



THE GOVERNMENT OF THE GAMBIA

SOCIAL DIMENSIONS OF ADJUSTMENT

PRIORITY SURVEY

Household Survey Section
Central Statistics Department
Ministry of Finance and Economic Affairs

A. DATA COLLECTION

Interviewer Date
Supervisor Checking Date

B. DATA ENTRY

Operator Entry date
Supervisor Editing date
Operator Re-entry date

Division Banjul B
Kombo-St Mary K
Western W
Lower River L
McCarthy Island M
Upper River U
North Bank N

Survey form number [] of []
for this household

Time interview commenced []

District []
EA Number []
Selected Household []
Name of Head.....
Address.....

HOUSEHOLD PARTICULARS

No.	Questions	Categories and Codes	Skip to	
1	Has the above household been identified and accepted interview?	Yes Y No, Different household D No, Dwelling not found N No, Illness, death I No, Refusal R No, Other [specify] O 0	>>3 } Refer to } supervisor } for repla- } ment and } >> Q.2	<input type="checkbox"/>
2	HOUSEHOLD TO BE INTERVIEWED Name of Head..... Address..... 	Supervisor will code this question after assigning a new household for interview		<input type="checkbox"/>

HEAD OF HOUSEHOLD [Person Responsible for Main Decisions]

No.	Questions	Categories and Codes	Skip to	
3	Nationality of head of household	Gambian G Other O	>>5	<input type="checkbox"/>
4	Ethnicity of head of household	Mandinka M Wolof W Fula F Other [specify]..... O		<input type="checkbox"/>
5	Is the head of household present?	Yes Y No N	>>8	<input type="checkbox"/>
6	How long has he/she been away?	Less than 1 week 1 Between 1 week and 1 month 2 Between 1 and 3 months 3 Over 3 months 4		<input type="checkbox"/>
7	In this person's absence, who is responsible for the main decisions? Name.....	Insert ID number after completing Q.11		<input type="checkbox"/>

PERSON INTERVIEWED (Person Responsible for Main Decisions in the absence of the Head)

No.	Questions	Categories and Codes	Skip to	
8	Name of person interviewed	Insert ID number after completing Q.11		<input type="text"/>
9	Language used by respondent at interview	Mandinka M Wollof W Fula F Other[specify].....O		<input type="text"/>
10	Interpreter	Yes Y No N		<input type="text"/>

Write down the name of the head of household and of all persons who normally live and eat together in this household [8 out of the last 12 months]

11	Name	ID Number
	Head:	1
		2
		3
		4
		5
		6
		7
		8
		9
		10
		11
		12
		13
		14
		15

12 Are there any other members of the household not now present who normally live and eat here such as persons temporarily away for marriage, seasonal work, illness, giving birth or school? [If so, add these names to the list] Yes Y
No N

Are there any other persons who are part of this household because they acknowledge the head's authority and who live in the household? [If so, add these names to the list] Yes Y
No N

SECTION 1: HOUSEHOLD ROSTER

No	Question	Categories and Codes	Skip	1	2
1	ID Number of household member				
2	Residency status	Present P Absent A			
3	Relationship with head of household	Head H Spouse S Child C Parent P Other rel O Not related N			
4	Sex	Male M Female F			
5	How old is [Name] now? Record age in years.	Age			
EDUCATION: For all those 6 years plus					
6	Has [name] ever attended school?	Yes Y No N	<25 >> 11 >25 >> 12		
7	What is the highest grade reached?	Primary only Grade..... Secondary Form..... Tertiary		P S T	P S T
8	What kind of school is [was] attended for the highest primary or secondary level?	Government G Private P Islamic I			
9	Was [name] attending school a year ago?	Yes Y No N			
10	Is [name] still attending school?	Yes Y No N	>> Q.16		
11	Why not attending school now? ONLY FOR PERSONS UNDER 25 YEARS	Work W Too expensive E Too far F Not useful U Married M Not appropriate N Completed C Prefer Islamic I Too young Y Other O			
12	Can [name] read or write a simple sentence in any language?	Yes Y No N			
EMPLOYMENT: For persons 7 years plus					
13	What was [name]'s main economic activity during the past 12 months?	Self employed: agric producer 1 pastoralist 2 food sales 3 non-food sales 4 other 5 Family helper 6 Wage earner: public sector 7 priv - agric 8 priv - non-agric 9 Student/trainee/apprentice 10 Not in paid workforce 11 Other 12			
14	Has [name] worked during the last 7 days?	Yes Y No N	>> 16		
15	Has [name] been looking for work during the last 7 days?	Yes Y No N			
HEALTH: For all persons					
16	How many health consultations has [name] had in the last two weeks?	[Number]	if 0 >> next		
17	Who was the last medical person consulted in the past two weeks?	Traditional healer/Marabout T Health assistant/Dispenser H Midwife/Nurse M Doctor D Other O			
18	What was the cost of this treatment?	Dalasis			

