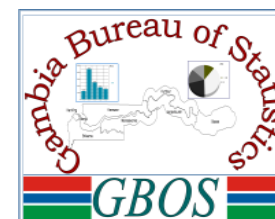




**INTEGRATED HOUSEHOLD SURVEY  
ON CONSUMPTION  
EXPENDITURE AND POVERTY  
LEVEL ASSESSMENT  
2015/16**



**THE GOVERNMENT OF THE GAMBIA**

**GAMBIA BUREAU OF STATISTICS**

**PART ONE: HOUSEHOLD QUESTIONNAIRE**

**THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY**

**A. IDENTIFICATION PANEL**

Interviewer .....  
Interview Date .....  
Interviewer Code ...../.....  
Quarter { 1, 2, 3, 4 } [ ]

Local Government Area (LGA) [ ]			
Banjul	1	Kerewan	5
Kanifing	2	Kuntaur	6
Brikama	3	Janjangbureh	7
Mansakonko	4	Basse	8

District name ..... [ \_ \_ ]  
Settlement Name ..... [ \_ \_ \_ \_ ]  
Area 1 - Urban 2 - Rural [ ]  
E.A. Number [ \_ \_ \_ \_ ]  
Selected household (1-20) [ \_ \_ ]  
GPS Coordinates at compound entrance: FID [ \_ \_ \_ \_ ] XUTM [ \_ \_ \_ \_ ] YUTM [ \_ \_ \_ \_ ]

Name of Household Head: .....

Address: .....

Tel: .....

*{the tel. numbers would be used to contact the respondents to confirm details submitted}*

Supervisor .....

Supervisor Code: ...../.....

Checking date .....

**B. DATA ENTRY**

Coder/verifier .....

Coder/verifier Code: ...../.....

Coding date .....

Operator .....

Operator Code: ...../.....

Entry date .....

**Survey form number for this household [ ] of [ ]**

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**SECTION 0: HOUSEHOLD PARTICULARS**

		Categories & code				Code
<b>1</b>	<b>Has the above household been identified and accepted to be interviewed?</b>	Yes	1	<b>&gt;&gt;Q3 IF Q1=1</b>		
		No, different household	2	No, refusal	5	<b>} IF Q1=2, 3, 4, 5, 6, 9</b>
		No, dwelling not found	3	No, dwelling empty	6	<b>} REFER TO SUPERVISOR</b>
		No, illness, death	4	No, Other (specify) ... ..	9	<b>} FOR REPLACEMENT</b>
<b>2</b>	<b>HOUSEHOLD TO BE INTERVIEWED</b>					
	<b>Name of head</b>	... .. Supervisor will code this question after assigning				
	<b>Address</b>	... .. a new household for interview if replaced				[ ]
	<b>Telephone</b>	... ..				

**HEAD OF HOUSEHOLD****(Person responsible for main decisions)**

		Categories & code				Code
<b>3</b>	<b>Sex of the household head?</b>	Male	1			
		Female	2			[ ]
<b>4</b>	<b>Is the head of household present?</b>	Yes	1	<b>&gt;&gt;Q7 IF Q4=1</b>		
		No	2			[ ]
<b>5</b>	<b>How long has he/she been absent?</b>	Less than one week	1	Between 4 and 5 months	4	
		Between 1 week and 1 month	2	6 months and above	5	
		Between 1 and 3 months	3			[ ]
<b>6</b>	<b>In this person's absence, who is responsible for the main decisions?</b>	Insert ID number from Roster (Q4) after completing household roster				[ ]

**INTERVIEW DETAILS**

		Categories & code				Code
<b>7</b>	<b>Respondent's line number</b>	Insert ID number from Roster (Q4) after completing household roster				[ ]
<b>8</b>	<b>Did household use an Interpreter?</b>	Yes	1			[ ]
		No	2			
<b>9</b>	<b>Language used by respondent at interview?</b>	Mandinka	1	Sarahule	6	Other 10
		Wollof	2	Manjago	7	
		Fula	3	English	8	
		Jola	4	Serrer	9	[ ]



**SECTION 1: HOUSEHOLD ROSTER***For all household members*

1	2	3	4	5	6	7
	Name of household member	What is [NAME]'s date of birth?	How old is [NAME]?	Sex	What is [NAME]'s relationship to the household head?	What is [NAME]'s nationality (citizenship)?
<b>I D N U M B E R</b>	<b>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</b>  <b>CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.</b>	<b>IF MONTH AND/OR YEAR ARE UNKNOWN, RECORD "DK"</b>  <b>AT THE MINIMUM YEAR MUST BE RECORDED.</b>	<b>RECORD BOTH <u>YEARS</u> AND <u>MONTHS</u> IF LESS THAN/EQUAL TO 6 YEARS</b>  <b>AGE MUST BE IN COMPLETE YEARS FOR PERSONS OVER 6 YEARS</b>	Male 1	Head 1	Gambian 1
				Female 2	Wife/husband 2	Senegalese 2
					Co-wife 3	Guinea 3
					Son or daughter by birth 4	Guinea (Bissau) 4
	Adopted/foster/stepchild 5	Mauritanian 5				
	Niece/Nephew 6	Malian 6				
	Brother/sister 7	Sierra Leonean 7				
	Son/daughter-in-law 8	Nigerian 8				
	Grandchild 9	Ghanaian 9				
	Parent 10	Other West Africa 10				
	Step-parent 11	Other African 11				
	Parents-in-law 12	Non Africans 12				
	Other relatives 13	Other (specify) 99				
	Not related 14	>>Q9 IF Q7>=2				
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						

					<i>Father information for all persons</i>					
1	8	9	10	11	12	13	14	15	16	
	What is [NAME]'s ethnicity?	What is [NAME]'s religion?	What is [NAME]'s marital status?	What is [NAME]'s type of union?	Is [NAME]'s father alive?	Does [NAME]'s father live in this household?	Line number of father	What was [NAME]'s father's highest education level attained?	What was highest grade completed by [NAME]'s father at this level?	
<b>I D N U M B E R</b>	Mandinka/ 1	Islam 1	Never 1	Monogamous 1	Yes 1	Yes 1	<b>COPY ROSTER ID NUMBER (Q4)</b>	Early childhood (1-4) 0	<b>NUMBER OF YEARS ATTAINED FOR THIS LEVEL</b>	
	Jahanka 1	Christianity 2	Married 1	Poly (2 spouses) 2	No 2	No 2		Primary (1-6) 1		
	Fula/Tukulur/ 2	Traditional 3	Married 2	Poly (3 spouses) 3	>>Q15 IF Q12=2	>>Q15 IF Q13=2		Lower Sec 2		
	Lorobo 2	Other 9	Cohabit/live together 3	Poly (4 spouses) 4				Upper Sec 3		
	Wolof 3	(specify)	Divorced 4	Poly (5+ spouses) 5				Non-tertiary 4		
	Jola/Karoninka 4		Separated 5					Teacher training 5		
	Sarahulleh 5		Widowed 6					Tertiary (diploma) 6		
	Serrer 6							Bachelors 7		
	Creole/Aku 7							Masters 8		
	Marabout 7							Doctoral 9		
Manjago 8				Never attended 10						
Bambara 9				Don't know 98						
	Other (specify) 10							>>Q17 IF Q15=10 OR Q15=98		
	<b>ONLY IF Q7=1</b>		<b>ALL RESPONDENTS 10+ YEARS &gt;&gt;Q12 IF Q10=1 OR Q10&gt;=4</b>				<b>FATHER ID</b>			
1										
2										
3										
4										
5										
6										
7										
8										
9										
0										

				<i>Mother information for all persons</i>			
1	17		18	19	20	21	22
I D  N U M B E R	What is/was [NAME]'s father industry of occupation?		Is [NAME]'s mother alive?	Does [NAME]'s mother live in this household?	Line number of mother	What was [NAME]'s mother highest education level attained?	What was highest grade completed by [NAME]'s mother at this level?
			Yes 1 No 2 >>>Q21 IF Q18=2	Yes 1 No 2 >>>Q21 IF Q19=2	COPY ROSTER ID NUMBER (Q4)	Early childhood (1-4) 0 Primary (1-6) 1 Lower Sec 2 Upper Sec 3 Non-tertiary 4 Teacher training 5 Tertiary (diploma) 6 Bachelors 7 Masters 8 Doctoral 9 Never attended 10 Don't know 98	NUMBER OF YEARS ATTAINED FOR THIS LEVEL
	INDUSTRY WRITTEN DESCRIPTION	FOR OFFICE CODING	MOTHER ID			>>Q23 IF Q21=10 OR Q21=98	
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							



1	23	
I D  N U M B E R	What is/was [NAME]'s mother industry of occupation?	
	INDUSTRY WRITTEN DESCRIPTION	FOR OFFICE CODING
1		
2		
3		
4		
5		
6		
7		
8		
9		
0		



**SECTION 2A: HEALTH - GENERAL***For all household members*

1	2	3		4		5		6		7	
I D N U M B E R	For the last two weeks has [NAME] been sick/injured?	During the last 2 weeks, what symptoms has [NAME] suffered from?		Did [NAME] consult a health provider for this illness/injury last 2 weeks for MAIN illness?		What was the main reason that [NAME] did not visit a health practitioner during his/her illness?		During the last 2 weeks who diagnosed [NAME]'s sickness/injury?		For how many days during the last 2 weeks was [NAME] too ill not to do his/her usual activities?	
	Yes 1 No 2 >>>Q8 IF Q2=2	Fever 1 Diarrhea 2 Vomiting 3 Abdominal pain 4 Cough - blocked nose 5 Cough - chest problem 6 Cough - both blocked nose & chest problem 7 High blood pressure 8	Eye infection 9 Skin infection 10 Swelling 11 Headache 12 Accident/Injury 13 Dizziness 14 Anemia 15 Other (specify) 99	Yes 1 >>>Q6 IF Q4=1 No 2	Too far 1 Too expensive 2 Waiting time too long 3 No privacy 4 Lack of medical supplies 5 No faith in healing power 6 Unfriendly staff 7 Unqualified staff 8 Cost of transport 9 Indecision 10 Other (specify) 99	Traditional healer/Marabout 1 Midwife/Nurse 2 Doctor 3 VHW/TBA 4 Dentist 5 Pharmacy worker 6 Self 7 Non-HH member (non-medical) 8 Other (specify) 9	RECORD "00" IF NONE				
	MAIN	SECOND	MAIN	SECOND	MAIN	SECOND	MAIN	SECOND	MAIN	SECOND	DAYS
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

1	8	9	10	11	12	13	14
	Did [NAME] visit a health provider for any other health related reason (preventive services) in the last 2 weeks?	What was the reason for [NAME]'s visit? ONLY IF Q4=1 (MAIN ILLNESS/SICKNESS) OR Q8=1	What type of facility did [NAME] visit?	Where is the location of facility visited by [NAME]?	What is the distance from [NAME]'s house to health care facility visited?	How long did [NAME] take to travel for the consultation?	What was the main mode of transport to the facility used by [NAME]?
I D  N U M B E R	Yes 1	Illness 1	Public hospital 1	Banjul 1	RECORD TO ONE DECIMAL PLACE	RECORD IN COMPLETED MINUTES	Foot 1
	No 2	Injury 2	Public health center 2	Kanifing 2			>>Q16 IF Q12=1
	>>Q25 IF Q8=2	Vaccination 3	Public Clinic 3	Other district in region 3			Vehicle 2
	ONLY THOSE WHO RESPONDED Q2=2	Pre-natal 4	Private hospital 4	Other town/village in district 4			Cart 3
		Post-natal 5	Private health center 5	Same town/village 5			Bicycle/ motorcycle 4
		Checkup/diagnosis 6	Private Clinic 6	Other Region 6			Ferry/Boat 5
		Referral 7	Pharmacy 7	Outside The Gambia 7			Other, (specify) 9
		Labour (birth) 8	Other (specify) 9				
		Family planning 9					
		Dental services 10					
	Other (specify) 99						
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							

