

GHANA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE

IDENTIFICATION	
PLACE NAME _____	
REGION	<input style="width: 20px; height: 20px;" type="text"/>
E.A. NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
STRUCTURE NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
HOUSEHOLD NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
NAME OF HOUSEHOLD HEAD _____	
HOUSEHOLD SELECTED FOR MEN'S QUESTIONNAIRE (Yes = 1, No = 2)	<input style="width: 20px; height: 20px;" type="text"/>
(For Office Use) CITY/TOWN/VILLAGE	<input style="width: 20px; height: 20px;" type="text"/>
(large city=1, medium city=2, small city=3, town=4, village=5)	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input style="width: 20px; height: 20px;" type="text"/> MONTH <input style="width: 20px; height: 20px;" type="text"/> YEAR 1 <input style="width: 20px; height: 20px;" type="text"/> 9 <input style="width: 20px; height: 20px;" type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	NAME <input style="width: 20px; height: 20px;" type="text"/>
RESULT*	_____	_____	_____	RESULT <input style="width: 20px; height: 20px;" type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <input style="width: 20px; height: 20px;" type="text"/>
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 IN HOUSEHOLD <input style="width: 20px; height: 20px;" type="text"/> TOTAL ELIGIBLE WOMEN <input style="width: 20px; height: 20px;" type="text"/> TOTAL ELIGIBLE MEN <input style="width: 20px; height: 20px;" type="text"/> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <input style="width: 20px; height: 20px;" type="text"/>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input style="width: 20px; height: 20px;" type="text"/>	NAME _____ <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
DATE _____ <input style="width: 20px; height: 20px;" type="text"/>	DATE _____ <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

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*	RESIDENCE		SEX		AGE**	DISABILITY											
			Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?		Does (NAME) suffer from partial/total loss of limbs OR is paralysed?	Is (NAME) partially/totally blind?	Is (NAME) partially/totally deaf?	Is (NAME) mentally retarded?	Does (NAME) have leprosy?	Does (NAME) have fits/epilepsy?	Does (NAME) have mental problems?					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)						
			YES NO	YES NO	M F	IN YEARS	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO						
01			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
02			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
03			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
04			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
05			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
06			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
07			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
08			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
09			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
10			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
11			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
12			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
13			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					
14			1 2	1 2	1 2		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2					

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

08 = BROTHER OR SISTER
 09 = CO-WIFE
 10 = OTHER RELATIVE
 11 = ADOPTED/FOSTER/STEP CHILD
 12 = NOT RELATED
 98 = DON'T KNOW

CODES FOR Q.7
 00-96 = AGE AS REPORTED
 97 = AGE 97 AND ABOVE
 98 = DON'T KNOW

LINE NO.	MARITAL STATUS*	EDUCATION				PARENTAL SURVIVORSHIP AND RESIDENCE OF PERSONS LESS THAN 15 YEARS OLD						ELIGIBILITY	
	IF AGE 12 YEARS OR OLDER	IF AGE 6 YEARS OR OLDER										WOMAN	MAN
	What is (NAME'S) current marital status?	Has (NAME) ever been to school?	IF ATTENDED SCHOOL			Is (NAME)'s biological mother alive?	IF ALIVE: Does (NAME)'s biological mother live in this house hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NOT LIVING IN HOUSEHOLD WRITE '00'.	Is (NAME)'s biological father alive?	IF ALIVE: Does (NAME)'s biological father live in this house hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NOT LIVING IN HOUSEHOLD WRITE '00'.	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR WOMEN'S QUESTIONAIRE (Women age 15-49).	CIRCLE LINE NUMBER OF MEN ELIGIBLE FOR MEN'S QUESTIONAIRE (Men age 15-59).		
	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)		
		YES NO	LEVEL GRADE	YES NO		YES NO DK		YES NO DK					
01		1 2			1 2		1 2 8		1 2 8		01	01	
02		1 2			1 2		1 2 8		1 2 8		02	02	
03		1 2			1 2		1 2 8		1 2 8		03	03	
04		1 2			1 2		1 2 8		1 2 8		04	04	
05		1 2			1 2		1 2 8		1 2 8		05	05	
06		1 2			1 2		1 2 8		1 2 8		06	06	
07		1 2			1 2		1 2 8		1 2 8		07	07	
08		1 2			1 2		1 2 8		1 2 8		08	08	
09		1 2			1 2		1 2 8		1 2 8		09	09	
10		1 2			1 2		1 2 8		1 2 8		10	10	
11		1 2			1 2		1 2 8		1 2 8		11	11	
12		1 2			1 2		1 2 8		1 2 8		12	12	
13		1 2			1 2		1 2 8		1 2 8		13	13	
14		1 2			1 2		1 2 8		1 2 8		14	14	

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 that have not been listed? YES → ENTER EACH IN TABLE NO

*CODES FOR Q.15
MARITAL STATUS
 1=CURRENTLY MARRIED
 2=LIVING WITH A MAN/WOMAN
 3=WIDOWED
 4=DIVORCED
 5=SEPARATED
 6=NEVER MARRIED

** CODES FOR Q.17
EDUCATION LEVEL:
 1 = PRIMARY
 2 = MIDDLE/JSS
 3 = SECONDARY/SSS
 4 = HIGHER
 8 = DON'T KNOW

EDUCATION GRADE
 00 = LESS THAN 1 YEAR COMPLETED
 98 = DON'T KNOW

***CODES FOR Q.19
REASONS FOR NOT ATTENDING SCHOOL:
 1 = FINANCIAL CONSTRAINT
 2 = SCHOOL TOO FAR
 3 = LACK OF INTEREST
 4 = DISABILITY
 5 = NEEDED TO HELP IN FAMILY BUSINESS

6 = GRADUATED
 7 = OTHER

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
32	What kind of toilet facility does your household have?	FLUSH TOILET OWN TOILET 11 SHARED FLUSH TOILET 12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 BUCKET/PAN 23 NO FACILITY/BUSH/FIELD 31 OTHER _____ 96 (SPECIFY)																						
33	Does your household have: Electricity? A radio? A television? A video deck? A telephone? A refrigerator?	<table border="0"> <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																						
34	How many rooms in your household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
35	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD 11 MUD MIXED WITH DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD .. 31 LINOLEUM 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 TERRAZZO 36 OTHER _____ 96 (SPECIFY)																						
36	Does any member of your household own: A bicycle? A motorcycle? A car? A tractor? A horse/cart?	<table border="0"> <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</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR</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	1	2	CAR	1	2	TRACTOR	1	2	HORSE/CART	1	2				
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BICYCLE	1	2																						
MOTORCYCLE	1	2																						
CAR	1	2																						
TRACTOR	1	2																						
HORSE/CART	1	2																						
37	What type of salt is usually used for cooking in your household?	MARKET PACKAGED IODATED SALT .. 01 MARKET PACKAGED NON-IODATED SALT 02 FACTORY PACKAGED IODATED SALT 03 FACTORY PACKAGED NON-IODATED SALT 04 OTHER _____ 96 (SPECIFY)																						
38	TEST THE SALT AND WRITE THE RESULT.	IODINE READING (PPM) .. <input type="text"/> <input type="text"/> <input type="text"/>																						