

7. Among these trades, industries, and businesses, which are the most important for the household?

WRITE THE ORDER NUMBER OF THE THREE MOST IMPORTANT.

--	--	--

8. Who shops for the food for your household?

NAME:	ID CODE: <input type="text"/>
-------------	-------------------------------

9. Who in your household knows most about the other expenses, income and savings of the members of your household?

NAME:	ID CODE: <input type="text"/>
-------------	-------------------------------

10. TO CHOOSE A WOMAN AT RANDOM TO ANSWER THE QUESTIONS ON FERTILITY IN THE SECOND ROUND OF THE SURVEY:

READ THE FIRST LINE OF THE STICKER BELOW UNTIL YOU COME TO THE ID CODE OF A WOMAN BELONGING TO THE HOUSEHOLD AND AGED 15 TO 50 IN THE HOUSEHOLD ROSTER. CROSS OUT EACH REJECTED ID CODE ON THE STICKER. IF THERE IS NO VALID ID CODE IN THE FIRST LINE, GO TO THE SECOND. WHEN A VALID ID CODE IS FOUND, CIRCLE IT.

20 11 15 19 5 2 13 6 11 1
16 18 9 1 10 2 7 17 12 8

0156

WRITE THE NAME AND ID CODE OF THE WOMAN SELECTED:

NAME:	ID CODE: <input type="text"/>
-------------	-------------------------------

SECTION 8

SECTION 1. PART A. HOUSEHOLD ROSTER

PERSON INTERVIEWED: PREFERABLY THE HEAD OF HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A "PRINCIPAL RESPONDENT" TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

INTERVIEWER: _____

RESPONDENT: _____ ID CODE:

1-3. I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.

* First, I would like to have the names of all the members of your immediate family, who normally live and eat their meals together in this dwelling. Include the head of the household, his wife or wives (or her husband) and his/her children in order of age.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN IN ORDER OF AGE. IF THERE IS MORE THAN ONE WIFE, START WITH THE FIRST WIFE, FOLLOWED BY HER CHILDREN IN ORDER OF AGE, THEN THE SECOND WIFE AND HER CHILDREN IN ORDER OF AGE, AND SO ON.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

* Please give me the names of any other persons related to the head of the household or to his/her wife/husband, together with their families, who normally live and eat their meals here.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

* Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals here. For instance, tenants, lodgers, servants or other persons who are not relatives.

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

* Are there any other persons not now present but who normally live and eat their meals here? For example, any person studying somewhere else or who is on vacation or who is visiting other people.

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

* Are there any other persons who slept here last night but who do not normally live here?

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-13 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.14. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

4-13. Now I would like to have some information about each of the persons you mentioned.

IF THE RESPONDENT HAS ANY DIFFICULTY WITH HIS AGE OR DATE OF BIRTH (QUESTION 6), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

14. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

LOOK AT THE ANSWER TO QUESTION 13.

* ALL PERSONS ALIVE FOR WHOM THE ANSWER IS 9 MONTHS OR LESS ARE CLASSED AS HOUSEHOLD MEMBERS.

* IF THE ANSWER IS MORE THAN 9 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:

-- THE HEAD OF HOUSEHOLD
-- INFANTS LESS THAN 3 MONTHS OLD

* ALL OTHER PERSONS FOR WHOM THE ANSWER IS MORE THAN 9 MONTHS ARE NOT HOUSEHOLD MEMBERS.

ENTER CODE 1 FOR EACH HOUSEHOLD MEMBER AND CODE 2 FOR ALL OTHER PERSONS. GO ON TO THE NEXT PERSON LISTED.

COLUMNS A AND B

COLUMN A. ON THE LEFT SIDE OF THE FORM, PUT A CROSS IN COLUMN A NEXT TO THE NAMES OF ALL PERSONS WITH CODE 1 IN QUESTION 14.

COLUMN B. ENTER THE AGE IN COMPLETED YEARS (SEE QUESTION 6) OF ALL PERSONS WITH CODE 1 IN QUESTION 14 (I.E. THOSE WITH A CROSS IN COLUMN A). THAT IS, FOR AGE 4 YEARS 8 MONTHS, ENTER 4. FOR AGE 9 MONTHS, ENTER 0.

FILLING-IN THE HOUSEHOLD CARD

WRITE THE NAMES OF ALL PERSONS WITH CODE 1 IN QUESTION 14 ON THE HOUSEHOLD CARD.

From now on, I would like you to talk about these persons when I ask you questions about the members of your household.

READ OUT THE NAMES AND GIVE THE CARD TO THE RESPONDENT.

PART B

SECTION 9. CHARACTERISTICS OF HOUSING

Now I would like to measure the perimeter of your dwelling, including all the different buildings or apartments occupied by your household.

1 MAKE A DETAILED SKETCH OF ALL THE BUILDINGS, APARTMENTS AND ROOMS OCCUPIED BY THE HOUSEHOLD, MEASURE THE PERIMETER AND INDICATE ALL THE DIMENSIONS ON THE SKETCH.

DO NOT MEASURE TERRACES OR BALCONIES.

2 HOW WAS THE AREA MEASURED?

INSIDE.....1

OUTSIDE.....2

3 MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS:

MUD BRICK.....1
 ADDBE/MUD.....2
 BAMBOO/TREE BRANCHES.....3
 GALVANIZED IRON.....4
 WOODEN PLANKS.....5
 STONE/BRICK.....6
 CEMENT.....7

OTHER.....8

(SPECIFY:)

4 MAIN FLOORING MATERIAL:

EARTH.....1
 WOOD (PLYWOOD).....2
 STONE/BRICK.....3
 CEMENT.....4
 TILE.....5
 BAMBOO.....6

OTHER.....7

(SPECIFY:)

5 MAIN MATERIAL ROOF IS MADE OF:

STRAW THATCH, GRASS.....1
 EARTH/MUD.....2
 WOOD PLANKS.....3
 GALVANIZED IRON.....4
 CANVAS.....5
 CONCRETE, CEMENT.....6
 TILES.....7
 SLATE/ASBESTOS.....8
 OTHER.....9

(SPECIFY:)

6 THE WINDOWS ARE FITTED WITH (CHECK THE FIRST THAT APPLIES)

GLASS.....1
 SCREENS.....2
 SHUTTERS.....3
 CURTAINS.....4
 NO COVERING.....5
 NO WINDOWS.....6

SUPERVISOR: M²

END OF ROUND ONE

ROUND TWO

EXPLAIN AGAIN THE OBJECTIVES OF THE SURVEY AND
THE CONFIDENTIALITY OF THE DATA.

READ THE LIST OF HOUSEHOLD MEMBERS.

SECTION 9. AGRO-PASTORAL ACTIVITIES

SUPERVISOR
RESPONDENT: ID CODE:

INTERVIEWER
IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO...2

PART A. LAND

- During the last 12 months (since ...) has any member of your household worked fields or a garden on his/her own account?
YES.....1 (#3)
NO.....2
- During the last 12 months (since ...) has any member of your household provided land for someone else to work on?
YES.....1
NO.....2 (#PART F)

Now I would like to ask you some questions about all of the land belonging to your household, including land rented out or sharecropped out to others.

QUESTIONS 3 TO 9 DO NOT INCLUDE LAND RENTED IN OR SHARECROPPED IN BY THE HOUSEHOLD

- How many acres of the land belonging to your household have been farmed during the past 12 months. (Since ...) including the land rented or sharecropped out to others?
ACRES:
- How many acres of fallow land are available for use by the members of your household?
ACRES:
 IF HOUSEHOLD HAS NO AGRICULTURAL LAND OF ANY KIND #10
- How many acres of all the land belonging to your household are part of a government scheme, such as block farming?
ACRES:
- How many acres of the land belonging to this household are irrigated?
ACRES:

- Do you or the members of your household have the right to sell all or part of their land to someone else if they wish?
YES.....1
NO.....2
ONLY AFTER CONSULTING FAMILY MEMBERS WHO ARE NOT HOUSEHOLD MEMBERS.....3
ONLY AFTER CONSULTING THE CHIEF OR VILLAGE ELDERS.....4

8. How many acres of the land belonging to this household are registered with the government?
ACRES:

9. If someone arrived in this community and wanted to buy land exactly like that belonging to your household, how much would it cost?
AMOUNT:

QUESTIONS 10 TO 14 REFER TO PERMANENT TRANSFERS. THEY DO NOT INCLUDE LAND RENTED, LEASED, LENT OR SHARECROPPED OUT.

- Did the members of your household sell or give any land to someone else in the last 12 months?
YES.....1
NO.....2 (#15)
- How many acres of land were sold?
ACRES:
- How many acres of land were given?
ACRES:
- Did the members of this household receive any money or goods for this land?
YES...1
NO.....2 (#15)
- What was the value of the money or goods?
AMOUNT:

QUESTIONS 15 TO 18 INCLUDE LAND SHARECROPPED OUT

15. Have the members of your household the right to lease, rent out or sharecrop out all or part of the land they are using?
YES.....1
NO.....2 (#19)
16. Have any members of your household leased, rented out or sharecropped out land to someone who is not a household member in the last 12 months?
YES.....1
NO.....2 (#19)
17. How many acres were leased, rented out or sharecropped out?
ACRES:
18. What is the value of the money, goods or services received in the last 12 months in exchange for this land?
AMOUNT:

QUESTIONS 19 TO 26 REFER TO PERMANENT ACQUISITIONS OF LAND. THEY DO NOT INCLUDE LAND RENTED, LEASED, LENT OR SHARECROPPED

19. Have the members of your household acquired land from non-government sources during the last 12 months?
YES.....1
NO.....2 (#22)
EXCLUDE SHARECROPPING, LEASING, ETC.
20. How many acres were acquired?
ACRES:

21. How much did the members of your household give for this land?

AMOUNT:

- INCLUDE VALUE OF PAYMENTS IN KIND
- IF NONE, WRITE ZERO

22. Have the members of your household received land from the government in the last 12 months?

YES.....1

NO.....2 (#27)

23. How many acres did they receive?

ACRES:

24. How much did the members of your household pay for this land?

AMOUNT:

25. Do you have a permanent title to this land?

YES.....1

NO.....2 (#27)

26. For how many years do have title?

YEARS

QUESTIONS 27 TO 29 INCLUDE LAND SHARECROPPED IN

27. Have the members of your household rented, sharecropped in or paid for the use of land during the last 12 months?

YES.....1

NO.....2 (#PART B)

28. How many acres of land were rented, sharecropped in or paid for?

ACRES:

29. How much was paid in money, goods or services for the use of this land in the past 12 months?

AMOUNT:

PART B

SECTION 9.