								Last two weeks			
1	15	16	17	18			19	20			
I D  N U M B E R	How much did [NAME] pay to travel to the health care facility?	How long did [NAME] wait for the services to be rendered?	Was [NAME] satisfied with the service offered?	Why was [NAME] not satisfied with the health provider services?			Did [NAME] pay for the health care services provided?	How much was spent on ..... by [NAME]?			
	RECORD "00" IF NONE	RECORD IN COMPLETE MINUTES	Yes 1 >>Q19 IF Q17=1 No 2	Too expensive 1 Waiting time too long 2 No privacy 3 Lack of medical supplies 4 No faith in healing power 5 Unfriendly staff 6 Inadequate staff 7 Unqualified staff 8 Other (specify) 9 MAX OF THREE MAIN REASONS BY RANK	Yes 1 No 2 >>Q23 IF Q19=2						
						NOTE: IF RESPONDENT CAN REMEMBER THE TOTAL AND ONLY REMEMBER SOME CATEGORIES RECORD THE CATEGORIES THEY REMEMBER AND PUT THE TOTAL IN Q20L. FOR THE OTHER CATEGORIES, MAKE SURE TO RECORD "DK". FOR THESE HOUSEHOLDS Q20A-Q20K DO NOT ADD UP TO THE TOTAL IN Q20L.					
						A	B	C	D		
						DALASIS	DALASIS	DALASIS	DALASIS		
AMOUNT	MINUTES		A	B	C						
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

## Last two weeks

1		20							
		How much was spent on ..... by [NAME]?							
		X-ray	Scanning	Ambulance Service	Child birth/delivery	Immunization	Medicines (Prescriptions and over-the-counter)	Other charges	Total expenditure
I D N U M B E R									<b>IF THE BREAKDOWN IS UNKNOWN, RECORD AGGREGATE HERE AND RECORD 20A- 20K AS "DK"</b>
	<b>NOTE: IF RESPONDENT CAN REMEMBER THE TOTAL AND ONLY REMEMBER SOME CATEGORIES RECORD THE CATEGORIES THEY REMEMBER AND PUT THE TOTAL IN Q20L. FOR THE OTHER CATEGORIES, MAKE SURE TO RECORD "DK". FOR THESE HOUSEHOLDS Q20A-Q20K DO NOT ADD UP TO THE TOTAL IN Q20L.</b>								
	E	F	G	H	I	J	K	L	
	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	0								

1	21	22	23	24	25	26	27
I D N U M B E R	What was [NAME]'s main mode of payment for Q20?	Who paid most of the cost of treatment including transport, medication etc.?	Is this the nearest health facility to your home?	What were the main reasons for by passing the facility nearest to your home (MULTIPLE RESPONSES ALLOWED) TWO MAIN REASONS	During the last 12 months, was [NAME] hospitalized or had an overnight stay(s) in a medical facility?	During the last 12 months, did [NAME] stay overnight(s) at a traditional healer's, herbalist or faith healer's dwelling?	How much was spent on hospitalization by [NAME] last 12 months in medical facility and traditional healer?
	Cash 1	Self 1	Yes 1	Unfriendly staff 1	Yes 1	Yes 1	<div>MEDICAL FACILITY</div> <div>DALASIS</div> <div>TRADITIO-NAL HEALER</div> <div>DALASIS</div>
	Institutional 2	Spouse 2	>>Q25	Long waiting time 2	No 2	No 2	
	Insurance scheme 2	Father 3	IF Q23=1	Medicine unavailable 3		>>NEXT SECTION	
	Given chance to pay later (credit) 3	Mother 4	No 2	Staff are unqualified 4		Q25=2 AND Q26=2	
	Private health insurance 4	Son/daughter 5		Services are expensive 5			
	Waived/exempted 5	Brother/sister 6		Service not rendered 6			
	Paid in kind 6	Other male relative 7		Dirty facility 7			
	Don't know 9	Other female relative 8		Would have paid 8			
	Other (Specify) 10	Male non-relative 9		No privacy 9			
	Female non-relative 10		Was referred 10				
	Other (specify) 99		Other (specify) 99				
				MAIN SECOND			
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							

**SECTION 2B: HEALTH - EBOLA AWARENESS***All household members 15 years and above*

1	2	3	4					5								6	
			Is [NAME] aware of the symptoms of a person infected with Ebola?					Does [NAME] know how Ebola is transmitted?								Does [NAME] know how one can avoid getting Ebola?	
I D  N U M B E R	MARK X IF [NAME] IS 15 YEARS AND ABOVE	Has [NAME] ever heard of Ebola or an illness called Ebola?	HIGH FEVER/ HEADACHE.....A VOMITING BLOOD.....B BLEEDING THROUGH ORGANS.....C DIARRHOEA.....D OTHER (specify).....E					DIRECT CONTACT WITH BODY FLUIDS.....A CONTACT WITH SURFACES AND MATERIALS OF INFECTED PERSONS.....B CONTACT WITH BATS.....C EATING BUSH MEAT.....E BLOOD TRANSFUSION.....D THROUGH AIR, WATER OR FOOD.....F THROUGH MOSQUITOS/INSECTS.....G OTHER (specify).....H								Yes 1 No 2	
	Use SECTION 1 Roster (Q4) to identify eligible members	Yes 1 No 2 Don't know 3															
		>>NEXT SECTION IF Q3=2 OR Q3=4	ASK FOR EACH OPTION					ASK FOR EACH OPTION									
			1 = Yes 2 = No 3 = Don't know					1 = Yes 2 = No 3 = Don't know								>>Q8 IF Q6=2	
			A	B	C	D	E	A	B	C	D	E	F	G	H		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
0																	

1		2		7					8		9										
I D  N U M B E R	MARK X IF [NAME] IS 15 YEARS AND ABOVE	How can [NAME] prevent from getting Ebola?					Has [NAME] received any information of how [NAME] can protect self from the Ebola virus?		From whom did [NAME] receive information on protecting self from the Ebola virus?												
		PRACTICE CAREFUL HYGIENE.....A DO NOT HANDLE ITEMS FROM INFECTED PERSON.....B AVOID DIRECT UNPROTECTED CONTACT WITH INFECTED PERSON.....C AVOID FUNERALS/BURIAL RITUALS THAT REQUIRE HANDLING INFECTED BODY.....D AVOID EATING BUSH MEAT.....E AVOID CONTACT WITH BATS.....F OTHER (specify).....G					Yes 1 No 2 >>NEXT SECTION IF Q8=2		RADIO.....A TELEVISION.....B NEWSPAPERS/MAGAINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E CHURCHES/MOSQUES.....F SCHOOLS/TEACHERS.....G VILLAGE SUPPORT GROUP.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER (specify).....K												
	Use SECTION 1 Roster (Q4) to identify eligible members	ASK FOR EACH OPTION							ASK FOR EACH OPTION												
		1 = Yes 2 = No 3 = Don't know							1 = Yes 2 = No 3 = Don't know												
		A	B	C	D	E	F	G		A	B	C	D	E	F	G	H	I	J	K	
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
0																					

**SECTION 2C: HEALTH - DISABILITY***All household members 2 years and above*

		Disability				
1	2	3	3			
<b>I D  N U M B E R</b>	<b>MARK X IF [NAME] IS 2 YEARS AND ABOVE</b>	<b>Does [NAME] have any form of disability?</b>	<b>What type of disability does [NAME] mainly have?</b>			
			<b>MAX OF 3 OPTIONS</b>			
		Yes 1	Visual	1		
		No 2	Hearing/speaking	2		
		<b>&gt;&gt;NEXT SECTION IF Q3=2</b>	Physical (moving)	3		
	<b>Use SECTION 1 Roster (Q4) to identify eligible members</b>		Physical (hand/feet)	4		
			Mentally ill	5		
			Epilepsy	6		
			Learning difficulty	7		
			Others (specify)	8		
			<b>1 (MAIN)</b>	<b>2</b>	<b>3</b>	
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						



**SECTION 2D: HEALTH - SMOKING***All household members 10 years and above*

1	2	3	4		5	6
I D  N U M B E R	MARK X IF [NAME] IS 10 YEARS AND ABOVE	Is [NAME] currently smoke?	For how long has [NAME] been smoking		Does [NAME] smoke every day?	How many cigarettes does [NAME] smoke per day?
	Use SECTION 1 Roster (Q4) to identify eligible members	Yes 1 No 2 Don't know 99 >>>NEXT SECTION IF Q3=2 OR Q3=99	RECORD "DK" IF DON'T KNOW		Yes 1 No 2 >>>NEXT SECTION IF Q5=2	>>NEXT SECTION FOR ANY RESPONSE  RECORD "DK" IF DON'T KNOW
			YEARS	MONTHS		NUMBER
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						

**SECTION 2E: HEALTH - CHILD HEALTH***For all household members less than and equal to 5 years*

1	2	3	4				5		6	7	8
I D  N U M B E R	MARK X IF [NAME] IS 5 YEARS AND BELOW	MOTHER ID	Enter [NAME]'s date of birth?				Where was [NAME] delivered?		What type of facility [NAME] go to for this delivery?	Who assisted in birth of [NAME]?	Has [NAME] ever breastfed?
	Use SECTION 1 Roster (Q4) to identify eligible members	ENTER "00" IF DECEASED/N OT A HH MEMBER  Use SECTION 1 Roster (Q4) to identify Mother's ID NUMBER	CHILD SHOULD NOT HAVE BEEN BEFORE 2010				Hospital 1 Health center 2 Health clinic 3 At home 4 Other (specify) 9  >> Q7 IF Q5=4 AND Q5=9		Public 1 Private 2	Doctor 1 Midwife/nurse 2 Traditional birth attendant (TBA) 3 Trained Traditional birth attendant (TTBA) 4 Self 5 Other (specify) 6 Don't know 9	Yes 1 No 2  >>Q12 IF Q8=2
			D	D	M	M	Y	Y	Y	Y	
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

1	2	9	10	11	12	13	14	15	16	17
I D  N U M B E R	MARK X IF [NAME] IS 5 YEARS AND BELOW	Is [NAME] currently breast feeding?	For how long was [NAME] breastfed?	For how many months was [NAME] exclusively breastfed?	Has [NAME] ever participated in any community nutrition programs?	Has [NAME] ever participated in Severe Acute Malnutrition (SAM) + Moderate Acute malnutrition (MAM) nutrition programs?	Has [NAME] ever participated in deworming programs?	Has [NAME] ever participated in anemia programs?	Has [NAME] participated in the Growth Monitoring Clinic?	Does [NAME] have a vaccination card/paper where vaccinations are written down?
	Use SECTION 1 Roster (Q4) to identify eligible members	Yes 1 No 2	TOTAL LENGTH BREASTFED	RECORD "DK" IF DON'T KNOW	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes, seen 1 Yes, not seen 2 No card/paper 3
			MONTHS	MONTHS						
1										
2										
3										
4										
5										
6										
7										
8										
9										
0										

1	2	18	19	20	21	22	23	24	25
I D  N U M B E R	MARK X IF [NAME] IS 5 YEARS AND BELOW	Has [NAME] ever been given a BCG vaccine against tuberculosis (injection given on the left hand and leaves a scar)	Ask/Check whether [NAME] has a BCG scar on the left arm	Has [NAME] ever been given any vaccination drops in the mouth to protect one from getting POLIO	How old was [NAME] when the first POLIO dose was given?	How many more times was [NAME] given POLIO drops since the first dose?	Has [NAME] ever been given any vaccination on the thigh/buttocks to prevent from getting Tetanus, Whooping cough and Diphtheria (DPT)?	How many times was [NAME] given DPT doses?	Has [NAME] ever been given any vaccination into the muscle of the thigh or upper arms at the age of 9 months or later to prevent from measles?
	Use SECTION 1 Roster (Q4) to identify eligible members	Yes 1 No 2 >>>Q20 IF Q18=1	Yes 1 No 2  IF SCAR AVAILABLE AND Q18=2 RECORD Q18=1	Yes 1 No 2 >>>Q23 IF Q20=2		RECORD "DK" IF UNKNOWN  RECORD "00" IF NONE	Yes 1 No 2 >>>Q25 IF Q23=2	RECORD "DK" IF UNKNOWN  RECORD "00" IF NONE	Yes 1 No 2 >>>NEXT SECTION IF Q25=2
					MONTHS	NUMBER		NUMBER	
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

## SECTION 2F: HEALTH - FERTILITY

All females 12 years and above (Q2-Q9)														
1		2	3	4	5		6		7		8		9	
I D  N U M B E R		MARK X IF [NAME] IS 12 YEARS AND ABOVE  Use SECTION 1 Roster (Q4) to identify eligible members	Has NAME ever been pregnant?	Has [NAME] ever given birth (live birth) to any child?	How many children has [NAME] ever given birth to (live birth)?  TOTAL NUMBER OF BIRTHS		How many of [NAME]'s children are living in this household?		How many of [NAME]'S children are living elsewhere?		How many of [NAME]'s have died?		Has [NAME] given birth (live birth) in the last 12 months?	
			Yes 1 No 2	Yes 1 No 2	Q5=Q6+Q7+Q8  AFTER COMPLETING Q6, Q7 AND Q8, CHECK Q5 (TOTAL)								Yes 1  IF Q9=1 CONTINUE  No 2  >>NEXT SECTION IF Q9=2	
			>>NEXT SECTION IF Q3=2		>>NEXT SECTION OF Q4=2									
			NUMBER		NUMBER		NUMBER		NUMBER					
			Male	Female	Male	Female	Male	Female	Male	Female				
		3	4	5A	5B	6A	6B	7A	7B	8A	8B	9		
1														
2														
3														
4														
5														
6														
7														
8														
9														
0														

