

GHANA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

GHANA STATISTICAL SERVICE

IDENTIFICATION																									
LOCALITY NAME _____	<table border="1" style="border-collapse: collapse; width: 100px; height: 100px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																								
NAME OF HOUSEHOLD HEAD _____																									
EA NUMBER																									
HOUSEHOLD NUMBER																									
REGION																									
DISTRICT																									
URBAN/RURAL (URBAN=1, RURAL=2)																									
CITY/LARGE TOWN/SMALL TOWN/VILLAGE																									
(CITY=1, LARGE TOWN=2, SMALL TOWN=3, VILLAGE=4)																									
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY MONTH YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>0</td><td>0</td><td>3</td></tr></table>	2	0	0	3																	
2	0	0	3																						
INTERVIEWER'S NAME	_____	_____	_____	NAME																					
RESULT*	_____	_____	_____	RESULT																					
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td></tr></table>																					
TIME	_____	_____																							
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)			TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD QUEST. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>																						
LANGUAGE																									
LANGUAGE OF QUESTIONNAIRE: ENGLISH				<table border="1" style="border-collapse: collapse;"><tr><td>1</td></tr></table>	1																				
1																									
LANGUAGE OF INTERVIEW *** _____				<table border="1" style="border-collapse: collapse;"><tr><td> </td></tr></table>																					
NATIVE LANGUAGE OF RESPONDENT*** _____				<table border="1" style="border-collapse: collapse;"><tr><td> </td></tr></table>																					
WAS A TRANSLATOR USED? (YES=1, NO=2).....				<table border="1" style="border-collapse: collapse;"><tr><td> </td></tr></table>																					
*** LANGUAGE CODES: 1 ENGLISH 2 AKAN 3 GA 4 EWE 5 NZEMA 6 DAGBANI 7 OTHER _____ (SPECIFY)				<table border="1" style="border-collapse: collapse;"><tr><td> </td></tr></table>																					
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																						
NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													
DATE _____	DATE _____																								

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	
			M F	YES NO	YES NO	IN YEARS				
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10	

* CODES FOR Q.3
 RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT

07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = CO-WIFE
 10 = OTHER RELATIVE
 11 = ADOPTED/FOSTER/STEPCHILD
 12 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION							
	Is (NAME)'s biological mother alive?	IF ALIVE Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s biological father alive?	IF ALIVE Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	
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07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	
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10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	

