

CONFIDENTIAL



FORM H
HOUSEHOLD

REPUBLIC OF GHANA
1984 POPULATION CENSUS

ENUMERATION AREA NO. <input type="text"/>	SERIAL NO. OF HOUSE/COMPOUND WITHIN E.A. <input type="text"/>
DETAILED ADDRESS OF HOUSE/COMPOUND _____	SERIAL NO. OF HOUSEHOLD WITHIN HOUSE <input type="text"/>
NAME OF TOWN/VILLAGE _____	TYPE OF RESIDENCE CODE (FOR OFFICE USE) <input type="text"/>
TOWN/VILLAGE CODE (FOR OFFICE USE) <input type="text"/>	SOCIO-ECONOMIC CODE (FOR OFFICE USE) <input type="text"/>
	HOUSEHOLD PATTERN (FOR OFFICE USE) <input type="text"/>

LIST A. USUAL MEMBERS PRESENT ON CENSUS NIGHT

Date enumeration started in household

Serial No.	FULL NAME	Sex	Relationship to head of household
1			HEAD
2			
3			
4			
5			
6			
7			
8			
9			
0			

Total number of persons in the house/compound

Total number of persons on LIST A

LIST B. VISITORS PRESENT ON CENSUS NIGHT

Serial No.	FULL NAME	Sex	Relationship to head of household	USUAL RESIDENCE	
				Town/Village	Region
1					
2					
3					
4					
5					

Total number of persons on LIST B

Total number of persons on LISTS A and B

LIST C. USUAL MEMBERS ABSENT ON CENSUS NIGHT

Serial No.	FULL NAME	Sex	Age	Relationship to head of household	ADDRESS ON CENSUS NIGHT		How long absent? (in complete months)
					Town/Village	Region/Country	
1							
2							
3							
4							
5							

Total number of persons on LIST C

LIST OF RELATIONSHIPS TO BE SPECIFIED

- | | | | | |
|----------------|-------------------------|-------------------|---------------------|-----------------|
| HEAD | FATHER/MOTHER | BROTHER | SON'S SON | DAUGHTER |
| TEMPORARY HEAD | FATHER'S BROTHER/SISTER | SISTER | DAUGHTER'S SON | DAUGHTER |
| WIFE/HUSBAND | MOTHER'S BROTHER/SISTER | BROTHER'S SON | DAUGHTER'S DAUGHTER | (OTHER SPECIFY) |
| SON | FATHER'S FATHER/MOTHER | SISTER'S SON | DAUGHTER | |
| DAUGHTER | MOTHER'S FATHER/MOTHER | SISTER'S DAUGHTER | | |

**FILL THIS QUESTIONNAIRE FOR ALL USUAL MEMBERS AND VISITORS
MAKE A CROSS IN THE APPROPRIATE BOX OR WRITE THE**

ANSWER FOR EACH PERSON						ANSWER ONLY FOR PERSONS AGED 5 YEARS AND OVER	
1 FULL NAME	2 SEX What is your sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	3 AGE What was your age at birthday?	4 RELATIONSHIP What is your relationship to the head of household?	5 BIRTHPLACE Where were you born? Specify town/village and Region Outside Ghana, specify country	6 NATIONALITY What is your nationality? If not Ghanaian, specify country	7 FULL-TIME EDUCATION	
						(a) Have you attended or are you attending school now?	(b) If NOW or PAST in 7a, what is the highest grade (or year) attained in the regular school attended?
1	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		HEAD	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
2	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
3	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
4	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
5	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
6	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
7	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
8	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
9	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
0	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years

**WHO SPENT CENSUS NIGHT IN THE HOUSEHOLD (LIST A AND LIST B)
ANSWER ON THE DOTTED LINE OR IN THE SPACE PROVIDED**

ANSWER ONLY FOR PERSONS AGED 18 YEARS AND OVER, THE ANSWERS SHOULD, EXCEPT WHERE OTHERWISE STATED, REFER TO THE SEVEN DAYS BEFORE CENSUS NIGHT