Females 15 to 49 years only (Q11 onwards) births last 12 months only														
1		10	11	12		13			14	15	16	17	18	
I D  N U M B E R		MARK X IF [NAME] IS 15-49 YEARS  Use SECTION 1 Roster (Q4) to identify eligible members	How many live births has [NAME] delivered in the last 12 months?	What is the total number of children [NAME] had in the last 12 months (live births)?		Enter date of birth of the last delivery?			Was [NAME]'s child male or female?  FOR LAST CHILD	Where did [NAME] delivery occur?  FOR LAST CHILD	What type of facility did [NAME] go to for this delivery?  FOR LAST CHILD	What was the birth weight of child born LAST?  FOR LAST CHILD	Is that child still alive?  FOR LAST CHILD	
			EITHER 1 OR 2 LIVE BIRTHS CAN HAPPEN IN A PERIOD OF 12 MONTHS	M A L E  F E M A L E		LAST BIRTH ONLY IF MULTIPLE BIRTHS IN 12 MONTHS  M M Y Y Y Y			Male 1 Female 2  If more than one child, ENTER INFORM- ATION FOR LAST CHILD BORN	Hospital 1 Health center 2 Health clinic 3 At home 4 Other 9  >>Q17 IF Q15=4 OR Q15=9	Public 1 Private 2	IF VACCINE CARD AVAILABLE USE IT TO RECORD INFORMATION  IF BIRTHWEIGHT IS UNKNOWN RECORD "DK"  KG IN ONE DECIMAL PLACE	Yes 1 No 2	
														NUMBER
														10
1														
2														
3														
4														
5														
6														
7														
8														
9														
0														



1		10		11		12				13			14			15		
		What type of school does [NAME] attend?		Was [NAME] attending school last year?		What level was [NAME] attending last year?				What is distance from [NAME]'s home to school currently attending?			How much time does [NAME] usually spend going to school daily?			What is [NAME]'s usual mode of transport to the school?		
I D N U M B E R		Government	1	Yes	1	Early childhood (1-4)	0	US-2	32	ONLY IF Q8=1			ONLY IF Q8=1			ONLY IF Q8=1		
		Private	2	No	2			US-3	33									
		Grant-in-aid	3					US-4	34									
		Madrassah	4					US-5	35									
					>>Q13 IF Q11=2 AND Q8=1	P-1	11	US-6	36	ONE DECIMAL PLACE			COMPLETE MINUTES			Foot 1 Vehicle 2 Part foot/part vehicle 3 Cart 4 Bicycle 5 Motorcycle 6 Other (specify) 9		
					P-2	12	US-7	37										
					P-3	13	Teacher training	41										
					P-4	14	Nursing/public health	42										
					>>Q19 IF Q11=2 AND Q8=2	P-5	15	Non-tertiary	43	ONE WAY			ONE WAY					
					P-6	16	Tertiary (Diploma)	44										
				LS-1	21	Bachelors	51											
				LS-2	22	Masters	52											
					LS-3	23	Doctoral	53	KILOMETRES			MINUTES						
					US-1	31												
		>>Q16 IF Q11=1 AND Q8=2																
	1												.					
	2												.					
	3												.					
	4												.					
	5												.					
	6												.					
	7												.					
	8												.					
	9												.					
	0												.					



*For only those <=24 YEARS AND NOT CURRENTLY AT SCHOOL*

1	16	17	18	19	20	21
I D  N U M B E R	Did [NAME] have an interruption for a month or more in the last 12 months?	For how long did [NAME] stay away from school in the last 12 months ?	What was the MAIN reason for the interruption last 12 months?	MARK X IF [NAME] IS 24 YEARS AND BELOW	Why is [NAME] not presently attending school? ONLY IF [NAME] HAS EVER ATTENDED SCHOOL BUT NOT CURRENTLY IN SCHOOL	Given the opportunity now, would [NAME] go back to school?
	ONLY IF Q8=1	ONLY IF Q8=1	ONLY IF Q8=1	Use SECTION 1 Roster (Q4) to identify eligible members	Completed level 1	Yes 1
	Yes 1 No 2 >>NEXT SECTION IF Q16=2		Unable to pay fees 1 Necessity to work 2 Illness 3 Suspension 4 Travel 5 Pregnancy 6 Other (specify) 9  >>NEXT SECTION FOR ANY REPOSE		Too far away 2 Too expensive 3 Working 4 Not useful/interesting 5 Illness 6 Pregnancy 7 Failed Exams 8 Got married 9 Awaiting admission 10 Dismissed 11 Other (specify) 99  MAIN REASON ONLY	No 2
		MONTHS				
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						

**SECTION 3B: EDUCATION - EXPENDITURE***For persons who are ATTENDED SCHOOL LAST ACADEMIC YEAR (Q8=1 or Q11=1 in SECTION 3A)*

1	2	3	4	5	6	7	8	9	10
I D  N U M B E R	MARK X IF Q2=1 AND Q8=1 IN SECTION 3A AND ATTENDED SCHOOL LAST 12 MONTHS. COMPLETE THIS BEFORE PROCEED- ING WITH INTERVIEW	How much was spent on ..... for [NAME]'s education in the current academic year by household members?							
		School and registration fees	Contributions to Parents Teachers Association (PTA)	Uniforms and sports clothes	Text Books	School supplies (exercise books, set box, badges etc.)	Transport to and from school	Lunch and pocket money, school meals	Examination fees
		NOTE: IF RESPONDENT CAN REMEMBER THE TOTAL AND ONLY REMEMBER SOME CATEGORIES RECORD THE CATEGORIES THEY REMEMBER AND PUT THE TOTAL IN Q14. FOR THE OTHER CATEGORIES, MAKE SURE TO RECORD "DK". FOR THESE HOUSEHOLDS Q3-Q12 DO NOT ADD UP TO THE TOTAL IN Q14.							
		DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

1	2	11	12	13	14	15	16	17
I D  N U M B E R	MARK X IF Q2=1 AND Q8=1 IN SECTION 3A AND ATTENDED SCHOOL LAST 12 MONTHS. COMPLETE THIS BEFORE PROCEED- ING WITH INTERVIEW	How much was spent on ..... for [NAME]'s education in the current academic year by HH				Who is mainly responsible for paying these education expenses for [NAME] last academic year?	Did anyone else provide assistance for [NAME]'s education expenses last academic year?	How much was this assistance valued at for the academic year?
		Extra classes	Other expenses (excluding educational insurance) cash and in kind	IF EDUCATION COSTS CANNOT BE CLASSIFIED BY THE CATEGORIES RECORD TOTAL COSTS HERE	Total expenses			
		NOTE: IF RESPONDENT CAN REMEMBER THE TOTAL AND ONLY REMEMBER SOME CATEGORIES RECORD THE CATEGORIES THEY REMEMBER AND PUT THE TOTAL IN Q14. FOR THE OTHER CATEGORIES, MAKE SURE TO RECORD "DK". FOR THESE HOUSEHOLDS Q3-Q12 DO NOT ADD UP TO THE TOTAL IN Q14.		RECORD Q3-Q12 AS "DK" IF ANY AMOUNT IS RECORDED HERE	Q14=SUM OF Q3-Q13	Father 1 Mother 2 Both parents 3 Brother 4 Sister 5 Other (specify) 9	Yes 1 No 2  >>NEXT PERSON IF Q16=2	
		DALASIS	DALASIS	DALASIS	DALASIS			
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								

**SECTION 3C: EDUCATION - LITERACY**

<i>For persons 7 years and above (Q2-Q7)</i>							<i>For persons 15 years and above (Q8-Q11)</i>							
1	2	3	4	5	6	7	8	9	10	11				
I D  N U M B E R	<b>MARK X IF [NAME] IS 7 YEARS AND ABOVE</b>  <b>Use SECTION 1 Roster (Q4) to identify eligible HH members</b>	Can [NAME] write a letter in any language?	In what language can [NAME] write a letter? MOST PROFICIENT	Can [NAME] read a simple letter in any language?	In what language can [NAME] read a letter? MOST PROFICIENT	Can [NAME] do simple calculations in Roman or Arabic numbers?	<b>MARK X IF [NAME] IS 15 YEARS AND ABOVE</b>  <b>Use SECTION 1 Roster (Q4) to identify eligible HH members</b>	Has [NAME] ever attended adult literacy course?	When did [NAME] attend adult literacy course?	For how long has [NAME] attended this course?				
		Yes 1 No 2 >>>Q5 IF Q3=2	English 1 Arabic 2 Mandinka 3 Fula 4 Wolof 5 Jola 6 Sarahulleh 7 Serrer 8 Manjago 9 Other (specify) 10	Yes 1 No 2 >>>Q7 IF Q5=2	English 1 Arabic 2 Mandinka 3 Fula 4 Wolof 5 Jola 6 Sarahulleh 7 Serrer 8 Manjago 9 Other (specify) 10	Yes 1 No 2		Yes 1 No 2 >>>NEXT PERSON IF Q9=2	6 months ago 1 7-12 months ago 2 >1-2 years ago 3 3-5 years ago 4 >5+ years ago 5  <b>RECORD ONLY MOST RECENT</b>					
										YEARS	MONTHS			
		1												
		2												
		3												
		4												
		5												
		6												
		7												
8														
9														
0														

**SECTION 3D: EDUCATION - TRAINING***For persons 15 years and above*

1	2	3	4	5	6	7	8	9	10	11			
I D  N U M B E R	<b>MARK X IF [NAME] IS 15 YEARS AND ABOVE</b>  Use <b>SECTION 1 Roster (Q4) to identify eligible members</b>	Has [NAME] ever attended a training course?	Has [NAME] ever attended a training course in the last 12 months?	Did [NAME] attend formal or non-formal last 12 months?	How much did [NAME] pay as registration fee for the course?	How much did [NAME] spend on books and supplies during the course?	Other expenses [NAME] spent on this training course?	IF CANNOT CATEGORIZE EXPENSES BY Q6, Q7, Q8 RECORD TOTAL HERE	What was [NAME]'s total expenses?	What skills did [NAME] learn last 12 months? MULTIPLE RESPONSES 3 MAX			
		Yes 1 No 2	Yes 1 No 2	Formal 1 Non- formal 2	LAST 12 MONTHS ONLY	LAST 12 MONTHS ONLY	LAST 12 MONTHS ONLY	LAST 12 MONTHS ONLY	LAST 12 MONTHS ONLY	Q10=Q6+Q7+Q8+ Q9	Soap making 1 Tie/dye/Batik 2 Sewing 3 Mechanics 4 Carpentry 5 Masoning 6 Food processing 7 Agriculture 8 Hair-dressing 9 Other (specify) 10		
		>>NEXT PERSON IF Q3=2	>>NEXT PERSON IF Q3=2	>>NEXT SECTION IF Q4=2 FOR ALL HH MEMBERS									
		RECORD Q6-Q8 AS "DK"  IF AN AMOUNT IS RECORDED HERE											
		DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	DALASIS	A	B	C	
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													

**SECTION 4A: LABOUR FORCE PARTICIPATION***For all persons aged 5 years and over*

1	2	1A	3	4	5	6
<b>I D N U M B E R</b>	<b>MARK X IF [NAME] IS 5 YEARS AND ABOVE</b>  <b>Use SECTION 1 Roster (Q4) to identify eligible members</b>	<b>I D R E S P E C I F I C</b>	In the last 7 days, did [NAME] work (at least one hour) as an employee for wage, salary, commission or any payment in kind; including doing paid domestic work or farm work or apprentices?	In the last 12 months, did [NAME] work (at least one hour) as an employee for wage, salary, commission or any payment in kind; including doing paid domestic work or farm work or apprentices?	In the last 7 days, did [NAME] work (at least one hour) on your own account on a farm owned or rented by you or a member of your household, whether in cultivating crops or in other farm maintenance tasks, or have you cared for livestock belonging to you or a member of your household?	In the last 12 months, did [NAME] work (at least one hour) on your own account on a farm owned or rented by you or a member of your household, whether in cultivating crops or in other farm maintenance tasks, or have you cared for livestock belonging to you or a member of your household?
			Yes 1 No 2 >>Q5 IF Q3=1	Yes 1 No 2	Yes 1 No 2 >>Q7 IF Q5=1	Yes 1 No 2
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						

