. <input type="checkbox"/> Other _____ Specify _____
(c) What is the highest grade you attained?	35 <input type="checkbox"/>	(c) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and over.	35 <input type="checkbox"/>	(c) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and over	35 <input type="checkbox"/>	(c) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and over
10. (a) Do you know how to read and write any language?	36-37 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 11)	36-37 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 11)	36-37 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 11)
If YES (b) What Ghanaian language can you read and write?		(b) _____ Main language only		(b) _____ Main language only		(b) _____ Main language only
(c) What non-Ghanaian language can you read and write?		(c) _____ Main language only		(c) _____ Main language only		(c) _____ Main language only
11. (a) Did you do any work for at least one day last month?	38 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 11(c)) <input type="checkbox"/> No	38 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 11(c)) <input type="checkbox"/> No	38 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 11(c)) <input type="checkbox"/> No
If NO (b) How were you mainly occupied last month?		(b) <input type="checkbox"/> Unemployed (continue with 11(c)) <input type="checkbox"/> Housewife (Proceed to 12) <input type="checkbox"/> Other _____ Specify and proceed to 12		(b) <input type="checkbox"/> Unemployed (continue with 11(c)) <input type="checkbox"/> Housewife (Proceed to 12) <input type="checkbox"/> Other _____ Specify and proceed to 12		(b) <input type="checkbox"/> Unemployed (continue with 11(c)) <input type="checkbox"/> Housewife (Proceed to 12) <input type="checkbox"/> Other _____ Specify and proceed to 12

(c) What kind of work did you do? (for employed, job last month). (for unemployed, previous job).	<input type="text"/> 39-41	(c) Specify kind of work	<input type="text"/> 39-41	(c) Specify kind of work	<input type="text"/> 39-41	(c) Specify kind of work
(d) Did you do any other kind of work last month?	<input type="text"/> 42-44	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No Specify kind of work	<input type="text"/> 42-44	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No Specify kind of work	<input type="text"/> 42-44	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No Specify kind of work
(e) Employment Status (for employed, last month's status) (for unemployed, previous status)	<input type="text"/> 45	(e) <input type="checkbox"/> Employee <input type="checkbox"/> Employer (Proceed to 12) <input type="checkbox"/> Self-employed (Proceed to 12) <input type="checkbox"/> Family Worker (Proceed to 12) <input type="checkbox"/> Other Specify and proceed to 12	<input type="text"/> 45	(e) <input type="checkbox"/> Employee <input type="checkbox"/> Employer (Proceed to 12) <input type="checkbox"/> Self-employed (Proceed to 12) <input type="checkbox"/> Family Worker (Proceed to 12) <input type="checkbox"/> Other Specify and proceed to 12	<input type="text"/> 45	(e) <input type="checkbox"/> Employee <input type="checkbox"/> Employer (Proceed to 12) <input type="checkbox"/> Self-employed (Proceed to 12) <input type="checkbox"/> Family Worker (Proceed to 12) <input type="checkbox"/> Other Specify and proceed to 12
