

**University of Ghana – University of Sussex – University of Maastricht
Household Questionnaire - GHANA - 2009**

The data collected is strictly confidential and will only be used for the purpose of anonymous statistical studies

<p>IDENTIFIER: Household _ _ _ _ _ [N_ques]</p> <p>No of Enumeration Area / neighbourhood: _ _ [numero_d]</p> <p>Locality [comr]: _____</p> <p>District [Reg]: _____</p>	<p>Interviewer's name: _____</p> <p>Interviewer No. _ _ [num_enq] DATE : _ _ _ _ _ _0_ _9_ [dateinter]</p> <p>Supervisor's name: _____</p> <p>Supervisor No. _ _ [num_sup] DATE : _ _ _ _ _ _0_ _9_ [date2]</p> <p>Proofreader's/Editor's name: _____</p> <p>Proofreader No. _ _ [num_rel] DATE : _ _ _ _ _ _0_ _9_ [date3]</p> <p>Data entry agent's name: _____</p> <p>Agent No. _ _ [num_codeur] DATE : _ _ _ _ _ _0_ _9_ [date4]</p> <p>Other's name: _____</p> <p>Agent No. _ _ [num_other] DATE : _ _ _ _ _ _0_ _9_ [date5]</p>
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INTRODUCTION

Read to the respondent before beginning with the questionnaire:

"We thank you for accepting to participate in this study, organized by researchers from the University of Ghana, University of Sussex (UK) and the University of Maastricht (The Netherlands).

This survey will serve to study Ghanaian migrations and the impact of migration on households. I will ask you the questions listed in this questionnaire. It is important that you give honest answers.

I remind you that this questionnaire is anonymous and that your answers are confidential."

"We will talk about the persons who live in this household. We will also talk about persons who do not live here, but to whom you are related."

◆ **Apart from the children currently living here, does the household head have other biological or adopted children, including children who are deceased?** [cm_enf]

[cm_enf]

1 Yes How many? |__|__| [nb_enf]

2 No

◆ **Are there any persons in your household who are engaged in a relationship with a migrant living abroad?** [mar_migrant]

1 Yes How many? |__|__| [nb_mar_migrant]

2 No

◆ **Are there any children under 18 years old in your household whose mother and/or father are migrants living abroad?** [child_migrant]

1 Yes How many? |__|__| [nb_child_migrant]

2 No

◆ **In addition to the persons we've just recalled, does the household head or his/her partner have relatives living abroad and who have been in regular contact with the household over the past 12 months?** [cm_parent]

1 Yes How many? |__|__| [nb_parent]

2 No

Module A – Identification of household members and of the household head’s personal network

Recall Person ID	To all				
	Sex	Year of death	Relationship with head of the HH	HH Situation	
	A1. "Name" is: 1. A male 2. A female	A2a. <i>Don't read</i> Is "Name" alive? If Yes → A3	A2. <i>Read only for deceased children</i> In which year did "Name" die? Don't Know: How old was "Name" when he / she died? → A14PAYS (p.12)	A3. How is « Name » related to the household head? <i>(multiple answers possible in case of adopted/ fostered child)</i> 01. Household head 02. Partner/Spouse 03. Co-wife/co-spouse 04. Son/Daughter (biological) 16. Adopted/fostered child 05. Daughter/Son-in-law - Step-daughter/step-son 06. Father/Mother 15. Father/Mother in law 08. Brother/Sister 09. Brother-in-law/Sister-in-law 10. Nephew/Niece 11. Grandson/Granddaughter 12. Other relative of HH 13. Other relative of HH's partner 14. Without family ties	A4. Has "Name" been living in this household during the last 6 months or has "Name" the intention of living here for at least 6 months? 1. Yes → A7a 2. No → A8a
1	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> years old	<u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> years old	<u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> years old	<u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> years old	<u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> years old	<u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> years old	<u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> years old	<u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> years old	<u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Module A – Identification of household members and of the household head’s personal network

