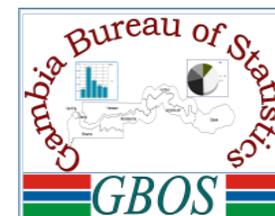




**INTEGRATED HOUSEHOLD SURVEY
ON CONSUMPTION
EXPENDITURE AND POVERTY
LEVEL ASSESSMENT
2015/16**



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

HEAD OF HOUSEHOLD (Person responsible for main decisions)

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

INTERVIEW DETAILS

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

EA No. ____ HH No. ____ Enumerator

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)?
I D N U M B E R	<p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.</p>	<p>IF MONTH AND/OR YEAR ARE UNKNOWN, RECORD "DK"</p> <p>AT THE MINIMUM YEAR MUST BE RECORDED.</p>	<p>RECORD BOTH YEARS AND MONTHS IF LESS THAN/EQUAL TO 6 YEARS</p> <p>AGE MUST BE IN COMPLETE YEARS FOR PERSONS OVER 6 YEARS</p>	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						

Mother information for all persons

1	17		18	19	20	21	22
	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		DAYS					
		MAIN	SECOND	MAIN	SECOND	MAIN				SECOND	MAIN	SECOND		
	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	>>Q17 IF Q11=7			
		Family planning 9					
		Dental services 10					
		Other (specify) 99					
				KILOMETRE	MINUTES		
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	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.					
				Waiting time too long	2								
	AMOUNT	MINUTES		No privacy	3		A	B	C	A	B	C	D
				Lack of medical supplies	4								
				No faith in healing power	5								
				Unfriendly staff	6								
				Inadequate staff	7								
				Unqualified staff	8								
				Other (specify)	9								
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													

Last two weeks

1		20							
		How much was spent on by [NAME]?							
I D N U M B E R	X-ray	Scanning	Ambulance Service	Child birth/delivery	Immunization	Medicines (Prescriptions and over-the-counter)	Other charges	Total expenditure	
									IF THE BREAKDOWN IS UNKNOWN, RECORD AGGREGATE HERE AND RECORD 20A- 20K AS "DK"
		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.							
	E DALASIS	F DALASIS	G DALASIS	H DALASIS	I DALASIS	J DALASIS	K DALASIS	L DALASIS	
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

1	21		22		23	24		25		26		27	
	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?	
I D N U M B E R	Cash	1	Self	1	Yes	1	Unfriendly staff	1	Yes	1	Yes	1	
	Institutional		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					MEDICAL FACILITY DALASIS	TRADITIONAL HEALER DALASIS
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													

SECTION 2B: HEALTH - EBOLA AWARENESS

All household members 15 years and above

I D N U M B E R	2	3	4					5								6
	MARK X IF [NAME] IS 15 YEARS AND ABOVE	Has [NAME] ever heard of Ebola or an illness called Ebola? Yes 1 No 2 Don't know 3 >>NEXT SECTION IF Q3=2 OR Q3=4	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? Yes 1 No 2 >>Q8 IF Q6=2
			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								
			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	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?											
	Use SECTION 1 Roster (Q4) to identify eligible members		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											
			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			
I D N U M B E R	MARK X IF [NAME] IS 2 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible members	Does [NAME] have any form of disability?		What type of disability does [NAME] mainly have?			
		MAX OF 3 OPTIONS					
		Yes	1	Visual	1		
		No	2	Hearing/speaking	2		
		>>NEXT SECTION IF Q3=2		Physical (moving)	3		
				Physical (hand/feet)	4		
				Mentally ill	5		
				Epilepsy	6		
				Learning difficulty	7		
				Others (specify)	8		
		1 (MAIN)	2	3			
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	
		Is [NAME] currently smoke?		For how long has [NAME] been smoking		Does [NAME] smoke every day?		How many cigarettes does [NAME] smoke per day?	
I D N U M B E R	MARK X IF [NAME] IS 10 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible members	Yes	1	RECORD "DK" IF DON'T KNOW	Yes	1	>>NEXT SECTION FOR ANY RESPONSE RECORD "DK" IF DON'T KNOW		
		No	2		No	2			
		Don't know	99						
		>>NEXT SECTION IF Q3=2 OR Q3=99			>>NEXT SECTION IF Q5=2				
				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	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?
	N U M B E R	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
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)												
I D N U M B E R	2	3	4	5		6		7		8		9
	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)?		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	Yes 1	TOTAL NUMBER OF BIRTHS								Yes 1
		No 2	No 2	Q5=Q6+Q7+Q8								IF Q9=1 CONTINUE
		>>NEXT SECTION IF Q3=2	>>NEXT SECTION OF Q4=2	AFTER COMPLETING Q6, Q7 AND Q8, CHECK Q5 (TOTAL)								No 2
NUMBER		NUMBER		NUMBER		NUMBER				>>NEXT SECTION IF Q9=2		
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