PART 8. CROPS

1 Have the members of your household grown the following crops during the past 12 months? (Since...) PUT A CROSS IN THE APPROPRIATE BOX BELOW. ASK QUESTION 1 FOR ALL CROPS BEFORE GOING TO 2-14.	2 How many acres of... were harvested during the past 12 months? (Since...) ACRES	3 How many acres of... are not yet in production? (Since...) ACRES	4 How much... was sold during the past 12 months? IF NOTHING, WRITE ZERO AND 0		5 INTERVIEWER: IF UNSTARRED UNIT ASK: How many kilograms per [UNIT]..?	6 How much was the harvest of... sold for? ...		7 Did you keep part of the crop for seed? YES...1 NO...2 (ii)	8 How much would the same quantity of seed cost in the market? AMOUNT	9 Did you give part of the harvest of... to laborers, or to a land owner, or as a gift, or for ceremonies and fetishes? YES...1 NO...2 (iii)	10 How much would the same quantity of... cost in the market? AMOUNT	11 Have you lost any part of the harvested crop to insects, rodents, fire, rotting, etc.? YES: INSECTS...1 RODENTS...2 FIRE...3 ROTTING...4 OTHER/COMBINA...5 NO...6 (iis)	12 How much would the same quantity cost in the market? AMOUNT	13 Did you grow other crops in the same field at the same time as...? YES...1 NO...2 (i NEXT CROP)	14 Which crops.....? FIRST CODE SECOND CODE		
			QUANTITY	UNIT		AMOUNT	UNIT								FIRST CODE	SECOND CODE	
Cocoa	YES-01																
Cocoa	NO-01																
Coffee	YES-02																
Coffee	NO-02																
Rubber	YES-03																
Rubber	NO-03																
Coconut palm	YES-04																
Coconut palm	NO-04																
Oil palm	YES-05																
Oil palm	NO-05																
Plantains	YES-06																
Plantains	NO-06																
Bananas	YES-07																
Bananas	NO-07																
Oranges	YES-08																
Oranges	NO-08																
Other fruit trees	YES-09																
Other fruit trees	NO-09																
Wood (timber)	YES-10																
Wood (timber)	NO-10																
Cola nut	YES-11																
Cola nut	NO-11																
Kenef	YES-12																
Kenef	NO-12																
Cotton	YES-13																
Cotton	NO-13																
Ground nut/peanut	YES-14																
Ground nut/peanut	NO-14																
Tobacco	YES-15																
Tobacco	NO-15																
Pineapple	YES-16																
Pineapple	NO-16																

TRY TO USE UNIT CODE MARKED (*) WHENEVER POSSIBLE

POUNDS...#1	MAXIBAG...#5	AMERICAN	BUNDLE...#12	BEER	FRUIT...#19
KILOGRAM...#2	SHEET...#6	TIN...#9	BARREL...#13	BOTTLE...#16	LOG...#20
TON...#3	BASKET...#7	TREE...#10	LITER...#14	BUNCH...#17	BOX...#21
MINIBAG...#4	BOWL...#8	STICK...#11	GALLON...#15	NUT...#18	ALL...#22

COCOA...#1	PLANTAINS...#6	WOOD (TIMBER)...#10	TOBACCO...#15	COCOA...#20	SORGHUM/MILLET
COFFEE...#2	BANANAS...#7	COLA NUT...#11	PINEAPPLE...#16	SWEET POTATO	GUINEA CORN...#24
RUBBER...#3	ORANGES...#8	KENEF...#12	SUGAR CANE...#17	TOMATO...#25	PEPPER...#29
COCONUT PALM...#4	OTHER FRUIT TREES...#9	COTTON...#13	CASSAVA...#18	OKRO...#26	LEAFY VEGETABLES...#30
DIL PALM...#5	GROUND NUT/PEANUT...#14	YAM...#19	RICE...#23	GARDEN EGG/PLANT...#27	BEANS AND PEAS...#28
					OTHER VEGETABLES...#31
					OTHER CROPS...#32

SECTION 9.

PART B. CROPS (END)

1 Have the members of your household grown the following crops during the past 12 months? (Since...) PUT A CROSS IN THE APPROPRIATE BOX BELOW. ASK QUESTION 1 FOR ALL CROPS BEFORE GOING TO 2-14.	2 How many acres of... were harvested during the past 12 months? (Since...) ACRES	3 How many acres of... are not yet in production? ACRES	4 How much... was sold during the past 12 months? IF NOTHING, WRITE ZERO AND #? QUANTITY UNIT	5 INTERVIEWER: IF UNSTARRED UNIT ASK: How many kilograms per [UNIT]...? KILOGRAMS	6 How much was the harvest of... sold for? AMOUNT UNIT	7 Did you keep part of the crop for seed? YES...1 NO...2 (a9)	8 How much would the same quantity of seed cost in the market? AMOUNT	9 Did you give part of the harvest of... to laborers, or to a landowner, or as a gift, or for ceremonies and fetiches? YES...1 NO...2 (a11)	10 How much would the same quantity of... cost in the market? AMOUNT	11 Have you lost any part of the harvested crop to insects, rodents, fire, rotting etc. YES, INSECTS...1 YES, RODENTS...2 YES, FIRE...3 YES, ROTTING...4 OTHER/COMBINA...5 NO...6 (a13)	12 How much would the same quantity cost in the market? AMOUNT	13 Did you grow other crops in the same field at the same time as...? YES...1 NO...2 (a NEXT CROP)	14 Which crops...? NEXT CROP FIRST CODE SECOND CODE
--	---	---	--	---	--	--	---	--	--	--	--	---	--

Sugarcane	YES-#	17												
	α-NO													
Cassava	YES-#	18												
	α-NO													
Yam	YES-#	19												
	α-NO													
Cocoyam	YES-#	20												
	α-NO													
Sweet potato/potato	YES-#	21												
	α-NO													
Maize	YES-#	22												
	α-NO													
Rice	YES-#	23												
	α-NO													
Sorghum/Millet/ Guinea corn	YES-#	24												
	α-NO													
Tomato	YES-#	25												
	α-NO													
Okro	YES-#	26												
	α-NO													
Garden Egg (egg plant)	YES-#	27												
	α-NO													
Beans and Peas	YES-#	28												
	α-NO													
Pepper	YES-#	29												
	α-NO													
Leafy vegetables	YES-#	30												
	α-NO													
Other vegetables	YES-#	31												
	α-NO													
Other crops	YES-#	32												
	α-NO													

TRY TO USE UNIT CODE MARKED (*) WHENEVER POSSIBLE

POUNDS...#1	MAXIBAG...#5	AMERICAN	BUNDLE...#12	BEER	FRUIT...#19	COCOA...#1	PLANTAINS...#6	WOOD (TIMBER)...#10	TOBACCO...#15	COCUYAM...#20	SORGHUM/MILLET	BEANS AND	OTHER
KILOGRAM...#2	SHEET...#6	TIN...#9	BARREL...#13	BOTTLE...#16	LOG...#20	COFFEE...#2	BANANAS...#7	COLA NUT...#11	PINEAPPLE...#16	SWEET POTATO	GUINEA CORN...#24	PEAS...#28	VEGETA-
TON...#3	BASKET...#7	TREE...#10	LITER...#14	BUNCH...#17	BOX...#21	ROBBER...#3	ORANGES...#8	KENEF...#12	SUGAR CANE...#17	TU/POTATO...#21	TOMATO...#25	PEPPER...#29	BLES...#31
MINIBAG...#4	BOWL...#8	STICK...#11	GALLON...#15	NUT...#18	ALL...#22	COCONUT PALM...#4	OTHER FRUIT	COTTON...#13	CASSAVA...#18	MAIZE...#22	OKRO...#26	LEAFY VE-	OTHER
						OIL PALM...#5	TREES...#9	GROUND NUT/PEANUT...#14	YAM...#19	RICE...#23	GARDEN EGG/PLANT...#27	GETABLES...#30	CROPS...#32

SECTION 9. **PART C. AGE OF TREE CROPS**

1 INTERVIEWER: HAS THIS HOUSEHOLD PLANTED TREE CROPS SUCH AS COFFEE, COCOA, COCONUT, PLANTAIN, RUBBER, OIL PALM, BANANAS, FRUIT TREES, TREES FOR WOOD, OR COLA NUT?

YES.....1
 NO.....2 (▶ PART D)

2 LIST ALL THE TREE CROPS GROWN BY THE HOUSEHOLD WITH THEIR CODES. CODE	3 What proportion of your ... [] ... plantings is too young to produce?	4 What proportion of your ... [] ... plantings is in full production?	5 What proportion is near the end of its productive life?	6 INTERVIEWER: ARE THE ANSWER GIVEN AS..... FRACTIONS/ PROPORTIONS..1 NUMBER OF TREES.....2
	/ /	/ /	/ /	
	/ /	/ /	/ /	
	/ /	/ /	/ /	
	/ /	/ /	/ /	

GIVE THE PROPORTION AS A FRACTION OF THE NUMBER OF PLANTINGS, FOR EXAMPLE 1/3, 3/4, ETC. IF NONE, WRITE 0/0. IF ALL, WRITE 1/1.
 IF THE ANSWER IS GIVEN AS A NUMBER OF TREES, WRITE THE ANSWER IN THE NUMERATOR AND THE TOTAL NUMBER OF TREES IN THE DENOMINATOR OF ALL THREE QUESTIONS (3, 4 AND 5).