Recall Person ID	To all				
	A1.Sex	A2a. Alive?	A2. Year of death	A3.Relationship with the head of HH	A4.HH Situation
9	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <u> </u> / <u> </u> / <u> </u> / <u> </u> <i> </i> / <i> </i> years old	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Module A – Identification of household members and of the household head’s personal network

Recall Person ID	Only if A4 = 1						
	To all			If under 18 Years (otherwise, go to A15, p.10)			
A7a. Is he/she? <i>(read out)</i> 0. Married, Monogamous (man or woman) 1. Married, Polygamous (man or woman) 5. Consensual union 6. Single → A7fath 7. Widowed → A7fath 8. Divorced/Separated → A7fath 9. Other, <i>specify</i>	A7b. Does his/her partner currently live abroad? 1. Yes → mark PARTN in the flap and A7c 2. No → A7fath	A7c. Who is his/her partner? <i>Look at the flap and note down partner(s)'s ID(s)</i> → A15 (p.10) if above 18	A7 fath. Does the father of “Name” currently live abroad? 1. Yes → mark CHILD in the flap and A7fath ID 2. No → A7moth	A7 fath ID. Who is his/her father? <i>Look at the flap and note down father’s ID</i>	A7 moth. Does the mother of “Name” currently live abroad? 1. Yes → mark CHILD in the flap and A7moth ID 2. No → A15 (p. 10)	A7 moth ID. Who is his/her mother? <i>Look at the flap and note down mother’s ID</i> → A15 (p. 10)	
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Module A – Identification of household members and of the household head’s personal network

Only if A4 = 1

Recall Person ID	Only if A4 = 1						
	To all			If under 18 years old (otherwise, go to A15)			
	A7a.Marital status	A7b.Abroad	A7c.ID partner	A7fath.	A7fath ID.	A7moth.	A7moth ID.
9	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
10	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
11	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
12	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
13	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
14	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
15	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
16	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
17	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
18	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
19	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
20	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□
21	□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□ □□□ □□□ □□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□

Module A - Continuation

Recall Person ID	If A4 = 2							
	Marital Status	Partner in the household		Children in the household		Places of residence		
A8a.	A8b.	A8c.	A8d.	A8e.	A9.	A10.	A11.	
<p>Is he/she? (<i>read out</i>)</p> <p>0. Married, monogamous (man or woman) 1. Married, polygamous (man or woman)? 5. Consensual union 6. Single → A8d 7. Widowed → A8d 8. Divorced/ Separated → A8d 9. Other</p>	<p>Does "Name" have a partner who lives in the household?</p> <p>1. Yes 2. No → A8d</p>	<p>Who is his or her partner?</p> <p><i>Look at the flap and note below the person ID of Ego's partner.</i></p>	<p>Does "Name" have a child under 18 who lives in the household?</p> <p>1. Yes 2. No → A9</p>	<p>Who is / are his child(ren)?</p> <p><i>Look at the flap and note below the ID(s) of Ego's children.</i></p>	<p>Has "Name" ever lived with the household head for at least 6 months?</p> <p>1. Yes 2. No</p>	<p>Does he/she currently live abroad?</p> <p>1. Yes → ABR on the flap 2. No → A15 (p. 10)</p>	<p>In which country?</p>	
1	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Module A - Continuation

Recall Person ID	If A4 = 2							
	A8a.	A8b.	A8c.	A8d.	A8e.	A9.	A10.	A11.
9	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Module A - Continuation

