



GOVERNMENT OF GHANA  
1970 POPULATION CENSUS

NAME OF TOWN/VILLAGE  DETAILED ADDRESS OF HOUSE OR COMPOUND	ENUMERATION AREA 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"/>  SERIAL No. OF HOUSE OR COMPOUND WITHIN THE E.A. <input type="text"/> <input type="text"/> <input type="text"/>  SERIAL No. OF HOUSEHOLD WITHIN HOUSE <input type="text"/> <input type="text"/>
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LIST A. USUAL MEMBERS PRESENT

Serial No.	Full Name		Sex	Relationship to head of household
	Surname	Other Names		
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				

Total number of usual members on LIST A

LIST B. VISITORS PRESENT

Serial No.	Full Name		Sex	Relationship to head of household	Usual Residence	
	Surname	Other Names			Village/Town	Local Authority
1						
2						
3						
4						
5						

Total number of visitors on LIST B

Total of LISTS A and B

LIST C. USUAL MEMBERS ABSENT

Serial No.	Full Name		Sex	Age	Relationship to head of household	Present Address
	Surname	Other Names				
1						
2						
3						
4						
5						

LIST OF RELATIONSHIPS TO BE SPECIFIED

- |   |  |  |                                       |                 |
|---|--|--|---------------------------------------|-----------------|
| HEAD—(WIFE OR HUSBAND)<br>SON OR DAUGHTER | FATHER OR MOTHER<br>FATHER'S BROTHER OR SISTER<br>MOTHER'S BROTHER OR SISTER | BROTHER<br>SISTER<br>BROTHER'S SON OR DAUGHTER<br>SISTER'S SON OR DAUGHTER | SON'S CHILDREN<br>DAUGHTER'S CHILDREN | OTHER (SPECIFY) |
|---|--|--|---------------------------------------|-----------------|

**FILL THIS QUESTIONNAIRE FOR ALL PERSONS WHO WERE PRESENT  
PUT A CROSS IN THE APPROPRIATE BOX**

ANSWER FOR EACH PERSON						ANSWER ONLY FOR PERSONS 6 YEARS AND OVER			
1 NAME	2 SEX	3 AGE In completed years only	4 RELATIONSHIP TO HEAD OF HOUSEHOLD	5 BIRTHPLACE		6 NATIONALITY		7 FULL-TIME EDUCATION	
				Where were you born?		What is your nationality?		(a) Have you attended or are you attending school now?	(b) What is the highest type of school you attended?
1	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female		HEAD	<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		
2	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female			<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		
3	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female			<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		
4	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female			<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		
5	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female			<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		
6	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female			<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		
7	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female			<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		
8	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female			<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		
9	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female			<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		
0	1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female			<input type="checkbox"/> In this town/village <input type="checkbox"/> Another town/village in Ghana ..... Specify town/village, Region <input type="checkbox"/> Outside Ghana ..... Specify country	00 <input type="checkbox"/> Ghana  <input type="checkbox"/> Other ..... Specify country	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Past 3 <input type="checkbox"/> Now	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary ..... Other specify		

**IN THE HOUSEHOLD ON CENSUS NIGHT (LIST A AND LIST B).  
WRITE THE ANSWER ON THE DOTTED LINE**

15 YEARS AND OVER	ANSWER ONLY FOR PERSONS AGED 15 YEARS AND OVER					
PERSON	8 TYPE OF ACTIVITY		ANSWER ONLY FOR PERSONS WHO WORKED FOR AT LEAST ONE DAY DURING THE LAST 4 WEEKS			
(c) What is the highest grade you attained?	(a) Did you do any work for at least one day during the last 4 weeks?	(b) IF NO How were you mainly occupied during the last 4 weeks?	9 OCCUPATION IF YES (to 8a) What kind of work did you do?	10 INDUSTRY		11 EMPLOYMENT STATUS
				(a) Name and Address of establishment where you worked	(b) Main product or service of this establishment	
1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> YES   <input type="checkbox"/> NO	2 <input type="checkbox"/> Homemaker 3 <input type="checkbox"/> Unemployed ..... Other specify		..... Name ..... Address .....		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed and employs others 3 <input type="checkbox"/> Self-employed without other employees 4 <input type="checkbox"/> Unpaid family worker ..... Other specify
1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> YES   <input type="checkbox"/> NO	2 <input type="checkbox"/> Homemaker 3 <input type="checkbox"/> Unemployed ..... Other specify		..... Name ..... Address .....		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed and employs others 3 <input type="checkbox"/> Self-employed without other employees 4 <input type="checkbox"/> Unpaid family worker ..... Other specify
1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> YES   <input type="checkbox"/> NO	2 <input type="checkbox"/> Homemaker 3 <input type="checkbox"/> Unemployed ..... Other specify		..... Name ..... Address .....		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed and employs others 3 <input type="checkbox"/> Self-employed without other employees 4 <input type="checkbox"/> Unpaid family worker ..... Other specify
1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> YES   <input type="checkbox"/> NO	2 <input type="checkbox"/> Homemaker 3 <input type="checkbox"/> Unemployed ..... Other specify		..... Name ..... Address .....		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed and employs others 3 <input type="checkbox"/> Self-employed without other employees 4 <input type="checkbox"/> Unpaid family worker ..... Other specify
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1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> YES   <input type="checkbox"/> NO	2 <input type="checkbox"/> Homemaker 3 <input type="checkbox"/> Unemployed ..... Other specify		..... Name ..... Address .....		1 <input type="checkbox"/> Employee 2 <input type="checkbox"/> Self-employed and employs others 3 <input type="checkbox"/> Self-employed without other employees 4 <input type="checkbox"/> Unpaid family worker ..... Other specify
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