1	2	7	8	9	10	11
I D  N U M B E R	<b>MARK X IF [NAME] IS 5 YEARS AND ABOVE</b>  <b>Use SECTION 1 Roster (Q4) to identify eligible members</b>	<b>In the last 7 days, did [NAME] work (at least one hour) on your own account or in a business enterprise belonging to you or someone in your household, for example, as a trader, shopkeeper, barber, dressmaker, carpenter, taxi driver, car wash, etc.?</b>	<b>In the last 12 months, did [NAME] work (at least one hour) on your own account or in a business enterprise belonging to you or someone in your household, for example, as a trader, shopkeeper, barber, dressmaker, carpenter, taxi driver, car wash, etc.?</b>	<b>CHECK THE ANSWERS TO QUESTIONS 3, 5 AND 7. (WORKED IN LAST 7 DAYS)</b>	<b>Does [NAME] have a permanent/ long term job (even though you did not work in the last 7 days) from which you were temporarily absent?</b>	<b>What is the main reason that [NAME] did not work in the last 7 days although you have a permanent job?</b>
		Yes 1 No 2 <b>&gt;&gt;Q9 IF Q7=1</b>	Yes 1 No 2	Any Yes 1 <b>&gt;&gt;SECTION 4C IF Q9=1</b> All No 2	Yes 1 No 2 <b>&gt;&gt;SECTION 4B IF Q10=2</b>	Paid leave 1 Unpaid leave 2 Own illness 3 Maternity leave 4 Care of HH members 5 Holidays 6 Strike/suspension 7 Temporary work load reduction 8 Closure 9 Bad weather 10 School education/ training 11 Other (specify) 12 <b>&gt;&gt;SECTION 4C AFTER ANY RESPONSE</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						

**SECTION 4B: UNEMPLOYMENT SCREENING***For all persons aged 5 years and over who did not work last 7 days or do not have a job to return to*

1	2	3	4	5	6	7
<b>I D  N U M B E R</b>	<b>MARK X IF [NAME] IS 5 YEARS AND ABOVE</b>	<b>MARK X IF SECTION 4A Q10=2</b>	<b>During the last 4 weeks, has [NAME] tried in any way to find a job or start your own business?</b>	<b>What is the main reason [NAME] did not look for a job in the last 4 weeks?  (MOST IMPORTANT REASON)</b>	<b>What kind of efforts did [NAME]'s put into finding a job? (MOST IMPORTANT WAY)</b>	<b>Is [NAME] available to start a job?</b>
	<b>Use SECTION 1 Roster (Q4) to identify eligible HH members</b>		Yes 1	Student/pupil 1	Through Labour office 1	No 1
			>>Q6 IF Q4=1	Housewife 2	Through friends/relatives 2	Immediately 2
			No 2	In retirement 3	Responded to media AD 3	Less than a month 3
				Handicapped 4	Put AD in paper 4	After a month 4
				In military/police service 5	Employer contacted you 5	In 3 months 5
				Have already found a job which will start later 6	Contacted employer 6	
				Awaiting recall by employer 7	Tried to start own business 7	
				Waiting for busy season 8	Took part in test for job 8	
				Do not want to work 9	Other (specify) 9	
				Believe that I do not have any chance to get a job 10		
				Other (specify) 11		
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						



1	2	3	8	9
I D  N U M B E R	MARK X IF [NAME] IS 5 YEARS AND ABOVE	MARK X IF SECTION 4A Q10=2	How long has [NAME] looked for a job in the last 12 months?	How long has [NAME] been without a job in the last 12 months?
	Use SECTION 1 Roster (Q4) to identify eligible HH members		IF LESS THAN 1 MONTH, RECORD "00"	IF LESS THAN 1 MONTH, RECORD "00"
			MONTHS	MONTHS
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				

**SECTION 4C: LABOUR - OVERVIEW LAST 7 DAYS**

This helps determine MAIN job from other jobs in the last 7 days or to list permanent job if someone is temporarily absent from work

*For all persons aged 5 years and over.*

1	2	3	4	5	6		7
I D N U M B E R	A C T I V I T Y  I D	What is [NAME]'s occupation?	For how many days in the last 7 days did [NAME] do this work?	For how many hours in the last 7 days did [NAME] do this work?	How many weeks in the last 12 months did [NAME] do this activity?	CHECK: ASK RESPONDENT IF THEY HAVE ANY JOBS NOT LISTED	CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q5 (HOURS WORKED IN LAST 7 DAYS) FOR THIS INDIVIDUAL.  IF THIS INDIVIDUAL REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1
		LIST EACH DIFFERENT JOB [NAME] HAS WORKED IN THE LAST 7 DAYS					
		USE ONE LINE PER JOB/ACTIVITY, REPEAT THE ID CODE ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON  IF [NAME] HAS A PERMANENT JOB FROM WHICH [NAME] IS TEMPORARY ABSENT, RECORD OCCUPATION AND PUT CODE 1 IN Q7	CANNOT EXCEED 7 DAYS FOR EACH JOB	ONE CANNOT WORK 24 HOURS A DAY FOR EACH OR ANY JOB	CANNOT EXCEED 52 WEEKS FOR EACH JOB	DID [NAME] DO ANY OTHER WORK IN THE LAST 7 DAYS, OR DID [NAME] HAVE ANY OTHER JOB FROM WHICH [NAME] WAS TEMPORARILY ABSENT?	Activity for which answer to Q5 is highest 1 Activity for which Q5 is second highest 2 Activity for which Q5 is neither 1st nor 2nd highest 3  Q8 ranks Q5 for all [NAME]'s listed occupations by number of hours worked per week for occupation listed
		OCCUPATION WRITTEN DESCRIPTION	FOR OFFICE CODING	DAYS PER WEEK	HOURS PER WEEK		
						IF YES, ADD ACTIVITY ID AND FILL IN INFORMATION Q1-Q6, THEN GO TO Q7          IF NO, PROCEED TO Q7	

MAKE SURE TO LIST EACH MEMBER (ID CODE) AND LIST EACH ACTIVITY (ACTIVITY ID). ACTIVITY ID numbered from 1 to N.

USE EXTRA SHEET IF EXTRA HOUSEHOLD MEMBERS

## ONLY ONE RESPONSE PER PERSON

1	8	9
I D  N U M B E R	<b>FOR EACH PERSON, LOOK AT THE RESPONSE TO Q8.</b>  <b>Was main job (Q7=1) or second job (Q7=2) your main job in the last 12 months?</b>	<b>How many months in the last 12 months did [NAME] do this activity?</b>
	Main job was 1 Second job was 2 Neither main nor second job was 3 No other job in the last 12 months 4 <b>&gt;&gt;SECTION 4D IF Q8=1 OR Q8=2 OR Q8= 4</b>  <b>ONLY ONE RESPONSE PER PERSON</b>	<b>&gt;&gt;SECTION 4D</b>
		<b>NUMBER OF MONTHS</b>

**SECTION 4D: MAIN JOB LAST SEVEN DAYS***For all persons aged 5 years and over*

1	2	3		4		5	
I D  N U M B E R	<b>MARK X IF [NAME] IS 5 YEARS AND ABOVE</b>  Use <b>SECTION 1 Roster (Q4)</b> to identify eligible HH members	<b>FOR EACH PERSON, LOOK AT THE ANSWERS TO SECTION 4C Q7. RECORD DOWN THE OCCUPATION IF Q7=1 IN SECTION 4C</b>		<b>What is the main economic activity of the enterprise [NAME] is working on or of your own business?</b>		<b>Now I would like to ask [NAME] about your job as [READ OUT OCCUPATION FROM QUESTION 2]. Where did you carry out most of your work?</b>	
		<b>THEN CONTINUE INTERVIEW FOR MAIN OCCUPATION ONLY</b>				Farmed owned or rented by HH member 1 Other farm 2 Your home 3 Other home 4 Vehicle 5 From door to door 6 In the street, non-fixed place 7 In the street, fixed place 8 Fixed building (office/factory) 9 In a market 10 Other (specify) 11	
		<b>OCCUPATION WRITTEN DESCRIPTION</b>	<b>FOR OFFICE CODING</b>	<b>INDUSTRY WRITTEN DESCRIPTION</b>	<b>FOR OFFICE CODING</b>		
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							

1	2	6	7	8		9	10	11	
I D N U M B E R	<b>MARK X IF [NAME] IS 5 YEARS AND ABOVE</b>  <b>Use SECTION 1 Roster (Q4) to identify eligible HH members</b>	<b>In this job was [NAME] ..... READ ALL RESPONSES</b>	<b>Is [NAME] employer for this job ..... READ ALL RESPONSES</b>	<b>How much was [NAME] last NET payment or earning? (IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?) What period of time does this payment/earning cover?</b>		<b>Did [NAME] receive bonuses (such as New year bonus ....) in this work during the last 12 months?</b>	<b>How much was [NAME] last bonus last 12 months?</b>	<b>How many months usually pass between bonuses payments in this job?</b>	
		An employee of someone who is not a member of your household 1  A paid worker in HH farm or non-farm business enterprise 2 Employer 3 A worker on own account 4 Unpaid worker in a HH farm or non-farm business enterprise 5	Govt./public sector/army 1 Private firm 2 Public works program 3 State-owned 4 NGO/ Humanitarian 5 Private individual 6	Month 1 15 days 2 Weekly 3 Daily 4	Yes 1 No 2 <b>&gt;&gt;Q12 IF Q9=2</b> No, bonus options 3 <b>&gt;&gt;Q12 IF Q9=3</b>				
				DALASIS	TIME UNIT		DALASIS	MONTHS	
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									



1	2	12	13	14				15	16	17	18
I D N U M B E R	<b>MARK X IF [NAME] IS 5 YEARS AND ABOVE</b>  <b>Use SECTION 1 Roster (Q4) to identify eligible HH members</b>	Did [NAME] receive any payment/ earning from this work in any other form during the last 12 months (meals, tips, transport, clothes)?	What is the value of those in-kind payments/ earnings in the last 12 months?	When did [NAME] start this job?				Is [NAME] protected against unlawful termination of service?	Is [NAME] entitled to a pension or social security with this job?	Is [NAME] entitled to paid leave with this job?	Is [NAME] entitled to injury compensation?
		Yes 1 No 2 >>Q14 IF Q12=2		TWO DIGITS		FOUR DIGITS					
				DALASIS	MONTH	YEAR					
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

1	2	19	20	21	22
I D  N U M B E R	MARK X IF [NAME] IS 5 YEARS AND ABOVE	Did [NAME] seek to increase his/her earnings during the last 30 days?	How did [NAME] seek to increase her/his earnings in the last 30 days?	Is [NAME] ready to take additional work in the next 4 weeks?	Was [NAME] looking for a job for the past 30 days?
	Use SECTION 1 Roster (Q4) to identify eligible HH members	Yes 1 No 2 >>Q21 IF Q19=2	More hours current activity 1 More hours additional activity 2 Other (specify) 9	Yes 1 No 2	Yes 1 No 2
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

**SECTION 4E: SECONDARY JOB LAST 7 DAYS***For all persons aged 5 years and over*

1	2	3		4		5
I D N U M B E R	<b>MARK X</b> <b>IF [NAME]</b> <b>IS 5</b> <b>YEARS</b> <b>AND</b> <b>ABOVE</b>  Use <b>SECTION</b> <b>1 Roster</b> <b>(Q4) to</b> <b>identify</b> <b>eligible HH</b> <b>members</b>	<b>FOR EACH PERSON, LOOK AT THE ANSWERS TO SECTION 4C</b> <b>Q7.</b> <b>RECORD DOWN THE OCCUPATION IF Q7=2 IN SECTION 4C</b>		<b>What is the main economic activity of the enterprise [NAME] is working</b> <b>on or of your own business?</b>		<b>Is [NAME]'s job</b> <b>.....?</b> <b>READ OUT</b> <b>OPTIONS TO</b> <b>RESPONDENT</b>
		<b>THEN CONTINUE INTERVIEW FOR SECONDARY OCCUPATION</b> <b>ONLY</b>				Seasonal 1 Occasional 2 Temporary 3 Permanent/ long-term 4
		<b>OCCUPATION</b> <b>WRITTEN DESCRIPTION</b>	<b>FOR OFFICE</b> <b>CODING</b>	<b>INDUSTRY</b> <b>WRITTEN DESCRIPTION</b>	<b>FOR OFFICE</b> <b>CODING</b>	
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						