Recall Person ID	To all						
	Nationalities	Ethnicity	Religion	Level of education	Activity status	Occupation	Socio-professional category
A15.	A16.	A17.	A18.	A19.	A20.	A21.	
<p>Which nationalities do you; does he/she currently hold?</p> <p>(list in plain text)</p> <p>(multiple answers possible)</p>	<p>What is your/his/her ethnicity?</p> <p>00. None</p> <p>21. Akan</p> <p>22. Ga-Adangbe</p> <p>23. Ewe</p> <p>24. Guan</p> <p>25. Mole Dagbon</p> <p>26. Gurma</p> <p>27. Grusi</p> <p>28. Mande</p> <p>07. Other, specify</p>	<p>What is your/his/her religion?</p> <p>00. Muslim (no distinction)</p> <p><u>Christian:</u></p> <p>06. Catholic</p> <p>07. Protestant</p> <p>15. Spritualist</p> <p>16. Charismatic Pentecostal</p> <p>08. Other Christian</p> <p><u>Other:</u></p> <p>09. Traditional religion</p> <p>10. Other religion, Specify</p> <p>11. No religion</p>	<p>If "Name" goes or went to school: what was the last year "Name" attended?</p> <p>None: 00</p> <p>Only Koranic school: 55</p> <p>Only basic literacy or national language: 56</p> <p><i>If "Name" had formal education, use the CARD to code.</i></p>	<p>At present, "Name" is primarily (spends most of his/her time)...</p> <p>1. Active, he/she works → A20</p> <p><u>Non-active:</u></p> <p>2. Without occupation/ housewife</p> <p>3. Unemployed/ searching for a job</p> <p>4. Pupil/student/trainee</p> <p>5. Retired, doesn't work anymore</p> <p>6. Other inactive</p> <p>→ A14 PAYS</p>	<p>What is "Name" occupation, profession, position, task?</p> <p><i>Describe in detail the product type (good or service) produced or sold; and the place where it is produced or sold.</i></p>	<p>You/he/she is:</p> <p>Wage-earner:</p> <p>1. Intellectual/higher-level occupation</p> <p>2. Skilled employee or worker</p> <p>3. <u>Unskilled</u> employee, labourer, worker</p> <p>Non-wage employment:</p> <p>4. Employer</p> <p>5. Self-employed</p> <p>6. Apprentice, intern</p> <p>7. Family help</p>	
1	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____						
2	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____						
3	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____						
4	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____						
5	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____						
6	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____						
7	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____						
8	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____						

Module A - Continuation

Recall Person ID	A15.Nationalities	A16.Ethnicity	A17.Religion	A18.Level of education	A19.Activity status	A20.Occupation	A21.Socio-professional category
9	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
10	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
11	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
12	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
13	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
14	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
15	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
16	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
17	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
18	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
19	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
20	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_
21	<input type="checkbox"/> Ghanaian <input type="checkbox"/> _____	_ _	_ _	_ _	_		_

Module A - Continuation

Recall Person ID	To all, Including Deceased persons							
	Place of birth	Immigration	1 st out-migration			1 st return		
A14PAYS. In which country was "Name" born? If abroad → A14IMM	A14VIL/DEP. In which village or town and district? → A12 <i>Note the code of the district (See list of district codes)</i>	A14IMM. In which year did "Name" settle in Ghana for the first time? Don't know: How old was "Name"? Year=0000: has never lived in Ghana → Next person	A12. Has "Name" already lived outside of Ghana since he/she was born / settled the 1 st time in Ghana? 10. No, never → Next person 11. Yes, for less than a year → Next person 03. Yes, for one year or longer	A13a. In which year did you/he/she leave Ghana for the first time for at least one year? Don't Know: How old were you / was he/she?	A13b. What was the destination country when you/he/she left Ghana for the first time? <i>(i.e. the first country where he/she stayed for at least a year)</i>	A13c. Did you/he/she return to Ghana for at least a year since you/ he/she first left? 1. Yes → mark RETURN in the flap 2. No → Next person	A13d. In which year did you/he/she return for the first time? <i>(Indicate the date of the first return that lasted one year or longer)</i> Don't Know: How old were you / was he/she? → Next person	
1	_____	Year _____ _____/years old	____	Year _____ _____/years old		<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____ _____/years old	
2	_____	Year _____ _____/years old	____	Year _____ _____/years old		<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____ _____/years old	
3	_____	Year _____ _____/years old	____	Year _____ _____/years old		<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____ _____/years old	
4	_____	Year _____ _____/years old	____	Year _____ _____/years old		<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____ _____/years old	
5	_____	Year _____ _____/years old	____	Year _____ _____/years old		<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____ _____/years old	
6	_____	Year _____ _____/years old	____	Year _____ _____/years old		<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____ _____/years old	
7	_____	Year _____ _____/years old	____	Year _____ _____/years old		<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____ _____/years old	
8	_____	Year _____ _____/years old	____	Year _____ _____/years old		<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____ _____/years old	

