

GHANA GSS5 2006

# STATISTICAL SERVICE



REPUBLIC OF GHANA

## **GHANA LIVING STANDARDS SURVEY 5** **(WITH NON-FARM HOUSEHOLD ENTERPRISE MODULE)**

**2005/2006**

### HOUSEHOLD QUESTIONNAIRE

#### PART A

REGION:

E.A. NUMBER:

HOUSEHOLD:

R E S P O N D E N T S : ALL HOUSEHOLD MEMBERS

I D	ID OF PERSON INTER- VIEWED	1	2	3	4	5	6	7	8	9	10
		During the last 2 weeks has (NAME) suffered from either an illness or an injury?  Neither....1 (>> 5) Illness....2 Injury.....3 Both.....4	For how many days during the last 2 weeks has (NAME) suffered from this condition?  (1 - 14)  D A Y S	During the last 2 weeks, did (NAME) have to stop the usual activities because of this condition?  Yes.....1  No.....2 (>> 5)	For how many days?  (1-14)  D A Y S	During the last 2 weeks has (NAME) consulted a health prac- titioner, or dentist or visited a a health centre or consulted a traditional healer, etc?  Yes.....1  No.....2 (>> 17)	On the most recent visit whom did (NAME) consult? Doctor.....01 Dentist.....02 Nurse.....03 Medical Asst...04 Midwife.....05 Pharmacist....06 Drug/Chemical Seller.....07 Trad. Healer...08 Trained TBA...09 Untrained TBA..10 Spiritualist...11 Other.....12 (specify)	What was the main reason for the most recent visit? Illness.....1 Injury.....2 Follow-up.....3 Check-up.....4 Prenatal care...5 Postnatal care...6 Vaccination.....7 Other.....8 (specify)	Where did the consultation take place? Hospital.....1 Clinic.....2 MCH Clinic.....3 Maternity Home.....4 Pharmacy.....5 Chemical Store..6 Consultant's Home.....7 Patient's Home.....8 Other.....9 (specify)	Is this a public or private facility? Public.....1 Private reli- gious ...2 Private non- reli- gious ...3	How much did (NAME) pay for this consultation?  AMOUNT
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I  D	11 How much did (NAME) pay to travel there and to return?	12 How much time did it take to travel to and from the facility?		13 How much time did (NAME) spend at the health facility?		14 During the last two weeks was (NAME) admitted to a hospital or health centre on account of the illness/injury?  (INCLUDE TRADITIONAL HEALING CENTRES)  Yes .....1 No. ....2 (> 17)	15 How many nights did (NAME) stay in hospital/health centre during the last two weeks  (1 - 14)	16 How much did (NAME) or will (NAME) pay for staying in a hospital/health centre during the last two weeks?	17 During the last 2 weeks did (NAME) buy any medicine or medical supplies?  Yes .....1 No .....2 (> 19)	18 How much did (NAME) pay altogether for these medicine and medical supplies?	19 Total medical expenses.  IF CANNOT GIVE BREAKDOWN	20 For the past 12 months was (NAME) hospitalized for any illness or injury?  Yes.....1 No.....2	21 Who pays for the greatest portions of the health expenses incl. consultations and hospital stays (if any)? Household member.....ID Other relative.....80 Government.....81 Employer.....82 Household member's employer.83 Health insurance.. ...84 Other .....85 (specify)	
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