1	2	6	7	8	9	10
I D N U M B E R	<b>MARK X IF [NAME] IS 5 YEARS AND ABOVE</b>  <b>Use SECTION 1 Roster (Q4) to identify eligible HH members</b>	<b>In this job was [NAME] ..... ?</b> <b>READ OUT ALL OPTIONS TO RESPONDENT</b>	<b>Is [NAME]'s employer for this job .....?</b> <b>READ OUT OPTIONS TO RESPONDENT</b>	<b>How much was [NAME] last NET payment or earning?</b> <b>(IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?) What period of time does this payment/earning cover?</b>	<b>Did [NAME] receive any payment/earning from this work in any other form during the last 12 months?</b> <b>(meals, tips, transport, clothes?)</b>	<b>What is the value of [NAME]'s in-kind payments/ earnings in the last 12 months?</b>
		An employee of someone who is not a member of your household 1 A paid worker in a HH farm or non-farm business enterprise 2 } <b>&gt;&gt;NEXT SECTION 4F IF Q6=2</b> Employer 3 ) <b>&gt;&gt;Q12 IF Q6=3 OR Q6=4</b> A worker on own account 4 ) Unpaid worker in a HH farm or non-farm business enterprise 5 } <b>&gt;&gt;NEXT SECTION 4F IF Q6=5</b>	Govt./public sector/army 1 Private firm 2 Public works program 3 State-owned 4 NGO/Humanitarian 5 Private individual 6	Month 1 15 days 2 Weekly 3 Daily 4	Yes 1 No 2 <b>&gt;&gt;Q11 IF Q9=2</b>	
				<b>DALASIS</b>	<b>TIME UNIT</b>	<b>DALASIS</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						

1	2	11	12	13	14
I D  N U M B E R	<b>MARK X</b> <b>IF [NAME]</b> <b>IS 5</b> <b>YEARS</b> <b>AND</b> <b>ABOVE</b>	<b>Is [NAME]</b> <b>protected against</b> <b>unlawful</b> <b>termination of</b> <b>service?</b>	<b>Is [NAME]</b> <b>entitled to a</b> <b>pension or social</b> <b>security with this</b> <b>job?</b>	<b>Is [NAME]</b> <b>entitled to</b> <b>paid leave</b> <b>with this</b> <b>job?</b>	<b>Is [NAME]</b> <b>entitled to</b> <b>injury</b> <b>compen-</b> <b>sation?</b>
	<b>Use</b> <b>SECTION</b> <b>1 Roster</b> <b>(Q4) to</b> <b>identify</b> <b>eligible HH</b> <b>members</b>	Yes      1 No        2	Yes      1 No        2	Yes      1 No        2	Yes      1 No        2
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

**SECTION 4F: JOB LAST 12 MONTHS IF DIFFERENT FROM PRIMARY OR SECONDARY JOB***For all persons aged 5 years and over*

1	2	3	4	5		6				
I D  N U M B E R	<b>MARK X IF [NAME] IS 5 YEARS AND ABOVE</b>  Use <b>SECTION 1 Roster (Q4) to identify eligible HH members</b>	<b>RECORD RESPONSE IN SECTION 4C Q8 HERE FOR EACH PERSON</b>  <b>ONLY ONE RESPONSE PER PERSON ALLOWED</b>	<b>CHECK Q3 RESPONSES</b>	<b>What is [NAME]'s occupation?</b>		<b>What is the main economic activity of the enterprise [NAME] is working on or of your own business?</b>				
			<b>IF Q3=3, THEN RECORD CODE 1 [YES] AND CONTINUE THE INTERVIEW.</b>  <b>IF Q3=1 OR Q3=2 OR Q3=4, RECORD CODE 2 [NO] AND &gt;&gt;NEXT SECTION</b>							
				<b>OCCUPATION WRITTEN DESCRIPTION</b>	<b>FOR OFFICE CODING</b>	<b>INDUSTRY WRITTEN DESCRIPTION</b>	<b>FOR OFFICE CODING</b>			
1										
2										
3										
4										
5										
6										
7										
8										
9										
0										

1	2	3	7	8	9	10	
I D  N U M B E R	<b>MARK X IF [NAME] IS 5 YEARS AND ABOVE</b>  <b>Use SECTION 1 Roster (Q4) to identify eligible HH members</b>	<b>RECORD RESPONSE IN SECTION 4C Q8 HERE FOR EACH PERSON</b>  <b>ONLY ONE RESPONSE PER PERSON ALLOWED</b>	<b>Now I would like to ask [NAME] about your job as (READ OUT OCCUPATION FROM Q4). Where did you carry out most of your work?</b>	<b>In this job was [NAME] ..... READ ALL RESPONSES</b>	<b>Is [NAME] employer for this job ..... READ ALL RESPONSES</b>	<b>How much was [NAME] last NET payment or earning? (IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?) What period of time does this payment/earning cover?</b>	
			Farmed owned or rented by HH member 1 Other farm 2 Your home 3 Other home 4 Vehicle 5 From door to door 6 In the street, non-fixed place 7 In the street, fixed place 8 Fixed building (office/factory) 9 In a market 10 Other (specify) 11	An employee of someone who is not a member of your household 1 A paid worker in a HH farm or non-farm 2 } >>Q10 IF Q8=2 business enterprise 3 } >>Q17 IF Q8=3 OR Q8=4 Employer 4 } >>NEXT SECTION IF Q8=5 A worker on own account 5 } Unpaid worker in a HH farm or non-farm } business enterprise }	Govt./public sector/army 1 Private firm 2 Public works program 3 State-owned 4 NGO/ Humanitarian 5 Private individual 6	Month 1 15 days 2 Weekly 3 Daily 4	
						<b>DALASIS</b>	<b>TIME UNIT</b>
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							

1	2	3	11	12	13	14	15	16	17	18	19
I D  N U M B E R	<b>MARK X</b> <b>IF [NAME]</b> <b>IS 5</b> <b>YEARS</b> <b>AND</b> <b>ABOVE</b>  Use <b>SECTION</b> <b>1 Roster</b> <b>(Q4) to</b> <b>identify</b> <b>eligible HH</b> <b>members</b>	<b>RECORD</b> <b>RESPONSE</b> <b>IN</b> <b>SECTION</b> <b>4C Q8</b> <b>HERE FOR</b> <b>EACH</b> <b>PERSON</b>  <b>ONLY ONE</b> <b>RESPONSE</b> <b>PER</b> <b>PERSON</b> <b>ALLOWED</b>	<b>Did [NAME]</b> <b>receive bonuses</b> <b>(such as New year</b> <b>bonus..) in this</b> <b>work during the</b> <b>last 12 months?</b>	<b>How much was</b> <b>[NAME] last</b> <b>bonus?</b>	<b>How many</b> <b>months usually</b> <b>pass between</b> <b>bonuses</b> <b>payments in</b> <b>this job?</b>	<b>Did [NAME] receive</b> <b>any payment/ earning</b> <b>from this work in any</b> <b>other form during the</b> <b>last 12 months (meals,</b> <b>tips, transport,</b> <b>clothes)?</b>	<b>What is the</b> <b>value of those in-</b> <b>kind payments/</b> <b>earnings in the</b> <b>last 12 months?</b>	<b>Is [NAME]</b> <b>protected</b> <b>against</b> <b>unlawful</b> <b>termination of</b> <b>service?</b>	<b>Is [NAME]</b> <b>entitled to a</b> <b>pension or</b> <b>social security</b> <b>with this job?</b>	<b>Is [NAME]</b> <b>entitled to</b> <b>paid leave</b> <b>with this</b> <b>job?</b>	<b>Is [NAME]</b> <b>entitled to</b> <b>injury</b> <b>compen-</b> <b>sation?</b>
			Yes 1 No 2 No bonus 3 options >>Q13 IF Q11=3			Yes 1 No 2  >>Q16 IF Q14=2		Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
				DALASIS	MONTHS		DALASIS				
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

**SECTION 5: MIGRATION***For all persons in the household*

1	2	3	4	5	6
<b>I D  N U M B E R</b>	Was [NAME] born in this Settlement/Town/Village?	In what Settlement/Town/Village was [NAME] born?	Has [NAME] ever lived away from this Settlement/Town/ Village for a year or more?	Has [NAME] ever moved away from this village/town for more than a year?	How long has [NAME] lived in this Settlement/ Town/Village since his/her last move?
	Yes 1 >>Q5 IF Q2=1 No 2	IF OUTSIDE GAMBIA, SPECIFY COUNTRY BELOW	Yes 1 >>Q6 IF Q4=1 No 2 >>NEXT SECTION IF Q5=2	Yes 1 No 2 >>NEXT SECTION IF Q5=2  ASK ONLY IF Q2=1	RECORD "00" IN YEAR IF LESS THAN 1 YEAR  REFERS TO THE LAST MOVEMENT TO THE CURRENT PLACE OF RESIDENCE EVEN IF MORE THAN ONE MIGRATORY MOVEMENT HAPPENED.
		FOR OFFICE CODING			
	Name of District and Settlement/Town/Village RECORD NAME	L G A	D i s t r i c t	W a r d	S e t t l e m e n t
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

1		7		8		9		10	
		How long did [NAME] live in the previous location prior to arriving in this place?		What was the primary reason for [NAME]'s departure from previous location?		On the last move did [NAME] move alone or with other members of your household?		Does [NAME] intend to stay for a year or more in this settlement/village/town?	
I D  N U M B E R		RECORD "00" IN YEAR IF LESS THAN 1 YEAR		Employment	1	Alone	1	Yes	1
				Loss of employment	2	Part of HH	2	No	2
				Lack of employment	3	All of HH	3		
				Employment of spouse	4				
				Marriage	5				
				Other family reasons	6				
				Studies	7				
				Disasters/conflicts	8				
				Health	9				
				House built elsewhere	10				
				Trade and business	11				
				Lack of land	12				
				Desire to return home	13				
				Parent/HH moved	14				
				Other (specify)	15				
			YEARS		MONTHS				
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

**SECTION 6: DECISION-MAKING***All household members 15 years and above*

1	2	3	4							5
I D  N U M B E R	MARK X IF [NAME] IS 15 YEARS AND ABOVE          Use SECTION 1 Roster (Q4) to identify eligible members	In the last 12 months has [NAME] made a major household purchase (or several) that implies a large amount of money that is not included in your normal budget?	What type of major household item did [NAME] purchase?							Does [NAME] participate in the decision-making of major household purchases?
		Yes 1 No 2 >>>Q5 IF Q3=2	ASK FOR EACH OPTION  RECODE "1" IF HOUSHEOLD PURCHASED [ITEM] AND "2" IF NOT							Yes 1 >>>Q8 IF Q5=1 No 2
		HOUSE	LAND	CAR	APPLIANCES	LIVESTOCK	BOAT/CANOE	OTHER (specify)		
1										
2										
3										
4										
5										
6										
7										
8										
9										
0										



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**SECTION 7A: CREDIT RECEIVED***For all persons aged 18 years and above***1 Did any household member borrow money and/or goods from another person, institution or business last 5 years?**1 = Yes  
2 = No

&gt;&gt;Q11 IF Q1=2

2	3	4	5	6	7	8	9
	Which household member obtained the loan?	What was the total amount of the original [LOAN]?	What was the source of this loan?	What was the main purpose of the [LOAN] contracted?	What year did [NAME] borrow the money and/or goods?	What is the repayment period of the [LOAN]?	What kind of guarantee was required by the lender for the [LOAN]?
<b>L O A N  N U M B E R</b>	<b>COPY PERSON ID NUMBER FROM ROSTER SECTION 1 (Q4)</b>  <b>LIST ALL LOANS EACH HH MEMBER OWES</b>		<b>FORMAL</b>	Agricultural land/equipment 1	<b>SHOULD NOT HAVE BEEN BEFORE 2010</b>		None 1
			Commercial Bank 1	Agricultural inputs 2			Land 2
			Micro-Finance Institutions 2	Business expansion 3			Livestock 3
			Govt. Agency 3	Housing 4			House living in 4
			NGOs 4	Education 5			Other building 5
			Employer 5	Health 6			Cars 6
			Other formal (specify) 6	Ceremonies (weddings, funerals, etc) 7			Jewellery 7
			<b>INFORMAL</b>	Consumer goods 8			HH utensils 8
			Money Lender 7	Other (specify) 9			Employer 9
			Trader 8				Relatives 10
Farmer 9		Other (specify) 11					
Relative/Friend/ neighbour 10							
Osusu 11							
Other Informal (specify)...1 12							
		<b>AMOUNT</b>			<b>YEAR</b>	<b>MONTHS</b>	
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							