FOR EMPLOYEES (WAGE-EARNERS AND SALARIED WORKERS)	<input type="text"/> 46	(f) <input type="checkbox"/> Whole month <input type="checkbox"/> Other Specify no. of days	<input type="text"/> 46	(f) <input type="checkbox"/> Whole month <input type="checkbox"/> Other Specify no. of days	<input type="text"/> 46	(f) <input type="checkbox"/> Whole month <input type="checkbox"/> Other Specify no. of days
12. (a) Have you ever been married? If YES,	<input type="text"/> 47	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 15)	<input type="text"/> 47	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 15)	<input type="text"/> 47	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 15)
(b) Are you at present married, divorced or widowed?	<input type="text"/> 47	(b) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="text"/> 47	(b) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="text"/> 47	(b) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
(c) What was the form of your marriage?	<input type="text"/> 48	(c) <input type="checkbox"/> Customary only <input type="checkbox"/> Cust. and Ordinance <input type="checkbox"/> Church and Ordinance <input type="checkbox"/> Other Specify	<input type="text"/> 48	(c) <input type="checkbox"/> Customary only <input type="checkbox"/> Cust. and Ordinance <input type="checkbox"/> Church and Ordinance <input type="checkbox"/> Other Specify	<input type="text"/> 48	(c) <input type="checkbox"/> Customary only <input type="checkbox"/> Cust. and Ordinance <input type="checkbox"/> Church and Ordinance <input type="checkbox"/> Other Specify
13. FOR MARRIED MEN ONLY How many wives have you got living in	<input type="text"/> 49	(a) Number	<input type="text"/> 49	(a) Number	<input type="text"/> 49	(a) Number
(b) another house or compound in this town/village?	<input type="text"/> 50	(b) Number	<input type="text"/> 50	(b) Number	<input type="text"/> 50	(b) Number
(c) another town/village in Ghana?	<input type="text"/> 51	(c) Number	<input type="text"/> 51	(c) Number	<input type="text"/> 51	(c) Number
(d) another town/village outside Ghana?	<input type="text"/> 52	(d) Number	<input type="text"/> 52	(d) Number	<input type="text"/> 52	(d) Number
14. FOR MARRIED WOMEN ONLY Where is your husband living?	<input type="text"/> 53	<input type="checkbox"/> in this house <input type="checkbox"/> in another house in this town/village <input type="checkbox"/> in another town/village	<input type="text"/> 53	<input type="checkbox"/> in this house <input type="checkbox"/> in another house in this town/village <input type="checkbox"/> in another town/village	<input type="text"/> 53	<input type="checkbox"/> in this house <input type="checkbox"/> in another house in this town/village <input type="checkbox"/> in another town/village
15. FOR ALL WOMEN AGED 15 AND ABOVE	<input type="text"/> 54-55		<input type="text"/> 54-55		<input type="text"/> 54-55	
(i) How many children of yours (a) live in this house?	<input type="text"/> 56	(a) Number	<input type="text"/> 56	(a) Number	<input type="text"/> 56	(a) Number
(b) live elsewhere?	<input type="text"/> 57	(b) Number	<input type="text"/> 57	(b) Number	<input type="text"/> 57	(b) Number
(c) were born during the past twelve months? (including children alive and dead)	<input type="text"/> 58	(c) Number	<input type="text"/> 58	(c) Number	<input type="text"/> 58	(c) Number
(d) are dead?	<input type="text"/> 59	(d) Number	<input type="text"/> 59	(d) Number	<input type="text"/> 59	(d) Number
(e) died during the past twelve months?	<input type="text"/> 60	(e) Number If NONE, proceed to enumerate next person.	<input type="text"/> 60	(e) Number If NONE, proceed to enumerate next person.	<input type="text"/> 60	(e) Number If NONE, proceed to enumerate next person.