I D N U M B E R	10	11	12		13				14	15	16	17	18	
	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 NUMBER	M A L E	F E M A L E	LAST BIRTH ONLY IF MULTIPLE BIRTHS IN 12 MONTHS				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	
					M	M	Y	Y						Y
	10	11	12A	12B	13A	13B				14	15	16	17	18
1														
2														
3														
4														
5														
6														
7														
8														
9														
0														

SECTION 3A: EDUCATION - GENERAL

For all household members

1	2	3	4	5	6	7	8	9		
	Has [NAME] ever attended school?	Did [NAME] attend conventional or Madrassah?	What is the main reason [NAME] attend Madrassah? ONLY MAIN REASON	What was the main reason [NAME] never attended school?	What was the highest level attained by [NAME]?	What was highest grade completed by [NAME] at this level?	Is [NAME] currently attending school?	What grade is [NAME] currently attending?		
I D N U M B E R	School includes conventional (formal) school and Madrassah Yes 1 No 2 >>Q5 IF Q2=2	Formal 1 >>Q6 IF Q3=1 Madrassah 2	Economic 1	Work 1	Early childhood (1-4) 0	NUMBER OF YEARS ATTAINED FOR THIS LEVEL	Yes 1 No 2 >>Q11 IF Q8=2	Early childhood (1-4) 0	US-1 31	
			Religious 2	Too expensive 2	Primary (1-6) 1			US-2 32		
			Nearness to HH 3	Too far 3	Lower Sec 2			US-3 33		
			Appropriate for girls 4	Not useful 4	Upper Sec 3			P-1 11 US-4 34		
			Other (specify) 9	Married 5	Non-tertiary 4			P-2 12 US-5 35		
			>>Q6 FOR ANY RESPONSE	Religious 6	Teacher training 5			IF SCHOOL IS ON VACATION, CHILD IS CURRENTLY ATTENDING SCHOOL	P-3 13 US-6 36	
				Too young 7	Tertiary (diploma) 6			P-4 14 US-7 37		
				Handicap 8	Bachelors 7			P-5 15 Teacher training 41		
				Don't know 98	Masters 8			P-6 16 Nursing/public health 42		
				Other (specify) 99	Doctoral 9			LS-1 21 Non-tertiary 43		
					None 10			LS-2 22 Tertiary (Diploma) 44		
	>>NEXT PERSON	>>Q8 IF Q6=10	LS-3 23 Bachelors 51							
			Masters 52							
			Doctoral 53							
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 ONE DECIMAL PLACE ONE WAY		ONLY IF Q8=1 COMPLETE MINUTES ONE WAY	ONLY IF Q8=1 Foot 1 Vehicle 2 Part foot/part vehicle 3 Cart 4 Bicycle 5 Motorcycle 6 Other (specify) 9	
	Private 2	No 2		US-3 33					
	Grant-in-aid 3			US-4 34					
	Madrassah 4	>>Q13 IF Q11=2 AND Q8=1		P-1 11					US-5 35
				P-2 12					US-6 36
				P-3 13					US-7 37
		>>Q19 IF Q11=2 AND Q8=2		P-4 14					Teacher training 41
				P-5 15					Nursing/public health 42
				P-6 16					Non-tertiary 43
				LS-1 21					Tertiary (Diploma) 44
		LS-2 22	Bachelors 51						
		LS-3 23	Masters 52						
		US-1 31	Doctoral 53						
		>>Q16 IF Q11=1 AND Q8=2							
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	>>NEXT PERSON IF Q16=2			
		DALASIS	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	MARK X IF [NAME] IS 7 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	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?	MARK X IF [NAME] IS 15 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	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 Wollof 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 Wollof 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 RECORD ONLY MOST RECENT	YEARS	MONTHS			
		1												
		2												
		3												
		4												
		5												
		6												
		7												
		8												
9														
0														