SECTION 2: HOUSING AND FACILITIES

2A: Housing amenities

No	Question	Categories and Codes	
1	Did this household exist 12 months ago?	Yes No	Y N
2	How long has this household been living in this dwelling/compound?	Duration	
3		Unit of time: Month Year	M Y
4	On what basis does the household occupy the dwelling/compound, now?	Owned Free of charge Other	W F O
5	....and 12 months ago?	Rented Not applicable	R N
6	What is the construction material of the dwelling/compound?	Wholly traditional materials Partly traditional materials Concrete block Other	T P C O
7	What is the main source of drinking water, now?	River, lake Pump well Own tap Not applicable	R P ? N
8	....and 12 months ago?	Traditional well Public tap Other	W U O
9	What is the main source of lighting fuel, now?	Candles Kerosene Electricity Other Not applicable	C K E O N
10	....and 12 months ago?		
11	What is the main type of cooking fuel, now?	Collected firewood Charcoal Gas Crop residues Not applicable	F C G R N
12	....and 12 months ago?	Purchased firewood Kerosene Electricity Other	P K E O
13	What is the main type of stove used?	Three stones Metal stove Other	T M O
		Mud stove Pottery stove Not applicable	U P N

2B: Access to facilities

No	Question	Categories and codes	Skip to	F Food Market	P Primary school	S Secondary school	M Health Facility	B Bus/taxi service
1	How long does it take to reach the nearest facility?	Less than 1/2 hour Between 1/2 and 1 hour From 1 to 2 hours From 2 hours to 1/2 day From 1/2 to 1 day More than 1 day	1 2 3 4 5 6					
2	By what means?	Foot Bicycle Motorcycle Motor vehicle Animal transport Other	F B M V A O					
3	Does any member of the household use this facility?	Yes No	Y N	>> Next facility				
4	Why not?	Too expensive Too far Poor quality service Other Not relevant	E F P O N					

SECTION 3: Employment of head and spouse [In case of multiple wives, obtain data on the one with the largest income]

No	Question	Categories and codes	Skip to	Head	Spouse
1	ID Number	From roster [Sec 0, Q 12]		1	___
2	Current main job	Head..... Spouse.....	[Occupation code]	If 'none' >>19	___
3	What type of business is this?	Head..... Spouse.....	[Industry code]		___
4	How many years in this work?	[Years]		___	___
5	Employment status?	Own account Public sector employee Employer	A Family helper P Private sect employee E Other	F V O	___
6	How much is earned from this work?	[Amount per time unit]		___	___
7		Unit: day....D week....W month..M year....Y		___	___
8	Is [name] entitled to a pension with this job?	Yes No	Y N	___	___
9	Is [name] entitled to paid leave with this job?	Yes No	Y N	___	___
10	For how long has this person worked in the past year? [Use same units as Q7]	Number of days, weeks, months or year		___	___
11	How has the income from this work changed compared with 12 months ago?	Increased Same Decreased	I S D	___	___
12	Secondary job	Head..... Spouse.....	[Occupation code]	If code=0 >> next	___
13	What type of business is this?	Head..... Spouse.....	[Industry code]		___
14	How many years in this work?	[Years]		___	___
15	Employment status?	Own account Family helper Public sector employee Private sector employee Employer Other	A F P V E O		___
16	How much is earned from this work?	[Amount per time unit]		___	___
17		Unit: day....D week....W month..M year....M		___	___
18	For how long has this person worked in the past year? [Use the same units as Q 15]	Number of days, weeks, months or year		___	___
19	How long has [name] been unemployed?	Head..... Spouse.....	[Length in months]		___
20	Previous main occupation	Head..... Spouse.....	[Occupation code]	If code=0 >> next	___
21	What type of business is this?	Head..... Spouse.....	[Industry code]		___
22	Employment status?	Own account Family helper Public sector employee Private sector employee Employer Other	A F P V E O		___
23	Main reason for change of occupation?	Wage/salary/income Lost job Enterprise closed down Other	W L E O		___

SECTION 4: Migration

No.	Questions	Categories and codes	Skip to	
1	Where was the household living 12 months ago?	Same village/town/city Same Division, different location Different Division Foreign country Household did not exist 12 months ago	Y S D F N >> 3 >> 3 >> 3	<input type="checkbox"/>
2	If the household was living in a different locality/Division, where was it?	Rural area Other urban area Greater Banjul	R U B	<input type="checkbox"/>
3	Have any members of your household been away for more than 3 months to look for a job during the last 12 months?	Yes No	Y N >> Sect 5A	<input type="checkbox"/>
4	Were any of them successful in obtaining a job?	Yes No	Y N	<input type="checkbox"/>
5	Which males were away?	[Write IDs from Section 0, Q.12]		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Which females were away?	[Write IDs from Section 0, Q.12]		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION 5: Agriculture