8 TYPE OF ACTIVITY			ANSWER ONLY FOR THE EMPLOYED (INCLUDING THOSE WITH JOBS WHO DID NOT WORK) AND THE UNEMPLOYED			
			9 OCCUPATION	10 INDUSTRY		11 EMPLOYMENT STATUS
(a) Did you do any work for pay or profit?	(b) If No, how were you usually occupied?	(c) For how many days did you work for pay or profit?	(d) If employed, what kind of work did you do? (For unemployed, list kind of work)	(e) What is the name and address of the establishment where you worked? (For unemployed, list establishment)	(f) What was the main product or service of this establishment?	(g) What was your employment status in this establishment?
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify
<input type="checkbox"/> Yes	1 <input type="checkbox"/> Had job but did not work 2 <input type="checkbox"/> Unemployed 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Other, specify	0 <input type="checkbox"/> Zero Number		Name Address		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed without employees 3 <input type="checkbox"/> Self-employed and employs others 4 <input type="checkbox"/> Unpaid family worker Other, specify

CONFIDENTIAL

FORM G
GROUP QUARTERSREPUBLIC OF GHANA
1984 POPULATION CENSUS

ENUMERATION AREA NO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SERIAL NO. OF HOUSE OR LOCATION OF OUT-DOOR SLEEPERS WITHIN THE E.A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NAME OF INSTITUTION _____	SEX OF PERSONS (WRITE 1 FOR MALE, 3 FOR FEMALE AND 5 FOR MIXED) <input type="checkbox"/> 0 <input type="checkbox"/>
DETAILED ADDRESS OF INSTITUTION OR LOCATION OF OUTDOOR SLEEPERS _____ _____ _____	TYPE OF RESIDENCE CODE (FOR OFFICE USE) <input type="checkbox"/>
NAME OF TOWN/VILLAGE _____	SOCIO-ECONOMIC CODE (FOR OFFICE USE) <input type="checkbox"/> <input type="checkbox"/>
TOWN/VILLAGE CODE (FOR OFFICE USE) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FOR OFFICE USE <input type="checkbox"/> SK <input type="checkbox"/> IP
	FOR OFFICE USE <input type="checkbox"/> S <input type="checkbox"/> KI <input type="checkbox"/> P
	TOTAL NUMBER OF PERSONS ENUMERATED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	FOR OFFICE USE <input type="checkbox"/> SK <input type="checkbox"/> IP

**FILL THIS QUESTIONNAIRE FOR ALL THE INMATES WHO SPENT
PUT A CROSS IN THE APPROPRIATE BOX OR WRITE**

ANSWER FOR EACH PERSON						ANSWER ONLY FOR PERSONS AGED 3 YEARS AND OVER	
1 FULL NAME	2 SEX What is your sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	3 AGE What was your age last birthday?	4 RELATIONSHIP What is your relationship to the head of household?	5 BIRTHPLACE Where were you born? Specify town/village and Region Outside Ghana, specify country	6 NATIONALITY What is your nationality? If not Ghanaian, specify country	7 FULL-TIME EDUCATION	
						(a) Have you attended or are you attending school now?	(b) If NOW or PAST in 7a, what is the highest grade (or year) attained in the regular school attended?
1	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
2	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
3	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
4	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
5	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
6	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
7	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
8	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
9	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years
0	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		00	00 <input type="checkbox"/> In this town/village <input type="checkbox"/> In another town/village in Ghana Specify town/village and Region Outside Ghana, specify country	00 <input type="checkbox"/> Ghanaian If not Ghanaian, specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Now 2 <input type="checkbox"/> Past	0 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary Other, specify, No. of years

**CENSUS NIGHT IN THE INSTITUTION OR THE FLOATING POPULATION
THE ANSWER ON THE DOTTED LINE OR IN THE SPACE PROVIDED**

ANSWER ONLY FOR PERSONS AGED 10 YEARS AND OVER, THE ANSWERS SHOULD, EXCEPT WHERE OTHERWISE STATED, REFER TO THE SEVEN DAYS BEFORE CENSUS NIGHT

8 TYPE OF ACTIVITY			9 OCCUPATION				10 INDUSTRY		11 EMPLOYMENT STATUS
(a) Did you do any work for pay or profit?	(b) If No, how were you employed and unpaid?	(c) For how many days did you work for pay or profit?	If employed, what kind of work did you do? (For unemployed, not kind of work)		(d) What is the name and address of the establishment where you worked? (For unemployed, last establishment)	(e) What was the main product or service of the establishment?	What was your employment status in this establishment?		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> Had job but did not work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Other, specify _____	0 <input type="checkbox"/> Zero Number			Name Address		<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed without employees <input type="checkbox"/> Self-employed and employs others <input type="checkbox"/> Unpaid family worker Other, specify _____		