▶ NE I CROP

- CODES:
- COCOA 1
 - COFFEE 2
 - RUBBER 3
 - COCONUT 4
 - OIL PALM 5
 - PLANTAIN 6
 - BANANAS 7
 - ORANGES 8
 - OTHER FRUIT TREES 9
 - WOOD 10
 - COLA NUT 11

▶ PART D

SECTION 9. PART D. FARM INPUTS

1. Has your household bought seeds or young plants during the past 12 months?

YES...1
NO.....2 (#7)

2	3	4	5	6
For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 3-6.	How much was spent for seeds or young plants for ... in the past 12 months?	Have you already harvested the fields for which you bought these seeds/plants? YES...1 NO...2	How did you obtain the seeds or plants? PRIVATE INDIVIDUAL...1 RESEARCH STATION...5 GARA COOP...7 FASCOM...8 GRAINS SEED COMPANY...3 OTHER PUBLIC AGENCY...9 GRAINS DEVELOPMENT PROJECT...4	Did you obtain the seeds or plants on credit? YES...1 NO...2
CODE	AMOUNT			
	01			
	02			
	03			
	04			

▶ NEXT CROP

CROP CODES	
COCCA	01
COFFEE	02
RUBBER	03
COCONUT PALM	04
OIL PALM	05
PLANTAINS	06
BANANAS	07
ORANGES	08
OTHER FRUIT TREES	09
WOOD	10
COLA NUT	11
KENEF	12
COTTON	13
GROUND NUT/PEANUT	14
TOBACCO	15
PINEAPPLE	16
SUGARCANE	17
CASSAVA	18
YAM	19
COCOYAM	20
SWEET POTATO/POTATO	21
MAIZE	22
RICE	23
SORGHUM/GUINEA CORN	24
TOMATO	25
OKRO	26
GARDEN EGG	27
BEANS AND PEAS	28
PEPPER	29
LEAFY VEGETABLES	30
OTHER VEGETABLES	31
OTHER CROPS	32

(a)

7. Has your household used fertilizer during the past 12 months?

YES...1
NO.....2 (#14)

8	9	10	11	12	13
For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 9-13.	How much fertilizer was used for ... in the last 12 months?	How much was spent for fertilizer for ... in the last 12 months? IF NOTHING, WRITE ZERO	Have you already harvested the fields on which you used fertilizer? YES...1 NO...2	How did you obtain the fertilizer? PRIVATE SOURCE...1 AGRIC MINISTRY...7 DEPT...4 URADEP...5 VORADEP...6 GARA COOP...7 FASCOM...8 OTHER PUBLIC AGENCY...9	Did you get the fertilizer on credit? YES...1 NO...2
CODE	NUMBER	UNIT CODE	AMOUNT		
	01				
	02				
	03				
	04				

UNIT CODES	
POUNDS	#1
KILOGRAM	#2
TON	#3
NIMBAG	#4
MAXIBAG	#5
SHEET	#6
BASKET	#7
BOW	#8
AMERICAN	#9
TIN	#10
TREE	#11
STICK	#12
BUNDLE	#13
BARREL	#14
LITER	#15
GALLON	#16
BEER	#17
BOTTLE	#18
BUNCH	#19
NUT	#20
FRUIT	#21
LOG	#22
BOX	#23
ALL	#24

(b)

14. Has your household used organic manure during the past 12 months?

YES...1
NO.....2 (#20)

15	16	17	18	19
For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 16-19.	How much manure was used for ... in the last 12 months?	How much was spent for organic manure for ... during the past 12 months? IF NOTHING, WRITE ZERO.	Have you already harvested the fields on which you used the manure? YES...1 NO...2	Where did you obtain the manure? PRIVATELY...1 ACGRA COMPOST...2 LIVESTOCK STATION...3 OTHER PUBLIC AGENCY...9
CODE	NUMBER	UNIT CODE	AMOUNT	
	01			
	02			
	03			
	04			

▶ NEXT CROP

(c)

▶ 20, NEXT PAGE

SECTION 9. PART D. FARM INPUTS (CONT.)

20. Has your household used insecticides or herbicides during the past 12 months?

YES...1
NO...2 (#27)

21 On which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 22-26	22 How much insecticide or herbicide was used for ... in the last 12 months?		23 How much was spent on insecticides or herbicides for ... in the past 12 months? IF NOTHING, WRITE ZERO.	24 Have you already harvested the fields on which the insecticides or herbicides were used? YES...1 NO...2	25 How did you obtain the insecticides or herbicides? PETROL STATION...1 URADEP...5 OTHER PRIVATE VORADEP...6 SOURCE...2 GAFA COOP...7 SHAMA SEED CO...3 FASCON...8 AGRIC MINISTRY OTHER PUBLIC DEPOT...4 SOURCE...9	26 Did you obtain the insecticides or herbicides on credit? YES...1 NO...2
	CODE	NUMBER	UNIT CODE	AMOUNT		
	01					
	02					
	03					
	04					

▶ NEXT CROP

CROP CODES	
COCOA	01
COFFEE	02
RUBBER	03
COCONUT PALM	04
OIL PALM	05
PLANTAINS	06
BANANAS	07
ORANGES	08
OTHER FRUIT TREES	09
WOOD	10
COLA NUT	11
KEFEE	12
COTTON	13
GROUND NUT/PEANUT	14
TOBACCO	15
PINEAPPLE	16
SUGARCANE	17
CASSAVA	18
YAM	19
COCOYAN	20
SWEET POTATO/POTATO	21
RAIZE	22
RICE	23
SORGHUM/GUINEA CORN	24
TOMATO	25
OKRO	26
GARDEN EGG	27
BEANS AND PEAS	28
PEPPER	29
LEAFY VEGETABLES	30
OTHER VEGETABLES	31
OTHER CROPS	32

(a)

27. Has your household had expenses for transporting crops during the past 12 months?

YES...1
NO...2 (#31)

28 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 29-30.	29 How much was spent for transport of ... in the past 12 months?	30 How did you arrange for the transport? PRIVATE SOURCE...1 VORADEP...6 COCOA MARKETING FASCON...8 BOARD...2 OTHER PUBLIC AGRIC MINISTRY SOURCE...9 DEPOT...4 URADEP...5
	CODE	AMOUNT
	01	
	02	
	03	
	04	

▶ NEXT CROP

UNIT CODES	
POUNDS	#1
KILOGRAM	#2
TON	#3
MINIBAG	#4
MAXIBAG	#5
SHEET	#6
BASKET	#7
BOWL	#8
AMERICAN	#9
TIN	#10
TREE	#11
STICK	#12
BUNDLE	#13
BARREL	#14
LITER	#15
GALLON	#16
BEER	#17
BOTTLE	#18
BUNCH	#19
NUT	#20
FRUIT	#21
LOG	#22
BOX	#23
ALL	#24

(b)

31. Has your household bought sacks, twine or containers for its crops during the past 12 months?

YES...1
NO...2 (#37)

32 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 33-36.	33 How much was spent for sacks, twine or containers for ... in the past 12 months?	34 Have you already harvested the crops for which you bought these items? YES...1 NO...2	35 How did you obtain the sacks, twine and containers? PRIVATE SOURCE...1 URADEP...5 POLYSACK COMPANY...2 VORADEP...6 FASCON...8 JUTE BAG OTHER PUBLIC COMPANY...3 SOURCE...9	36 Did you obtain the sacks, twine and containers on credit? YES...1 NO...2
	CODE	AMOUNT		
	01			
	02			
	03			
	04			

▶ NEXT CROP

TRY TO USE UNIT
CODE MARKED BY
(1) WHENEVER
POSSIBLE

(c)

▶ 37, NEXT PAGE

SECTION 9. PART D. FARM INPUTS (CONT.)

37. Has your household had expenses for storage in the past 12 months?

YES....1
NO.....2 (#41)

38 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 39-40.	39 How much was spent for storage of ... during the past 12 months?	40 How did you arrange for storage? OWN HOME.....1 OWN OTHER STRUCTURE.....2 OTHER PRIVATE.....3 FOOD DISTRIBUTION CORP.....4 OTHER PUBLIC AGENCY.....5
CODE	AMOUNT	
	01	
	02	
	03	
	04	

» NEXT
CROP

CROP CODES	
COCOA.....	01
COFFEE.....	02
RUBBER.....	03
COCONUT PALM.....	04
OIL PALM.....	05
PLANTAINS.....	06
BANANAS.....	07
ORANGES.....	08
OTHER FRUIT TREES.....	09
WOOD.....	10
COLA NUT.....	11
KENEF.....	12
COTON.....	13
GROUND NUT/PEANUT.....	14
TOBACCO.....	15
PINEAPPLE.....	16
SUGARCANE.....	17
CASSAVA.....	18
YAM.....	19
COCOYAM.....	20
SWEET POTATO/POTATO.....	21
MAIZE.....	22
RICE.....	23
SORGHUM/GUINEA CORN.....	24
TOMATO.....	25
OKRO.....	26
GARDEN EGG.....	27
BEANS AND PEAS.....	28
PEPPER.....	29
LEAFY VEGETABLES.....	30
OTHER VEGETABLES.....	31
OTHER CROPS.....	32

(a)

41. Has your household had expenses for labor during the past 12 months?

YES....1
NO.....2 (#43)

42. How much was spent for the following kinds of paid labor during the past 12 months? (Since....)

AMOUNTS:	MALE	FEMALE	CHILD
CLEARING LAND			
PLANTING			
HARVESTING			
OTHER			

(b)

43. Has your household had other production expenses during the past 12 months, such as for renting animals, equipment or machinery, for maintenance and repair of buildings or machines, irrigation charges, fuel oil, electricity, other fuel, etc?

YES....1
NO.....2 (#45)

45. Have the members of your household taken part in any exchange of unpaid labor in the last 12 months?

YES....1
NO.....2 (#47)

44. How much was spent during the last 12 months for....?

	A M O U N T
Renting animals	
Renting equipment or machinery	
Maintenance and repair of building and machines	
Irrigation charges	
Fuel oil, electricity, other fuel, etc.	
Other	

46. How many man days of labor has the household received in this way in the last 12 months?

MAN DAYS:

(c)

SECTION 9. PART D. FARM INPUTS (CONT.)