** CODES FOR Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
1 = PRIMARY
2 = MIDDLE/JSS
3 = SECONDARY/SSS
4 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED (FOR Q.15 ONLY. THIS CODE IS NOT ALLOWED FOR Q.18 AND Q.20)
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			M F	YES NO	YES NO	IN YEARS						
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	11			
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12			
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13			
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14			
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15			
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16			
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17			
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18			
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19			
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	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE
11	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>
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13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>
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16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>
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19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/> <input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES → ENTER EACH IN TABLE NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES → ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES → ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING11 → 22A PIPED INTO YARD/PLOT12 → 22A PUBLIC TAP13 WATER FROM OPEN WELL OPEN WELL IN DWELLING21 → 22A OPEN WELL IN YARD/PLOT22 → 22A OPEN PUBLIC WELL23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING31 → 22A PROTECTED WELL IN YARD/PLOT32 → 22A PROTECTED PUBLIC WELL33 SURFACE WATER SPRING41 RIVER/STREAM42 POND/LAKE43 DAM44 RAINWATER51 → 22A TANKER TRUCK61 BOTTLED WATER71 → 22A SACHEL WATER81 → 22A OTHER _____ 96 (SPECIFY)	
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES996	
22A	In the last two weeks, how frequently has water been available from this source?	ALL THE TIME1 SEVERAL HOURS EVERY DAY2 A FEW TIMES A WEEK3 LESS FREQUENTLY4 NOT AT ALL5 DON'T KNOW8	
22B	How does this household primarily dispose of household waste?	COLLECTED BY GOVERNMENT01 COLLECTED BY COMMUNITY ASSOCIATION02 COLLECTED BY PRIVATE COMPANY03 DUMPED IN COMPOUND04 DUMPED IN STREET/EMPTY PLOT05 BURNED06 BURIED07 COMPOSTED08 RECYCLED09 FED TO ANIMALS10 OTHER _____ 96 (SPECIFY)	
23	What kind of toilet facilities does your household have?	FLUSH TOILET11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET21 VENTILATED IMPROVED PIT (VIP) LATRINE22 BUCKET/PAN23 NO FACILITY/BUSH/FIELD/BEACH31 → 25 OTHER _____ 96 (SPECIFY)	
24	Do you share these facilities with other households?	YES1 NO2 → 25	
24A	How many households do you share these facilities with?	1-21 3-42 5-93 10+4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
25	Does your household have: Electricity? A radio? A television? A video deck? A telephone? A refrigerator?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VIDEO DECK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	VIDEO DECK	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	
	YES	NO																						
ELECTRICITY	1	2																						
RADIO	1	2																						
TELEVISION	1	2																						
VIDEO DECK	1	2																						
TELEPHONE	1	2																						
REFRIGERATOR	1	2																						
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY01 LPG/NATURAL GAS02 BIOGAS03 KEROSENE04 COAL, LIGNITE05 CHARCOAL06 FIREWOOD, STRAW07 DUNG08 OTHER _____ 96 (SPECIFY)																						
26A	How likely is it that you could be evicted from this dwelling: Would you say very likely, somewhat likely, not at all likely?	VERY LIKELY1 SOMEWHAT LIKELY2 NOT AT ALL3 DON'T KNOW8																						
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD11 MUD MIXED WITH DUNG12 RUDIMENTARY FLOOR WOOD PLANKS21 PALM/BAMBOO22 FINISHED FLOOR PARQUET OR POLISHED WOOD31 LINOLEUM32 CERAMIC TILES33 CEMENT34 CARPET35 TERRAZZO36 OTHER _____ 96 (SPECIFY)																						
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A tractor? A horse/cart?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRACTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HORSE/CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK	1	2	TRACTOR	1	2	HORSE/CART	1	2				
	YES	NO																						
BICYCLE	1	2																						
MOTORCYCLE/SCOOTER	1	2																						
CAR/TRUCK	1	2																						
TRACTOR	1	2																						
HORSE/CART	1	2																						
29	Does your household have any mosquito bed nets that can be used while sleeping?	YES1 NO2	→ 32F																					
29A	How many mosquito bed nets does your household have?	NUMBER..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>																						
29B	When do you use the nets?	ALL YEAR ROUND1 DURING THE RAINY SEASON2 OTHER _____ 6 (SPECIFY)																						