5A: Livestock and Agricultural holdings

No.	Questions	Categories and codes	Skip to	
1	Is livestock being kept by any member of the household?	Yes No	Y N >> 8	<input type="checkbox"/>
2	How many cattle are being kept now?	By men		<input type="checkbox"/> <input type="checkbox"/>
		By women		
3	How does this number compare with 12 months ago?	More Same Less	M S L	<input type="checkbox"/>
4	How many sheep are being kept now?	By men		<input type="checkbox"/> <input type="checkbox"/>
		By women		
5	How does this number compare with 12 months ago?	More Same Less	M S L	<input type="checkbox"/>
6	How many goats are being kept now?	By men		<input type="checkbox"/> <input type="checkbox"/>
		By women		
7	How does this number compare with 12 months ago?	More Same Less	M S L	<input type="checkbox"/>
8	Do any members of the household operate an agricultural holding?	Yes No	Y N >> Section 6	<input type="checkbox"/>
9	What is the total size of all	[No. of units]		<input type="checkbox"/>
10	holdings operated by the household, including fallow land?	Acres Hectares Plots	A H P	<input type="checkbox"/>

58: Crop Production [In the third crop column insert name of the most important crop grown apart from Groundnuts and Rice]

No	Question	Categories and codes	Skip to	Ground-nuts	Rice	.....
1	Was this crop grown in the last 24 months?	Yes No	Y N >> Next crop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is this crop grown mainly by men or women?	Men Women Both	M W B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	How much did you harvest this season? [91/92]	[No. of units]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		[Kind of units]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Was any of this sold?	Yes No	Y N >> 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	How much was sold? [Use the same units as Q.3]	[No. of units]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	What was the main outlet?	Roadside stall Village market Large market/Luomo Trader Cooperative Marketing Board Other	R V L T C M O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	What was the unit price obtained? [Use the same units as in Q.4]	[Price per unit]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	What was the production for the same season in the previous year? [90/91]	[No of units]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Was the area in 91/92 bigger, smaller or the same as in 90/91?	Increased Same Decreased	I S D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	What was the main reason for the answer in Q10?	Credit availability Mkt. opportunity Labour availability Fertiliser availability Price change Other	C M L F P O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Did you use hired labour this season[91/92]?	Yes No	Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Was this more, less or the same as the previous season [90/91]?	More Same Less	M S L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Was any extension advice given for this crop?	Yes No	Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Was any fertiliser used on this crop?	Yes No	Y N >> 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Why not?	Too expensive Not available Not needed Credit availability Don't know how to use Other	E A N C D O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Was any credit obtained for crop production	Yes No	Y N >> Next section			<input type="checkbox"/>
18	What was the source of the credit?	Formal Informal	F I			<input type="checkbox"/>

SECTION 5: Non-farm enterprises

5A: General information

No.	Question	Categories and codes	Skip to		
1	Did any member of the household operate any non-farm business during the last 12 months?	Yes No	Y N	>> Section 7	<input type="checkbox"/>
2	Which activities contributed most to your household income?	[Code according to industry list]			<input type="checkbox"/>
3	1.....				<input type="checkbox"/>
4	2.....				<input type="checkbox"/>
5	3.....				<input type="checkbox"/>
5	Has any business [other than those listed above] closed down in the last 12 months?	Yes No	Y N	>> Section 6B	<input type="checkbox"/>
6	What was the main activity of this business?	[Code according to industry list]			<input type="checkbox"/>
	4.....				<input type="checkbox"/>

6B: Business details

No	Question	Categories and codes	Skip to	1st Enterprise	2nd Enterprise	3rd Enterprise
1	Enterprise code	[code from Section 6A]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	ID of the household member responsible for this enterprise	[ID from roster]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Did this enterprise start up during the last 12 months?	Yes No	Y N	>> 5	<input type="checkbox"/>	<input type="checkbox"/>
4	How many years has this enterprise been in operation?	[Years]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	How many months has this enterprise been operating in the last 12 months?	[Months]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Is this enterprise still operating?	Yes No	Y N	>> 8	<input type="checkbox"/>	<input type="checkbox"/>
7	How many employees are working in this enterprise?	[Number]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	How many employees were working in this enterprise 12 months ago?	[Number]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Is special equipment used for this enterprise?	Yes No	Y N	>> Next enterprise	<input type="checkbox"/>	<input type="checkbox"/>
10	Has new equipment been bought in the last 12 months?	Yes No	Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Has equipment been sold in the last 12 months?	Yes No	Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	How has the overall value of all the equipment changed in the past 12 months?	Increased Same Decreased	I S D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7: Household expenditure