47. During the past 12 months, has your household worked as sharecroppers on someone else's land?

YES....1
NO.....2 (#51)

48	49	50
What crops were grown? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 49-50.	How many acres of ...[]... were worked by sharecropping?	What proportion of the harvest of ...[]... did you or will you give to the landowner? CODES: 1/4 2/3 1/3 3/4 1/2 Other (Specify)
CODE	ACRES	
	01	
	02	
	03	
	04	

▶ NEXT
CROP

CROP CODES	
COCOA	01
COFFEE	02
RUBBER	03
COCONUT PALM	04
OIL PALM	05
PLANTAINS	06
BANANAS	07
ORANGES	08
OTHER FRUIT TREES	09
WOOD	10
COLA NUT	11
KENEF	12
COTTON	13
GROUND NUT/PEANUT	14
TOBACCO	15
PINEAPPLE	16
SUGARCANE	17
CASSAVA	18
YAM	19
COCOTAN	20
SWEET POTATO/POTATO	21
MAIZE	22
RICE	23
SORGHUM/GUINEA CORN	24
TOMATO	25
OKRO	26
GARDEN EGG	27
BEANS AND PEAS	28
PEPPER	29
LEAFY VEGETABLES	30
OTHER VEGETABLES	31
OTHER CROPS	32

(a)

51. During the past 12 months, has someone else worked as a sharecropper on your household's land?

YES....1
NO.....2 (#55)

52	53	54
What crops were grown? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 53-54.	How many acres of ..[]... were leased to sharecroppers during the past 12 months?	What proportion of the harvest was given to the sharecroppers? CODES: 1/4 2/3 1/3 3/4 1/2 OTHER (Specify)
CODE	ACRES	
	01	
	02	
	03	
	04	

▶ NEXT
CROP

(b)

55. Are you storing some of your crops, at the present time for consumption by your household?

YES....1
NO.....2 (#58)

56	57
Which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 57.	For how long will the quantity now stored satisfy your household's needs?
CODE	WEEKS
	01
	02
	03
	04

▶ NEXT
CROP

(c)

SECTION 9. PART D. FARM INPUTS (END)

58. Has your household had any contact with an agricultural extension agent during the past 12 months?

YES....1
NO.....2 (PART E)

59 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 60-61.	60 How many times in the past 12 months were these agents consulted about ...[]...?	61 What was the reason for the last consultation about ...[]...? SEEDS.....1 INSECTICIDES.....2 FERTILIZERS.....3 PRESERVATION.....4 FARMING PRACTICES.....5 OTHER (Specify).....6
CODE		
	01	
	02	
	03	
	04	

▶ NEXT
CROP

CROP CODES	
COCOA.....	01
COFFEE.....	02
RUBBER.....	03
COCONUT PALM.....	04
OIL PALM.....	05
PLANTAINS.....	06
BANANAS.....	07
ORANGES.....	08
OTHER FRUIT TREES.....	09
WOOD.....	10
COLA NUT.....	11
KENEF.....	12
COTTON.....	13
GROUND NUT/PEANUT.....	14
TOBACCO.....	15
PIRE APPLE.....	16
SUGARCANE.....	17
CASSAVA.....	18
YAM.....	19
COCOYAM.....	20
SWEET POTATO/POTATO.....	21
BAIZE.....	22
RICE.....	23
SORGHUM/GUINEA CORN.....	24
TOMATO.....	25
OKRO.....	26
GARDEN EGG.....	27
BEANS AND PEAS.....	28
PEPPER.....	29
LEAFY VEGETABLES.....	30
OTHER VEGETABLES.....	31
OTHER CROPS.....	32

▶ PART E

SECTION 9. PART E. SALES OF FOOD PRODUCTS MADE FROM HOME-GROWN CROPS

Now I would like to ask you some questions about the processing by your household of their crops to make products for sale.

1. Has any member of your household, during the past 12 months, processed any of his/her crops for sale? For example, by making and selling palm, peanut or coconut oil, or palm wine, or achekie or any other product from crops grown by your household?

YES....1

NO.....2 (▶ PART F)

2	3	4			5		6	7	8
		MONTHS	ID CODE	ID CODE	ID CODE	TIMES			
During the past 12 months, has any member of your household made the following products from his/her crops for sale? PUT A CROSS IN THE APPROPRIATE BOX FOR EACH PRODUCT. ASK QUESTION 2 FOR ALL PRODUCTS BEFORE GOING TO 3-8.	<input checked="" type="checkbox"/>								
Garri or garrifoto?	YES-▶	601							
	◀-NO								
Oil from groundnut (peanut) coconut, palm nuts or palm kernel nuts?	YES-▶	602							
	◀-NO								
Palm wine/ pito?	YES-▶	603							
	◀-NO								
Maize flour?	YES-▶	604							
	◀-NO								
Cassava flour/ cassava dough?	YES-▶	605							
	◀-NO								
Other flour?	YES-▶	606							
	◀-NO								
Fufu?	YES-▶	607							
	◀-NO								
Banku/akple/tuo zaafi?	YES-▶	608							
	◀-NO								
Eto tuo?	YES-▶	609							
	◀-NO								
Achekie or tapioca?	YES-▶	610							
	◀-NO								
Kenkey/abodoo?	YES-▶	611							
	◀-NO								
Dried fruits or vegetables?	YES-▶	612							
	◀-NO								
Shea butter or ground nut butter?	YES-▶	613							
	◀-NO								
Other products made from your crops?	YES-▶	614							
	◀-NO								

▶3-8

▶ PART F

TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 9. PART F. LIVESTOCK

1 Has any member of your household raised livestock or poultry during the past 12 months. (Since...)?

YES.....1
 NO.....2 (▶ PART J)

IF THE ANSWER TO 2 IS YES, ASK QUESTIONS 3-14.

2	3	4	5	6	7	8	9	10	11	12	13	14
During the past 12 months, has any member of your household raised ...? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTIONS 2 FOR ALL ANIMALS BEFORE GOING TO 3-14.	Are any members of your household raising ... at the present time? YES...1 NO...2 (16)	How many of all ages are owned by your household at present? NUMBER AT THIS TIME	If they wanted to sell one of these ... today, how much money would they receive altogether? AMOUNT	During the past 12 months, have members of your household sold any ...? YES...1 NO...2 (19)	How many ... have they sold? NUMBER SOLD	How much ... they received from sales of ... during the past 12 months? AMOUNT	Have any members of your household bought any ... during the past 12 months (since...)? YES...1 NO...2 (12)	How many ... did they buy? NUMBER BOUGHT	How much did they pay altogether for all the ... they bought during the past 12 months? AMOUNT	How many ... were born or received as gifts during the past 12 months? NUMBER BORN OR RECEIVED	How many ... raised by your household were eaten by the members of your household in the past 12 months? NUMBER EATEN	How many ... raised by your household were lost or stolen, given as gifts, sacrificed or died during the past 12 months? NUMBER LOST, STOLEN, DIED, ETC.
Cattle, including cows?	YES-# e-NO	01										
Sheep?	YES-# e-NO	02										
Goats?	YES-# e-NO	03										
Chickens?	YES-# e-NO	04										
Pigs?	YES-# e-NO	05										
Ducks, turkeys, guinea fowl, doves or other poultry?	YES-# e-NO	06										
Rabbits or guinea pigs?	YES-# e-NO	07										
Other animals? Specify:	YES-# e-NO	08										

NEXT ANIMAL

▶ 3-14

▶ PART G

SECTION 9.

PART G. ANIMAL PRODUCTS

1 During the past 12 months (since.....) have any members of your household sold any products obtained from animals which they have tended? For example, milk products, fish raised in a pond belonging to you, eggs or tanned skins?

YES.....1
NO.....2 (▶ PART H)

<p>2 During the past 12 months, have they sold any... [] ... obtained from their animals?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX BELOW ASK 2 FOR ALL PRODUCTS BEFORE GOING TO 3-4.</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p>3 How much has your household received from the sale of [] in the past 12 months? (Since.....)</p> <p style="text-align: center;">AMOUNT</p>	<p>4 Which household members participated in making ... [] ...?</p> <p style="text-align: center;">▶ NEXT PRODUCT</p> <p>ID CODE ID CODE ID CODE</p>
---	--	---

Milk or milk products?	YES-▶ ◀-NO	01			
Fish caught in a pond that belongs to your household?	YES-▶ ◀-NO	02			
Eggs?	YES-▶ ◀-NO	03			
Tanned skins?	YES-▶ ◀-NO	04			
Honey?	YES-▶ ◀-NO	05			
Other animal products? Specify:	YES-▶ ◀-NO	06			

▶ 3 ▶ PART H

PART H. EXTENSION CONTACTS FOR LIVESTOCK

1 Has a member of your household had any contact with an animal husbandry or veterinary extension officers during the past 12 months?

YES.....1
NO.....2 (▶ PART I)

2 How many meetings have you had in the past 12 months?

▶ PART I NUMBER OF MEETINGS:

PART I. LIVESTOCK EXPENDITURES

<p>1 In the past 12 months (since.....) has a member of your household spent money on the following items in order to raise livestock?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX, ASK 1 FOR ALL ITEMS BEFORE GOING TO 2-3.</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p>2 How much money have all the members of your household spent on ... [] ... in the past 12 months? (Since.....)</p> <p style="text-align: center;">AMOUNT</p>	<p>3 Where did they obtain this ... [] ...?</p> <p>PRIVATELY.....1 PUBLIC AGENCY.....2 COOPERATIVE.....3 OTHER.....4</p> <p style="text-align: center;">▶ NEXT EXPENDITURE</p>
---	---	---

Paid labor for herding?	YES-▶ ◀-NO	01			
Buildings and maintenance of pens and fences?	YES-▶ ◀-NO	02			
Feed, including salt?	YES-▶ ◀-NO	03			
Veterinary services, inoculations, medical or chemical products?	YES-▶ ◀-NO	04			
Transport of animals, feed, or supplies?	YES-▶ ◀-NO	05			
Commissions on the sale of animals?	YES-▶ ◀-NO	06			
Compensation for damage caused by animals?	YES-▶ ◀-NO	07			
Packaging of animal and poultry products?	YES-▶ ◀-NO	08			
Other expenses for raising livestock and poultry? (incubator, electricity, etc.) Specify:	YES-▶ ◀-NO	09			

▶ PART J

SECTION 9. PART J. HAND TOOLS

How many of the following tools are owned by members of your household?

