

# THE GOVERNMENT OF THE GAMBIA

## SPACO/CENTRAL STATISTICS DEPARTMENT

### 1998 HOUSEHOLD POVERTY SURVEY

#### PART ONE

##### A DATA COLLECTION

Interviewer.....

Date.....

Supervisor.....

Checking Date.....

##### B. DATA ENTRY

Operator.....

Entry date.....

Supervisor.....

Editing date.....

Operator.....

Re-entry date.....

Division	Banjul	B	[ ]
	KUDC	K	
	Western	W	
	North Bank	N	
	Lower River	L	
	McCarthy Island	M	
	Upper River	U	

Survey form number  
for this household [ ] of [ ]

District [ ]

EA Number [ ]

Selected Household [ ]

Name of Head.....

Time interview commenced [ ]

Address.....

## SECTION 0: HOUSEHOLD PARTICULARS

No.	Questions	Categories & Code	Skip to	
1	Has the above household been identified and accepted to be interviewed?	Yes Y No, Different household D No, Dwelling not found N No, Illness, death I No, Refusal R No, Dwelling empty E No, Other (specify) .....O	>>3 } Refer to } supervisor } for replacement ] and >> Q.2	[ ]
2	HOUSEHOLD TO BE INTERVIEWED  Name of Head..... Address.....	Supervisor will code this question after assigning a new household for interview		[ ]

## HEAD OF HOUSEHOLD [Person Responsible for Main Decisions]

No.	Questions	Categories & Code	Skip to	
3.	Is the head of household present?	Yes Y No N	>>7	[ ]
4.	How long has he/she been away?	Less than 1 week 1 Between 1 week & 1 month 2 Between 1 and 3 months 3 Over 3 months 4		[ ]
5.	In this person's absence, who is responsible for the main decisions?  Name	Insert ID number after completing Q.9		[ ]

## INTERVIEW DETAILS

No.	Questions	Categories & Code	Skip to	
6.	Language used by respondent at interview.....	Mandinka M Wollof W Fula F Other [specify]..... O		[ ]
7.	Interpreter	Yes Y No N		[ ]

Write down the name of the head of household and of all persons who normally live and eat together in this household [ 6 out of last 12 months]		
8	Name	ID Number
	Head	01
		02
		03
		04
		05
		06
		07
		08
		09
		10
		11
		12
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		21
		22
		23
		24
		25

  

9.	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	
		No	N
		[	]
	Are there any strange farmers or boarders/lodgers who has lived with this household for more than 6 of the last year? [If so, use a separate form for this (these) person(s)]	Yes	Y
		No	N
		[	]

# SECTION 1: HOUSEHOLD ROSTER

1. ID No. of house-hold mem-be	2. How old is (name) now? Record Age in Years	3. Residence status Present P Absent A	4. Nationality (Citizenship) Gambian G Senegal S Other ECOWAS E Other 0	5. Relationship with head of household Head H Spouse S Child C Parent P Other relative R Other household member M Strange Farmer F Boarder/ lodger B	6. Sex	7. What is your marital status? Never Married N>>Q8 Married M Divorced/separated D Widowed W	7b. What is (was) the Type of Union? Monogamy 1 Polygamy 2
1.	2.	3.	4.	5.	6.	7.	7b.
1							
2							
3							
4							
5							
6							
7							
8							
9							
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23							
24							
25							

# SECTION 2: HEALTH

1. ID No.	2. During the past two weeks has (name) suffered from an illness or injury?  Yes Y No N (=>Next Q6)	3. Which of these symptoms did (name) have?  Fever F Diarrhoea D Vomiting V Abdominal pain A Coughing C Skin rash K Swelling W Headache H	4. How long ago did this illness or injury start?  < 1 week 1 1-2 weeks 2 3-4 weeks 3 1-6 months 4 7-12 months 5 > 1 year 6	5. For how many days during the past two weeks was (name) too ill to do his/her usual activities?	6. During the past two weeks has (name) had a health consultation?  Yes Y No N >> Q17	7. Whom did (name) consult?  Traditional healer/ Marabout T Midwife/nurse M Doctor D Other Health Professionals P VHW/TBA V Other. Specify	8. Was this (health care provider) public or private  Public U Private I	9. What was the reason for this visit?  Illness L Injury N Vaccination V Prenatal R Postnatal S Checkup C Other, Specify
1.	2.	3.	4.	5.	6.	7.	8.	9.
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
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23.								
24.								
25.								