2	10	11
L O A N  N U M B E R	Did [NAME] pay any interest on the loan?	What was the main reason for household not borrowing?
	Yes 1	Repaying a loan 1
	No 2	No access to credit 2
		Interest rate very high 3
		Do not want to pay interest 4
		Not needed 5
		Fear of default 6
		Lack of collateral/guarantor 7
		Other (specify) 8
1		
2		
3		
4		
5		

## SECTION 7C: SAVINGS

2	3	4	
L O A N  N U M B E R	ENTER [NAME]'s ID who was refused/ denied a loan	Why was [NAME] refused/denied loan?	
	COPY PERSON ID NUMBER FROM ROSTER SECTION 1 (Q4)	Insufficient income	1
		Insufficient collateral security	2
		Previous debt problems	3
		Inappropriate purpose of loan	4
		Other (specify)	5

Does any member of the household have a Savings account or participated in Osusu in the last 12 months?						1 = Yes 2 = No		<input type="checkbox"/>
>>NEXT SECTION Q1=2								
2		4		5				
S A V I N G S / O S U S U  N U M B E R	In whose name (HOUSEHOLD MEMBER) is the Account (osusu and/or savings)?		What type of account does [NAME] hold?		How much does [NAME] contribute towards osusu?			
	COPY PERSON ID NUMBER FROM ROSTER SECTION 1 (Q4)		Osusu 1 Savings 2					
	[NAME] CAN HAVE BOTH AN OSUSU AND SAVINGS ACCOUNT.		>>NEXT PERSON IF Q4=2					
	ASK INFORMATION FOR EACH ACCOUNT OWNED BY [NAME]					Daily	1	
						Weekly	2	
						Monthly	3	
					AMOUNT	TIME UNIT		

**SECTION 8A: HOUSING*****REQUIRED: THE HEAD OF THE HOUSEHOLD or the most knowledgeable person should answer this module***

1	2	3	4	5
What is the main type of dwelling?	What is your current main occupancy status?	Does the household have a compound certificate of occupancy?	How many rooms does the household occupy?	Where is main cooking place of household located?
A single house in a compound occupied by one household dwelling 1	Owner occupier 1	Yes, certificate of occupation (or adjudication certificate) 1	<b>Excluding , bathroom, toilet, kitchen, corridor, store and stables</b>	Kitchen in the main house/ compound for use by HH only 1
Group of enclosed dwellings in a compound occupied by multiple HHs 2	Tenancy – Renting >>Q4 IF Q2=2 2	Yes, property tax certification 2		Kitchen in the main house/ compound shared with other HHs 2
Group of enclosed dwellings in a compound occupied by a single HH 3	Dwelling provided rent free >>Q4 IF Q2=3 3	Yes, other (specify) 3		Open space (in the compound) 3
Other (specify) 9	Other (specify) >>Q4 IF Q2=9 9	No 4		Do not cook 4
				Other (specify) 9

54

[illegible]

17	18	19	20	21	22	23
How does household dispose off liquid waste?	What is the main type of toilet used by household?	Does household share this toilet facility with other households?	How many households use this toilet facility?	What is the main construction material of exterior wall of the main dwelling?	What is the main material used for roofing of the main dwelling?	What is the main material used for the floor of the main dwelling?
Thrown into sewage system 1	Flush to piped sewer system 1	Yes 1		Mud/Kirinting 1	Thatch 1	Mud/earth 1
Thrown into drainage system/gutter 2	Flush to septic tank 2	No >>Q21 IF Q19=2 2		Wood 2	Corrugated iron sheet 2	Wood 2
Thrown into drainage/pit (soak away) 3	Flush to pit latrine 3			Fire Bricks 3	Asbestos 3	Tiles 3
Thrown onto the street/outside 4	Flush to somewhere else 4			Cement blocks/ concrete 4	Cement/concrete 4	Cement/ concrete 4
Thrown into gutter 5	Ventilated Improved Pit (VIP) latrine 5			Thatched/Grass 5	Roofing tiles 5	Stone 5
Thrown onto compound 6	Pit Latrine with slab 6			Tarpaulin 6	Tarpaulin 6	Other (specify) 9
Other (specify) 9	Pit Latrine without slab 7			Other (specify) 9	Other (specify) 9	
	Bucket/private pan 8					
	No facility/bush/open space 8					
	Other (specify) 9					
			NUMBER			





ONLY THOSE RENTING THE HOUSE/FLAT (Q4-Q10)							ALL HOUSEHOLDS		
IF SECTION 8A Q2=2									
8		9			10		11	12	
What is the value of these services/ payments in kind?		Who pays the rent for household? MAX OF 3 RESPONSES			How much rent is paid for Household?		Have you built or extended house currently occupied in the last 12 months?	During the last 12 months, how much have you spent on house construction (building a new house or an improvement/extension to the existing one)?	
		Ourselves (household) 1 >>Q11 IF Q9=1 Someone living outside HH 2 Relative of HH 3 Non relative 4					Yes 1 No 2 >>NEXT SECTION IF Q11=2		
	Month 1 Quarterly 2 Six months 3 Annually 4	The Government 5 Private company 6 Support organization 7 Other (specify) 9				Month 1 Quarterly 2 Six month 3 Annually 4			
DALASIS	TIME PERIOD	A	B	C	DALASIS	TIME PERIOD	DALASIS		
							EXTENDED (major)	BUILT (major)	MINOR IMPROVEMENT

**SECTION 9: OWNERSHIP OF DURABLE ASSETS**

	1	2	3	4		5		6	
	I T E M  C O D E	Does any member of the household own [ITEM]?  ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES  Yes 1 No 2  IF NO >>NEXT ITEM	What is the total number of [ITEM]s owned?	EVEN IF HOUSEHOLD OWNS MORE THAN TWO ASSET TYPES, LIST ONLY THE TWO MOST RECENT ITEMS PURCHASED/RECEIVED					
How long ago was [ITEM] obtained?				What was the purchase price of [ITEM]?		For how much could you sell the [ITEM] now?			
IF LESS THAN ONE YEAR RECORD "00"				IF GIFT RECORD "00" IF PURCHASE PRICE UNKNOWN RECORD "DK"		IF HH DOES NOT KNOW HOW TO MUCH HH WOULD SELL ITEM RECORD "DK"			
YEARS				DALASIS	DALASIS	DALASIS	DALASIS		
ITEM 1				ITEM 2	ITEM 1	ITEM 2	ITEM 1	ITEM 2	
Furniture (3 or 4 piece sofa set)	1								
Furniture (chairs)	2								
Furniture (table)	3								
Furniture (dining table)	4								
Bed	5								
Mattress	6								
Carpet	7								
Sewing machine	8								
Cooker (gas/electric)	9								
Stove (electric)	10								
Stove (gas)	11								
Stove (kerosene)	12								

	1	2	3	4		5		6	
	I T E M  C O D E	Does any member of the household own [ITEM]?	What is the total number of [ITEM]s owned?	EVEN IF HOUSEHOLD OWNS MORE THAN TWO ASSET TYPES, LIST ONLY THE TWO MOST RECENT ITEMS PURCHASED/RECEIVED					
ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES		How long ago was [ITEM] obtained?		What was the purchase price of [ITEM]?	For how much could you sell the [ITEM] now?				
Yes 1 No 2		IF LESS THAN ONE YEAR RECORD "00"		IF GIFT RECORD "00" IF PURCHASE PRICE UNKNOWN RECORD "DK"		IF HH DOES NOT KNOW HOW TO MUCH HH WOULD SELL ITEM RECORD "DK"			
IF NO >>NEXT ITEM		YEARS		DALASIS	DALASIS	DALASIS	DALASIS		
		ITEM 1		ITEM 2	ITEM 1	ITEM 2	ITEM 1	ITEM 2	
Microwave	13								
Refrigerator	14								
Freezer	15								
Air conditioner	16								
Fan	17								
Radio	18								
Radio (cassette recorder)	19								
HI-FI (radio/CD/cassette)	20								
Video/DVD player	21								
Television	22								
Generator	23								
Solar panel	24								
Washing machine	25								
Camera/video camera	26								

	1	2	3	4		5		6	
	I T E M  C O D E	Does any member of the household own [ITEM]?	What is the total number of [ITEM]s owned?	EVEN IF HOUSEHOLD OWNS MORE THAN TWO ASSET TYPES, LIST ONLY THE TWO MOST RECENT ITEMS PURCHASED/RECEIVED					
ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES		How long ago was [ITEM] obtained?		What was the purchase price of [ITEM]?	For how much could you sell the [ITEM] now?				
Yes 1 No 2		IF LESS THAN ONE YEAR RECORD "00"		IF GIFT RECORD "00" IF PURCHASE PRICE UNKNOWN RECORD "DK"	IF HH DOES NOT KNOW HOW TO MUCH HH WOULD SELL ITEM RECORD "DK"				
IF NO >>NEXT ITEM		YEARS		DALASIS	DALASIS	DALASIS	DALASIS		
		ITEM 1		ITEM 2	ITEM 1	ITEM 2	ITEM 1	ITEM 2	
Iron (electric)	27								
Iron (charcoal)	28								
Computer (Desktop)	30								
Laptop/tablet	31								
Fixed line phone	32								
Mobile phone set	33								
Bicycle	34								
Motorcycle	35								
Car (personal)	36								
House (not one living in)	37								
Truck/lorry	38								
Bus	39								
Boat/canoe	40								
Animal-drawn cart	41								

**SECTION 10: ENVIRONMENT****REQUIRED: THE HEAD OF THE HOUSEHOLD or the most knowledgeable person should answer this module**

		RECORD CODE
1	Have you or any member of your household received any environmental messages in the last twelve months  <div style="text-align: right;">             Yes 1              No 2 &gt;&gt;Q3 IF Q1=2           </div>	<input type="text"/>
2	What is/are the source(s) of the environmental message(s)? ASK FOR EACH OPTION  <div style="border: 1px solid black; padding: 5px; width: fit-content;">             1 = Yes              2 = No              3 = Don't know           </div> <div style="text-align: right;">             Radio A              Television B              Newspapers C              Person to person D              Mobile phones (SMS) E              Community meetings F              Other (specify) G           </div>	<input type="text"/>
3	What is your main environmental concern?  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             Erosion 1              Land degradation 2              Bush fires 3              Deforestation 4              Disposal of solid waste 5              Air pollution (dust, smoke, etc) 6              Wind 7           </div> <div style="width: 45%;">             Drainage system 8              Flooding 9              Drought 10              Raising temp. 11              No concern 12 &gt;&gt;Q5 IF Q3=12              Other (specify) 13           </div> </div>	<input type="text"/>
4	Are the authorities doing enough to arrest this environmental concern?  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             Strongly agree 1              Agree 2              Neither agree nor disagree 3           </div> <div style="width: 45%;">             Disagree 4              Strongly disagree 5           </div> </div>	<input type="text"/>
5	Has any member of this household taken part in any of the following activities in the last twelve months? ASK FOR EACH OPTION  <div style="border: 1px solid black; padding: 5px; width: fit-content;">             1 = Yes              2 = No              3 = Don't know           </div> <div style="text-align: right;">             Tree planting A              Cleaning/set-setal B              Soil conservation C              Community forestry D              Dyke construction E              Creating buffer to prevent bush fire F              Other (specify) G           </div>	<input type="text"/>

		RECORD CODE
6	<p>In your opinion, who should be mainly responsible for sanitation &amp; waste management at community level?</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Central Government 1</p> <p>Municipality/Area council 2</p> <p>Households 3</p> <p>NAWEC 4</p> </div> <div> <p>Villagers 5</p> <p>Community 6</p> <p>Other (specify) 9</p> </div> </div>	<input type="text"/>
7	<p>How can we stop the destruction of our forests?</p> <p>ASK FOR EACH OPTION</p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>1 = Yes</p> <p>2 = No</p> <p>3 = Don't know</p> </div> <div> <p>Promote alternative sources of household energy A</p> <p>Stop the cutting down of the remaining forests B</p> <p>Reforestation C</p> <p>Community forest D</p> <p>Check the rate of growth of the human population E</p> <p>Enforce laws to protect the forest F</p> <p>Introduce Community policing G</p> <p>Other, (specify) H</p> </div> </div>	<input type="text"/>
8	<p>How do you find the quality of the air within your residential area?</p> <div style="display: flex; justify-content: flex-end; align-items: flex-end;"> <div> <p>Clean 1 &gt;&gt;Q10 IF Q8=1</p> <p>Not clean 2</p> <p>Don't Know 3 &gt;&gt;Q10 IF Q8=3</p> </div> </div>	<input type="text"/>
9	<p>What is polluting the air?</p> <p>ASK FOR EACH OPTION</p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>1 = Yes</p> <p>2 = No</p> <p>3 = Don't know</p> </div> <div> <p>Bush fires A</p> <p>Dust B</p> <p>Pesticide C</p> <p>Smoke from factories D</p> <p>Household smoke/Cooking E</p> <p>Cigarette smoke F</p> <p>Vehicles G</p> <p>Waste dump site H</p> <p>Other (specify) I</p> </div> </div>	<input type="text"/>
10	<p>How do you find the quality of your drinking water?</p> <div style="display: flex; justify-content: flex-end; align-items: flex-end;"> <div> <p>Clean 1 &gt;&gt;Q12 IF Q10=1</p> <p>Not clean 2</p> <p>Don't Know 3 &gt;&gt;Q12 IF Q10=3</p> </div> </div>	<input type="text"/>