Module A - Continuation

To all, Including Deceased persons

Recall Person ID	A14PAYS.	A14VIL/DEP.	A14IMM. Year <i>____/____</i> <i>____/years old</i>	1 st out-migration			1 st return	
				A12	A13a.	A13b.	A13c.	A13d.
							<input type="checkbox"/> Yes <input type="checkbox"/> No	Year <i>____/____</i> <i>____/years old</i>
9		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
10		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
11		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
12		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
13		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
14		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
15		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
16		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
17		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
18		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
19		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
20		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>
21		<i>____</i>		<i>____</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>____/____</i> <i>____/years old</i>

Module BC – Migrants’ experiences (all those marked ABR on the flap)

“Now we will talk about all those persons who you told me are currently living abroad, and more especially on the relationships between these people and your household. Some questions are about the money or the material goods that the persons living abroad may have sent you over the **past 12 months**. You may think that these questions are indiscrete, but they allow us to find out if migration helps Ghanaian households.”

Recall Person ID	Last migration			
	<p align="center">B1.</p> <p>The last time he /she left Ghana to settle in another country, he/she left <i>(read)</i> <i>(multiple answers possible)</i></p> <ol style="list-style-type: none"> 1. To work 2. To study / training 3. To get married 4. For health reasons 5. To learn a trade / profession 6. For family reunification 7. For political or security reasons 8. Other <i>(Specify)</i> 0. He/She has always lived abroad ➔ B5 (p. 15) 	<p align="center">B2.</p> <p>When did he/she depart for the last time?</p>	<p align="center">B3.</p> <p>Did he/she receive support from your household to finance or organize the migration? <i>(read)</i> <i>(multiple answers possible)</i></p> <ol style="list-style-type: none"> 1.No, he/she managed to organize everything by himself /herself 2.We helped with the preparations <i>(e.g. We helped to obtain the documents)</i> 3.We helped to pay for the trip 4.We supported him/her in another way <i>(specify)</i> 	<p align="center">B4.</p> <p>Does he/she currently have the residence permits/official documents that would allow him/her to stay in the country where he/she is?</p> <ol style="list-style-type: none"> 1. Yes 2. No 0. He/She does not need any residence permit 9. Don't know
_ _	_ _ _ _ _	Year _ _ _ _ _ _ years old	_ _ _ _ _	_
_ _	_ _ _ _ _	Year _ _ _ _ _ _ years old	_ _ _ _ _	_
_ _	_ _ _ _ _	Year _ _ _ _ _ _ years old	_ _ _ _ _	_
_ _	_ _ _ _ _	Year _ _ _ _ _ _ years old	_ _ _ _ _	_
_ _	_ _ _ _ _	Year _ _ _ _ _ _ years old	_ _ _ _ _	_
_ _	_ _ _ _ _	Year _ _ _ _ _ _ years old	_ _ _ _ _	_
_ _	_ _ _ _ _	Year _ _ _ _ _ _ years old	_ _ _ _ _	_
_ _	_ _ _ _ _	Year _ _ _ _ _ _ years old	_ _ _ _ _	_

