



# 2010 POPULATION AND HOUSING **CENSUS** You count. So get counted!

Enumerator.....

Signature.....

Phone No.....

Date.....

Supervisor.....

Signature.....

Phone No.....

Date.....



**(HOUSEHOLD POPULATION)**  
**2010 POPULATION & HOUSING CENSUS**



REPUBLIC OF GHANA

PLEASE PRINT CAREFULLY AND AVOID CONTACT WITH THE EDGES AS SHOWN:

→    -

Shade Circles Like This--> ●  
Not Like This--> ⊗



**A01** Region Name

**A02** District Name

**A03** District Type

**A04** Sub-District

**A05** Locality Name

**A06b** NHIS/ECG/VRA/Other Number

**A06a** Detailed Address of House/ Compound

**A06c** HH Contact

Phone Number 1

**A06d** HH Contact

Phone Number 2

**GEOGRAPHICAL INFORMATION & HOUSEHOLD**

**A07** Enumeration Area Code

Region	District	District Type	Sub District	EA Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**A08**

EA

Type

**A09**

Locality Code

**INTERVIEW DATES AND NUMBER OF VISITS**

**A13** Date Started

 /  / 

DD MM YYYY

**A14** Date Completed

 /  / 

DD MM YYYY

**A10** Structure number of house/compound

**A15a** Total number of visits

**A15b** Form

 of 

**A11** Household number within house/compound

**HOUSEHOLD MEMBERS SUMMARY**

**A12** Type of residence

- 1 Occupied housing unit
- 2 Vacant housing unit

**IF 2, GO TO SECTION H**

**A17**  
Status A

M	F
<input type="text"/>	<input type="text"/>

**A18**  
Status B

M	F
<input type="text"/>	<input type="text"/>

**A19**  
Status C

M	F
<input type="text"/>	<input type="text"/>

**A20**  
Status "A" + "B"

M	F
<input type="text"/>	<input type="text"/>

# A16a: HOUSEHOLD ROSTER

Quest. ID  -  -

**Usual members and visitors present on census night:**

**A--Usual member(s) present on census night; B--Visitor(s) present on census night**

PERSON ID	FULL NAME	RELATIONSHIP TO HEAD	REL. CODE	SEX	STATUS
0 1				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B
0 2				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B
0 3				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B
0 4				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B
0 5				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B
0 6				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B
0 7				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B
0 8				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B
0 9				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B
1 0				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> B

RELATIONSHIP CODES	REGION AND COUNTRY CODES	CODES FOR ACTIVITY ABROAD (E02 ON PAGE 3)
01 Head	01 Western	
02 Spouse (Wife/Husband)	02 Central	
03 Child (Son/Daughter)	03 Greater Accra	
04 Parent/Parent in-law	04 Volta	1 Employed
05 Son/Daughter in-law	05 Eastern	2 Unemployed
06 Grandchild	06 Ashanti	3 Student
07 Brother/Sister	07 Brong Ahafo	4 Other (Specify)
08 Step child	08 Northern	
09 Foster child	09 Upper East	
10 Other relative	10 Upper West	
11 Non-relative	11 Nigeria	
	12 Liberia	
	13 Sierra Leone	
	14 Gambia	
	15 Togo	
	16 Burkina Faso	
	17 Cote d'Ivoire	
	18 Other ECOWAS states	
	19 Africa, Other than ECOWAS	
	20 Europe	
	21 Americas (North, South/ Caribbean)	
	22 Asia	
	23 Oceania	

### A16b: Usual members absent on census night (Status C)

Quest. ID    -    -   

A16b How many of your USUAL household members were absent on census night?   

