

# **GHANA STATISTICAL SERVICE**



**DRAFT**

## **DOMESTIC AND OUTBOUND TOURISM SURVEY (DOTS)**

### **HOUSEHOLD QUESTIONNAIRE**

**JANUARY, 2023**

## CONSENT

MY NAME IS ..... I AM WORKING WITH GHANA STATISTICAL SERVICE (GSS). WE ARE CONDUCTING A SURVEY KNOWN AS DOMESTIC AND OUTBOUND TOURISM SURVEY (DOTS) WHICH IS SEEKING INFORMATION FROM PERSONS RESIDING PERMANENTLY IN GHANA (GHANAIANS AND NON-GHANAIANS). THE ESSENCE OF THIS SURVEY IS TO GENERATE TOURISM STATISTICS FOR POLICY AND DECISION MAKING.

WE EXPECT THE INTERVIEW TO LAST APPROXIMATELY 30 MINUTES AND GSS WISHES TO ASSURE YOU THAT THE INFORMATION YOU PROVIDE WILL BE TREATED WITH THE **UTMOST CONFIDENTIALITY** AND WILL NOT BE DISCLOSED, PUBLISHED OR DISSEMINATED IN A MANNER CONTRARY TO STATISTICAL SERVICE ACT 2019 (ACT 1003) AND ALSO DATA PROTECTION ACT 2012 (ACT 843).

IF YOU HAVE ANY QUESTION ABOUT THIS SURVEY, YOU CAN CONTACT DR. EBENEZER KOJO OCRAN AND REBECCA NINSON EITHER BY PHONE (0243053105/ 0244234620) OR E-MAIL ([EBENEZER.OCRAN@STATSGHANA.GOV.GH](mailto:EBENEZER.OCRAN@STATSGHANA.GOV.GH)/ [REBECCA.NINSON@STATSGHANA.GOV.GH](mailto:REBECCA.NINSON@STATSGHANA.GOV.GH)) RESPECTIVELY. YOU ARE REQUIRED TO PROVIDE COMPLETE AND TRUTHFUL INFORMATION TO THE SURVEY OFFICIALS.

MAY I PLEASE HAVE YOUR PERMISSION TO CONTINUE WITH THIS INTERVIEW?      1. YES      2. NO

HOUSEHOLD IDENTIFICATION	
GPS COORDINATES OF STRUCTURE: .....	<div> <div><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div> </div>
DETAILED ADDRESS OF STRUCTURE: .....	
LOCALITY NAME: .....	
CLUSTER NUMBER .....	
STRUCTURE NUMBER: .....	
HOUSEHOLD NUMBER: .....	
REGION: .....	
DISTRICT: .....	
URBAN =1         RURAL = 2.....	
ECOLOGICAL ZONE: .....	
NAME OF HOUSEHOLD HEAD: .....	
NAME OF FIRST PRINCIPAL RESPONDENT: .....	

INTERVIEWER VISITS				
	QUARTER 1	QUARTER 2	QUARTER 3	FINAL VISIT
DATE	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> INT. ID NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
INTERVIEWER'S NAME & CODE	_____	_____	_____	SUP. ID NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SUPERVISOR'S NAME & CODE	_____	_____	_____	
RESULT	_____	_____	_____	

<b>RESULTS OF INTERVIEW:</b> 1 COMPLETED 2 NO HOUSEHOLD MEMBERS AT HOME OR NO ELIGIBLE RESPONDENTS 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)				<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="text"/>
LANGUAGE OF RESPONDENT <input type="checkbox"/> LANGUAGE OF INTERVIEW <input type="checkbox"/> <b>REFER TO MANUAL FOR LANGUAGE CODES</b> AKAN = 1   GA/DANGBE = 2   EWE = 3   GUAN = 4   GURMA = 5   MOLE-DAGBANI = 6   GRUSI = 7   MANDE = 8   OTHER = 9 (SPECIFY)				

## SECTION 1A: HOUSEHOLD ROSTER AND BACKGROUND CHARACTERISTICS (1)

Start Time:

HOUSEHOLD ROSTER AND BACKGROUND CHARACTERISTICS											
1	2	3	4	5			6	7	8	9	10
MEMBER ID	Name of household member	What is (NAME's) Sex?  Male.....1 Female...2	What is the relationship of (NAME) to head of household?  RELATIONSHIP CODES  Head.....01 Spouse (Wife/Husband/ Living together) .....02 Child (Son/Daughter) .....03 Parent.....04 Parent in-law.....05 Son in-law.....06 Daughter in-law.....07 Grandchild.....08 Great grandchild.....09 Brother/Sister.....10 Step child.....,11 Foster child.....12 Adopted child .....13 Other relative.....14 Non-relative.....15 House-help.....16	What is (NAME)'s date of birth?  <b>IF UNKNOWN, ASK PERSON TO GET BIRTH CERTIFICATE OR ANY NATIONAL ID AND COPY DATE OF BIRTH. IF NOT AVAILABLE, CAREFULLY ESTIMATE IF NOT KNOW CODE</b>  DD = 99 MM = 99  DATE OF BIRTH			How old is (NAME) in completed years?  AGE IN COMPLETED YEARS  AGE	What is (NAME's) current marital status?  Informal/living together.....1 Married (Civil/Ordinance).....2 Married (Customary/Traditional).....3 Married (Islamic).....4 Married (Other type).....5 Separated.....6 Divorced.....7 Widowed.....8. Never married.....9  <b>ANSWER FOR PERSONS 12 YEARS AND OLDER</b>	What is [NAME's] religious affiliation?  Catholic.....1 Protestant (Anglican, Lutheran, Presbyterian, Methodist, etc.).....2 Pentecostal/Charismatic.....3 Other Christian.....4 Islam.....5 Ahmadi.....6 Traditionalist.....6 No Religion.....7 Other (specify).....8	In which country was (NAME) born?  >>11 If born outside Ghana	In which district was (NAME) born?  REFER TO FIELD OFFICER'S MANUAL FOR DISTRICT AND COUNTRY CODES LIST
				DD	MM	YEAR	YRS.				
01											
02											

## SECTION 1A: HOUSEHOLD ROSTER AND BACKGROUND CHARACTERISTICS (2)

[illegible]

## SECTION 1A: HOUSEHOLD ROSTER AND BACKGROUND CHARACTERISTICS (3)

MEMBER ID		DIFFICULTIES IN PERFORMING ACTIVITIES: ANSWER FOR PERSONS AGED 5 YEARS AND OLDER					
		21a SIGHT Does (NAME) have difficulty seeing, even if wearing glasses? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot see at all?	21b HEARING Does (NAME) have difficulty hearing, even if using a hearing aid? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot hear a call?	21c PHYSICAL Does (NAME) have difficulty walking or climbing stairs? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot do at all?	21d INTELLECTUAL Does (NAME) have difficulty remembering or concentrating? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot remember or concentrate at all?	21e SELF-CARE Does (NAME) have difficulty with self-care such as washing all over the body or dressing? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot do at all?	21f SPEECH Using (his/her) usual language, does (NAME) have difficulty communicating (e.g. understanding others or being understood by others)? Will you say that [NAME] has no difficulty, some difficulty, a lot of difficulty or cannot communicate at all?
		<b>Response categories for 21a-f:</b> No difficulty.....1      Yes, a lot of difficulty 3 Yes, some difficulty.....2      Cannot do at all 4					
0	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 1A: HOUSEHOLD ROSTER AND BACKGROUND CHARACTERISTICS (4)

### ANSWER ONLY FOR PERSONS AGED 5 YEARS AND OLDER

22	22a	22b	23	24
Is (NAME) currently working or engaged in any economic activity?  Yes.....1 No.....2 If No, <b>&gt;&gt;SECTION 1B</b>	What is (NAME's) sector of employment?  Public (Government).....1 Semi-public/parastatal.....2 Private formal.....3 Private informal.....4 Local NGOs/CSOs.....5 International NGO/CSO...6 Religious Organization (local).....7 Religious Organization (International)..... 8 International Organizations (Record Code 9)	What is (NAME's) employment status in that establishment/ business/ industry?  Employee.....1 Self-employed without employees....2 Self-employed with employees....3 Casual worker....4 Contributing family worker.....5 Paid apprentice.....6 Unpaid apprentice.....7 Domestic worker (house help, garden boy, etc.)....8 Pensioner...9 <b>&gt;&gt;SECTION 1B</b> Student....10 <b>&gt;&gt;SECTION 1B</b> Other (Specify).....11	What is (NAME's) occupation?  Armed forces occupations.....1  Managers.....2  Professionals.....3  Technicians and associate professionals.....4  Clerical support workers.....5  Service and sales workers.....6  Skilled agricultural, forestry and fishery...7  Craft and related trades workers.....8  Plant and machine operators and assembly.....9  Elementary occupations.....10	What is (NAME's) industry?  Agriculture, forestry and fishing.....1 Mining and quarrying.....2 Manufacturing.....3 Electricity, gas, steam and air conditioning supply.....4 Water supply; sewerage, waste management and remediation activities.....5 Construction.....6 Wholesale and retail trade; repair of motor vehicles and motorcycles.....7 Transportation and storage.....8 Accommodation and food service activities.....9 Information and communication.....10 Financial and insurance activities.....11 Real estate activities.....12 Professional, scientific and technical activities.....13 Administrative and support service activities.....14 Public administration and defence; compulsory social security.....15 Education.....16 Human health and social work activities.....17 Arts, entertainment and recreation.....18 Other service activities.....19 Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use.....20 Activities of extraterritorial organizations and bodies.....21