Module BC – Continuation

Recall
Person
ID

Relationships and contacts with migrants in the last 12 months

	<p>B5. Have you or anyone else in the household been in contact with this person over the last 12 months, by phone, mail, internet...? <i>Multiple answers, number of answers unlimited. To be noted down in the order of importance.</i></p> <p>3. By phone 4. By mail 5. By internet 6. By other means (tapes, sms...) 2. No contact → B7</p>	<p>B6. How often? <i>(read)</i></p> <p>1. Every week 2. At least once a month 3. Less often</p>	<p>B7. Did he/she come to visit you in the last 12 months?</p> <p>1. Yes 2. No</p>	<p>C1. Have you or anyone in your household received any <u>monetary</u> transfers from "name" over the last 12 months?</p> <p>1. Yes 2. No → C7</p>	<p>C2. Over the last 12 months, did he/she send money...? <i>(read)</i></p> <p>1. At least once a month 2. Regularly, but less often 3. Occasionally</p>
_ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_
_ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_
_ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_
_ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_
_ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_
_ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_
_ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_
_ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_

Module BC - Continuation

Recall
Person ID

Monetary transfers (12 last months)

C3.

Through what channels does he/she normally (most often) send money? *(Read)*
Multiple answers, number of answers unlimited. To be noted down in the order of importance.

1. He/she brings the money himself/herself
2. A friend/relative brings the money
3. Money transfer agency (Western Union, Moneygram, Money Express)
4. Bank transfer
5. Via a commercial agent
6. Other, *specify*

C4.

How much approximately did he/she send you the last time?

Note below the amount as well as the type of currency (Ghana Cedis, (only current Cedis) US Dollars, Euros or British Pounds)

C5.

How was the money that « name » sent over the last 12 months spent?

Read. Multiple answers, number of answers unlimited. To be noted down in the order of importance.

1. Payment of rent or bills
3. Health treatment
4. School fees
5. Savings
6. Ceremonies and religious holidays (funerals, marriages, births) → C7 (p.17)
7. Foreign travel
21. Daily food
22. Daily transportation
23. Other daily expenditures
91. Clothes
8. Purchase of a dwelling, vehicle, land, business → C6 (p.17)
9. Other → C7 (p.17)

		 <input type="checkbox"/> Gh. Cedis <input type="checkbox"/> US\$ <input type="checkbox"/> € <input type="checkbox"/> £	
		 <input type="checkbox"/> Gh. Cedis <input type="checkbox"/> US\$ <input type="checkbox"/> € <input type="checkbox"/> £	
		 <input type="checkbox"/> Gh. Cedis <input type="checkbox"/> US\$ <input type="checkbox"/> € <input type="checkbox"/> £	
		 <input type="checkbox"/> Gh. Cedis <input type="checkbox"/> US\$ <input type="checkbox"/> € <input type="checkbox"/> £	
		 <input type="checkbox"/> Gh. Cedis <input type="checkbox"/> US\$ <input type="checkbox"/> € <input type="checkbox"/> £	
		 <input type="checkbox"/> Gh. Cedis <input type="checkbox"/> US\$ <input type="checkbox"/> € <input type="checkbox"/> £	
		 <input type="checkbox"/> Gh. Cedis <input type="checkbox"/> US\$ <input type="checkbox"/> € <input type="checkbox"/> £	
		 <input type="checkbox"/> Gh. Cedis <input type="checkbox"/> US\$ <input type="checkbox"/> € <input type="checkbox"/> £	