1 Hoes: 3 Machetes: 5 Shovels: 7 Sickles:
 2 Axes: 4 Picks: 6 Wheel- 8 Yam
 (Cutlass) (Pickaxe) barrows: shovels:

WRITE THE NUMBER FOR EACH TOOL IN THE BOX.

PART K

SECTION 9. PART K. FARMING EQUIPMENT

IF THE ANSWER TO 1 IS YES, ASK QUESTIONS 2-11.

1	2	3	4	5	6	7	8	9	10	11
During the past 12 months (since ...), has any member of your household owned a ...?	Does any member of your household own a ... now?	How many (....) do the members of your household own altogether?	What price could they sell all these ... for today?	Has any member of your household bought a ... in the past 12 months?	How many ... have they bought altogether?	How much did they pay altogether for these ...?	Has any member of your household sold a ... in the past 12 months?	How many (....) have the members of your household sold altogether?	How much did they receive altogether for the sale of all of these ...?	How much money did your household earn by leasing ... during the last 12 months?
YES...1 NO...2 (x5)	YES...1 NO...2 (x5)	NUMBER OWNED	AMOUNT	YES...1 NO...2 (x8)	NUMBER BOUGHT	AMOUNT	YES...1 NO...2 (x11)	NUMBER SOLD	AMOUNT	AMOUNT
Tractor?	YES-1 NO-2	01								
Plough?	YES-1 NO-2	02								
Other tractor or animal drawn implement?	YES-1 NO-2	03								
Cart?	YES-1 NO-2	04								
Fermentation tank?	YES-1 NO-2	05								
Sprayer and/or fogger?	YES-1 NO-2	06								
Vehicle for farm use?	YES-1 NO-2	07								
Draft bullock?	YES-1 NO-2	08								
Other equipment or implements?	YES-1 NO-2	09								

▶ NEXT EQUIPMENT

▶ 2-11

▶ END OF SECTION

SECTION 10. PART B. EXPENDITURES

FIRST BUSINESS			
1	2	3	4
During the past 12 months, did your business (trade, industry, profession, etc.) make any expenditures for the following? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-4.	How much do you usually pay for ... for this business? INCLUDING THE VALUE OF PAYMENTS IN KIND.	How often do you pay for ...? TUES. 1 NO...2	Do your household or other businesses belonging to the household use this ...? YES...1 NO...2
	AMOUNT	TIMES TIME UNIT	EXPENDIT.
Wages or other remuneration?	YES-# NO	01	
Raw materials?	YES-# NO	02	
Articles for resale?	YES-# NO	03	
Rental of equipment, buildings, land, vehicles, machinery?	YES-# NO	04	
Maintenance and repairs?	YES-# NO	05	
Transport?	YES-# NO	06	
Fuel and oil?	YES-# NO	07	
Electricity?	YES-# NO	08	
Water?	YES-# NO	09	
Daily taxes?	YES-# NO	10	
Annual taxes or licenses?	YES-# NO	11	
Other expenses? (Specify)	YES-# NO	12	

2-4

PART C

SECOND BUSINESS			
1	2	3	4
During the past 12 months, did your business (trade, industry, profession, etc.) make expenditures for the following? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-4.	How much do you usually pay for ... for this business? INCLUDING THE VALUE OF PAYMENTS IN KIND.	How often do you pay for ...? TUES. 1 NO...2	Do your household or other businesses belonging to the household use this ...? YES...1 NO...2
	AMOUNT	TIMES TIME UNIT	EXPENDIT.
Wages or other remuneration?	YES-# NO	01	
Raw materials?	YES-# NO	02	
Articles for resale?	YES-# NO	03	
Rental of equipment, buildings, land, vehicles, machinery?	YES-# NO	04	
Maintenance and repairs?	YES-# NO	05	
Transport?	YES-# NO	06	
Fuel and oil?	YES-# NO	07	
Electricity?	YES-# NO	08	
Water?	YES-# NO	09	
Daily taxes?	YES-# NO	10	
Annual taxes or licenses?	YES-# NO	11	
Other expenses? (Specify)	YES-# NO	12	

2-4

PART C

THIRD BUSINESS			
1	2	3	4
During the last 12 months, did your business (trade, industry, profession, etc.) make expenditures for the following? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-4.	How much do you usually pay for ... for this business? INCLUDING THE VALUE OF PAYMENTS IN KIND.	How often do you pay for ...? TUES. 1 NO...2	Do your household or other businesses belonging to the household use this ...? YES...1 NO...2
	AMOUNT	TIMES TIME UNIT	EXPENDIT.
Wages or other remuneration?	YES-# NO	01	
Raw materials?	YES-# NO	02	
Articles for resale?	YES-# NO	03	
Rental of equipment, buildings, land, vehicles, machinery?	YES-# NO	04	
Maintenance and repairs?	YES-# NO	05	
Transport?	YES-# NO	06	
Fuel and oil?	YES-# NO	07	
Electricity?	YES-# NO	08	
Water?	YES-# NO	09	
Daily taxes?	YES-# NO	10	
Annual taxes or licenses?	YES-# NO	11	
Other expenses? (Specify)	YES-# NO	12	

2-4

PART C

TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...9

SECTION 10. PART C: REVENUES

1	2	3	4	5	6	7	8	9
For how many months during the past 12 months (since) was the business in operation? IF 12 MOS. # 3 MONTHS	Has this business been operating since my last visit? YES...1 NO...2 (#9)	Since my last visit, how much money has the business received from the sale of its products, goods or services? AMOUNT	Since my last visit, has this business also received payments in the form of goods or services? YES...1 NO...2 (#6)	What was the value of these payments since my last visit? AMOUNT	Since my last visit, have any of this business' products or services been consumed or used by your household instead of being sold? YES...1 NO...2 (#8)	What was the value of the products consumed or used by your household since my last visit? AMOUNT	Has your business made more sales or fewer sales since my last visit than in the two weeks before that visit? MORE SINCE.....1 FEWER SINCE.....2 ABOUT THE SAME.....3 # 10	How much did your business make from the sale of goods or services during the last 4 weeks it was in operation, including the value of payments in kind? AMOUNT

1								
2								
3								

10	11	12	13	14	15	16
How many days did this business operate during this period? SINCE LAST VISIT OR DURING LAST 4 WEEKS IT OPERATED DAYS	Do you use part of the money you get from this business for yourself or for your household? YES...1 NO...2 (#13)	How much money from the business do you normally use for yourself or your household? AMOUNT TIME UNIT	After making purchases for the business and after using some money for yourself or your household, is there usually any money left? YES...1 NO...2 (#15)	How much money do you usually have left after purchases for the business and after using some of the money for yourself or your household? AMOUNT TIME UNIT	Does your business have an inventory of products or goods not yet sold? YES...1 NO...2 (# PART D)	How much could you sell all of these goods for today? AMOUNT

PART D

TIME UNITS:
DAY.....3
WEEK.....4
MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

1						
2						
3						

SECTION 10. PART D. BUSINESS ASSETS

FIRST BUSINESS	1	2	3	4	5	6	7
	Did your business (trade, industry, profession, etc.) own any of the following in the last 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	Does your business currently own any ...? YES...1 NO...2 (# 4)	If you wanted to sell, how much could you sell all the ... owned by your business today? AMOUNT	Did your business purchase any ... in the last 12 months? YES...1 NO...2 (# 6)	How much was paid for the ... purchased by your business in the last 12 months? AMOUNT	Did your business sell any ... in the last 12 months? YES...1 NO...2 (# NEXT ITEM)	How much did your business receive for the ... sold in the last 12 months? AMOUNT

Buildings and land?	YES-1 NO-2	14					
Vehicles or boats (autos, trucks, bicycles, other)?	YES-1 NO-2	15					
Tools, equipment, machinery?	YES-1 NO-2	16					
Other durable goods for running your business?	YES-1 NO-2	17					NEXT BUSINESS

SECOND BUSINESS	1	2	3	4	5	6	7
	Did your business (trade, industry, profession, etc.) own any of the following in the last 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	Does your business currently own any ...? YES...1 NO...2 (# 4)	If you wanted to sell, how much could you sell all the ... owned by your business today? AMOUNT	Did your business purchase any ... in the last 12 months? YES...1 NO...2 (# 6)	How much was paid for the ... purchased by your business in the last 12 months? AMOUNT	Did your business sell any ... in the last 12 months? YES...1 NO...2 (# NEXT ITEM)	How much did your business receive for the ... sold in the last 12 months? AMOUNT

Buildings and land?	YES-1 NO-2	14					
Vehicles or boats (autos, trucks, bicycles, other)?	YES-1 NO-2	15					
Tools, equipment, machinery?	YES-1 NO-2	16					
Other durable goods for running your business?	YES-1 NO-2	17					NEXT BUSINESS

TIME UNITS:
 DAY.....3
 WEEK.....4
 MONTH.....5
 QUARTER...6
 HALF YEAR..7
 YEAR.....8

THIRD BUSINESS	1	2	3	4	5	6	7
	Did your business (trade, industry, profession, etc.) own any of the following in the last 12 months? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	Does your business currently own any ...? YES...1 NO...2 (# 4)	If you wanted to sell, how much could you sell all the ... owned by your business today? AMOUNT	Did your business purchase any ... in the last 12 months? YES...1 NO...2 (# 6)	How much was paid for the ... purchased by your business in the last 12 months? AMOUNT	Did your business sell any ... in the last 12 months? YES...1 NO...2 (# NEXT ITEM)	How much did your business receive for the ... sold in the last 12 months? AMOUNT