CONFIDENTIAL

REPUBLIC OF GHANA
1984 POPULATION CENSUS
COVERAGE CHECK

ENUMERATION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SERIAL NO. OF HOUSE/COMPOUND WITHIN E.A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DETAILED ADDRESS OF HOUSE/COMPOUND	CENSUS SERIAL NO. OF HOUSE/COMPOUND WITHIN E.A. (FOR OFFICE USE) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NAME OF TOWN/VILLAGE	SERIAL NO. OF HOUSEHOLD WITHIN HOUSE <input type="checkbox"/> <input type="checkbox"/> CENSUS SERIAL NO. OF HOUSEHOLD WITHIN HOUSE (FOR OFFICE USE) <input type="checkbox"/> <input type="checkbox"/>

Date interview was stated in household

LIST A. PERSONS PRESENT IN HOUSEHOLD ON CENSUS NIGHT AND ALSO PRESENT ON NIGHT BEFORE INTERVIEWER'S VISIT

Serial No.	FULL NAME	SEX	RELATIONSHIP TO HEAD OF HOUSEHOLD
1			HEAD
2			
3			
4			
5			
6			
7			
8			
9			
0			

Total number of persons on LIST A

LIST B. PERSONS PRESENT IN HOUSEHOLD ON CENSUS NIGHT BUT ABSENT ON NIGHT BEFORE INTERVIEWER'S VISIT

Serial No.	FULL NAME	ADDRESS THE NIGHT BEFORE INTERVIEWER		ADDRESS OF USUAL PLACE OF RESIDENCE	
		Town/Village	Region	Town/Village	Region
1					
2					
3					
4					
5					

Total number of persons on LIST B

Total number of persons on LIST A & B

LIST C. PERSONS ABSENT FROM HOUSEHOLD ON CENSUS NIGHT BUT PRESENT ON NIGHT BEFORE INTERVIEWER'S VISIT

Serial No.	FULL NAME	SEX	AGE	RELATIONSHIP TO HEAD OF HOUSEHOLD	DETAILED ADDRESS OF PLACE OF STAY ON CENSUS NIGHT		
					House Name and/or plot, Street Name, or other description	Town/Village	Region
1							

Total number of persons on LIST C.

FILL THIS QUESTIONNAIRE FOR ALL PERSONS WHO SPENT CENSUS NIGHT IN THE HOUSEHOLD (MARK A CROSS IN THE APPROPRIATE BOX OR WRITE THE ANSWER ON THE DOTTED LINE OR IN THE SPACE PROVIDED)

<p align="center">(1) FULL NAME (AND OTHER NAMES)</p>	<p align="center">(2) SEX</p>	<p align="center">(3) AGE</p> <p align="center">What is your age (in completed years)?</p>	<p align="center">(4) RELATIONSHIP</p> <p align="center">What is your relationship to the head of household</p>	<p align="center">(5) OCCUPATION</p> <p align="center">Answer only for persons aged 10 years and over who were employed, including those with jobs who did not work, and the unemployed. The answer should refer to the 7 days before Census Night. For all others leave blank.</p> <p align="center">If employed, what kind of work did you do?</p> <p align="center">If employed, what was your last kind of work?</p>
1.	Male 1 <input type="checkbox"/> Female 1 <input type="checkbox"/>		HEAD	
2.	Male 1 <input type="checkbox"/> Female 3 <input type="checkbox"/>			
3.	Male 1 <input type="checkbox"/> Female 3 <input type="checkbox"/>			
4.	Male 1 <input type="checkbox"/> Female 3 <input type="checkbox"/>			
5.	Male 1 <input type="checkbox"/> Female 3 <input type="checkbox"/>			
6.	Male 1 <input type="checkbox"/> Female 3 <input type="checkbox"/>			
7.	Male 1 <input type="checkbox"/> Female 3 <input type="checkbox"/>			
8.	Male 1 <input type="checkbox"/> Female 3 <input type="checkbox"/>			
9.	Male 1 <input type="checkbox"/> Female 3 <input type="checkbox"/>			
0.	Male 1 <input type="checkbox"/> Female 3 <input type="checkbox"/>			