IF 00, GO TO SECTION E

LINE NO.	FULL NAME	RELATIONSHIP TO HEAD	CODE	SEX	AGE	DESTINATION Town/Village	Region/ Country CODE	MONTHS ABSENT
0 1				<input type="radio"/> M <input type="radio"/> F				
0 2				<input type="radio"/> M <input type="radio"/> F				
0 3				<input type="radio"/> M <input type="radio"/> F				
0 4				<input type="radio"/> M <input type="radio"/> F				
0 5				<input type="radio"/> M <input type="radio"/> F				
0 6				<input type="radio"/> M <input type="radio"/> F				

#### EMIGRATION OUTSIDE THE COUNTRY

**ANSWER FOR ALL FORMER HOUSEHOLD MEMBERS 15 YEARS AND OLDER WHO HAVE BEEN LIVING CONTINUOUSLY FOR 6 MONTHS OR MORE OUTSIDE GHANA (OR INTENDS TO DO SO)**

E01: Has any former member of this household been living continuously for 6 months or more outside Ghana? Yes  No

IF NO, GO TO P00

E02: RECORD THE FOLLOWING INFORMATION ON FORMER HOUSEHOLD MEMBERS LIVING OUTSIDE GHANA

LINE NO.	FULL NAME	RELATIONSHIP TO HEAD	CODE	SEX	AGE	DESTINATION		YEAR OF DEPARTURE	ACTIVITY ABROAD (SEE PAGE 2)	
						COUNTRY NAME	CODE		CODE	OTHER (SPECIFY)
0 1				<input type="radio"/> M <input type="radio"/> F						
0 2				<input type="radio"/> M <input type="radio"/> F						
0 3				<input type="radio"/> M <input type="radio"/> F						
0 4				<input type="radio"/> M <input type="radio"/> F						
0 5				<input type="radio"/> M <input type="radio"/> F						
0 6				<input type="radio"/> M <input type="radio"/> F						

PERSON ID	P00 NAME of member	P01 DATE OF BIRTH What is [NAME]'s date of birth?	P02 AGE How old is [NAME], in completed years?	P03 NATIONALITY What is [NAME]'s Nationality?		P04 ETHNICITY To which ethnic group does [NAME] belong?	
	PLEASE COPY FROM THE ROSTER IN A16a	REFER TO HISTORICAL CALENDAR OF EVENTS IF DATE OF BIRTH IS NOT KNOWN AND ESTIMATE YEAR OF BIRTH  (SEE APPENDIX 1 OF EMUMERATOR'S MANUAL)	FILL IN ACTUAL AGE IF 00-98  IF 99 OR OLDER, FILL 99	01 Ghanaian by birth      11 Other ECOWAS National 02 Dual Nationality      12 African, other than ECOWAS 03 Ghanaian by naturalisation      13 European 04 Nigerian      14 American (North, South/Caribbean) 05 Liberian      15 Asian 06 Sierra Leonean      16 Oceanian (incl. Australian and New Zealander) 07 Gambian 08 Togolese 09 Burkinabe 10 Ivorian		REFER TO APPENDIX 3 FOR CODE LIST	
				IF 03 - 16, GO TO P06		ETHNIC GROUP	CODE
FULL NAME	DATE OF BIRTH						
	DAY	MONTH	YEAR				
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSON ID	BIRTHPLACE		P07	P08	P09		P10
	P05	P06	LIVING IN THIS VILLAGE/TOWN	NUMBER OF YEARS LIVED IN THIS VILLAGE/TOWN	RELIGION		MARITAL STATUS
	Was [NAME] born in this village/ town?	In what region or country was [NAME] born?	Has [NAME] been living in this village or town since birth?	For how long has [NAME] been living in this village or town?	What is [NAME]'s religious affiliation?		What is [NAME]'s current marital status?
	01 Western 02 Central 03 Greater Accra 04 Volta 05 Eastern 06 Ashanti 07 Brong Ahafo 08 Northern 09 Upper East 10 Upper West 11 Nigeria 12 Liberia 13 Sierra Leone 14 Gambia	15 Togo 16 Burkina Faso 17 Cote d'Ivoire 18 Other ECOWAS States 19 Africa, Other than ECOWAS 20 Europe 21 Americas (North, South/ Caribbean) 22 Asia 23 Oceania	IF YES, GO TO P07  Y E S O	IF YES, GO TO P09  Y E S O	1 No Religion 2 Catholic 3 Protestant (Anglican, Lutheran, Presbyterian, Methodist, etc) 4 Pentecostal/Charismatic 5 Other Christian 6 Islam 7 Ahmadi 8 Traditionalist 9 Other (Specify)	CODE OTHER (SPECIFY)	ANSWER FOR PERSONS 12 YEARS AND OLDER  1 Never married 2 Informal/consensual union/ living together 3 Married 4 Separated 5 Divorced 6 Widowed
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PERSON ID	LITERACY: ANSWER FOR PERSONS 11 YEARS AND OLDER		FULL TIME EDUCATION: ANSWER FOR PERSONS 3 YEARS AND OLDER				
	P11		P12a		P12b		P12c
	In what language can [NAME] read and write?		Has [NAME] ever attended school or is [NAME] attending school now?		What is the highest level of schooling [NAME] is attending now/attended in the past?		HIGHEST EDUCATIONAL GRADE COMPLETED FOR THOSE CURRENTLY ATTENDING SCHOOL OR ATTENDED IN THE PAST
	1 None (not literate) 2 English only 3 Ghanaian language only 4 English and Ghanaian language 5 English and French 6 English, French and Ghanaian language 7 Other (Specify)		<b>IF NEVER, GO TO P13a</b>		01 Nursery 02 Kindergarten 03 Primary 04 JSS/JHS 05 Middle 06 SSS/SHS 07 Secondary 08 Voc/technical/commercial 09 Post middle/secondary certificate (teacher training/college of education, agric, nursing, etc) 10 Post secondary Diploma (University diploma, HND, teacher training/college of education diploma, etc) 11 Bachelor degree 12 Post graduate (Cert., Diploma, Masters, PHD, etc)		What is the highest grade (form/class/level) [NAME] has completed at that level of schooling?  <b>IF 0 - 8, RECORD ACTUAL GRADE</b>  <b>IF 9 OR MORE, CODE 9</b>
	CODE	OTHER (SPECIFY)	N E V E R	N O W	P A S T		
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	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