Buildings and land?	YES-1 NO-2	14					
Vehicles or boats (autos, trucks, bicycles, other)?	YES-1 NO-2	15					
Tools, equipment, machinery?	YES-1 NO-2	16					
Other durable goods for running your business?	YES-1 NO-2	17					SECTION 11

SECTION II. EXPENDITURES AND INVENTORY OF DURABLE GOODS

SUPERVISOR:
 RESPONDENT: _____ ID CODE:

INTERVIEWER:
 IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO....2

PART A. DAILY EXPENSES

1 Since my last visit, have the members of your household spent anything on the following items? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.		2 How much has your household spent for]... since my last visit? AMOUNT
Lottery tickets?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	-101 _____
Cigarettes, tobacco, cola nuts?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-102 _____
Commercial or home-made soap (lux, guardian, etc).	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-103 _____
Other personal care and health products (toilet paper, combs, razor blades, hair brush, washing soap (omo), etc)	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-104 _____
Home maintenance products (brooms, cleaning soap (VIM), cleaning brushes, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-105 _____
Charcoal or wood?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-106 _____
Matches and candles?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-107 _____
Other fuel for cooking or lighting (gas, kerosene, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-108 _____
Gasoline and motor oil?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-109 _____

FOR CALCULATIONS

PART B

SECTION 11. PART 8. ANNUAL EXPENSES

IF THE ANSWER TO QUESTION 1 IS YES, ASK 2-4.			
1	2	3	4
Have the members of your household spent money for the following items during the past 12 months?	Since my last visit, have the members of the household spent money on ...? YES...1	How much did they spend? NO...2 (#4) AMOUNT	How much did household members spend on ... in the last 12 months? AMOUNT
PUT A CROSS IN THE APPROPRIATE BOX COMPLETE 1 FOR ALL THE ITEMS BEFORE GOING TO 2-4. <div style="text-align: center;"> <input checked="" type="checkbox"/> </div>			
Shoes for adults? (leather, plastic)	YES-# #-NO	-115	
Children's shoes? (leather, plastic)	YES-# #-NO	-116	
Domestic or imported cloth (Kente, Adinkra, etc.)	YES-# #-NO	-117	
Material for adult clothing?	YES-# #-NO	-118	
Material for children's clothes?	YES-# #-NO	-119	
Adult clothing? (suits, dresses, pyjamas, underclothes, etc.)	YES-# #-NO	-120	
Children's clothing? (suits, shirts, etc.)	YES-# #-NO	-121	
Repairs and other expenses for vehicles, other than gasoline and oil?	YES-# #-NO	-122	
Public transport, taxis, etc?	YES-# #-NO	-123	
Home repairs, painting, insurance, etc?	YES-# #-NO	-124	
Books, notebooks, newspaper, stationary, etc. not for school?	YES-# #-NO	-125	
Table-top stoves and coal pots?	YES-# #-NO	-126	
Medicines (modern and traditional)?	YES-# #-NO	-127	
Medical services, such as doctor or healer, and other medical expenses?	YES-# #-NO	-128	
Kitchen equipment (cups, cutlery, plates, saucepans, etc.)?	YES-# #-NO	-129	
Lanterns and lamps?	YES-# #-NO	-130	

IF THE ANSWER TO QUESTION 1 IS YES, ASK 2-4.			
1	2	3	4
Have the members of your household spent money for the following items during the past 12 months?	Since my last visit, have the members of the household spent money on ...? YES...1	How much did they spend? NO...2 (#4) AMOUNT	How much did the household members spend on ... in the past 12 months? AMOUNT
PUT A CROSS IN THE APPROPRIATE BOX COMPLETE 1 FOR ALL THE ITEMS BEFORE GOING TO 2-4. <div style="text-align: center;"> <input checked="" type="checkbox"/> </div>			
Furniture? (beds, tables, cupboards, chairs, rugs, etc.)	YES-# #-NO	-131	
Linen? (sheets, towels, blankets etc.)	YES-# #-NO	-132	
Envelopes, writing paper, stamps, telephone, telegraph?	YES-# #-NO	-133	
Hairdressing, haircut, etc.?	YES-# #-NO	-134	
Domestic servants? (maids, houseboys, cooks, etc.)	YES-# #-NO	-135	
Jewelry, watches?	YES-# #-NO	-136	
Entertainment? (cinema, sports, records, tapes, toys, etc.)	YES-# #-NO	-137	
Taxes ?	YES-# #-NO	-138	
Reimbursement of loans and interest to banks or other lenders?	YES-# #-NO	-139	
Susu (informal rotating fund)?	YES-# #-NO	-140	
Weddings and dowries?	YES-# #-NO	-141	
Funerals?	YES-# #-NO	-142	
Gifts?	YES-# #-NO	-143	
Other expenses? Specify:	YES-# #-NO	-144	
Have the members of your household lost money during the past 12 months?	Have they lost money since my last visit? YES.1 NO..2(#4)	How much did they lose? AMOUNT	How much did they lose in the past 12 months? AMOUNT
	YES-# #-NO	-145	

SECTION 11. PART C. INVENTORY OF DURABLE GOODS

INSTRUCTIONS:
 FOR EACH ITEM IN THE LIST BELOW,
 ASK THE FOLLOWING QUESTION:
 Do the members of your household have
 (TYPE OF GOOD)?
 PUT A CROSS IN THE APPROPRIATE BOX FOR EACH
 ITEM. GO TO THE NEXT ITEM. FINALLY, ITEM
 FOR WHICH THE ANSWER IS YES, ASK QUESTION 2.

1. Do the members of your household have.....

ITEM	CODE	YES	NO
Sewing machines?	201		
Gas or other full-sized stoves?	202		
Refrigerators or freezers?	203		
Air conditioners?	204		
Fans?	205		
Radios?	206		
Radio/cassettes players?	207		
Phonographs?	208		
Stereo equipment?	209		
Video equipment?	210		
Washing machine?	211		
Black and white TV sets?	212		
Color TV sets	213		
Bicycles?	214		
Motorbikes?	215		
Cars, other vehicles?	216		
Cameras	217		

2 Please describe all the ... owned by members of your household.			3 In what year did you acquire this ...?	4 How much did you pay for this ...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of this ... when you acquired it?	5 If you wanted to sell this ... today, how much would you receive?
ITEM	DESCRIPTION	CODE	YEAR	AMOUNT	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

SECTION 11. PART D. EXPENSES FOR REMITTANCES

1. During the past 12 months has any member of your household provided money or goods to persons who are not members of your household? For example, children or relatives living elsewhere, or to other persons.

YES.....1

NO.....2 (▶ SECTION 12)

Now I would like to ask you some questions about the persons to whom the members of your household send assistance.

PUT QUESTIONS 3-7 FOR ALL PERSONS LISTED IN 2.

2	3	4	5	6	7
What are the names of all the persons to whom members of your household have sent assistance during the past 12 months? LIST ALL NAMES BEFORE GOING TO 3-7. IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, NUMBER THE PERSONS.	What is the relationship of ... [NAME] ... to the head of the household? HUSBAND/WIFE1 SON OR DAUGHTER2 GRANDCHILD3 FATHER OR MOTHER4 SISTER OR BROTHER5 NEICE OR NEPHEW6 SON/DAUGHTER-IN-LAW7 BROTHER/SISTER-IN-LAW8 PARENTS-IN-LAW9 OTHER RELATIVES OF THE HEAD OR SPOUSE10 OTHER PERSON, NOT RELATED11	Where does he/she live? Is it in a...? Head TO THE RESPONDENT: City1 Large town2 Medium town3 Small town4 Large village5 Small village6 Other7	In what region is this place? WESTERN1 CENTRAL2 GREATER ACCRA3 EASTERN4 VOLTA5 ASHANTI6 BONO-AHAFO7 NORTHERN8 UPPER WEST9 UPPER EAST10 NIGERIA11 IVORY COAST12 TOGO13 BURKINA FASO14 MALI15 OTHER AFRICA (SPECIFY)16 OTHER (SPECIFY)17	How much money have members of the household sent to this person in the past 12 months, including the value of contributions in kind?	Is part of this assistance to be repaid to the members of your household? YES.....1 NO.....2 ▶ NEXT PERSON
NAME				AMOUNT	
1					
2					
3					
4					
5					
6					
7					
8					
9					

▶ SECTION 12

SECTION 12. FOOD EXPENSES AND HOME PRODUCTION

PART A. FOOD EXPENSES

1 During the past 12 months, have the members of your household bought any of the following foods for own consumption? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL FOODS BEFORE GOING TO 2-6.		IF THE ANSWER TO 1 IS YES, ASK 2-6.					
		2 Have the members of your household bought any ... since my last visit? YES...1 NO...2 (#4)	3 How much have they spent since my visit? AMOUNT	4 During which months in the last 12 was (since...) did the members of your household buy... WRITE NUMBER OF MONTHS CITED	5 During these months, how often did they usually buy (.....)? TIMES TIME UNIT		6 How much did they usually spend each time? NEXT FOOD AMOUNT
Rice?	YES- <input checked="" type="checkbox"/> NO- <input type="checkbox"/>	-301					
Maize (cob, grain, dough or flour)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-302					
Millet, guinea corn or sorghum (grain or flour)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-303					
Bread or wheat flour?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-304					
Raw cassava?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-305					
Garri?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-306					
Cassava in a form other than garri (achiekie, tapioca, dough, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-307					
Macaroni and Spaghetti?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-308					
Biscuits and cakes?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-309					
Yams?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-310					
Cocoyams?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-311					
Plantain?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-312					
Potato or sweet potato?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-313					
Kenkey?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-314					
Oil palm nuts?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	-315					

1, Next page

2-6 Next page

SUPERVISOR: _____

RESPONDENT: _____

ID CODE:

INTERVIEWER: _____

IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO...2

FOR CALCULATIONS

UNIT OF TIME: DAY.....3
WEEK.....4
MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

SECTION 12. PART A. FOOD EXPENSES (CONT.)