SECTION 3D: EDUCATION - TRAINING

For persons 15 years and above

I D N U M B E R	2 MARK X IF [NAME] IS 15 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible members	3	4	5	6	7	8	9	10	11				
		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 >>NEXT PERSON IF Q3=2 >>NEXT SECTION IF Q3=2 FOR ALL HH MEMBERS	Yes 1 No 2 >>NEXT PERSON IF Q3=2 >>NEXT SECTION IF Q4=2 FOR ALL HH MEMBERS	Formal 1 Non- formal 2	LAST 12 MONTHS ONLY	LAST 12 MONTHS ONLY	LAST 12 MONTHS ONLY	LAST 12 MONTHS ONLY RECORD Q6-Q8 AS "DK" IF AN AMOUNT IS RECORDED HERE	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				
				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
I D N U M B E R	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible members	I D R E S P E C I F I C D E N T	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? Yes 1 No 2 >>Q5 IF Q3=1	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? Yes 1 No 2	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? Yes 1 No 2 >>Q7 IF Q5=1	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
			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	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible members	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.?	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.?	CHECK THE ANSWERS TO QUESTIONS 3, 5 AND 7. (WORKED IN LAST 7 DAYS)	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?	What is the main reason that [NAME] did not work in the last 7 days although you have a permanent job?
		Yes 1 No 2 >>Q9 IF Q7=1	Yes 1 No 2	Any Yes 1 >>SECTION 4C IF Q9=1 All No 2	Yes 1 No 2 >>SECTION 4B IF Q10=2	Paid leave 1 Unpaid leave 2 Own illness 3 Maternity leave 4 Care of HH members 5 Holidays 6 Strike/suspension 7
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
I D N U M B E R	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	MARK X IF SECTION 4A Q10=2	During the last 4 weeks, has [NAME] tried in any way to find a job or start your own business?	What is the main reason [NAME] did not look for a job in the last 4 weeks? (MOST IMPORTANT REASON)	What kind of efforts did [NAME]'s put into finding a job? (MOST IMPORTANT WAY)	Is [NAME] available to start a job?
			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 Use SECTION 1 Roster (Q4) to identify eligible HH members	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?
			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? LIST EACH DIFFERENT JOB [NAME] HAS WORKED IN THE LAST 7 DAYS	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	
		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 TEMPORARILY 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?
		OCCUPATION WRITTEN DESCRIPTION FOR OFFICE CODING	DAYS PER WEEK	HOURS PER WEEK	NUMBER OF WEEKS		
				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

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	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	FOR EACH PERSON, LOOK AT THE ANSWERS TO SECTION 4C Q7. RECORD DOWN THE OCCUPATION IF Q7=1 IN SECTION 4C		What is the main economic activity of the enterprise [NAME] is working on or of your own business?				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?
		THEN CONTINUE INTERVIEW FOR MAIN OCCUPATION ONLY						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
		OCCUPATION WRITTEN DESCRIPTION	FOR OFFICE CODING	INDUSTRY WRITTEN DESCRIPTION	FOR OFFICE CODING			
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	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	In this job was [NAME] READ ALL RESPONSES	Is [NAME] employer for this job READ ALL RESPONSES	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?	Did [NAME] receive bonuses (such as New year bonus) in this work during the last 12 months?	How much was [NAME] last bonus last 12 months?	How many months usually pass between bonuses payments in this job?
		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] >>Q8 IF Q6=2 Employer 3) >>Q16 IF Q6=3 or Q6=4 A worker on own account 4) Unpaid worker in a HH farm or non-farm business enterprise 5 } >>Q21 IF Q6=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 >>Q12 IF Q9=2 No, bonus options 3 >>Q12 IF Q9=3	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	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	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		Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2			
				TWO DIGITS		FOUR DIGITS					
			DALASIS	MONTH	YEAR						
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

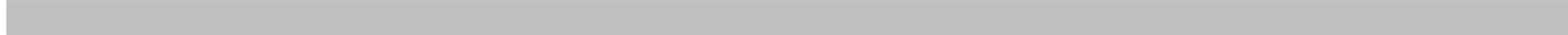
1	2	19	20	21	22
I D N U M B E R	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	Did [NAME] seek to increase his/her earnings during the last 30 days?	How did [NAME] seek to increase her/his earnings in the last 30 days?	Is [NAME] ready to take additional work in the next 4 weeks?	Was [NAME] looking for a job for the past 30 days?
		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	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	FOR EACH PERSON, LOOK AT THE ANSWERS TO SECTION 4C Q7. RECORD DOWN THE OCCUPATION IF Q7=2 IN SECTION 4C		What is the main economic activity of the enterprise [NAME] is working on or of your own business?		Is [NAME]'s job? READ OUT OPTIONS TO RESPONDENT	
		THEN CONTINUE INTERVIEW FOR SECONDARY OCCUPATION ONLY				Seasonal 1 Occasional 2 Temporary 3 Permanent/ long- 4 term	
		OCCUPATION WRITTEN DESCRIPTION	FOR OFFICE CODING	INDUSTRY WRITTEN DESCRIPTION	FOR OFFICE CODING		
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	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	In this job was [NAME] ? READ OUT ALL OPTIONS TO RESPONDENT	Is [NAME]'s employer for this job? READ OUT OPTIONS TO RESPONDENT	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?	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 [NAME]'s in-kind payments/ earnings in the last 12 months?
		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 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] >>NEXT SECTION 4F IF Q6=2) >>Q12 IF Q6=3 OR Q6=4 } >>NEXT SECTION 4F IF Q6=5	Month 1 15 days 2 Weekly 3 Daily 4	Yes 1 No 2 >>Q11 IF Q9=2
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						