(ii) What were the ages of those who died during the past twelve months?		(ii) <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/>		(ii) <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/>		(ii) <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/>
		<input type="text"/> 61 <input type="text"/> 62 <input type="text"/> 63 <input type="text"/> 64		<input type="text"/> 61 <input type="text"/> 62 <input type="text"/> 63 <input type="text"/> 64		<input type="text"/> 61 <input type="text"/> 62 <input type="text"/> 63 <input type="text"/> 64

FILL THIS QUESTIONNAIRE FOR EVERY PERSON IN THE HOUSEHOLD AGED 15 YEARS AND ABOVE LISTED ON THE FRONT PAGE (LIST A ONLY)
PUT A CROSS IN THE APPROPRIATE BOX OR WRITE THE ANSWER ON THE DOTTED LINE

	For Office Use	7	For Office Use	8	For Office Use	9
1. Name						
2. Relationship to head	19 <input type="checkbox"/>	HEAD	19 <input type="checkbox"/>		19 <input type="checkbox"/>	
3. Sex	20 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	20 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	20 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Age (in completed years)	21-22 <input type="checkbox"/>		21-22 <input type="checkbox"/>		21-22 <input type="checkbox"/>	
5. (a) Where were you born?	23-24 <input type="checkbox"/>	(a) <input type="checkbox"/> In this town or village. <input type="checkbox"/> Another town or village in Ghana. Specify Town/Village _____ Region _____ <input type="checkbox"/> Outside Ghana _____ Specify Country _____	23-24 <input type="checkbox"/>	(a) <input type="checkbox"/> In this town or village. <input type="checkbox"/> Another town or village in Ghana. Specify Town/Village _____ Region _____ <input type="checkbox"/> Outside Ghana _____ Specify Country _____	23-24 <input type="checkbox"/>	(a) <input type="checkbox"/> In this town or village. <input type="checkbox"/> Another town or village in Ghana. Specify Town/Village _____ Region _____ <input type="checkbox"/> Outside Ghana _____ Specify Country _____
IF BORN OUTSIDE GHANA (b) When did you last enter Ghana?	25 <input type="checkbox"/>	(b) Year of last entry _____	25 <input type="checkbox"/>	(b) Year of last entry _____	25 <input type="checkbox"/>	(b) Year of last entry _____
6. (a) Have you been living in this town or village since your birth?	26 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 7) <input type="checkbox"/> No	26 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 7) <input type="checkbox"/> No	26 <input type="checkbox"/>	<input type="checkbox"/> Yes (Proceed to 7) <input type="checkbox"/> No
If NO (b) For how long have you been staying in this town or village?		(b) <input type="checkbox"/> 5 years or more <input type="checkbox"/> 2 years but less than 5 years <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 6 months but less than 12 months <input type="checkbox"/> Less than 6 months		(b) <input type="checkbox"/> 5 years or more <input type="checkbox"/> 2 years but less than 5 years <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 6 months but less than 12 months <input type="checkbox"/> Less than 6 months		(b) <input type="checkbox"/> 5 years or more <input type="checkbox"/> 2 years but less than 5 years <input type="checkbox"/> 1 year but less than 2 years <input type="checkbox"/> 6 months but less than 12 months <input type="checkbox"/> Less than 6 months
(c) In what town or village were you living before? (If outside Ghana, specify country)	27 <input type="checkbox"/>	(c) _____ Town/Village _____ Region _____	27 <input type="checkbox"/>	(c) _____ Town/Village _____ Region _____	27 <input type="checkbox"/>	(c) _____ Town/Village _____ Region _____
7. What is your tribe?	28-30 <input type="checkbox"/>		28-30 <input type="checkbox"/>		28-30 <input type="checkbox"/>	
8. (a) What is your religion?	31-32 <input type="checkbox"/>	(a) <input type="checkbox"/> Christ. <input type="checkbox"/> Mos. <input type="checkbox"/> Trad. R. <input type="checkbox"/> Other _____ Specify _____	31-32 <input type="checkbox"/>	(a) <input type="checkbox"/> Christ. <input type="checkbox"/> Mos. <input type="checkbox"/> Trad. R. <input type="checkbox"/> Other _____ Specify _____	31-32 <input type="checkbox"/>	(a) <input type="checkbox"/> Christ. <input type="checkbox"/> Mos. <input type="checkbox"/> Trad. R. <input type="checkbox"/> Other _____ Specify _____
IF CHRISTIAN OR MOSLEM (b) What is your denomination or sect? (e.g. Presbyterian, Ahmadiya).		(b) _____ Specify denomination or sect.		(b) _____ Specify denomination or sect.		(b) _____ Specify denomination or sect.