Module BC – Continuation

Recall Person ID	Use and management	Transfer of goods		
	<p>C6. If C5 = 8 What kind of purchase did you make? <i>(read) (multiple answers possible)</i> Construction or purchase of a dwelling 10. for "name" himself/herself 11. for someone else Refurbishment of a dwelling/construction works 20. for "name" himself/herself 21. for someone else Purchase of a vehicle for personal use 30. for "name" himself/herself 31. for someone else Purchase of land 40. for "name" himself/herself 41. for someone else Purchase of inventory, equipment, other business assets 50. for "name" himself/herself 51. for someone else 6. Other</p>	<p>C7. Did "Name" send to anyone in the household goods in kind? 1. Yes 2. No → C9</p>	<p>C8. Did he/she send you or to any other person in the household any of the following goods? 1. Electric domestic appliances 2. Spare parts for vehicles 3. Vehicles 4. Clothing or personal-care products 5. Computers 6. Hi-fi system, TV, video player, music or related items 7. Phones (landline or mobile) 8. Other</p>	<p>C9. Which share of the household's expenditures on food, medicine, housing, transport, etc. have been covered by the money and in-kind transfers you have received from "Name" over the last 12 months? <i>(read)</i> 1. Very large share 2. Large share 3. Moderate share 4. Small share 5. Insignificant share 0. Receives neither money nor goods</p> <p style="text-align: right;">→ Next person</p>
_ _	_ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	_ _ _ _ _ _ _ _ _ _	_
_ _	_ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	_ _ _ _ _ _ _ _ _ _	_
_ _	_ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	_ _ _ _ _ _ _ _ _ _	_
_ _	_ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	_ _ _ _ _ _ _ _ _ _	_
_ _	_ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	_ _ _ _ _ _ _ _ _ _	_
_ _	_ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	_ _ _ _ _ _ _ _ _ _	_
_ _	_ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	_ _ _ _ _ _ _ _ _ _	_
_ _	_ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	_ _ _ _ _ _ _ _ _ _	_

MODULE E: Housing and assets

“Now we will talk about your dwelling and the equipment and assets that are available to you”

“To start with, we will talk about the characteristics of your dwelling”

Type of dwelling

E1 Your dwelling is: (read)

- One or several rooms in a shared compound
- An apartment in a building – block of flats
- A multi-storey house
- A single-storey house
- A mud hut, traditional dwelling
- A barrack/shack
- Other, specify: _____

Number of rooms

E2 How many rooms are used as living space, not counting the sanitary facilities and the kitchen?
(without rooms used for business purposes)

____ ROOMS

Amenities

E3 The toilet facilities are: (read, multiple answers possible)

- Flush toilet linked to sewerage
- Flush toilet with pit
- Latrines
- Public toilets
- Free range
- Other, specify:

Water and power supply

E4 You have access to water through: (read, multiple answers possible)

- Indoor well
- Outdoor well
- Indoor plumbing / tap in the house
- Tap outside, within the compound / plot
- Tap outside, in the neighbours' compound / plot
- Tap outside, in the neighbourhood
- Borehole
- Water vendor
- A spring, stream, river
- A pond / pool
- Other, specify

E5 Do you have electricity?

- Yes
- No

Fuel

E6 Most of the time, what is the energy used by the household for cooking? (Multiple answers possible)

- Electricity
- Gas
- Charcoal
- Firewood
- Other
- None

Durable goods

E7 Which of the following items does your household own?
(read)

- Refrigerator/ freezer
- Stove
- Sewing machine
- Radio/ Hi-fi system
- TV
- Cable or satellite
- Video or DVD player
- Phone (fixed or mobile)
- Computer
- Internet connection
- Fan
- Air conditioning
- None

E8 What means of transport does your household own ? (read, multiple answers possible)

- Taxi
- Car
- Van
- Motorcycle
- Bicycle
- Cart
- Tractor
- None
- Other, specify:

“To come back to your dwelling...”

E9 How long have you been living in this dwelling?

(Repeat question to obtain a date)

YEAR |__|__|__|__|

Or years |__|__|

Or in plain text: _____

Occupancy status of the household head

E10 Are you/ Is the head of the household: (read)

- Tenant
- Co-tenant
- Housed by the employer
- Housed for free → E12
- Owner → E14
- Co-owner → E14
- Leaseholder → E14
- In a family house or compound → E14

E11 Does or did your landlord live abroad?

- Yes
- No
- Don't know

→ E22

E12 Who is providing housing for you?

If in the household, note Person ID |__|__|

Relationship in plain text: _____

E13 Does or did the person who provides housing for you live abroad?