**ECONOMIC ACTIVITY--P13-P17: SHOULD BE RELATED TO THE PAST 7 DAYS PRECEDING CENSUS NIGHT  
(ANSWER ONLY FOR PERSONS AGED 5 YEARS OR OLDER)**

Quest. ID     -   -

P E R S O N  I D	P13a During the 7 days before census night, did [NAME] engage in any activity for pay (cash or kind) or profit or family gain for at least one hour?  (THIS INCLUDES HELPING IN THE FAMILY BUSINESS/ FARM, TRADING, STREET VENDING, ETC)  IF YES, GO TO P14	P13b How was [NAME] mainly engaged?  1 Did not work but had job to go back to (GO TO P14) 2 Worked before, seeking work and available for work (GO TO P14) 3 Seeking work for the first time and available for work (GO TO P18) 4 Did voluntary work without pay (GO TO P14) 5 Did not work and not seeking work	P13c Why did [NAME] not seek work?  1 Did home duties (household chores/ full time homemaker) 2 In full time education /student 3 Pensioner/Retired 4 Disabled/too sick to work 5 Too old/too young 6 Other  GO TO P18	P14 OCCUPATION  IF YES IN P13a; ASK: What kind of work did [NAME] mainly do? IF P13b = 1, ASK: What kind of work did [NAME] do before the break period? IF P13b = 2 OR 4, ASK: What kind of work did [NAME] do previously?	
	Y E S	N O	DETAILED DESCRIPTION OF OCCUPATION	OCCUPATION CODE	
<input type="text"/> <input type="text"/> 1	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> 2	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> 3	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> 4	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> 5	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> 6	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> 7	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> 8	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> 9	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> 10	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**ECONOMIC ACTIVITY--P13-P17: SHOULD BE RELATED TO THE PAST 7 DAYS PRECEDING CENSUS NIGHT  
(ANSWER ONLY FOR PERSONS AGED 5 YEARS OR OLDER)**