9. (a) Have you attended or are you attending school now?	33 <input type="checkbox"/>	(a) <input type="checkbox"/> Never (Proceed to 10) <input type="checkbox"/> Now <input type="checkbox"/> Past	33 <input type="checkbox"/>	(a) <input type="checkbox"/> Never (Proceed to 10) <input type="checkbox"/> Now <input type="checkbox"/> Past	33 <input type="checkbox"/>	(a) <input type="checkbox"/> Never (Proceed to 10) <input type="checkbox"/> Now <input type="checkbox"/> Past
(b) What is the highest type of school you attended?	34 <input type="checkbox"/>	(b) <input type="checkbox"/> Prim. <input type="checkbox"/> Mid. <input type="checkbox"/> Sec. <input type="checkbox"/> Other _____ Specify _____	34 <input type="checkbox"/>	(b) <input type="checkbox"/> Prim. <input type="checkbox"/> Mid. <input type="checkbox"/> Sec. <input type="checkbox"/> Other _____ Specify _____	34 <input type="checkbox"/>	(b) <input type="checkbox"/> Prim. <input type="checkbox"/> Mid. <input type="checkbox"/> Sec. <input type="checkbox"/> Other _____ Specify _____
(c) What is the highest grade you attained?	35 <input type="checkbox"/>	(c) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and over.	35 <input type="checkbox"/>	(c) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and over.	35 <input type="checkbox"/>	(c) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and over.
10. (a) Do you know how to read and write any language?	36-37 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 11)	36-37 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 11)	36-37 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 11)
If YES (b) What Ghanaian language can you read and write?		(b) _____ Main language only		(b) _____ Main language only		(b) _____ Main language only
(c) What non-Ghanaian language can you read and write?		(c) _____ Main language only		(c) _____ Main language only		(c) _____ Main language only
11. (a) Did you do any work for at least one day last month?	38 <input type="checkbox"/>	(a) <input checked="" type="checkbox"/> Yes (Proceed to 11(c)) <input type="checkbox"/> No	38 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 11(c)) <input type="checkbox"/> No	38 <input type="checkbox"/>	(a) <input type="checkbox"/> Yes (Proceed to 11(c)) <input type="checkbox"/> No
If NO (b) How were you mainly occupied last month?		(b) <input type="checkbox"/> Unemployed <input type="checkbox"/> Housewife (Proceed to 12) (continue with 11(c)) <input type="checkbox"/> Other _____ Specify and proceed to 12		(b) <input type="checkbox"/> Unemployed <input type="checkbox"/> Housewife (Proceed to 12) (continue with 11(c)) <input type="checkbox"/> Other _____ Specify and proceed to 12		(b) <input type="checkbox"/> Unemployed <input type="checkbox"/> Housewife (Proceed to 12) (continue with 11(c)) <input type="checkbox"/> Other _____ Specify and proceed to 12

(c) What kind of work did you do? (for employed, job last month). (for unemployed, previous job).	<input type="text"/> 39-41	(c) Specify kind of work	<input type="text"/> 39-41	(c) Specify kind of work	<input type="text"/> 39-41	(c) Specify kind of work
(d) Did you do any other kind of work last month?	<input type="text"/> 42-44	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No Specify kind of work	<input type="text"/> 42-44	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No Specify kind of work	<input type="text"/> 42-44	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No Specify kind of work
(e) Employment Status (for employed, last month's status) (for unemployed, previous status)	<input type="text"/> 45	(e) <input type="checkbox"/> Employee <input type="checkbox"/> Employer (Proceed to 12) <input type="checkbox"/> Self-employed (Proceed to 12) <input type="checkbox"/> Family Worker (Proceed to 12) <input type="checkbox"/> Other Specify and proceed to 12	<input type="text"/> 45	(e) <input type="checkbox"/> Employee <input type="checkbox"/> Employer (Proceed to 12) <input type="checkbox"/> Self-employed (Proceed to 12) <input type="checkbox"/> Family Worker (Proceed to 12) <input type="checkbox"/> Other Specify and proceed to 12	<input type="text"/> 45	(e) <input type="checkbox"/> Employee <input type="checkbox"/> Employer (Proceed to 12) <input type="checkbox"/> Self-employed (Proceed to 12) <input type="checkbox"/> Family Worker (Proceed to 12) <input type="checkbox"/> Other Specify and proceed to 12