1	2	11	12	13	14
I D N U M B E R	MARK X IF [NAME] IS 5 YEARS AND ABOVE	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 compen- sation?
	Use SECTION 1 Roster (Q4) to identify eligible HH members	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				
				What is [NAME]'s occupation?		What is the main economic activity of the enterprise [NAME] is working on or of your own business?				
I D N U M B E R	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	RECORD RESPONSE IN SECTION 4C Q8 HERE FOR EACH PERSON ONLY ONE RESPONSE PER PERSON ALLOWED	CHECK Q3 RESPONSES IF Q3=3, THEN RECORD CODE 1 [YES] AND CONTINUE THE INTERVIEW. IF Q3=1 OR Q3=2 OR Q3=4, RECORD CODE 2 [NO] AND >>NEXT SECTION							
				OCCUPATION WRITTEN DESCRIPTION	FOR OFFICE CODING	INDUSTRY WRITTEN DESCRIPTION		FOR OFFICE CODING		
	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	MARK X IF [NAME] IS 5 YEARS AND ABOVE Use SECTION 1 Roster (Q4) to identify eligible HH members	RECORD RESPONSE IN SECTION 4C Q8 HERE FOR EACH PERSON ONLY ONE RESPONSE PER PERSON ALLOWED	Did [NAME] receive bonuses (such as New year bonus..) in this work during the last 12 months?	How much was [NAME] last bonus?	How many months usually pass between bonuses payments in this job?	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?	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 compen- sation?
			Yes 1 No 2 No bonus options 3 >>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	
I D N U M B E R	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	RECORD "00" IN YEAR IF LESS THAN 1 YEAR	
		FOR OFFICE CODING								ASK ONLY IF Q2=1	REFERS TO THE LAST MOVEMENT TO THE CURRENT PLACE OF RESIDENCE EVEN IF MORE THAN ONE MIGRATORY MOVEMENT HAPPENED.	
		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	U r b a n - r u r a l			YEARS	MONTHS	
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 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 >>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]?		
L O A N N U M B E R	COPY PERSON ID NUMBER FROM ROSTER SECTION 1 (Q4)		FORMAL	Agricultural	SHOULD NOT HAVE BEEN BEFORE 2010			None	
			Commercial Bank	land/equipment				1	Land
			Micro-Finance Institutions	Agricultural inputs				2	Livestock
			Govt. Agency	Business expansion				3	House living in
			NGOs	Housing				4	Other building
			Employer	Education				5	Cars
			Other formal (specify)	Health				6	Jewellery
			INFORMAL	Ceremonies (weddings, funerals, etc)				7	HH utensils
			Money Lender	Consumer goods				8	Employer
			Trader	Other (specify)				9	Relatives
			Farmer						Other (specify)
			Relative/Friend/ neighbour						
Osusu									
Other Informal (specify)...1									
	AMOUNT				YEAR	MONTHS			
1									
2									
3									
4									
5									



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 7B: CREDIT DENIED

SECTION 7C: SAVINGS

1 During the last 12 months has any member of the household tried to obtain a loan and been refused/ denied? 1 = Yes 2 = No

>>NEXT SECTION Q1=2

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

>>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)?	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. ASK INFORMATION FOR EACH ACCOUNT OWNED BY [NAME]	>>NEXT PERSON IF Q4=2	
		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	1 Kitchen in the main house/ compound for use by HH only
Group of enclosed dwellings in a compound occupied by multiple HHs	2 Tenancy – Renting >>Q4 IF Q2=2	2 Yes, property tax certification	2	2 Kitchen in the main house/ compound shared with other HHs
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	3 Open space (in the compound)
Other (specify)	9 Other (specify) >>Q4 IF Q2=9	4 No	4	4 Do not cook
				9 Other (specify)