No	Question	Categories and code	Skip to	
	Education expenses How much was spent on the following during the past school year?			
1	School fees	[Amount]		[[]]
2	Books and stationery	[Amount]		[[]]
3	School uniforms	[Amount]		[[]]
4	Contributions to school	[Amount]		[[]]
5	How does this compare with the previous school year?	Increased Same Decreased Not applicable	I S D N	[[]]
	Medical expenses How much was spent on the following during the past 1 month?			
6	Traditional medicines	[Amount]		[[]]
7	Herbals	[Amount]		[[]]
8	Modern medicines	[Amount]		[[]]
9	Private doctor/midwife/nurse	[Amount]		[[]]
10	Hospital/health centre	[Amount]		[[]]
11	Clothing How much was spent on clothing during the past 3 months?	[Amount]		[[]]
12	Rent How much was spent on rent during the past 12 months?	[Amount]		[[]]
	Remittances How much was spent on remittances during the past 12 months?			
13	In cash	[Amount]		[[]]
14	In kind	[Amount]		[[]]
15	Transport How much was spent on personal transport during the past 2 weeks?	[Amount]		[[]]
	Key foods How much was spent on the following items during the past 2 weeks?			
16	Rice	[Amount]		[[]]
17	Oil [include vegetable, groundnut & palm oil]	[Amount]		[[]]
18	Coarse grains	[Amount]		[[]]
19	Fish/Meat	[Amount]		[[]]
20	Vegetables	[Amount]		[[]]

SECTION 8: Household Income

No	Sources of Income	A. How much income did this household receive during the last 12 months from each of the following sources?	B Was this more, less or the same as last year? More M Less L Same S Not applicable N Use 'Not applicable' when no income in column 1
1	Sale of export crop	<input type="text"/>	<input type="text"/>
2	Sale of food crop	<input type="text"/>	<input type="text"/>
3	Livestock & livestock products	<input type="text"/>	<input type="text"/>
4	Fishing	<input type="text"/>	<input type="text"/>
5	Other farming income	<input type="text"/>	<input type="text"/>
6	Non farm enterprise 1 [from Section 6]	<input type="text"/>	<input type="text"/>
7	Non farm enterprise 2 [from Section 6]	<input type="text"/>	<input type="text"/>
8	Non farm enterprise 3 [from Section 6]	<input type="text"/>	<input type="text"/>
9	Other non farm enterprises	<input type="text"/>	<input type="text"/>
10	Public and parastatal sector salary	<input type="text"/>	<input type="text"/>
11	Private sector salary	<input type="text"/>	<input type="text"/>
12	Rent received	<input type="text"/>	<input type="text"/>
13	Remittances	<input type="text"/>	<input type="text"/>
14	Transfer payments [pensions, scholarships, insurance etc]	<input type="text"/>	<input type="text"/>
15	Other sources [please specify]	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

SECTION 9: Household assets

Household assets include assets that fully belong to the household, even with mortgage, but excluding those owned on a partnership basis

9A: Property and land

No	Question	Categories and codes	Skip to	
1	Does any member of the household own any dwellings, other buildings or urban land?	Yes No	Y N >> 3	<input type="checkbox"/>
2	How many properties are owned in all? Enter the total number, including the present dwelling if owned by the household			<input type="checkbox"/>
3	Twelve months ago, did any member of the household own any properties?	Yes No	Y N >> 5	<input type="checkbox"/>
4	How many properties were owned in all? Enter the total number, including the present dwelling if owned by the household			<input type="checkbox"/>
5	Does any member of the household own any agricultural land?	Yes No	Y N >> Sect 9b	<input type="checkbox"/>
6	How has the size of this land changed during the last 12 months?	Increased Same Decreased	I S D	<input type="checkbox"/>

9B: Household assets

No	Household assets	A How many of these assets does the household own?	B How many of these assets did the household own 12 months ago?
1	Seeder/weeder/lifter	<input type="checkbox"/>	<input type="checkbox"/>
2	Draft animals	<input type="checkbox"/>	<input type="checkbox"/>
	Oxen	<input type="checkbox"/>	<input type="checkbox"/>
	Horses	<input type="checkbox"/>	<input type="checkbox"/>
	Donkeys	<input type="checkbox"/>	<input type="checkbox"/>
3	Fishing boat	<input type="checkbox"/>	<input type="checkbox"/>
4	Sewing machine	<input type="checkbox"/>	<input type="checkbox"/>
5	Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
6	Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
7	Car/van/truck	<input type="checkbox"/>	<input type="checkbox"/>
8	TV	<input type="checkbox"/>	<input type="checkbox"/>
9	Radio	<input type="checkbox"/>	<input type="checkbox"/>
10	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