FOR EMPLOYEES (WAGE-EARNERS AND SALARIED WORKERS)						
(f) During the last month, for how many days did you do any work for pay?	<input type="text"/> 46	(f) <input type="checkbox"/> Whole month <input type="checkbox"/> Other Specify no. of days	<input type="text"/> 46	(f) <input type="checkbox"/> Whole month <input type="checkbox"/> Other Specify no. of days	<input type="text"/> 46	(f) <input type="checkbox"/> Whole month <input type="checkbox"/> Other Specify no. of days
12. (a) Have you ever been married?	<input type="text"/> 47	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 15)	<input type="text"/> 47	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 15)	<input type="text"/> 47	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to 15)
If YES,						
(b) Are you at present married, divorced or widowed?	<input type="text"/> 47	(b) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="text"/> 47	(b) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="text"/> 47	(b) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
(c) What was the form of your marriage?	<input type="text"/> 48	(c) <input type="checkbox"/> Customary only <input type="checkbox"/> Cust. and Ordinance <input type="checkbox"/> Church and Ordinance <input type="checkbox"/> Other Specify	<input type="text"/> 48	(c) <input type="checkbox"/> Customary only <input type="checkbox"/> Cust. and Ordinance <input type="checkbox"/> Church and Ordinance <input type="checkbox"/> Other Specify	<input type="text"/> 48	(c) <input type="checkbox"/> Customary only <input type="checkbox"/> Cust. and Ordinance <input type="checkbox"/> Church and Ordinance <input type="checkbox"/> Other Specify
13. FOR MARRIED MEN ONLY						
How many wives have you got living in	<input type="text"/> 49	(a) Number	<input type="text"/> 49	(a) Number	<input type="text"/> 49	(a) Number
(a) this house or compound?						
(b) another house or compound in this town/village?	<input type="text"/> 50	(b) Number	<input type="text"/> 50	(b) Number	<input type="text"/> 50	(b) Number
(c) another town/village in Ghana?	<input type="text"/> 51	(c) Number	<input type="text"/> 51	(c) Number	<input type="text"/> 51	(c) Number
(d) another town/village outside Ghana?	<input type="text"/> 52	(d) Number	<input type="text"/> 52	(d) Number	<input type="text"/> 52	(d) Number
14. FOR MARRIED WOMEN ONLY						
Where is your husband living?	<input type="text"/> 53	<input type="checkbox"/> in this house <input type="checkbox"/> in another house in this town/village <input type="checkbox"/> in another town/village	<input type="text"/> 53	<input type="checkbox"/> in this house <input type="checkbox"/> in another house in this town/village <input type="checkbox"/> in another town/village	<input type="text"/> 53	<input type="checkbox"/> in this house <input type="checkbox"/> in another house in this town/village <input type="checkbox"/> in another town/village
15. FOR ALL WOMEN AGED 15 AND ABOVE						
(i) How many children of yours	<input type="text"/> 54-55		<input type="text"/> 54-55		<input type="text"/> 54-55	
(a) live in this house?	<input type="text"/> 56	(a) Number	<input type="text"/> 56	(a) Number	<input type="text"/> 56	(a) Number
(b) live elsewhere?	<input type="text"/> 57	(b) Number	<input type="text"/> 57	(b) Number	<input type="text"/> 57	(b) Number
(c) were born during the past twelve months? (including children alive and dead)	<input type="text"/> 58	(c) Number	<input type="text"/> 58	(c) Number	<input type="text"/> 58	(c) Number
(d) are dead?	<input type="text"/> 59	(d) Number	<input type="text"/> 59	(d) Number	<input type="text"/> 59	(d) Number
(e) died during the past twelve months?	<input type="text"/> 60	(e) Number If NONE, proceed to enumerate next person.	<input type="text"/> 60	(e) Number If NONE, proceed to enumerate next person.	<input type="text"/> 60	(e) Number If NONE, proceed to enumerate next person.