6		7		8		9			10		11		
What is the main source of drinking water to your dwelling?		What is the distance in meters between your dwelling and this water source (ONE WAY)?		What is household main source of cooking fuel?		How much did household spend on gas last one month?			What is the main type of cooking equipment (stove) used by household?		Where does this household obtain its main cooking fuel?		
Piped into dwelling >>Q8 IF Q6=1	1	ONE DECIMAL PLACE	KILOMETRES	Firewood collected >>Q10 IF Q8=1	1	COMPLETE WHOLE NUMBER	NUMBER OF GAS BOTTLES	RELATED TO RESPONSE IN Q8	Three stones	1	RELATED TO RESPONSE IN Q8	Bush	1
Piped into compound >>Q8 IF Q6=2	2			Firewood purchased >>Q10 IF Q8=2	2				Kumba Gaye	2		Unprotected forest	2
Public stand pipe	3			Charcoal >>Q10 IF Q8=3	3				Furno Noflie	3		Protected forest	3
Protected well in compound >>Q8 IF Q6=4	4			Gas	4				Furno Jambarr	4		Retailer/ supplier	4
Unprotected well in compound >>Q8 IF Q6=5	5			Electricity >>Q10 IF Q8=5	5				Pottery stove	5		Electricity (NAWEC)	5
Well with pump (public)	6			Solar power >>Q10 IF Q8=6	6				Cooker (gas, electric)	6		Electricity (generator)	6
Well without pump (public)	7			Animal/plant waste >>Q10 IF Q8=7	7				Gas Bottle	7		Electricity (solar)	7
Lake/stream/river	8			Does not cook >>Q10 IF Q8=8	8				Coal Pot	8		Other (specify)	9
Rainwater collection >>Q8 IF Q6=9	9			Other (specify) >>Q10 IF Q8=9	9				Rocket stove	9			
Bottled water >>Q8 IF Q6=10	10								3 kg gas bottle	1		Sinkirikoto	10
Sachet water >>Q8 IF Q6=11	11								6 kg gas bottle	2		Other (specify)	99
Vendor/trucker >>Q8 IF Q6=12	12								12 kg gas bottle	3			
Other (specify)	99												

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	2	>>Q21 IF Q19=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						

SECTION 8B: HOUSING EXPENSES

ONLY OWNER OCCUPIERS		ALL EXCEPT TENANCY/RENTING	ONLY THOSE RENTING A HOUSE/FLAT (Q4-Q10)			
IF SECTION 8A Q2=1		IF SECTION 8A Q2=1, Q2=3, Q2=9	IF SECTION 8A Q2=2			
1	2	3	4	5	6	7
In which year did you build, inherit or purchase this house?	What is the current value of your dwelling if you were to sell it?	How much would you estimate that your household would have to pay in rent for this dwelling, if you didn't own it or have it provided for you?	Does the household have a tenant certificate/ agreement of occupancy?	Is the house HH rent fully furnished, i.e. does the house come furnished?	How much is the actual amount of rent paid in cash?	Does the household provide any services/ payments in kind to the owner in place of rent?
RECORD ALL 4 DIGITS	COMPLETE DALASIS	>>Q11 FOR ANY REPSONSE <div style="display: flex; justify-content: flex-end; margin-right: 10px;"> <div style="margin-right: 10px;">Month 1</div> <div style="margin-right: 10px;">Quarterly 2</div> <div style="margin-right: 10px;">Six months 3</div> <div>Annually 4</div> </div>	Written agreement 1 Verbal agreement 2 Receipt of occupancy 3 Other (specify) 4	Yes 1 No 2	<div style="display: flex; justify-content: flex-end; margin-right: 10px;"> <div style="margin-right: 10px;">Month 1</div> <div style="margin-right: 10px;">Quarterly 2</div> <div style="margin-right: 10px;">Six months 3</div> <div>Annually 4</div> </div>	Yes 1 No 2 >>Q9 IF Q7=2
YEAR	DALASIS	DALASIS	TIME PERIOD		DALASIS	TIME PERIOD