- Yes
- No
- Don't know

Purchase

Owners and other knowledgeable household members

Construction

E14 Did the owner/you build this dwelling him/herself/yourself? (read)

1. Yes
2. No → E17
9. Don't know

Financing of the plot

E15 Has the plot been paid for, in part at least, with money earned abroad? (read) (multiple answers possible)

1. No → E17
2. Yes, in another country in Africa
3. Yes, in Europe
4. Yes, in another country
9. Don't know → E17

E16 Has this money been earned by... (read, mult. answ.)

1. The household head
2. A person we already talked about
3. Somebody else

Note the person ID |_|_|_|

Financing of the dwelling

E17 Has this dwelling (purchase or construction) been paid for, in part at least, with money earned abroad? (read) (multiple answers possible)

1. No → E19
2. Yes, in another country in Africa
3. Yes, in Europe
4. Yes, in another country
9. Don't know → E19

E18 Has this money been earned by... (read, mult. answ.)

1. The household head?
2. A person we already talked about?
3. Somebody else?

Note the person ID |_|_|_|

Rebuilding and modifications

Nature of the rebuilding

E19 Have you modified this dwelling since you moved in by...

- | | 1.Yes | 2.No |
|---|--------------------------|--------------------------|
| 1. Making outside refurbishments | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Constructing an additional floor | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Adding a room on the ground floor | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other types of construction or renovation work | <input type="checkbox"/> | <input type="checkbox"/> |

If no everywhere, go to → E22

E20 Have these modifications been paid for with money earned abroad? (read) (multiple answers possible)

1. No → E22
2. Yes, in another country in Africa
3. Yes, in Europe
4. Yes, in another country
9. Don't know → E22

E21 Has this money been earned by... (read, mult. answ.)

1. The household head
2. A person we already talked about
3. Somebody else

Note the person ID |_|_|_|

Other plot(s) of land

E22 Are you / is the household head owner of other plots of land?

1. Yes
2. No → E28

E23 How many plots do you own in total? |_|_|_|

E24 Has this plot/Have these plots been paid for, in part at least, with money earned abroad: (read) (multiple answers possible)

1. No → E26
2. Yes, in another country in Africa
3. Yes, in Europe
4. Yes, in another country
9. Don't know → E26

E25 Who provided this money... (read, mult. answers.)

1. The household head?
2. A person we already talked about?
3. Somebody else?

Note the person ID |_|_|_|

E26 Is this/Are these plots of land... (read)

1. Building land or with a building currently under construction
2. Agricultural land (crops, livestock)

E27 If E26 = 2, How is the agricultural land used? (read) (multiple answers possible)

1. For perennial crop
2. For market gardening
3. For livestock breeding
4. Other, specify

E28 Do you (the household head) own animals?

1. No → next page
 2. Yes → Read out the list and indicate the number of animals
1. |_|_|_|_| Goats
 2. |_|_|_|_| Sheep
 3. |_|_|_|_| Pigs
 4. |_|_|_|_| Horses
 5. |_|_|_|_| Donkeys
 6. |_|_|_|_| Cows, Oxen
 7. |_|_|_|_| Chicken/hens
 8. |_|_|_|_| Other, specify: _____

→ next page

To be read to the head of the household (or the person who replied to the questionnaire)

We have now come to the end of this questionnaire.

I and the entire team thank you very much for your cooperation and your participation in this study.

There are two forms of questionnaires for each selected household. The first stage is this questionnaire that we have just filled out. The second consists of questions which will be answered by you or another person in the household.

I will therefore visit you again shortly and ask the selected member(s) of your household to answer the other questionnaire.

I thank you again very much for your welcome

End of the interview: |_|_|H |_|_| MIN [Hfin_inter]

Module 0: Interviewer's observations regarding the interviewing conditions

To be filled out by the interviewer shortly after the interview. The answers to the following questions as well as any additional comments will be very useful for understanding the interview conditions. Thank you!