		NET # 1	NET # 2	NET #3
30	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
31	How long ago did your household obtain the mosquito bed net?	MONTHS AGO. <input type="text"/> MORE THAN 3 YEARS AGO 96	MONTHS AGO. <input type="text"/> MORE THAN 3 YEARS AGO 96	MONTHS AGO. <input type="text"/> MORE THAN 3 YEARS AGO 96
31A	How did you obtain the net?	BOUGHT IT AT COMMERCIAL PRICE... 1 BOUGHT IT WITH VOUCHER OR OTHER SUBSIDY 2 RECEIVED IT FREE 3 OTHER 6 (SPECIFY) DON'T KNOW 8	BOUGHT IT AT COMMERCIAL PRICE... 1 BOUGHT IT WITH VOUCHER OR OTHER SUBSIDY 2 RECEIVED IT FREE 3 OTHER 6 (SPECIFY) DON'T KNOW 8	BOUGHT IT AT COMMERCIAL PRICE... 1 BOUGHT IT WITH VOUCHER OR OTHER SUBSIDY 2 RECEIVED IT FREE 3 OTHER 6 (SPECIFY) DON'T KNOW 8
31B	When you got the mosquito bed net, was it treated with an insecticide?	YES, PRETREATED 1 NO, CAME WITH TREATMENT KIT AND I TREATED IT MYSELF 2 NO IT WAS NOT TREATED 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 32A) ←	YES, PRETREATED 1 NO, CAME WITH TREATMENT KIT AND I TREATED IT MYSELF 2 NO IT WAS NOT TREATED 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 32A) ←	YES, PRETREATED 1 NO, CAME WITH TREATMENT KIT AND I TREATED IT MYSELF 2 NO IT WAS NOT TREATED 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 32A) ←
32	OBSERVE OR ASK THE BRAND OF MOSQUITO BED NET.	PERMANET 1 DAWA NET 2 OLYSET 3 LOCALLY MADE 4 OTHER 6 DON'T KNOW 8	PERMANET 1 DAWA NET 2 OLYSET 3 LOCALLY MADE 4 OTHER 6 DON'T KNOW 8	PERMANET 1 DAWA NET 2 OLYSET 3 LOCALLY MADE 4 OTHER 6 DON'T KNOW 8
32A	Since you got the mosquito bed net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES 1 NO 2 (SKIP TO 32C) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 32C) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 32C) ← DON'T KNOW 8
32B	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO. <input type="text"/> MORE THAN 3 YEARS AGO 96	MONTHS AGO. <input type="text"/> MORE THAN 3 YEARS AGO 96	MONTHS AGO. <input type="text"/> MORE THAN 3 YEARS AGO 96
32C	Did anyone sleep under this mosquito bed net last night?	YES 1 NO 2 (SKIP TO 32E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 32E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 32E) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																					
32D	Who slept under this mosquito bed net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/>	NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/>	NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/>																						
32E		GO BACK TO 30 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 32F.	GO BACK TO 30 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 32F.	GO BACK TO 30 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 32F																						
32F	In the past year, have you seen or heard messages about malaria: On the television? On the radio? In a newspaper or magazine? From a poster? From leaflets or brochures? From a health worker?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLETS/BROCHURES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH WORKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>				YES	NO	TELEVISION	1	2	RADIO	1	2	NEWSPAPER/MAGAZINE	1	2	POSTER	1	2	LEAFLETS/BROCHURES	1	2	HEALTH WORKER	1	2	
	YES	NO																								
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NEWSPAPER/MAGAZINE	1	2																								
POSTER	1	2																								
LEAFLETS/BROCHURES	1	2																								
HEALTH WORKER	1	2																								
32G	Have you seen or heard any messages telling you to give a child with fever chloroquine tablets for three days?	YES1 NO2 DON'T KNOW8																								
32H	Have you ever listened to the radio program "He Ha Ho"?	YES1 NO2 DON'T KNOW8																								
33	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT1 SOMEWHERE ELSE2 NOWHERE3			↳ 34A																					
34	ASK TO SEE THE PLACE AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WATER/TAP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BASIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>				YES	NO	WATER/TAP	1	2	SOAP, ASH OR OTHER CLEANSING AGENT	1	2	BASIN	1	2										
	YES	NO																								
WATER/TAP	1	2																								
SOAP, ASH OR OTHER CLEANSING AGENT	1	2																								
BASIN	1	2																								
34A	Are you currently a member of a mutual health organization or health insurance scheme?	YES1 NO2 DON'T KNOW8			↳ 34E																					
34B	What type of scheme are you a member of?	PRIVATE HEALTH INSURANCE1 MHO2 GOVT.HEALTH COVERAGE3 OTHER6 (SPECIFY)																								

34C	What benefits does your scheme cover?	CONSULTATION A DRUGS..... B LABORATORY COSTS..... C X-RAY..... D ADMISSION E SURGERY..... F SPECIALIST CARE..... G EXTRA OR BETTER FEEDING IN HOSPITAL..... H TRANSPORT I ANTENATAL CARE J NORMAL DELIVERY CARE K COMPLICATED DELIVERY CARE..... L FAMILY PLANNING M OTHER _____ N (SPECIFY)	
34D	Have you or any member of your family ever benefited from the scheme?	YES 1 NO 2 DON'T KNOW 8	} 35
34E	Will you consider joining a scheme in the future?	YES 1 NO 2 DON'T KNOW 8	
35	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE)..... 1 7 PPM..... 2 15 PPM..... 3 ABOVE 30 PPM 4 NO SALT IN HH 5 SALT NOT TESTED 6 (SPECIFY REASON)	

HEIGHT, WEIGHT, HEMOGLOBIN MEASUREMENT, AND HIV TESTING

CHECK COLUMNS (2), (7), (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL.(8)	FROM COL.(2)	FROM COL.(7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1998 OR LATER			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
						LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM Q215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

50	<p>CHECK 47 AND 48:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <p style="text-align: center;"> ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> </p> <p style="font-size: small;"> GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 51.** GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END HOUSEHOLD INTERVIEW. </p>
51	<p>We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?</p>

NAME OF PERSON WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
WOMEN AGE 18-49		
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2
WOMEN AGE 15-17 AND CHILDREN		
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2
		YES..... 1 NO 2

* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and women who are not pregnant (or who don't know if they are pregnant.)