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 The Government 5 Private company 6 Support organization 7 Other (specify) 9					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			
DALASIS	TIME PERIOD	A	B	C	DALASIS	TIME PERIOD	A	B	C	
							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]?	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 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		
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]? ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES	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						
		Yes 1 No 2		How long ago was [ITEM] obtained?	What was the purchase price of [ITEM]?		For how much could you sell the [ITEM] now?			
		IF NO >>NEXT ITEM		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	
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]? ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES	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						
		Yes 1 No 2		How long ago was [ITEM] obtained?	What was the purchase price of [ITEM]?		For how much could you sell the [ITEM] now?			
		IF NO >>NEXT ITEM		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	
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	<p>Have you or any member of your household received any environmental messages in the last twelve months</p> <p style="text-align: right;">Yes 1 No 2 >>Q3 IF Q1=2</p>	<input type="checkbox"/>														
2	<p>What is/are the source(s) of the environmental message(s)?</p> <p style="text-align: center;">ASK FOR EACH OPTION</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> 1 = Yes 2 = No 3 = Don't know </div> <p style="text-align: right;">Radio A Television B Newspapers C Person to person D Mobile phones (SMS) E Community meetings F Other (specify) G</p>															
3	<p>What is your main environmental concern?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Erosion 1</td> <td style="width: 50%;">Drainage system 8</td> </tr> <tr> <td>Land degradation 2</td> <td>Flooding 9</td> </tr> <tr> <td>Bush fires 3</td> <td>Drought 10</td> </tr> <tr> <td>Deforestation 4</td> <td>Raising temp. 11</td> </tr> <tr> <td>Disposal of solid waste 5</td> <td>No concern 12 >>Q5 IF Q3=12</td> </tr> <tr> <td>Air pollution (dust, smoke, etc) 6</td> <td>Other (specify) 13</td> </tr> <tr> <td>Wind 7</td> <td></td> </tr> </table>	Erosion 1	Drainage system 8	Land degradation 2	Flooding 9	Bush fires 3	Drought 10	Deforestation 4	Raising temp. 11	Disposal of solid waste 5	No concern 12 >>Q5 IF Q3=12	Air pollution (dust, smoke, etc) 6	Other (specify) 13	Wind 7		<input type="checkbox"/>
Erosion 1	Drainage system 8															
Land degradation 2	Flooding 9															
Bush fires 3	Drought 10															
Deforestation 4	Raising temp. 11															
Disposal of solid waste 5	No concern 12 >>Q5 IF Q3=12															
Air pollution (dust, smoke, etc) 6	Other (specify) 13															
Wind 7																
4	<p>Are the authorities doing enough to arrest this environmental concern?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Strongly agree 1</td> <td style="width: 50%;">Disagree 4</td> </tr> <tr> <td>Agree 2</td> <td>Strongly disagree 5</td> </tr> <tr> <td>Neither agree nor disagree 3</td> <td></td> </tr> </table>	Strongly agree 1	Disagree 4	Agree 2	Strongly disagree 5	Neither agree nor disagree 3		<input type="checkbox"/>								
Strongly agree 1	Disagree 4															
Agree 2	Strongly disagree 5															
Neither agree nor disagree 3																
5	<p>Has any member of this household taken part in any of the following activities in the last twelve months?</p> <p style="text-align: center;">ASK FOR EACH OPTION</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> 1 = Yes 2 = No 3 = Don't know </div> <p 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</p>															

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

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="checkbox"/>
2	Has [HOUSEHOLD] ever heard or seen a message developed by NCCE? Yes 1 No 2 >>Q6 IF Q1=2	<input type="checkbox"/>
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; margin: 10px;"> 1 = Yes 2 = No 3 = Don't know </div> <div style="margin-left: 20px;"> Radio A Television B Newspapers C Person to person D Community meetings E Other (specify) F </div>	
5	Has [HOUSEHOLD] found the contents of the NCCE messages useful to [HOUSEHOLD]? Yes 1 No 2 Don't know 3	<input type="checkbox"/>
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="checkbox"/>
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="checkbox"/>

		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 >>Q10 IF Q8=1 No 2 Does not know 3 >>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 >>Q13 IF Q11=2 Does not know 3 >>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</p> <p>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="checkbox"/>
16	Does [HOUSEHOLD] participate in development projects/programmes of the Village?	Yes 1 No 2	<input type="checkbox"/>
17	Does [HOUSEHOLD] participate in development projects/programmes of the Ward?	Yes 1 No 2	<input type="checkbox"/>
18	Does [HOUSEHOLD] think women have voice in the development of the Village?	Yes 1 No 2	<input type="checkbox"/>
19	Does [HOUSEHOLD] think women have voice in the development of their Ward?	Yes 1 No 2	<input type="checkbox"/>
20	Does [HOUSEHOLD] know who the Ward Councillor is?	Yes 1 No 2 >>Q24 IF Q20=2	<input type="checkbox"/>
21	What is the sex of [HOUSEHOLD]'s Ward Councillor ?	Male 1 Female 2 Don't Know 3	<input type="checkbox"/>
22	How active is [HOUSEHOLD]'s Ward Councillor in developing Village?	Active 1 Not Active 2 Don't Know 3	<input type="checkbox"/>
23	How active is [HOUSEHOLD]'s Ward Councillor in developing Ward?	Active 1 Not Active 2 Don't Know 3	<input type="checkbox"/>
24	Does [HOUSEHOLD] benefit from developments in the Village?	Yes 1 No 2	<input type="checkbox"/>