1 During the past 12 months, have the members of your household bought any of the following foods for own consumption? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL FOOD BEFORE GOING TO 2-6.	2 Have the members of your household bought any ... since my last visit? YES..1 NO...2 (#4)	3 How much have they spent since my visit? AMOUNT	4 During which months in the last 12 mos (since...) did the members of your household buy... WRITE NUMBER OF MONTHS CITED	5 During these months, how often did they usually buy (.....)?		6 How much did they usually spend each time? NEXT FOOD AMOUNT
				TIMES	TIME UNIT	
Ground nuts (roasted, raw or butter)?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-316				
Coconuts?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-317				
Fish and shellfish?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-318				
Chicken?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-319				
Dove or pigeon?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-320				
Duck?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-321				
Other domestical poultry (turkey, guinea fowl, etc.)	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-322				
Beef?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-323				
Mutton?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-324				
Pork?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-325				
Other domesticated meat (goat, etc.)?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-326				
Bushmeat and game birds?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-327				
Eggs (from all birds)	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-328				
Palm oil and shea butter?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-329				
Refined oil (groundnut oil, coconut oil, etc.)	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-330				
Butter, margarine?	YES- <input type="checkbox"/> X-NO <input checked="" type="checkbox"/>	-331				

FOR CALCULATIONS

DAY.....3
WEEK.....4
UNIT OF TIME: MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

1. Next page

2-6 Next page

SECTION 12. PART A. FOOD EXPENSES (CONT.)

1 During the past 12 months, have the members of your household bought any of the following foods for own consumption? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL FOODS BEFORE GOING TO 2-6.	2 Have the members of your household bought any ... since my last visit? YES...1 NO...2 (#4)	3 How much have they spent since my visit? AMOUNT	4 During which months in the last 12 mos (since...) did the members of your household buy... WRITE NUMBER OF MONTHS CITED	5 During these months, how often did they usually buy (.....)?		6 How much did they usually spend each time? NEXT FOOD AMOUNT
				TIMES	TIME UNIT	
Oranges, tangerines?	YES-# #-NO	-332				
Mangoes?	YES-# #-NO	-333				
Pawpaws?	YES-# #-NO	-334				
Avocados?	YES-# #-NO	-335				
Bananas?	YES-# #-NO	-336				
Pineapples?	YES-# #-NO	-337				
Other fruit (apple, etc.)	YES-# #-NO	-338				
Sugar, candy, honey and sugarcane?	YES-# #-NO	-339				
Salt?	YES-# #-NO	-340				
Alcoholic beverages (at home or away from home)?	YES-# #-NO	-341				
Non-alcoholic beverages (at home or away from home)?	YES-# #-NO	-342				
Maggi cubes?	YES-# #-NO	-343				
Fresh tomatoes?	YES-# #-NO	-344				
Tomato paste?	YES-# #-NO	-345				
Onions?	YES-# #-NO	-346				

FOR CALCULATIONS

DAY.....3
WEEK.....4
MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

1. Next page
↓

2-6 Next page
↓

SECTION 12. PART A. FOOD EXPENSES (END)

1 During the past 12 months, have the members of your household bought any of the following foods for own consumption? PUT A CROSS IN THE APPROPRIATE BOX FOR ALL FOODS BEFORE GOING TO 2-6.	2 Have the members of your household bought any... since my last visit? YES..1 NO...2 (x4)	3 How much have they spent since my visit? AMOUNT	4 During which months in the last 12 mos (since...) did the members of your household buy... WRITE NUMBER OF MONTHS CITED	5 During these months, how often did they usually buy (.....)?		6 How much did they usually spend each time? NEXT FOOD
				TIMES	TIME UNIT	
Garden eggs? YES-» «-NO	347					
Okro? YES-» «-NO	348					
Beans and peas? YES-» «-NO	349					
Other non-leafy vegetables (pepper, etc.)? YES-» «-NO	350					
Cabbage or lettuce? YES-» «-NO	351					
Spinach or kontomie? YES-» «-NO	352					
Other leafy vegetable (Indian spinach, etc.)? YES-» «-NO	353					
Milk or milk powder? YES-» «-NO	354					
Milk products (cheese, yogurt, etc.) DO NOT INCLUDE BUTTER YES-» «-NO	355					
Fufu? YES-» «-NO	356					
Ivo zaafi, banku or akple? YES-» «-NO	357					
Emotuo? YES-» «-NO	358					
Other prepared foods? (e.g. garri, yor-ke-garri) YES-» «-NO	359					
Other foods eaten away from the household (restaurants, etc.)? YES-» «-NO	360					
Other foods? (Specify?.....) YES-» «-NO	361					

FOR CALCULATIONS

DAY.....3
WEEK.....4
MONTH.....5
UNIT OF TIME: QUARTER...6
HALF YEAR...7
YEAR.....8

2-6
Page 12A1

Section 12B

SECTION 12. PART 8. CONSUMPTION OF HOME PRODUCTION

1. During the past 12 months, have the members of your household eaten foods grown or raised by the household?

YES.....1

NO.....2 (→ SECTION 13)

2	IF THE ANSWER TO 2 IS YES, ASK 3-5.			
	3	4		5
During the past 12 months, have the members of your household eaten that was home-produced, including those used to make prepared foods? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTIONS 2 FOR ALL FOODS BEFORE GOING TO 3.	During which months in the past 12 months (since) did your household consume the [...] it produced? WRITE THE NUMBER OF MONTHS CITED	How many times during these months did they eat home-produced [...]???		How much would it cost to buy the amount they ate each time?
		NUMBER OF MONTHS	TIMES	
Rice?	YES- <input checked="" type="checkbox"/> NO- <input type="checkbox"/>	301		
Maize (cob, grain or flour)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	302		
Millet, guinea corn or sorghum (grain or flour)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	303		
Raw cassava?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	305		
Garri?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	306		
Cassava in a form other than garri (achiekie, tapioca, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	307		
Yaas?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	310		
Cocoyams?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	311		
Plantain?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	312		
Potato or sweet potato?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	313		
Kenkey	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	314		
Oil palm nuts?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	315		
Ground nuts (roasted, raw or butter)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	316		

----> CONTINUED

2	IF THE ANSWER TO 2 IS YES, ASK 3-5.			
	3	4		5
During the past 12 months, have the members of your household eaten that was home-produced, including those used to make prepared foods? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 2 FOR ALL FOODS BEFORE GOING TO 3.	During which months in the past 12 months (since) did your household consume the [...] it produced? WRITE THE NUMBER OF MONTHS CITED	How many times during these months did they eat home-produced [...]???		How much would it cost to buy the amount they ate each time?
		NUMBER OF MONTHS	TIMES	
Coconuts?	YES- <input checked="" type="checkbox"/> NO- <input type="checkbox"/>	317		
Fish and shellfish?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	318		
Chicken?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	319		
Dove or pigeon?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	320		
Duck?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	321		
Other domestical poultry (turkey, guinea fowl, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	322		
Beef?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	323		
Mutton?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	324		
Pork?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	325		
Other domesticated meat (goat, etc.)?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	326		
Bushmeat and game birds?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	327		
Eggs (from all birds)	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	328		
Palm oil and shea butter?	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	329		
Refined Oil (coconut oil etc.)	YES- <input type="checkbox"/> NO- <input type="checkbox"/>	330		

TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 12. PART B. CONSUMPTION OF HOME PRODUCTION

----- CONTINUED

2		IF THE ANSWER TO 2 IS YES, ASK 3-5.			
During the past 12 months, have the members of your household eaten ... that was home-produced, including those used to make prepared foods? PUT A CROSS IN THE APPROPRIATE BOX.		3	4	5	
		During which months in the past 12 months (since...) did your household consume the... it produced?	How many times during these months did they eat home-produced... ?	How much would it cost to buy the amount they ate each time?	
		WRITE THE NUMBER OF MONTHS CITED	TIMES	TIME UNIT	AMOUNT
ASK QUESTIONS 2 FOR ALL FOODS BEFORE GOING TO 3.		NUMBER OF MONTHS			
Oranges, tangerines?	YES- <input checked="" type="checkbox"/> NO- <input type="checkbox"/>	332			
Mangoes?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	333			
Pampaws?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	334			
Avocados?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	335			
Bananas?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	336			
Pineapples?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	337			
Other fruit (apple, etc.)	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	338			
Home made candy, honey and sugarcane?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	339			
Home made alcoholic beverages (palm wine, etc.)?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	341			
Home made non-alcoholic beverages?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	342			
Fresh tomatoes?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	344			
Onions?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	346			

----- CONTINUED

2		IF THE ANSWER TO 2 IS YES, ASK 3-5.			
During the past 12 months, have the members of your household eaten ... that was home-produced, including those used to make prepared foods? PUT A CROSS IN THE APPROPRIATE BOX.		3	4	5	
		During which months in the past 12 months (since...) did your household consume the... it produced?	How many times during these months did they eat home-produced... ?	How much would it cost to buy the amount they ate each time?	
		WRITE THE NUMBER OF MONTHS CITED	TIMES	TIME UNIT	AMOUNT
ASK QUESTION 2 FOR ALL FOODS BEFORE GOING TO 3.		NUMBER OF MONTHS			
Garden eggs?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	347			
Okro?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	348			
Beans and peas?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	349			
Other non-leafy vegetables (pepper, etc.)?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	350			
Cabbage or lettuce?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	351			
Spinach or kontomle?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	352			
Other leafy vegetable (Indian spinach, etc.)?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	353			
Milk?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	354			
Home made milk products (cheese, yoghurt, etc.) from home-produced milk?	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	355			
Other foods? (Specify:.....)	YES- <input type="checkbox"/> NO- <input checked="" type="checkbox"/>	360			

SECTION 13

TIME UNIT: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SUPERVISOR:
 NAME OF THE WOMAN SELECTED: _____ ID CODE:
 INTERVIEWER: _____ YES...1
 WAS THIS WOMAN PRESENT DURING THE INTERVIEW? NO....2

A: FERTILITY HISTORY

I would like to ask you some questions about your pregnancies and all the children you have given birth to.

1. Have you ever been pregnant?
 YES-----1
 NO...INTERVIEWER - PROBE
 Even though the pregnancy lasted only a few weeks or months? NO-----2 (#24, NEXT PAGE)

2. Have you ever given birth to a child?
 YES-----1
 NO...INTERVIEWER - PROBE
 Even though the child lived only a short time, for example a few minutes or hours? NO-----2 (#20, NEXT PAGE)

Now I would like to have a complete list of all the children you have given birth to, during your life, starting with the first.