Quest. ID     -   -

PERSON ID	P15 NAME & PHYSICAL LOCATION	P15a INDUSTRY		P16 EMPLOYMENT STATUS	P17 EMPLOYMENT SECTOR
	What is the name and physical location of the establishment where [NAME] currently works/ previously worked?	What is the main product or service of the establishment where [NAME] works/worked?		What was [NAME]'s employment status in that establishment/ industry?	In what sector was [NAME] mainly working?
	NAME AND LOCATION OF ESTABLISHMENT	MAIN PRODUCT OR SERVICE	CODE	1 Employee 2 Self employed without employees 3 Self employed with employees 4 Casual worker 5 Contributing family worker 6 Apprentice 7 Domestic employee (househelp) 8 Other	1 Public (Government) 2 Private Formal 3 Private Informal 4 Semi-Public/Parastatal 5 NGO (Local and International) 6 International Organisation
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P E R S O N  I D	<b>P18: DISABILITY (ANSWER FOR ALL PERSONS)</b>										<b>INFORMATION COMMUNICATION TECHNOLOGY (ICT): ANSWER FOR PERSONS AGED 12 YEARS AND OLDER</b>				
	Does [NAME] have any serious disability that limits his/her full participation in life activities (such as mobility, work, social life, etc)?														
	ASK ALL QUESTIONS														
	a: S i g h t	b: H e a r i n g	c: S p e e c h	d: P h y s i c a l	e: I n t e l l e c t	f: E m o t i o n a l	g: O t h e r				P19a		P19b		
Y E S	N O	Y E S	N O	Y E S	N O	Y E S	N O	Y E S	N O	Y E S	N O	Does [NAME] own a mobile phone?		Does [NAME] use internet facility (at home, internet cafe, on phone, other mobile device)?	
If YES IN g (OTHER), SPECIFY										Y E S	N O	Y E S	N O		
01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>FERTILITY: CHILDREN EVER BORN AND CHILDREN SURVIVING</b> (ANSWER FOR FEMALES 12 YEARS AND OLDER. IF FEMALE UNDER 12 YEARS OR MALE, GO TO NEXT MEMBER OF HOUSEHOLD)	<b>NUMBER OF CHILDREN BORN ALIVE IN THE PAST 12 MONTHS</b> (ANSWER ONLY FOR FEMALES 12-54 YEARS OLD)
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P E R S O N  I D	P20a CHILDREN EVER BORN		P20b CHILDREN SURVIVING		P20c CHILDREN BORN IN THE PAST 12 MONTHS	
	How many children has [NAME] ever born alive?		How many children ever born alive to [NAME] are still surviving (living with you or elsewhere)?		How many children has [NAME] born alive in the past 12 months?	
	MALE	FEMALE	MALE	FEMALE	BOY	GIRL
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**M: MORTALITY**

**M01** Has any member of this household died in the past 12 months?  Yes  No

**IF NO, GO TO C01**

**M02 RECORD THE FOLLOWING INFORMATION FOR EACH MEMBER WHO DIED DURING THE PAST 12 MONTHS**

L I N E  N O	A	B	C	D	E
	Name of deceased	Sex of deceased	Age at death	Was the death due to accident, violence, homicide or suicide?	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR ONLY FEMALES 12 - 54 YEARS OLD</b> </div> Did the death occur whilst pregnant, during delivery, or within 6 weeks after the end of a pregnancy or child birth?
<input type="text" value="1"/>		<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="text" value="2"/>		<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="text" value="3"/>		<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="text" value="4"/>		<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="text" value="5"/>		<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="text" value="6"/>		<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**C: INFORMATION COMMUNICATION TECHNOLOGY (ICT)**

**C01**  
Does the household have a fixed telephone line at home?  Yes  No

**C02**  
Does the household or any member of the household own a desktop or laptop computer?  Yes  No

**G: AGRICULTURAL ACTIVITY**

**G01** Does any member of your household cultivate crops or tree plant, rear livestock or breed fish for sale or family gain?