		RECORD CODE												
25	Does [HOUSEHOLD] benefit from developments in the Ward?	<div style="text-align: right;"> Yes 1 No 2 </div> <input style="width: 50px; height: 50px; margin-left: auto; margin-right: 0;" type="text"/>												
26	Name THREE things [NAME]'s Village/Ward needs most? LIST IN ORDER OF PRIORITY	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px dashed black; padding: 2px;"> 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) </td> <td style="width: 30%; border-right: 1px dashed black; padding: 2px;"> Most important A </td> <td style="width: 40%; padding: 2px;"></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="border-right: 1px dashed black; padding: 2px;"> Second most important B </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="border-right: 1px dashed black; padding: 2px;"> Third most important C </td> <td style="padding: 2px;"></td> </tr> </table>	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)	Most important A			Second most important B			Third most important C				
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)	Most important A													
	Second most important B													
	Third most important C													
27	Has any of [HOUSEHOLD] members ever been selected for a Village Development Committee (VDC) position?	<div style="text-align: right;"> Male 1 Female 2 Both 3 None 4 </div> <input style="width: 50px; height: 50px; margin-left: auto; margin-right: 0;" type="text"/>												
28	Has any of [HOUSEHOLD] members ever contested for positions in the following? ASK FOR EACH OPTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px dashed black; padding: 2px;"> 1 = Male 2 = Female 3 = Both 9 = None </td> <td style="width: 30%; border-right: 1px dashed black; padding: 2px;"> WDC A </td> <td rowspan="3" style="width: 40%; padding: 2px; vertical-align: middle;"> >>Q30 IF ALL OPTIONS Q28-9 </td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="border-right: 1px dashed black; padding: 2px;"> Area Council B </td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="border-right: 1px dashed black; padding: 2px;"> National Assembly C </td> </tr> </table>	1 = Male 2 = Female 3 = Both 9 = None	WDC A	>>Q30 IF ALL OPTIONS Q28-9		Area Council B		National Assembly C					
1 = Male 2 = Female 3 = Both 9 = None	WDC A	>>Q30 IF ALL OPTIONS Q28-9												
	Area Council B													
	National Assembly C													
29	Was [HOUSEHOLD] member elected? ASK FOR EACH OPTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px dashed black; padding: 2px;"> 1 = Male 2 = Female 3 = Both </td> <td style="width: 30%; border-right: 1px dashed black; padding: 2px;"> WDC A </td> <td style="width: 40%; padding: 2px;"></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="border-right: 1px dashed black; padding: 2px;"> Area Council B </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="border-right: 1px dashed black; padding: 2px;"> National Assembly C </td> <td style="padding: 2px;"></td> </tr> </table>	1 = Male 2 = Female 3 = Both	WDC A			Area Council B			National Assembly C				
1 = Male 2 = Female 3 = Both	WDC A													
	Area Council B													
	National Assembly C													
30	What is [HOUSEHOLD]'s perception of the election processes?	<div style="text-align: right;"> Fair 1 Not fair 2 Don't know 3 </div> <input style="width: 50px; height: 50px; margin-left: auto; margin-right: 0;" type="text"/>												
31	Is [HOUSEHOLD] aware of the following government policy documents? ASK FOR EACH OPTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px dashed black; padding: 2px;"> 1 = Yes 2 = No </td> <td style="width: 30%; border-right: 1px dashed black; padding: 2px;"> Education Policy A </td> <td style="width: 40%; padding: 2px;"></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="border-right: 1px dashed black; padding: 2px;"> Health Policy B </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="border-right: 1px dashed black; padding: 2px;"> PAGE C </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="border-right: 1px dashed black; padding: 2px;"> Decentralisation ACT 2002/Policy D </td> <td style="padding: 2px;"></td> </tr> </table>	1 = Yes 2 = No	Education Policy A			Health Policy B			PAGE C			Decentralisation ACT 2002/Policy D	
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	<input style="width: 40px; height: 20px;" type="text"/>	
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	<input style="width: 40px; height: 20px;" type="text"/>	>>NEXT SECTION IF Q1=2 and Q2=2

	3	4		5	6
LIST EACH PERSON'S NAME FROM WHOM HOUSEHOLD RECEIVED CASH AND/OR GOODS (including food)	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?
ASK THIS QUESTION FOR ALL, BEFORE MOVING ON TO THE NEXT QUESTIONS		A	B		
		Relationship	Sex		
	This village/town 1	Parent 1	Male 1	Weekly 1	Yes 1
	Banjul 2	Spouse 2	Female 2	Monthly 2	No 2
	Other urban 3	Child 3	Organisation 3	Quarterly 3	
	Rural 4	Brother/sister 4		Annually 4	
	Abroad (Africa) 5	Other relative 5		Other (specify) 5	
	Abroad (other) 6	Non-relative 6		No 6	
NAME OF SENDER	WRITTEN DESCRIPTION	FOR OFFICE CODING			



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

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.

