

STATISTICAL SERVICE  
ACCRA, GHANA



REPUBLIC OF GHANA

**2003 CORE WELFARE INDICATORS QUESTIONNAIRE  
(CWIQ II)**

**A - INTERVIEW INFORMATION**

Reference Number

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Write clearly within the boxes as shown below

1	2	3	4	5	6	7	8	9	0
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Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

Q.1 INTERVIEWER'S NAME	
Q.2 NAME OF HEAD OF HOUSEHOLD	
Q.3 REGION NAME	
Q.4 DISTRICT NAME	
Q.5 EA (BASE) NAME	
Q.6 Number of questionnaires used for this household	

A.0 REGION	A.1 EANUMBER	A.2 HOUSEHOLD	A.3 INTERVIEWER	A.4 DATE	A.5 TIME	6 RESPONDENT	A.7 SEQ.
				Day Month Year	Hour Min.	Member No.	Quest. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9	0 0 0 0 0 0 1 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 8 8 8 8 8 8 9 9 9 9 9 9	0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9	<input type="radio"/> AM  <input type="radio"/> PM	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

**IMPORTANT**

Create a reference number by combining the EANumber (A1), Household(A2) and Questionnaire numbers (A7).  
Write this number NOW on the top of all pages.

<p><b>Comments</b></p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<p><b>A.8 RESULT</b></p> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <p> <input type="radio"/> 1 Complete with selected household  <input type="radio"/> 2 Complete with replacement - refusal  <input type="radio"/> 3 Complete with replacement - not found  <input type="radio"/> 4 Incomplete                 </p>
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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
D.1 Did [NAME] have a live birth in the last 12 months?											IF MALE OR UNDER 12 YEARS GO TO D4. IF NO GO TO D4.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.2 Did [NAME] receive pre-natal care during the pregnancy?											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.3 Did [NAME] receive post-natal care after delivery?											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.4 Was [NAME] sick or injured in the last 4 weeks?											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.5 What sort of sickness/injury did [NAME] suffer?											YOU MAY MARK MORE THAN ONE ANSWER.
Fever/Malaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gastro Intestinal/Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Injury/Accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Skin condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ear, nose or throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Coughing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.6 How many days of work/school did [NAME] miss due to illness/injury?											
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7 days or less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8 to 14 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15 or more days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.7 Has [NAME] consulted a doctor, nurse, pharmacist, health professional, dentist or traditional healer for any reason during the last 4 weeks?											IF NO GO TO D11.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.8 What kind of health provider/facility did [NAME] see or visit?											
Private hospital/Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Public hospital/clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community health center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Private doctor/dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Traditional healer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Missionary/hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pharmacist/drugstore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.9 How many times did [NAME] consult a health provider in the last 4 weeks?											
1 to 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 to 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
More than 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.10 Did [NAME] have any problems at the time of the visit?											YOU MAY MARK MORE THAN ONE ANSWER.  GO TO NEXT PERSON
No problem (satisfied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Facilities were not clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Long waiting time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No trained professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No drugs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Treatment unsuccessful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poor staffing attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.11 Why did [NAME] not use medical care in the last 4 weeks?											
No need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Too far	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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**K- VIOLENCE CRIME AND SAFETY**

K.1 Sometimes different groups living in the same area live together peacefully  
Other times there is tension and disagreement among different groups.  
How would you describe your community/ neighbourhood these days?

- There is no tension and different groups live together peacefully  1
- In the past there was some conflict and tension among groups, but now people live peacefully  2
- In the past there was no conflict and tension but now there is tension and conflict  3
- There is tension and disagreement among groups, but no violence  4
- There is tension and disagreement which often lead to violence among groups  5
- There are no groups living together  6

K.2 In the last 5 years, have different groups of people in your community / neighbourhood used force or violence against your household or one another?

- Yes, frequently  1
- Yes, occasionally  2
- Never  3

K.3 Compared to five years ago, what is the level of violence among groups in your area ?

- No violence  1
- Decreased a lot  2
- Decreased somewhat  3
- Remained about the same  4
- Increased somewhat  5
- Increased a lot  6
- N/A  7

K.4 In general how safe would you say you and your household are from crime and violence at home?

- Very safe  1
- Somewhat safe  2
- Not too safe  3
- Not at all safe  4

K.5 Do members of your household feel safe walking down your street at night?

- Very safe  1
- Somewhat safe  2
- Not too safe  3
- Not at all safe  4

K.6 How much confidence do you have that state authorities can protect your household and property from crime and violence?

- Extremely confident  1
- confident  2
- Somewhat confident  3
- Not very confident  4
- Not confident at all  5

K.7 Is there a policing or neighbourhood watch system in your area ?

- Yes, organised  1
- Yes, informal  2
- No  3

K.8 In the past 12 months, have you or anyone else in your household been a victim of a violent crime, such as physical /sexual assault(rape or defilement) or mugging (eg pickpocketing or spousal abuse)?

- Yes  1
- No  2

K.9 What is the major cause of conflict in your community?.

- No conflict  1
- Indebtedness  2
- Ethnic conflict  3
- Political differences  4
- Marriage  5
- Land disputes  6
- Chieftaincy  7
- Religion  8
- N/A  9

K.10 Has any member of your household been involved in any road accident in the past 12 months

- Yes  1
- No  2

**L - COMMUNICATIONS**

L.1 Is your community easily accessible by road all year round ?

- Yes, throughout the year  1
- Yes, only during certain seasons  2
- No, not easily accessible  3
- No road  4

L.2 How common is it for people in this area to marry outside their religion/ethnic group ?

- Not common  1
- Somewhat common  2
- Very common  3

L.3 How often, if at all do members of your household read a daily newspaper or have one read to them or listen to the radio ?

- |              |                         |                         |
|--------------|-------------------------|-------------------------|
|              | Radio                   | Newspaper               |
| Regularly    | <input type="radio"/> 1 | <input type="radio"/> 1 |
| Occasionally | <input type="radio"/> 2 | <input type="radio"/> 2 |
| Hardly ever  | <input type="radio"/> 3 | <input type="radio"/> 3 |
| Never        | <input type="radio"/> 4 | <input type="radio"/> 4 |

L.4 List the three most important source of news and information for your household?

First	Second	Third

*INTERVIEWER, DO NOT READ LIST ACCEPT UP TO THREE RESPONSES, PROBE TWICE, ALSO PROBE FOR CLARITY*

01. Newspaper/Journals/Magazine
02. Radio
03. Television
04. Church/Rel. Org
05. Clubs/Groups/Associations
06. Business/work associations
07. Neighbourhood sources
08. Outside town/Village
09. Family/Relatives
10. Friends/Neighbours
11. Government officials
12. Internet
13. Don't get
14. Other

**A.9 INTERVIEW END**

Hour    Min.

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0	0	0	0	<input type="radio"/> AM
1	1	1	1	<input type="radio"/> PM
2	2	2	2	
3	3	3	3	
4	4	4	4	
5	5	5	5	
6	6	6	6	
7	7	7	7	
8	8	8	8	
9	9	9	9	