

P03 AGE : How old is (NAME)? in completed years (FILL IN ACTUAL AGE IF 00 to 98) (IF 99 OR OLDER, FILL 99)

Cross check header code

Table for P03 AGE with columns for age groups (0-9) and rows for male (M) and female (F) across various regions.

P04 NATIONALITY : What is (NAME'S) Nationality?

Cross check header code

- Chanaian by birth
Other ECOWAS National (Go to P07)
African other than ECOWAS (Go to P07)
Non African (Go to P07)

Table for P04 NATIONALITY with columns for nationality codes and rows for male (M) and female (F) across various regions.

P05 ETHNICITY : To which ethnic group does (NAME) belong ? (REFER TO APPENDIX 3 FOR CODE LIST)

DESCRIPTION

Cross check header code

MARK THE BOX WITH X IN THE COLUMN TO MAKE UP YOUR CODE

Table for P05 ETHNICITY with columns for ethnicity codes (0-9) and rows for male (M) and female (F) across various regions.

P06 BIRTHPLACE

P06a BORN IN THIS TOWN/VILLAGE: Was (NAME) born in this town or village ? IF YES Go to P07

Yes no checkboxes for P06a across all regions.

P06b BIRTHPLACE OUTSIDE THIS TOWN/VILLAGE : In what region or country was (NAME) born ?

Table for P06b BIRTHPLACE OUTSIDE THIS TOWN/VILLAGE with columns for birthplace codes (01-98) and rows for male (M) and female (F) across various regions.

Reference Number

1 2 3 4 5 6 7 8 9 0



0123456789

P14 OCCUPATION: ANSWER FOR THE EMPLOYED (ie IF P13a = YES) AND THOSE WHO HAVE JOBS BUT DID NOT WORK (ie IF P13b = 1) AND UNEMPLOYED (ie IF P13b = 2) What kind of work did (NAME) do? FOR UNEMPLOYED, LAST KIND OF WORK. DESCRIBE WORK, AND REFER TO APPENDIX 5, AND 5A FOR CODE LIST

Description

Grid for P14 occupation data with 10 columns of digits 0-9.

Cross check header code

MARK THE BOX WITH X IN THE COLUMN TO MAKE UP YOUR CODE

Grid for P14 cross-check header code with 10 columns of digits 0-9.

P15 INDUSTRY: In what kind of industry was (NAME) mainly working? (FOR UNEMPLOYED, LAST KIND OF WORK) DESCRIBE AND REFER TO APPENDIX 6 FOR CODE LIST

Description

Grid for P15 industry data with 10 columns of digits 0-9.

Cross check header code

MARK THE BOX WITH X IN THE COLUMN TO MAKE UP YOUR CODE

Grid for P15 cross-check header code with 10 columns of digits 0-9.

P16 EMPLOYMENT STATUS: What was (NAME'S) employment status in that establishment/industry?

Cross check header code

- Employee 1
- Self Employed without employees 2
- Self Employed with employees 3
- Unpaid family worker 4
- Apprentice 5
- Domestic Employee (house help) 6
- Other 7

P17 EMPLOYMENT SECTOR: In what sector was (NAME) mainly working?

Cross check header code

- Public 1
- Private formal 2
- Private Informal 3
- Semi-Public/Parastatal 4
- NGOs/intl. Organisations 5
- Other 6

Grid for P16 and P17 data with 10 columns of digits 0-9.

**H: HOUSING CONDITION - MARK CLEARLY WITH AN X IN EACH BOX WHICH DESCRIBES YOUR ANSWER.
FOR VACANT HOUSING UNIT, ANSWER ONLY H01, H02 AND H04**

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

01	Separate house	<input type="checkbox"/>
02	Semi-detached house	<input type="checkbox"/>
03	Flat/Apartment	<input type="checkbox"/>
04	Compound house (rooms)	<input type="checkbox"/>
05	Huts/Buildings(same compound)	<input type="checkbox"/>
06	Hotel/Hostel	<input type="checkbox"/>
07	Tent	<input type="checkbox"/>
08	Improvised Home (Kiosk/Container)	<input type="checkbox"/>
09	Living quarters attached to office/shop	<input type="checkbox"/>
10	Other (specify)	<input type="checkbox"/>

H02 - OUTER WALL: What is the main construction material used for the outer walls?

01	Mud/mud brick/earth	<input type="checkbox"/>
02	Wood	<input type="checkbox"/>
03	Metal Sheet or slate/asbestos	<input type="checkbox"/>
04	Stone	<input type="checkbox"/>
05	Burnt bricks	<input type="checkbox"/>
06	Cement blocks/concrete	<input type="checkbox"/>
07	Landcrete	<input type="checkbox"/>
08	Bamboo	<input type="checkbox"/>
09	Palm leaves/hatch/grass/raffia	<input type="checkbox"/>
10	Other (specify)	<input type="checkbox"/>

H03 - FLOOR (finish): What is the main construction material used for the floor of this dwelling?

1	Earth/mud/mud bricks	<input type="checkbox"/>
2	Cement/concrete	<input type="checkbox"/>
3	Stone	<input type="checkbox"/>
4	Burnt bricks	<input type="checkbox"/>
5	Wood	<input type="checkbox"/>
6	Vinyl Tiles	<input type="checkbox"/>
7	Ceramic/Marble Tiles	<input type="checkbox"/>
8	Terrazzo	<input type="checkbox"/>
9	Other (specify)	<input type="checkbox"/>

H04 ROOF: What's the main material used for the roof?