1	Is there any member of the household who lives away from the household?	<input type="checkbox"/> 1 = Yes <input type="checkbox"/> 2 = No	<input style="width: 40px; height: 20px;" type="text"/>	>>Q3 IF Q1=2
2	During the last 12 months has this household sent absent household member any money and/or goods?	<input type="checkbox"/> 1 = Yes <input type="checkbox"/> 2 = No	<input style="width: 40px; height: 20px;" type="text"/>	
3	During the last 12 months, is there anyone else who is not a household member to whom this household sent money and/or goods?	<input type="checkbox"/> 1 = Yes <input type="checkbox"/> 2 = No	<input style="width: 40px; height: 20px;" type="text"/>	>>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) ASK THIS QUESTION FOR ALL, BEFORE MOVING ON TO THE NEXT QUESTIONS	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						
	This village/town	1	Parent	1	Male	1	Weekly	1	Yes	1
	Banjul	2	Spouse	2	Female	2	Monthly	2	No	2
	Other urban	3	Child	3			Quarterly	3		
	Rural	4	Brother/sister	4			Annually	4		
	Abroad (Africa)	5	Other relative	5			Other (specify)	5		
	Abroad (other)	6	Non-relative	6			No	6		
NAME OF RECEIVER	WRITTEN DESCRIPTION	FOR OFFICE CODING								



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

		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; width: fit-content; margin: 10px auto;"> <p>1 = Regularly 3 = Hardly ever 2 = Occasionally 4 = Never</p> </div> <p style="text-align: right;">Radio A Newspaper B</p>	
10	<p>Is any person in your household a member of any of the following associations? ASK FOR EACH OPTION</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>1 = Yes 2 = No</p> </div> <p style="text-align: right;">Community A Religion B Professional C Political D Family E Other (specify) F</p>	
11	<p>Who can your household depend on to provide assistance during difficult periods? ASK FOR EACH OPTION</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>1 = Yes 2 = No</p> </div> <p style="text-align: right;">Community A Religion B Professional C Political D Family E Other (specify) F</p>	
12	<p>Do you think poverty reduction is a priority of the Government?</p> <p style="text-align: right;">Yes 1 No 2</p>	<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; width: fit-content; margin: 10px auto;"> <p>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</p> </div>	<p style="text-align: center;">FIRST MEASURE</p> <div style="text-align: center; margin: 10px 0;"> <input style="width: 50px; height: 50px;" type="text"/> </div> <p style="text-align: center;">SECOND MEASURE</p> <div style="text-align: center; margin: 10px 0;"> <input style="width: 50px; height: 50px;" type="text"/> </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?												
		ONE WAY KILOMETERS	ONE WAY MINUTES	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Vehicle</td><td style="text-align: right;">1</td></tr> <tr><td>Motorcycle</td><td style="text-align: right;">2</td></tr> <tr><td>Bicycle</td><td style="text-align: right;">3</td></tr> <tr><td>Foot</td><td style="text-align: right;">4</td></tr> <tr><td>Animal cart</td><td style="text-align: right;">5</td></tr> <tr><td>Boat</td><td style="text-align: right;">6</td></tr> <tr><td>Other (specify)</td><td style="text-align: right;">9</td></tr> </table>	Vehicle	1	Motorcycle	2	Bicycle	3	Foot	4	Animal cart	5	Boat	6
Vehicle	1															
Motorcycle	2															
Bicycle	3															
Foot	4															
Animal cart	5															
Boat	6															
Other (specify)	9															
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		
		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?		
I T E M C O U N T		ASK THIS QUESTION FOR ALL, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES						
		>>NEXT SECTION IF Q2=2 FOR ALL OPTIONS						
	Yes	1	One HH member	1	This year	1	Decreased a lot	1
	No	2	Two HH members	2	Last year	2	Decreased somewhat	2
			Three HH members	3	2 years ago	3	Remained about the same	3
		Four or more HH members	4	2+ years ago	4	Increased somewhat	4	
					5+ times	5	Increased a lot	5
						6	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

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

2	Which household members are mainly responsible for making the household purchase?	
	NAME	ID Number

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

4	Which household members are mainly responsible for this processing?	
	NAME	ID Number

BACK COVER

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

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.