Interview:

01 Who answered the questionnaire? Indicate the individuals' ID: |_|_|

02 Language used in the interview: (multiple answers possible)

- 21. English
- 22. Akan
- 23. Ga
- 24. Ewe
- 25. Hausa
- 40. Other, *specify*.

03 Did you feel that it was sometimes difficult to translate certain questions?

1 Yes, Which ones? (indicate the number of the questions)

2 No

General reception by the respondents and perception of the survey:

04 How were you received by the respondent?:

- 1 Well
- 2 Moderately
- 3 Poorly

05 Did you need to persuade the respondent to participate?

- 1 No, not at all. The household head had been notified and agreed to be interviewed
- 2 Yes, a bit. The household head had not been notified
- 3 Yes, a bit. The household head had been notified but was reluctant.
- 4 Yes, The household head had been notified but was very reluctant.
- 5 Yes, very much so: The household head had not been notified and was very reluctant.

06 Did the respondent make any comments on the survey?

1 Yes

Which ones? _____

2 No

The conditions during the interview:

07 Were there other persons present during the interview?

1 Yes, during the entire interview

2 Yes, during part of the interview

3 No → 09

08 In your opinion, did this presence influence the answers given by the respondent?

1 Yes, the entire questionnaire

2 Yes, but only in certain parts of the questionnaire

Which ones? _____

3 No

09 Did you have to interrupt the interview?

1 Yes

Why, and at which point? _____

2 No

010 In your opinion, was the respondent's comprehension of the questions:

1 Excellent

2 Good

3 Adequate

4 Poor

011 Did the respondent have difficulties answering certain questions?

1 Yes

Which ones? _____

2 No

012 Did the person use written documents to answer the questionnaire?

1 Yes

For which questions? _____

2 No

Sections in Module A

Description of the current household

"First, we will list all persons who have been living in this household for at least 6 months or who have the intention of living here for at least 6 months. Let's start with the head of the household"

Interviewer: Note down the names on the flap and draw a line.

Children of the household head living outside the household

"We will now list the biological or adopted children of the household head who do not live here:

- 1. Those who live in another household in Ghana*
- 2. Those who live abroad*
- 3. Those who are deceased. For them, I'll ask very few questions (the year in which they deceased and if they had migrated)"*

Interviewer: Note down the names on the flap.

Partners living abroad

"Now we will talk about the partner(s) living abroad) of current household members."

Interviewer: Note down the names on the flap.

Mother(s) and / or father(s) living abroad

"Let's now talk about the mother(s) and/or father(s) living abroad of the children under 18 of the household."

Interviewer: Note down the names on the flap.

Other migrants

"To finish we will talk about the household head's relatives or his/her partner's relatives who live abroad and have been in regular contact in the last 12 months".

Interviewer: Note down the names on the flap, then, for each individual, fill out Q3 and all the questions of Module A.

Person ID	Name	Date of birth	Reminders
Q 1 . Person ID [num_indiv]	Q 2 . What is your/his/her name?	Q 3 . How old are you ? or How old is "name"? [q3age] Don't Know: In which year were you born? <i>(Give equivalence if Don't Know)</i>	Q4. ABR [q4_etr]. see A10 PARTN [q4_conj] see A7b CHILD [q4_child] see A7fath & A7moth RETURN [q4_ret] see A13c
1		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
2		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
3		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
4		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
5		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
6		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
7		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
8		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>

Person ID	Name	Date of birth	Reminder
Q 1 . Person ID [num_indiv]	Q 2 . What is your/his/her name?	Q 3 . How old are you / is "name"? Don't Know: In which year were you born? (Give equivalence if Don't Know)	Q4. ABR [q4_etr] PARTN [q4_conj] CHILD [q4_child] RETURN [q4_ret]
9		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
10		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
11		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
12		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
13		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
14		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
15		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
16		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
17		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
18		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
19		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
20		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>
21		Year _ _ _ _ _ _ years old	ABR <input type="checkbox"/> RETURN <input type="checkbox"/> CHILD <input type="checkbox"/> PARTN <input type="checkbox"/>