<b>a</b>		<b>b</b>		<b>c</b>		<b>d</b>	
Crop farming (EXCLUDE BACKYARD GARDENING)		Tree growing		Livestock rearing		Fish farming	
<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IF a, b, c & d = NO, GO TO SECTION H  
(i.e. NO HOUSEHOLD MEMBER  
ENGAGED IN AGRICULTURAL  
ACTIVITY)**

**G02** How many household members cultivate crops or tree plant, rear livestock or breed fish for sale or family gain? Male   Female

**G03: CROP FARMING AND/ OR TREE PLANTING (THOSE WHO ANSWERED YES IN G01a and/ or G01b) (SEE APPENDIX 5 FOR CROP/ TREE CODES)**

Line No.	A Type of Crop and Tree Planting	B Crop Code	C Farm Size	D Measurement Unit	E Type of Cropping	MEASUREMENT UNIT (Q. G03D)	TYPE OF CROPPING (Q. G03E)
1		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 Acre 2 Hectare 3 Pole 4 Rope 5 Plot	1 Mixed Cropping 2 Inter Cropping 3 Mono Cropping
2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		
3		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		
4		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		
5		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		
6		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		

**G04: LIVESTOCK AND/OR FISHERIES (IF YES, IN G01c or G01d), ASK:**  
 What type(s) and number of livestock/fishery is your household currently rearing? (SEE APPENDIX 5 FOR LIVESTOCK/FISHERIES CODES)

Line No.	A Types of Livestock/Fisheries	B Livestock/ Fishery Code	C Number
1		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**H: HOUSING CONDITIONS (FOR VACANT HOUSING UNIT FILL ONLY H01, H02 AND H04)**

**H01: TYPE OF DWELLING**  
 In what type of dwelling does the household live?

01 Separate house  
 02 Semi-detached house  
 03 Flat/Apartment  
 04 Compound house (rooms)  
 05 Huts/Buildings (same compound)  
 06 Huts/Buildings (different compounds)  
 07 Tent  
 08 Improvised home (kiosk, container)  
 09 Living quarters attached to office/shop  
 10 Uncompleted building  
 11 Other (Specify)

**H04: ROOF**  
 What is the main material used for the roof?

1 Mud/Mud bricks/Earth  
 2 Wood  
 3 Metal sheet  
 4 Slate/Asbestos  
 5 Cement/Concrete  
 6 Roofing Tiles  
 7 Bamboo  
 8 Thatch/Palm leaves or Raffia  
 9 Other (Specify)

**H07: ROOMS--Cont.**  
**H07c:** Does the household share this sleeping room with other households?  Yes  No

**IF NO, GO TO H08**

**H07d:** How many households, including your household, share this sleeping room?

**H02: OUTER WALL**  
 What is the main material of the outer walls of this dwelling?

01 Mud bricks/earth  
 02 Wood  
 03 Metal sheet/slate/asbestos  
 04 Stone  
 05 Burnt bricks  
 06 Cement blocks/concrete  
 07 Landcrete  
 08 Bamboo  
 09 Palm leaves/Thatch (grass)/Raffia  
 10 Other (Specify)

**H05: TENURE/HOLDING ARRANGEMENT**  
 What is the present holding/tenancy arrangement of this dwelling?

1 Owner occupied  
 2 Renting  
 3 Rent-free  
 4 Perching  
 5 Squatting  
 6 Other (Specify)

**H08: LIGHTING**  
 What is the main source of lighting for your dwelling?

01 Electricity (mains)  
 02 Electricity (private generator)  
 03 Kerosene lamp  
 04 Gas lamp  
 05 Solar energy  
 06 Candle  
 07 Flashlight/Torch  
 08 Firewood  
 09 Crop residue  
 10 Other (Specify)

**H03: FLOOR**  
 What is the main material of the floor of this dwelling?

1 Earth/Mud  
 2 Cement/Concrete  
 3 Stone  
 4 Burnt bricks  
 5 Wood  
 6 Vinyl tiles  
 7 Ceramic/Porcelain/Granite/Marble tiles  
 8 Terrazzo/Terrazzo tiles  
 9 Other (Specify)

**H06: OWNERSHIP TYPE**  
 Who owns the dwelling?

1 Owned by household member  
 2 Being purchased (e.g. Mortgage)  
 3 Relative not household member  
 4 Other private individual  
 5 Private employer  
 6 Other private agency  
 7 Public/Government ownership  
 8 Other (Specify)