1	Thatch/Palm leaves or Raffia	<input type="checkbox"/>
2	Bamboo	<input type="checkbox"/>
3	Mud/Mud bricks/Earth	<input type="checkbox"/>
4	Wood	<input type="checkbox"/>
5	Corrugated Metal Sheet	<input type="checkbox"/>
6	Slate/Asbestos	<input type="checkbox"/>
7	Cement/Concrete	<input type="checkbox"/>
8	Roofing Tiles	<input type="checkbox"/>
9	Other (specify)	<input type="checkbox"/>

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

1	Owning	<input type="checkbox"/>
2	Renting	<input type="checkbox"/>
3	Rent-free	<input type="checkbox"/>
4	Perching	<input type="checkbox"/>

H06 - OWNERSHIP TYPE: Who owns this dwelling?

1	Owned by Household Member	<input type="checkbox"/>
2	Being Purchased	<input type="checkbox"/>
3	Relative not Household Member	<input type="checkbox"/>
4	Other Private Individual	<input type="checkbox"/>
5	Private Employer	<input type="checkbox"/>
6	Other Private Agency	<input type="checkbox"/>
7	Public/Covt. ownership	<input type="checkbox"/>
8	Other (specify)	<input type="checkbox"/>

H07 - ROOMS
H07a - How many rooms does this household occupy (Count living rooms, dining rooms, bedrooms, but not bathrooms and kitchens.)

1	2	3	4	5	6	7	8	9+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H07b - SLEEPING ROOMS - How many of the rooms in H07a are designed primarily for sleeping?

1	2	3	4	5	6	7	8	9+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1	Electricity	<input type="checkbox"/>
2	Kerosene Lamp	<input type="checkbox"/>
3	Gas Lamp	<input type="checkbox"/>
4	Solar Energy	<input type="checkbox"/>
5	No light	<input type="checkbox"/>
6	Other (specify)	<input type="checkbox"/>

H09 - WATER SUPPLY: What is the main source of drinking water for this household?

1	Pipe-borne inside	<input type="checkbox"/>
2	Pipe-borne outside	<input type="checkbox"/>
3	Tanker supply	<input type="checkbox"/>
4	Well	<input type="checkbox"/>
5	Bore-hole	<input type="checkbox"/>
6	Spring/train water	<input type="checkbox"/>
7	River/stream	<input type="checkbox"/>
8	Dugout/pond/lake/dam	<input type="checkbox"/>
9	Other (specify)	<input type="checkbox"/>

H10a TOILET FACILITIES: What type of toilet is used by the household?

1	W.C.	<input type="checkbox"/>
2	Pit latrine	<input type="checkbox"/>
3	KVIP	<input type="checkbox"/>
4	Bucket/Pan	<input type="checkbox"/>
5	Toilet in another house (different house) (Go to H11)	<input type="checkbox"/>
6	Public Toilet (W.C., KVIP, Pit, Pan etc.) (Go to H11)	<input type="checkbox"/>
7	No facilities (bush/beach/field) (Go to H11)	<input type="checkbox"/>
8	Other (specify)	<input type="checkbox"/>

H10b. Is the toilet used exclusively by the household?

1	Yes, exclusively	<input type="checkbox"/>
2	No, shared	<input type="checkbox"/>

H11 - COOKING FUEL: What is the main source of cooking fuel for this household?

1	None, no cooking	<input type="checkbox"/>
2	Wood	<input type="checkbox"/>
3	Coconut husk	<input type="checkbox"/>
4	Gas	<input type="checkbox"/>
5	Electricity	<input type="checkbox"/>
6	Kerosene	<input type="checkbox"/>
7	Charcoal	<input type="checkbox"/>
8	Other (specify)	<input type="checkbox"/>

H12 COOKING SPACE (KITCHEN): What type of cooking space does your household have?

1	No Cooking space	<input type="checkbox"/>
2	Separate room for exclusive use of household	<input type="checkbox"/>
3	Separate room shared with other household(s)	<input type="checkbox"/>
4	Enclosure without roof	<input type="checkbox"/>
5	Structure with roof but without walls	<input type="checkbox"/>
6	Bedroom/Hall (Living room)	<input type="checkbox"/>

H13 BATHING FACILITIES: What type of bathing facility is used by this household?

01	Own bathroom in quarters for exclusive use by household members	<input type="checkbox"/>
02	A shared separate bathroom	<input type="checkbox"/>
03	A private open cubicle	<input type="checkbox"/>
04	A shared open cubicle	<input type="checkbox"/>
05	Public bath house	<input type="checkbox"/>
06	Bathroom in another house	<input type="checkbox"/>
07	Open space around house	<input type="checkbox"/>
08	In a River	<input type="checkbox"/>
09	Lake or Pond	<input type="checkbox"/>
10	Other (specify)	<input type="checkbox"/>

H14 SOLID WASTE DISPOSAL: How does your household dispose of rubbish (solid waste)?

1	Collected	<input type="checkbox"/>
2	Burned by household	<input type="checkbox"/>
3	Public Dump	<input type="checkbox"/>
4	Dumped elsewhere	<input type="checkbox"/>
5	Buried by household	<input type="checkbox"/>
6	Other (specify)	<input type="checkbox"/>

H15 LIQUID WASTE DISPOSAL: How does your household dispose of liquid waste?

1	Through the sewerage system	<input type="checkbox"/>
2	Thrown onto the street/outside	<input type="checkbox"/>
3	Thrown into gutter	<input type="checkbox"/>
4	Thrown onto compound	<input type="checkbox"/>
5	Other (specify)	<input type="checkbox"/>

It is an offence under the laws of the Republic of Ghana to falsify any information on these forms.