ASK QUESTIONS 3-11 FOR EACH CHILD BORN TO THE RESPONDENT, IN ORDER OF BIRTH.

R O D E R	3	4		5	6	7	8	9		10	11
	What is his/her name?	In what month and year was this child born? IF NOT KNOWN ESTIMATE FROM AGE		Was it a boy or a girl?	Is he/she still living?	Is he/she living in your household?	CHILD'S ID CODE. (SEE THE HOUSEHOLD ROSTER)	How many months or years did he/she live?		Was he/she vaccinated against any diseases?	Have you given birth to any other children? YES...1 (#3, NEXT CHILD) NO...2- Have you given birth to any other children who lived only a short time? YES...1 (#3, NEXT CHILD) NO...2 (#12, NEXT PAGE)
	NAME	MONTH	YEAR	BOY.....1 GIRL....2	YES...1 NO....2 (#9)	YES...1 NO....2 (#10)	#10	MONTHS	YEARS	YES...1 NO....2	
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

(a)

(b)

12. COUNT ALL THE CHILDREN WHOSE NAMES ARE LISTED IN THE TABLE.
I would like to be sure I have understood correctly. You have given birth to _____ (TOTAL) children. Is this correct?
- () YES () WRITE THE NUMBER HERE) ----->
- () NO () GO BACK TO QUESTIONS 3-11. CORRECT ANY ERRORS AND ADD ANY CHILDREN OMITTED)

INTERVIEWER: VERIFY THE FOLLOWING FOR THE CHILDREN LISTED ABOVE:
(A) ALL CHILDREN WHO ARE HOUSEHOLD MEMBERS (Q.7) ARE ON THE HOUSEHOLD ROSTER (SECTION 1), THEIR ID CODES ARE CORRECTLY COPIED AND THEIR SEX AND AGE ARE IDENTICAL IN THE TWO PLACES.
(B) ALL LIVING CHILDREN WHO ARE NOT HOUSEHOLD MEMBERS ARE LISTED IN SECTION 3B, IF LESS THAN 30 YEARS OLD.

- WRITE HERE THE NAME OF THE LAST BORN CHILD: _____
13. While you were pregnant with (NAME OF LAST BORN) did you go for ante-natal consultations at a maternity home or other clinic?
- YES.....1
NO.....2 (x15)
14. How many times? TIMES:
15. Who assisted you at the birth?
- | | |
|-----------------------------------|------------------------------------|
| DOCTOR.....1 | FIRST PERSON <input type="text"/> |
| NURSE.....2 | |
| MEDICAL ASSISTANT.....3 | |
| MIDWIFE.....4 | |
| TRADITIONAL BIRTH ATTENDANT.....5 | SECOND PERSON <input type="text"/> |
| PHARMACIST.....6 | |
| HEALER.....7 | |
| OTHER.....8 | |
16. Where did you give birth?
- | | |
|----------------------------------|----------------------|
| HOSPITAL.....1 | <input type="text"/> |
| CLINIC.....2 | |
| MATERNITY HOME.....3 | |
| MATERNAL HEALTH CARE (MHC).....4 | |
| HOME OF ATTENDANT.....5 | |
| OWN HOME.....6 | |
| OTHER.....7 | |
17. Did you breast-feed ...[NAME OF LAST BORN] ...?
- YES.....1
NO.....2 (x20)

18. Are you still breast-feeding ...[NAME OF LAST BORN] ...?
- YES.....1 (x20)
- NO.....2
19. How many months did you breast-feed the child? That is, how old was he/she when completely weaned?
- MONTHS:
20. Have you had any pregnancies that were interrupted before term, through a miscarriage, even though the pregnancy lasted only a few weeks or months, or have you had a stillborn child?
- YES.....1
NO.....2 (x22)
21. How many such pregnancies have you had in your life?
- NUMBER:
22. Are you pregnant now?
- YES.....1
NO.....2 (x24)
23. How many months?
- MONTHS:
24. Have you already lived with a man?
- YES.....1
NO.....2 (xSECTION 14)
- INTERVIEWER: EXPLAIN THAT THIS MEANS SEXUAL RELATIONSHIP
25. How old were you when you and your first husband or boyfriend started living together?
- AGE:
26. What month and year was it?
- MONTH:
- YEAR:

(C)

» PART B

B BIRTH CONTROL

INTRODUCTION: Some couples use methods to avoid pregnancy or to space births. I am going to ask you about some of these methods.

		1	2	3	4	5	6	7	8	9	10		11	12	13	
		Have you ever heard of... as a method of avoiding pregnancy or spacing births?	Where did you hear about this method?	Have you ever used this method to avoid a pregnancy or space births?	Why have you never used this method? (MAIN REASON)	Are you currently using this method to avoid pregnancy or to space births?	Why did you stop using this method?	Have you used this method in the last 12 months to avoid a pregnancy or to space births?	Where do you/ did you obtain this method?	How far away is this source?	How long does it generally take to get there?	Do/did you and your husband have to pay for this method in the last 12 months?	How often have you and your husband paid for this method in the last 12 months, including supplies and related contraceptive services?	How much did/do you and your husband pay for this method each time?		
		YES.....1 NO.....2 (NEXT METHOD)	RELATIVE OR SPOUSE.....1 FRIEND.....2 FAMILY PLANNING CLINIC.....3 OTHER MEDICAL FACILITY.....4 SCHOOL.....5 RADIO/TV.....6 MAGAZINE/PRINT.....7 OTHER (SPECIFY).....8	YES.....1 NO.....2 (NEXT METHOD)	WANTED CHILDREN.....1 BAD SIDE EFFECTS.....2 TOO EXPENSIVE.....3 NOT AVAILABLE.....4 DONT KNOW ENOUGH ABOUT IT.....5 INEFFECTIVE METHOD.....6 RELIGIOUS REASON.....7 OTHER.....8	YES.....1 NO.....2 (NEXT METHOD)	PREGNANCY SIDE EFFECTS OF METHOD.....1 METHOD TOO COSTLY.....2 NO SUPPLY.....3 HARD TO GET.....4 SWITCHED TO A DIFFERENT METHOD.....5 INEFFECTIVE METHOD.....6 RELIGIOUS REASONS.....7 OTHER (SPECIFY).....8	YES.....1 NO.....2 (NEXT METHOD)	MOH OR FAMILY PLANNING CLINIC.....1 HOSPITAL.....2 GOVERNMENT DISPENSARY.....3 FRIENDS.....4 FAMILY.....5 PRIVATE PHARMACY.....6 CHEMICAL SELLER.....7 OTHER SOURCE.....8	METER.....3 KILOMETER.....4 MILE.....5	DIS TANCE CODE: HOURS..... MINU TES.....	YES.....1 NO.....2 (NEXT METHOD)	TIMES..... TIME UNIT.....	AMOUNT.....		
ABSTINENCE	01															
RHYTHM	02															
WITHDRAWAL	03															
HERBS/POTIONS TO DRINK	04															
HERBS/POTIONS TO INSERT	05															
DOUCHE	06															
CONDOM	07															
SPERMICIDES/FOAM	08															
DIAPHRAGM	09															
PILL	10															
IUD	11															
INJECTION	12															

TIME UNITS: DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8

SECTION 14

SECTION 14. OTHER INCOME

I would like you to tell me about other income received by members of your household during the past 12 months. That is to say, income received by these persons:

READ THE NAMES OF THE HOUSEHOLD CARD TO THE RESPONDENT

PART A. INCOME FROM REMITTANCES

1. During the past 12 months, has any member of your household received money or goods on a regular basis from persons who are not members of your household? For example, assistance sent by relatives working elsewhere, or by children of household members, by friends or by neighbours.

YES.....1

NO.....2 (→ SECTION 15)

INTERVIEWER: PROBE FOR HUSBAND, CHILDREN OR OTHER FAMILY MEMBERS WHO DO NOT LIVE IN THE HOUSEHOLD.

Now I would like to ask you some questions about all the persons who have sent assistance in money or goods to your household.

FOR ALL PERSONS LISTED UNDER 2, PUT QUESTIONS 3-7.

2	3	4	5	6	7
What are the names of all the persons who sent money or goods to members of your household during the past 12 months? WRITE DOWN ALL THE NAMES BEFORE GOING TO 3-7. IF THE RESPONDENT DOES NOT WANT TO GIVE NAMES, NUMBER THE PERSONS.	What is the relationship of [NAME] to the head of the household? WIFE/HUSBAND.....1 SON/DAUGHTER.....2 GRANDCHILD.....3 FATHER OR MOTHER.....4 SISTER OR BROTHER.....5 NIECE OR NEPHEW.....6 SON/DAUGHTER-IN-LAW.....7 BROTHER/SISTER-IN-LAW.....8 PARENTS-IN-LAW.....9 OTHER RELATIVES OF THE HEAD OR HIS/HER SPOUSE.....10 OTHER PERSON, NOT A RELATIVE.....11	Where does he/she live? Is it in a.....? READ THE ANSWERS TO THE RESPONDENT City.....1 Large town.....2 Medium town.....3 Small town.....4 Large village.....5 Small village.....6 Other.....7	In what region is this place? WESTERN.....1 CENTRAL.....2 GREATER ACCRA.....3 EASTERN.....4 VOLTA.....5 ASHANTI.....6 BRONG-AHAFO.....7 NORTHERN.....8 UPPER WEST.....9 UPPER EAST.....10 WESTERB.....11 IVORY COAST.....12 OTHER AFRICA.....13 OTHER.....14	How much money have household members received from this person in the past 12 months, including the value of all payments in kind? AMOUNT	Is any of this assistance to be repaid to the sender? YES....1 NO.....2 #NEXT PERSON
1					
2					
3					
4					
5					
6					
7					
8					
9					

SUPERVISOR: _____

NAME: _____ ID CODE:

INTERVIEWER: _____

IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO....2

PART B