**H09: WATER SUPPLY**  
**H09a:** What is the main source of drinking water for the household?

**H07: ROOMS**  
**H07a:** How many rooms does this household occupy?

**(COUNT LIVING, DINING, BEDROOMS  
 BUT NOT BATHROOMS, TOILET & KITCHEN)**

01 Pipe-borne inside dwelling  
 02 Pipe-borne outside dwelling  
 03 Public tap/Standpipe  
 04 Borehole/Pump/Tube well  
 05 Protected well  
 06 Rain water  
 07 Protected spring  
 08 Bottled water  
 09 Sachet water  
 10 Tanker supply/Vendor provided  
 11 Unprotected well  
 12 Unprotected spring  
 13 River/Stream  
 14 Dugout/Pond/Lake/Dam/Canal  
 15 Other (Specify)

**H07b:** How many of the rooms are used for sleeping?

**IF MORE THAN 1,  
 GO TO H08**

**H: HOUSING CONDITIONS--Cont.**

Quest. ID     -   -

**H09: WATER SUPPLY--Cont.**

**H09b:** What is the main source of water used by your household for other domestic purposes such as cooking and washing?

01 Pipe-borne inside dwelling  
 02 Pipe-borne outside dwelling  
 03 Public tap/Standpipe  
 04 Borehole/Pump/Tubewell  
 05 Protected well  
 06 Rain water  
 07 Protected spring  
 08 Tanker supply/Vendor provided  
 09 Unprotected well  
 10 Unprotected spring  
 11 River/Stream  
 12 Dugout/Pond/Lake/Dam/Canal  
 13 Other (Specify)

**H10: COOKING FUEL**

What is the main source of cooking fuel for this household?

01 None, no cooking  
 02 Wood  
 03 Gas  
 04 Electricity  
 05 Kerosene  
 06 Charcoal  
 07 Crop residue  
 08 Saw dust  
 09 Animal waste  
 10 Other (Specify)

**H11: COOKING SPACE (KITCHEN)**

What type of cooking space does this household use?

1 No cooking  
 2 Separate room for exclusive use of household  
 3 Separate room shared with other household(s)  
 4 Enclosure without roof  
 5 Structure with roof but without walls  
 6 Bedroom/Hall/Living room  
 7 Veranda  
 8 Open space in compound  
 9 Other (Specify)

**H12: BATHING FACILITIES**

What type of bathing facility is used by this household?

1 Own bathroom for exclusive use  
 2 Shared separate bathroom in same house  
 3 Private open cubicle  
 4 Shared open cubicle  
 5 Public bath house  
 6 Bathroom in another house  
 7 Open space around house  
 8 In a river, pond, lake or dam  
 9 Other (Specify)

**H13a: TOILET FACILITIES**

What type of toilet facility is usually used by the household?

1 No facility(eg bush/beach/field) (GO TO H14)  
 2 W.C.  
 3 Pit latrine  
 4 KVIP  
 5 Bucket/Pan  
 6 Public toilet(eg WC,KVIP,Pit,Pan) (GO TO H14)  
 7 Other (Specify)

**H13b: TOILET FACILITIES--Cont.**

Do you share this toilet facility with other households?

1 Yes, with other household(s) in same house  
 2 Yes, with other household(s) in different house  
 3 Yes, with other household(s) and located in different house (GO TO H14) house  
 4 No (GO TO H14)

**H13c: TOILET FACILITIES--Cont.**

How many households including your household use this toilet facility?

**H14: SOLID WASTE DISPOSAL**

How does the household dispose of rubbish (refuse)?

1 Collected  
 2 Burned by household  
 3 Public dump (Container)  
 4 Public dump (Open space)  
 5 Dumped indiscriminately  
 6 Buried by household  
 7 Other (Specify)

**H15: LIQUID WASTE DISPOSAL**

How does your household dispose of liquid waste?

1 Through the sewage system  
 2 Through drainage system into a gutter  
 3 Through drainage into a pit (soak away)  
 4 Thrown onto the street/outside  
 5 Thrown into gutter  
 6 Thrown onto compound  
 7 Other (Specify)