(ii) What were the ages of those who died during the past twelve months?		(ii) <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/>		(ii) <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/>		(ii) <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/>
		<input type="text"/> 61 <input type="text"/> 62 <input type="text"/> 63 <input type="text"/> 64		<input type="text"/> 61 <input type="text"/> 62 <input type="text"/> 63 <input type="text"/> 64		<input type="text"/> 61 <input type="text"/> 62 <input type="text"/> 63 <input type="text"/> 64

HOUSING QUESTIONS

Answer the following Questions for the room(s) occupied by the household. Put a cross in the appropriate box.

For Office Use		For Office Use	
<input type="checkbox"/> 65	<p>1. MAIN MATERIALS USED FOR WALLS</p> <p><input type="checkbox"/> Cement blocks or concrete</p> <p><input type="checkbox"/> Swish only</p> <p><input type="checkbox"/> Landcrete</p> <p><input type="checkbox"/> Corrugated metal sheets</p> <p><input type="checkbox"/> Other Specify</p>	<input type="checkbox"/> 69	<p>5. MAIN COOKING FUEL USED</p> <p><input type="checkbox"/> Firewood</p> <p><input type="checkbox"/> Charcoal</p> <p><input type="checkbox"/> Kerosene</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Other Specify</p>
<input type="checkbox"/> 66	<p>2. MAIN MATERIALS USED FOR ROOF</p> <p><input type="checkbox"/> Corrugated metal sheets or asbestos sheets or concrete</p> <p><input type="checkbox"/> Wooden tiles</p> <p><input type="checkbox"/> Thatch (grass)</p> <p><input type="checkbox"/> Other tiles</p> <p><input type="checkbox"/> Other Specify</p>	<input type="checkbox"/> 70	<p>6. BATHROOM</p> <p>Where do you have your bath?</p> <p><input type="checkbox"/> Separate room for <i>this household only</i></p> <p><input type="checkbox"/> Separate room (in the house) for other households also</p> <p><input type="checkbox"/> Open enclosure (in the house)</p> <p><input type="checkbox"/> Public bathroom</p> <p><input type="checkbox"/> Other Specify</p>
<input type="checkbox"/> 67	<p>3. LIGHT</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Pressure lamps</p> <p><input type="checkbox"/> Other kerosene lamps</p> <p><input type="checkbox"/> Other Specify</p>	<input type="checkbox"/> 71	<p>7. LATRINE</p> <p>(a) Is this used by your household only?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (Proceed to 8)</p> <p>IF YES (b) TYPE</p> <p><input type="checkbox"/> W.C.</p> <p><input type="checkbox"/> Pit</p> <p><input type="checkbox"/> Pan</p> <p><input type="checkbox"/> Other Specify</p>
<input type="checkbox"/> 68	<p>4. KITCHEN</p> <p>(a) Do you have a separate room for cooking?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (Proceed to 5)</p> <p>(b) Is this room used by your household only?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<input type="checkbox"/> 72	<p>8. WATER</p> <p><input type="checkbox"/> Stand-pipe or running water in the house</p> <p><input type="checkbox"/> Rain-water tank in the house</p> <p><input type="checkbox"/> Well in the house.</p> <p><input type="checkbox"/> Other Specify</p>
		<input type="checkbox"/> <input type="checkbox"/> 73-74	<p>9. NO. OF ROOMS OCCUPIED BY HOUSEHOLD.....</p>

REMARKS

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Name of Interviewer

Date Interview completed