## SECTION 1B: HOUSEHOLD EXPENDITURE, ASSETS AND LIABILITIES (5)

	1	2	3a	3b	4	5
M E M B E R       I D	What was (NAME's) <b>total</b> income for the past 3 months?	What was (NAME's) <b>total</b> expenditure for the past 3 months?  ..... <b>(Key in the amount IN GHANA CEDIS)</b>	Did (NAME) set aside some of (NAME's) income for tourism purposes over the past 3 months? Yes .....1 No.....2>>4	How much did (NAME) set aside for tourism purposes over the past 3 months?  ..... <b>(Key in the amount in Ghana Cedis)</b>	Does (NAME) own a means of transport?  Yes.....1 <i>if yes select TYPE</i> Bicycle.....A Tricycle.....B Motorbike.....C Saloon.....D SUV.....E Minivan (8 to 23 passengers)...F Bus (24+passengers).....G Boat/ Canoe.....H Donkey/ Horse.....I Other (Specify)....J  No.....2	Has (NAME) or any member of household contracted any loan <b>in the last three months?</b>   Yes.....1 No.....2  Don't know .....3
01						
02						

## SECTION 1C: HOUSEHOLD TRAVEL ROSTER (6)

MEMBER ID	1a				1b				2	3a	3c	4a
	Has (NAME) visited any place outside his/her usual environment (place of residence/work/trade/study) within Ghana in the past 3 months for funeral, marriage ceremony, birthday party, graduation ceremony, business, professional activity, holidays, leisure, recreation, visiting friends and relatives, conventions, conference, workshop, government affairs, culture, festivals, education/training, health treatment, sporting activity, religion/pilgrimages, transit, shopping and others ?				Has (NAME) visited any place outside his/her usual environment (place of residence/work/trade/study) outside Ghana in the past 3 months for funeral, marriage ceremony, birthday party, graduation ceremony, business, professional activity, holidays, leisure, recreation, visiting friends and relatives, conventions, conference, workshop, government affairs, culture, festivals, education/training, health treatment, sporting activity, religion/pilgrimages, transit, shopping and others				What was (NAME's) reason for not undertaking trip(s) in the past 3 months?	Is there any plan for (NAME) to undertake trip(s) in the next 3 months?	What will be the intended purpose of travel in the next 3 months?	Which destination/region would (NAME) like to visit?
	Yes, Domestic same day only.....1 (>>1b)  Yes, Domestic overnight only.....2 (>>1b)  Yes, both Domestic same day and Domestic overnight...3 (>>1b)  No.....4 (>> 2)				Yes, Outbound same day only...1 (>>3a)  Yes, Outbound overnight only.....2 (>>3a)  Yes, both Outbound same day and Outbound overnight...3 (>>3a)  No.....4 (>> 2)				No specific motivation.....1 Economic reasons.....2 Lack of free time due to work/school.....3 Family commitments.....4 Health reasons.....5 Security reasons.....6 Lack of awareness on travel possibilities...7 Other (specify) .....8	Yes .....1 (>>3b)  No.....2  <b>(IF NO, END INTERVIEW)</b>  If q1a or 1b=1,2,3 and q3a =2 >>5a  If q1=4 and q3a=2 >> End interview	Funeral.....A Marriage ceremony.....B Birthday parties.....C Graduation ceremonies.....D Business.....E Professional.....F Holidays, Leisure, Recreation.....G Visiting friends & relatives.....H Conventions/ conference/ workshop.....  Government affairs.....J Culture/ Festivals.....K Education/Training .....L Health Treatment.....M Sporting activity.....N Religion/Pilgrimages.....O Transit.....P Shopping.....Q Other(specify).....R None.....S	<b>(REFER TO MANUAL FOR REGIONS &amp; COUNTRIES)</b>  <b>If q1a and q1b=4&gt;&gt;End interview</b>
01												
02												

## SECTION 1D: DOMESTIC SAME-DAY VISITORS & DOMESTIC OVERNIGHT VISITORS/TOURISTS (7)

T R I P  N U M B E R	<b>5a</b> How many domestic same day/ overnight visits/trips did you make in the past 3 months?  <b>ENTER NUMBER OF TRIPS</b>  <b>Domestic same-day trips.....</b> <b>Domestic overnight trips.....</b>  (Refer to Sec 2A+ Q1)		<b>5b</b> What was the length of stay ( <b>IN HOURS</b> ) of the <b>Same Day trips</b> made by you?  <b>(ENTER NUMBER OF HOURS)</b>  CHECK If number of hours is greater than 24 then consider trip as overnight  >>> 6				<b>5c</b> What was the length of stay ( <b>IN DAYS OR MONTHS</b> ) of the <b>overnight trips</b> made by you?  (Enter number of days or months)  Days    .....  Months  .....  CHECK If length of stay is less than 24 hours then consider trip as same day  >>> 7				<b>6</b> How many destinations did you visit in each <i>same day</i> trips?  <b>Refer to 5b</b>				<b>7</b> How many destinations did you visit in each <i>overnight</i> trips?  <b>Refer to 5c</b>			
	Same day trips	Overnight trips																
	0																	
	1																	
	0																	
	2																	
0																		
3																		
0																		
4																		

**END OF SECTION ONE**