		RECORD CODE
11	<b>What is polluting the water?</b> <b>ASK FOR EACH OPTION</b> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> 1 = Yes  2 = No  3 = Don't know </div> <div style="display: flex; justify-content: space-between;"> <div> Pesticides and fertilizers A  Factories B  Waste dump sites C  Septic tanks and pit latrines D  Salt water E  Other (specify) F </div> </div>	
12	<b>Now I would like you to tell me to what extent you agree or disagree about the following statements made by some people: ASK FOR EACH OPTION</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 25%;"> Strongly agree=1  Agree=2  Neither agree nor disagree=3  Disagree=4  Strongly disagree=5 </div> <div> Sand is an abundant natural resource and there should be no restriction on its mining A  Over exploitation of natural resources e.g. sand, water, forest, etc. B  Communities have greater role in protecting the environment C  Communities should contribute towards the maintenance of social amenities D </div> </div>	
13	<b>Was this household affected by any disaster in the last 12 months?</b> <div style="text-align: right;"> Yes 1  No 2 </div> <b>&gt;&gt;NEXT SECTION IF Q13=2</b>	<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>
14	<b>What was the cause of the disaster?</b> <b>ASK FOR EACH OPTION</b> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> 1 = Yes  2 = No  3 = Don't know </div> <div style="display: flex; justify-content: space-between;"> <div> Fire A  Rain storm B  Drought C  Wind storm D  Floods E  Bush fire F  Other (specify) G </div> </div>	
15	<b>What was the effect of the disaster on you and your household?</b> <div style="text-align: right;"> Very Severe 1  Severe 2  Mild/moderate 3 </div>	<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>
16	<b>What coping mechanisms do you have in place?</b> <b>ASK FOR EACH OPTION</b> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> 1 = Yes  2 = No  3 = Don't know </div> <div style="display: flex; justify-content: space-between;"> <div> Engage in casual labour A  Sale of property/assets (including livestock) B  Borrowing money C  Seek assistance from community D  Seek assistance from relief agencies E  Rely on Remittance F  Relocate family G  Other (specify) H </div> </div>	



**SECTION 11: GOVERNANCE*****REQUIRED: THE HEAD OF THE HOUSEHOLD or the most knowledgeable person should answer this module***

		RECORD CODE
1	Has [HOUSEHOLD] heard of National Council for Civic Education (NCCE)?  Yes 1 No 2 >>Q6 IF Q1=2	<input type="text"/>
2	Has [HOUSEHOLD] ever heard or seen a message developed by NCCE?  Yes 1 No 2 >>Q6 IF Q1=2	<input type="text"/>
3	What main message does NCCE deliver? ..... .....	
4	What media does [HOUSEHOLD] receive NCCE messages from? ASK FOR EACH OPTION <div style="border: 1px solid black; padding: 5px; display: inline-block;">1 = Yes 2 = No 3 = Don't know</div> Radio A Television B Newspapers C Person to person D Community meetings E Other (specify) F	
5	Has [HOUSEHOLD] found the contents of the NCCE messages useful to [HOUSEHOLD]?  Yes 1 No 2 Don't know 3	<input type="text"/>
6	Has [HOUSEHOLD] ever heard of the Office of the Ombudsman?  Yes 1 No 2 >>Q11 IF Q6=2 Does not know 3 >>Q11 IF Q6=3	<input type="text"/>
7	What is the main function of the Office of the Ombudsman?  Correctly knows functions 1 Incorrectly identifies functions 2 Does not know 3 >>Q11 IF Q7=3	<input type="text"/>

		RECORD CODE
8	<p>Does [HOUSEHOLD] think that the office is independent in the execution of its duties?</p> <p style="text-align: right;">Yes 1 &gt;&gt;Q10 IF Q8=1 No 2 Does not know 3 &gt;&gt;Q10 IF Q8=3</p>	<input type="text"/>
9	<p>If NO in Q8, what is the main reason?</p> <p style="text-align: right;">Officials are manipulated by politicians 1 Officials are manipulated by senior Government officials 2 Complaints to the Ombudsman are not kept confidential 3 Officials are not impartial in the execution of their duties 4 Other reasons (specify) 5</p>	<input type="text"/>
10	<p>Does [HOUSEHOLD] think that adequately informed about the office of the Ombudsman?</p> <p style="text-align: right;">Not at all 1 Fairly well informed 2 Weill informed 3 Does not know 4</p>	<input type="text"/>
11	<p>Has [HOUSEHOLD] ever heard of the Alternative Dispute Resolution Secretariat (ADRS)?</p> <p style="text-align: right;">Yes 1 No 2 &gt;&gt;Q13 IF Q11=2 Does not know 3 &gt;&gt;Q13 IF Q11=3</p>	<input type="text"/>
12	<p>What is the main function of the ADRS?</p> <p>IF RESPONDENT GIVES ANY OTHER RESPONSE APART FROM CODE=1 RECORD 2 CODE 1= MUST CORRECTLY IDENTIFY FUNCTION OF ADRS</p> <p style="text-align: right;">Conflict resolution outside court system 1 Other (specify) 2 Does not know 3</p>	<input type="text"/>
13	<p>Is [HOUSEHOLD]'s Village Development Committee (VDC) providing services satisfactorily?</p> <p style="text-align: right;">Yes 1 No 2 Does not know 3</p>	<input type="text"/>
14	<p>Is [HOUSEHOLD]'s Ward Development Committee (WDC) providing services satisfactorily?</p> <p style="text-align: right;">Yes 1 No 2 Does not know 3</p>	<input type="text"/>

		RECORD CODE
15	Is [HOUSEHOLD]'s area council providing services satisfactorily?  Yes 1 No 2 Can't Tell 3	<input type="text"/>
16	Does [HOUSEHOLD] participate in development projects/programmes of the Village?  Yes 1 No 2	<input type="text"/>
17	Does [HOUSEHOLD] participate in development projects/programmes of the Ward?  Yes 1 No 2	<input type="text"/>
18	Does [HOUSEHOLD] think women have voice in the development of the Village?  Yes 1 No 2	<input type="text"/>
19	Does [HOUSEHOLD] think women have voice in the development of their Ward?  Yes 1 No 2	<input type="text"/>
20	Does [HOUSEHOLD] know who the Ward Councillor is?  Yes 1 No 2 >>Q24 IF Q20=2	<input type="text"/>
21	What is the sex of [HOUSEHOLD]'s Ward Councillor ?  Male 1 Female 2 Don't Know 3	<input type="text"/>
22	How active is [HOUSEHOLD]'s Ward Councillor in developing Village?  Active 1 Not Active 2 Don't Know 3	<input type="text"/>
23	How active is [HOUSEHOLD]'s Ward Councillor in developing Ward?  Active 1 Not Active 2 Don't Know 3	<input type="text"/>
24	Does [HOUSEHOLD] benefit from developments in the Village?  Yes 1 No 2	<input type="text"/>

				RECORD CODE	
25	Does [HOUSEHOLD] benefit from developments in the Ward?			<input type="text"/>	
	<div style="text-align: right;"> Yes    1  No    2 </div>				
26	Name THREE things [NAME]'s Village/Ward needs most?	1 = Electricity 2 = Water 3 = Roads 4 = Solid Waste disposal 5 = Drainage system 4 = Health facility 5 = Schools 6 = Farm implements 7 = Markets 9 = Other (specify)	<div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right;">Most important    A</div> <div style="text-align: right;">Second most important    B</div> <div style="text-align: right;">Third most important    C</div> </div>	<input type="text"/>	
	LIST IN ORDER OF PRIORITY				
27	Has any of [HOUSEHOLD] members ever been selected for a Village Development Committee (VDC) position?				<input type="text"/>
	<div style="text-align: right;"> Male    1  Female    2  Both    3  None    4 </div>				
28	Has any of [HOUSEHOLD] members ever contested for positions in the following?	1 = Male 2 = Female 3 = Both 9 = None	<div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right;">WDC    A</div> <div style="text-align: right;">Area Council    B</div> <div style="text-align: right;">National Assembly    C</div> </div>	>>Q30 IF ALL OPTIONS Q28=9	
	ASK FOR EACH OPTION				
29	Was [HOUSEHOLD] member elected?	1 = Male 2 = Female 3 = Both	<div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right;">WDC    A</div> <div style="text-align: right;">Area Council    B</div> <div style="text-align: right;">National Assembly    C</div> </div>		
	ASK FOR EACH OPTION				
30	What is [HOUSEHOLD]'s perception of the election processes?			<input type="text"/>	
	<div style="text-align: right;"> Fair    1  Not fair    2  Don't know    3 </div>				
31	Is [HOUSEHOLD] aware of the following government policy documents?				
	ASK FOR EACH OPTION				
	1 = Yes 2 = No	Education Policy	A		
		Health Policy	B		
		PAGE	C		
		Decentralisation ACT 2002/Policy	D		

**SECTION 12A: TRANSFERS RECEIVED BY HUSEHOLD***To be answered by household heads or persons to represent them only**Transfers received includes cash, in-kind, food aid, etc***1** During the last 12 months has household received or collected any money and/or goods from absent household member?1 = Yes  
2 = No**2** During the last 12 months has this household received or collected any money and/or goods from any other individual (non-household member)?1 = Yes  
2 = No>>NEXT  
SECTION IF  
Q1=2 and Q2=2

LIST EACH PERSON'S NAME FROM WHOM HOUSEHOLD RECEIVED CASH AND/OR GOODS (including food)	3		4		5	6
	Where does this person who sent transfer live?		What is the relationship and Sex of person who sent cash and/or goods?		Were the cash and/or goods received regularly?	Will the cash and/or goods be repaid at some future time?
			A	B		
ASK THIS QUESTION FOR ALL, BEFORE MOVING ON TO THE NEXT QUESTIONS			Relationship	Sex	Weekly 1	Yes 1
	This village/town 1		Parent 1	Male 1	Monthly 2	No 2
	Banjul 2		Spouse 2	Female 2	Quarterly 3	
	Other urban 3		Child 3	Organisation 3	Annually 4	
	Rural 4		Brother/sister 4		Other (specify) 5	
	Abroad (Africa) 5		Other relative 5		No 6	
	Abroad (other) 6		Non-relative 6			
NAME OF SENDER	WRITTEN DESCRIPTION	FOR OFFICE CODING				



	7	8	9
<b>LIST EACH PERSON'S NAME FROM WHOM HOUSEHOLD RECEIVED CASH AND/OR GOODS (including food)</b>  <b>ASK THIS QUESTION FOR ALL, BEFORE MOVING ON TO THE NEXT QUESTIONS</b>	<b>What was the total amount of cash received during the last 12 months?</b>  <b>IF UNKNOWN RECORD "DK"</b>  <b>TRY TO PROBE TO AVOID "DK"</b>	<b>What was the total value of food received during the last 12 months?</b>  <b>IF UNKNOWN RECORD "DK"</b>  <b>TRY TO PROBE TO AVOID "DK"</b>	<b>What was the value of other goods received during the last 12 months?</b>  <b>IF UNKNOWN RECORD "DK"</b>  <b>TRY TO PROBE TO AVOID "DK"</b>
<b>NAME OF SENDER</b>	<b>DALASIS</b>	<b>DALASIS</b>	<b>DALASIS</b>

**SECTION 12B: TRANSFERS MADE OUT BY HOUSEHOLD***To be answered by household heads or persons to represent them only**Transfers sent out includes cash, in-kind, food aid, etc.*

<b>1</b>	Is there any member of the household who lives away from the household?	1 = Yes 2 = No	<input type="checkbox"/>	>>Q3 IF Q1=2
<b>2</b>	During the last 12 months has this household sent absent household member any money and/or goods?	1 = Yes 2 = No	<input type="checkbox"/>	
<b>3</b>	During the last 12 months, is there anyone else who is not a household member to whom this household sent money and/or goods?	1 = Yes 2 = No	<input type="checkbox"/>	>>NEXT SECTION IF Q1=2 and Q3=2 >>NEXT SECTION IF Q2=2 and Q3=2