** If more than one woman or child is below the cutoff point, read the statement in Q.51 to each woman who is below the cutoff point and to each woman/parent/responsible adult of a child who is below the cutoff point.

HIV TESTING—WOMEN AND MEN

Total Number of Samples _____

✓CHECK COLUMNS (8) AND (9A); WRITE LINE NUMBER, NAME, SEX, AND AGE OF WOMEN 15-49 AND MEN 15-59. THIS PAGE TO BE DESTROYED IN OFFICE BEFORE TEST RESULTS ARE ADDED TO DATA FILE.

LINE NO. FROM COL.(8) OR (9A)	NAME FROM COL.(2)	SEX FROM COL.(4)	AGE FROM COL.(7)	CHECK AGE IN COL. (55); 15-17 18+ 1 2 ↓ ↓ TO 59	LINE NO. OF PARENT/ RESPON- SIBLE ADULT	READ THE CONSENT STATEMENT TO THE PARENT OR RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)			READ THE CONSENT STATEMENT TO THE WOMAN OR MAN OR YOUTH CIRCLE CODE (AND SIGN)			SAMPLE RESULT 1 SAMPLE TAKEN 2 REFUSED 3 NOT PRESENT 4 TECH. PROBLEM 6 OTHER (SPECIFY)	SAMPLE BAR CODE
						AGREES 1 ↓ SIGN _____	REFUSES 2	NOT READ 3	AGREES 1 ↓ SIGN _____	REFUSES 2	NOT READ 3		
(52)	(53)	(54)	(55)	(56)	(57)	(58)			(59)			(60)	(61)
[] []		M 1 2	YEARS [] []	15-17 18+ 1 2 ↓ ↓ TO 59	[] []	1 ↓ SIGN _____	2	3	1 ↓ SIGN _____	2	3	[]	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
[] []		1 2	[] []	1 2 ↓ ↓ TO 59	[] []	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	[]	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
[] []		1 2	[] []	1 2 ↓ ↓ TO 59	[] []	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	[]	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
[] []		1 2	[] []	1 2 ↓ ↓ TO 59	[] []	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	[]	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
[] []		1 2	[] []	1 2 ↓ ↓ TO 59	[] []	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	[]	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
[] []		1 2	[] []	1 2 ↓ ↓ TO 59	[] []	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	[]	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM

CONSENT STATEMENT

Hello, my name is _____. I'm from the Ghana Health Services and collaborating with the Ghana Statistical Services. As part of this survey, we are studying HIV among women and men. As you know, HIV is the virus that causes AIDS. The government is trying to find out how common HIV is, so that they can develop programs to prevent HIV and care for those who have it.

We request that you participate in this test by giving a few drops of blood from a finger. For this test, I will use clean, sterile instruments that are completely safe. Blood will be tested later in the laboratory.

To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your test and no one will be able to trace the test back to you. If you want to know whether you have HIV, I can tell you where you can go to get tested.

Do you have any questions?

I hope you will agree to participate in the HIV testing. But if you decide not to have the test done, it is your right and I will respect your decision.

Will you accept to participate in the HIV test? GO BACK TO COLUMN (59). CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17, ASK PARENT/GUARDIAN: Now, will you tell me if you accept for (NAME OF YOUTH) to participate in the HIV test? GO TO COLUMN (58). CIRCLE THE APPROPRIATE CODE AND SIGN. IF PARENT AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT AND RECORD IN COL. (59).

NOTE FOR THE INTERVIEWER:

THE RESPONDENT HAS THE RIGHT TO REFUSE THE HIV TEST, AND THEREFORE SHOULD NOT BE FORCED.