LIST EACH PERSON'S NAME WHO HOUSEHOLD SENT CASH AND/OR GOODS (including food)	4		5		6	7				
	Where does this person who received transfer live?		What is the relationship and Sex of person who received cash and/or goods?		Were the cash and/or goods given/sent out regularly?	Will the cash and/or goods be repaid at some future time?				
			A	B						
ASK THIS QUESTION FOR ALL, BEFORE MOVING ON TO THE NEXT QUESTIONS			Relationship	Sex	Weekly	1	Yes	1		
	This village/town	1	Parent	1	Male	1	Monthly	2	No	2
	Banjul	2	Spouse	2	Female	2	Quarterly	3		
	Other urban	3	Child	3			Annually	4		
	Rural	4	Brother/sister	4			Other (specify)	5		
	Abroad (Africa)	5	Other relative	5			No	6		
	Abroad (other)	6	Non-relative	6						
NAME OF RECEIVER	WRITTEN DESCRIPTION	FOR OFFICE CODING								



LIST EACH PERSON'S NAME WHO HOUSEHOLD SENT CASH AND/OR GOODS (including food)	8 What were the THREE MAIN uses of the cash sent?			9 What was the total amount of cash given/sent out during the last 12 months?	10 What was the total value of food given/sent out during the last 12 months?	11 What was the value of other goods given/sent out during the last 12 months?
ASK THIS QUESTION FOR ALL, BEFORE MOVING ON TO THE NEXT QUESTIONS	Daily consumption	1				
	Housing	2	IF UNKNOWN RECORD "DK"	IF UNKNOWN RECORD "DK"	IF UNKNOWN RECORD "DK"	
	Business	3				
	Education	4				
	Health	5				
	Funerals	6	TRY TO PROBE TO AVOID "DK"	TRY TO PROBE TO AVOID "DK"	TRY TO PROBE TO AVOID "DK"	
	Other ceremonies	7				
	Savings	8				
Other (specify)						
NAME OF RECEIVER	1st	2nd	3rd	DALASIS	DALASIS	DALASIS



**SECTION 13: SUBJECTIVE POVERTY****REQUIRED: THE HEAD OF THE HOUSEHOLD or the most knowledgeable person should answer this module**

		RECODE CODE										
1	<b>How do you feel about your livelihood based on your income?</b> <div style="display: flex; justify-content: space-between;"> <div> Very poor 1  Poor 2  Moderate 3 </div> <div> Fairly rich 4  Rich 5 </div> </div>	<input type="text"/>										
2	<b>What is your household income situation?</b> <div style="display: flex; justify-content: flex-end;"> Very unstable 1  Somewhat stable 2  Stable 3 </div>	<input type="text"/>										
3	<b>What is your household's financial situation?</b> <div style="display: flex; justify-content: space-between;"> <div> Very poor 1  Poor 2  Moderate 3 </div> <div> Fairly rich 4  Rich 5 </div> </div>	<input type="text"/>										
4	<b>What is the minimum amount per month needed to satisfy your household's basic needs?</b> <b>BASIC NEEDS REFERS TO BOTH FOOD AND NON-FOOD</b> <div style="text-align: right;"><b>DALASIS</b></div>	<input type="text"/>										
5	<b>During the last 12 months, has your household living standards changed?</b> <div style="display: flex; justify-content: flex-end;"> Increased 1  Stayed the same 2  Decreased 3 </div>	<input type="text"/>										
6	<b>How often in the last 12 months did your household have problems satisfying the following needs?</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <b>ASK FOR EACH OPTION</b>  1 = Never  2 = Seldom  3 = Sometimes  4 = Often  5 = Always </div> <table style="border-collapse: collapse;"> <tr><td style="border-bottom: 1px dotted black; padding: 2px 10px;">Food</td><td style="border-bottom: 1px dotted black; padding: 2px 10px;">A</td></tr> <tr><td style="border-bottom: 1px dotted black; padding: 2px 10px;">School fees</td><td style="border-bottom: 1px dotted black; padding: 2px 10px;">B</td></tr> <tr><td style="border-bottom: 1px dotted black; padding: 2px 10px;">Health care</td><td style="border-bottom: 1px dotted black; padding: 2px 10px;">C</td></tr> <tr><td style="border-bottom: 1px dotted black; padding: 2px 10px;">House rent</td><td style="border-bottom: 1px dotted black; padding: 2px 10px;">D</td></tr> <tr><td style="border-bottom: 1px dotted black; padding: 2px 10px;">Utility</td><td style="border-bottom: 1px dotted black; padding: 2px 10px;">E</td></tr> </table> </div>	Food	A	School fees	B	Health care	C	House rent	D	Utility	E	<input type="text"/>
Food	A											
School fees	B											
Health care	C											
House rent	D											
Utility	E											
7	<b>How would you rate your standard of living in relation to other households in your community?</b> <div style="display: flex; justify-content: space-between;"> <div> The poorest 1  Fairly poor 2  Moderate 3 </div> <div> Fairly rich 4  Rich 5 </div> </div>	<input type="text"/>										
8	<b>During the last 12 months, has your community living standards changed?</b> <div style="display: flex; justify-content: flex-end;"> Increased 1  Stayed the same 2  Decreased 3 </div>	<input type="text"/>										

		RECODE CODE
9	<p>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? ASK FOR EACH OPTION</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           1 = Regularly      3 = Hardly ever            2 = Occasionally      4 = Never         </div> <div style="margin-left: 20px;">           Radio      A            Newspaper      B         </div>	
10	<p>Is any person in your household a member of any of the following associations?</p> <p>ASK FOR EACH OPTION</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           1 = Yes            2 = No         </div> <div style="margin-left: 20px;">           Community      A            Religion      B            Professional      C            Political      D            Family      E            Other (specify)      F         </div>	
11	<p>Who can your household depend on to provide assistance during difficult periods?</p> <p>ASK FOR EACH OPTION</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           1 = Yes            2 = No         </div> <div style="margin-left: 20px;">           Community      A            Religion      B            Professional      C            Political      D            Family      E            Other (specify)      F         </div>	
12	<p>Do you think poverty reduction is a priority of the Government?</p> <div style="text-align: right;">           Yes      1            No      2         </div>	<input style="width: 50px; height: 50px;" type="text"/>
13	<p>What do you think are the TWO most important measures that the Government should take to improve households living standards?</p> <div style="border: 1px solid black; padding: 5px;">           1 = Create employment            2 = Improve access to education            3 = Improve access to health            4 = Pave roads            5 = Improve access to housing            6 = Improve access to credit            7 = Improve access to water            8 = Improve access to electricity            9 = Increase minimum wage/salaries            10 = Fight corruption         </div>	<p><b>FIRST MEASURE</b></p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div> <p><b>SECOND MEASURE</b></p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>

**SECTION 14: ACCESS TO THE NEAREST SOCIAL AMENITY****REQUIRED: THE HEAD OF THE HOUSEHOLD or the most knowledgeable person should answer this module*****This section asks the nearest amenity whether the household uses this facility or not.***

	1	2	3	4
	I T E M   C O D E	What is the distance to the nearest [SOCIAL AMENITY] by the most frequent means?	How long in minutes does it take to reach the nearest [SOCIAL AMENITY] by the most frequent means?	By what means does your household reach the nearest [SOCIAL AMENITY] by the most frequent means?
				Vehicle 1 Motorcycle 2 Bicycle 3 Foot 4 Animal cart 5 Boat 6 Other (specify) 9
		ONE WAY KILOMETERS	ONE WAY MINUTES	
Supply of drinking water	1			
Food market	2			
Public transportation	3			
Primary school	4			
Secondary school	5			
Hospital	6			
Health clinic/dispensary	7			
Post Office	8			
Police station	9			
All seasons road	10			

**SECTION 15A: CRIME AND SECURITY - HOUSEHOLD MEMBERS****REQUIRED: THE HEAD OF THE HOUSEHOLD or the most knowledgeable person should answer this module**

	1	2	3	4	5	6
	<b>I T E M  C O D E</b>	Over the last 5 years has any household member experienced any crime in the following?	How many household members experienced the attack/crime last 5 years?	When was the last attack/ crime?	How many times did this attack/crime occur last 5 years?	Compared to 5 years ago, what is the level of this kind of attack/crime in your neighbourhood?
		<b>ASK THIS QUESTION FOR ALL, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</b>  <b>&gt;&gt;NEXT SECTION IF Q2=2 FOR ALL OPTIONS</b>				
		Yes 1	One HH member 1	This year 1	Once 1	Decreased a lot 1
		No 2	Two HH members 2	Last year 2	Two times 2	Decreased somewhat 2
			Three HH members 3	2 years ago 3	Three times 3	Remained about the same 3
			Four or more HH members 4	2+ years ago 4	Four times 4 5+ times 5	Increased somewhat 4 Increased a lot 5 Do not know 6
Car/van/truck stolen	1					
Car vandalism	2					
Theft of car radio or items left in car	3					
Theft of motorcycle	4					
Theft of bicycle	5					
Home burglary	6					
Attempted home burglary	7					
Robbery by force or threat	8					
Personal theft such as pick pocketing	9					
Physical harm	10					
Other forms of violence	11					

**SECTION 15B: CRIME AND SECURITY - COMMUNITY****REQUIRED: THE HEAD OF THE HOUSEHOLD or the most knowledgeable person should answer this module**

1	2	3	4	5	6	7
What would you say is the level of crime in your community last 12 months?	Do household members feel safe walking down the street at night last 12 months?	How much confidence does the household have that the State authorities can protect household and property from crime last 12 months?	Is there a police or neighbourhood watch system in your community?	Is there any conflict in your community?	What is the major cause of conflict in your community?	In the past 12 months have you requested assistance from the police?
No violence 1	Very safe 1	Extremely confident 1	Yes, organized 1	Yes 1	Indebtedness 1	Yes 1
Decreased a lot 2	Somewhat safe 2	Confident 2	Yes, informal 2	No 2	Ethnic conflict 2	No 2
Decreased somewhat 3	Not too safe 3	Somewhat confident 3	No 3	>>Q7 IF Q5=2	Political differences 3	>>Q10 IF Q7=2
Remained about the same 4	Not at all safe 4	Not very confident 4			Marriage 4	
Increased somewhat 5		Not confident at all 5			Land dispute 5	
Increased a lot 6					Chieftaincy 6	
Do not know 7					Religion 7	
					Other (specify) 8	

8	9	10	11	12	13	14
How easy or difficult was it to obtain the assistance you needed?	And how often, if ever, did you have to pay a bribe, give a gift, or do a favor for a police officer in order to get the assistance you needed, or to avoid a problem like passing a checkpoint or avoiding a fine or arrest?	In the past 12 months have you had contact with the courts?	How easy or difficult was it to obtain the assistance you needed from the courts?	And how often, if ever, did you have to pay a bribe, give a gift, or do a favor for a judge or court official in order to get the assistance you needed from the courts?	How much do you trust THE POLICE?	How much do you trust THE COURTS OF LAW?
Very easy 1	Never 1	Yes 1	Very easy 1	Never 1	Not at all 1	Not at all 1
Easy 2	Once or twice 2	No 2	Easy 2	Once or twice 2	Just a little 2	Just a little 2
Difficult 3	A few times 3	>>Q13 IF Q10=2	Difficult 3	A few times 3	Somewhat 3	Somewhat 3
Very difficult 4	Often 4		Very difficult 4	Often 4	A lot 4	A lot 4
Do not know 5	Do not know 5		Do not know 5	Do not know 5	Do not know 9	Do not know 9

**SECTION 16: IDENTIFICATION OF RESPONDENTS FOR PART 2**

<b>1</b>	<b>Which household members are mainly responsible for preparing food in the household?</b>	
	<b>NAME</b>	<b>ID Number</b>

<b>2</b>	<b>Which household members are mainly responsible for making the household purchase?</b>	
	<b>NAME</b>	<b>ID Number</b>

<b>3</b>	<b>Which household members are responsible for a farm and/ or livestock?</b>	
	<b>NAME</b>	<b>ID Number</b>

<b>4</b>	<b>Which household members are mainly responsible for this processing?</b>	
	<b>NAME</b>	<b>ID Number</b>

**BACK COVER**

	Date								Time		Length of interview	Sections completed
	D	D	M	M	Y	Y	Y	Y	Start	End	Minutes	
<b>First visit</b>												
<b>Second visit</b>												
<b>Third visit</b>												
<b>Forth Visit</b>												
<b>Fifth Visit</b>												

**AFTER COMPLETING INTERVIEW, PLEASE MAKE OBSERVATIONS ON THE INTERVIEW.**

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.