[illegible]

**FERTILITY : FOR FEMALES 15 TO 49 YEARS ONLY**

ID No	18. How many children have ever been born to you alive?	19.) How many of them are living in this household?		20. How many of them are living elsewhere?		21. How many of them have died?		22. How many boys did you give birth to?	23. How many girls did you give birth to?	24. How many of the children you have given birth to are still alive?		25. Particulars of Births in the last 12 months							
	Total Number	Number		Number		Number		Number	Number	Number	Boys	Girls	How many children have been born to you alive during the last 12 months?	Year of birth	Month of birth	What was the weight of this child		How many of those children born to you during the last 12 months are still alive?	
		M	F	M	F	M	F									Boys	Girls	Boys	Girls
	18.	19a.	19b.	20a.	20b.	21a.	22b.	22.	23.	24a.	24b.	25a.	25b.	25c.	25d.	25e.	25f.	25g.	25h.
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			

# SECTION 3: EDUCATION AND LITERACY (For all persons 7 Years and Above)

ID No.	1. Has (name) ever attended school?	2. Why has (name) never attended school?	3. What kind of primary school did (name) attend?	4. Why did (name) attend madrassah?	5. What was the highest grade completed?		6. Did name have an interruption for a term or more during his/her schooling?	7. For how long did (name) stay away in all ?  RECORD TOTAL MONTHS
	(School includes formal school and madrassah)  Yes Y >> Q 3 No N If age 25 plus >> Q23	Work  Too expensive E Too far F Not useful U Married M  Not appropriate A Too young Y Handicap H  Other, specify  >> Non formal education	Government (>> Q5) G Private (>> Q5) P Madrassah M	Economic E Religious R Nearness N Appropriate for girls G Other, Specify:	Primary P Middle M Secondary S Vocational V Tertiary T	Form or Grade	Yes Y No N (>>Q9)	
	1.	2.	3.	4.	5a.	5b.	6.	7.
1								
2								
3								
4								
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ID NO	8. What was the reason for the interruption? Unable to pay fees U Necessity to work N Illness I Suspension S Travel T Other, specify	9. Is (name) presently attending school? Yes Y (>> Q11) No N (if age 25 plus >> Non formal education)	10. Why is (name) not presently attending school? Work W Too expensive E Too far F Not useful U Married M Not appropriate N Completed C Too Young Y Illness I Other, specify	11. How much time does (name) spend going to and from school daily? < Half an Hour 1 Half an Hour to 1 Hour 2 1 Hour or More 3
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2				
3				
4				
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# EDUCATION EXPENDITURE

ID No.	During the past school year what were the expenses (in Dalasis) for (name) for:										
	12. School and registration fees	13. Contributions to parents association?	14. Uniforms and sports clothes	15. Books	16. School supplies	17. Transport to and from school	18. Lunch and pocket money	19. Examination fees	20. Private tuition	21. Other expenses, specify;	22. Total expenses (only if respondent cannot give detailed break down).
	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.
1											
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# Non-Formal Training and Literacy (For Persons 15 Years and Above)

ID No.	23. Has (name) ever attended a literacy course?		24. Has (name) ever attended a non-formal training course?		25. Can (name) read and write a simple sentence in English?		26. Can (name) read and write a simple sentence in any language?		27. Can (name) write a simple letter in English?		28. Can (name) do written calculations using modern, arabic or any other numbers?	
	Yes	Y	Yes	Y	Yes	Y	Yes	Y	Yes	Y	Yes	Y
	No	N	No	N	No	N	No	N	No	N	No	N
	23.		24.		25.		26.		27.		28.	
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# Section 4: Employment (for all persons 7 years plus)

ID No	2. What was your main job during the past 30 days?  If working or had a job but not at work fill in occupation. If Unemployed fill in 2a and >>9 If Retired or Student fill in 2a and >>next person		3. What type of business is this?		4. Employment status?	5. How much is earned from this work?		For how long have you been working in the past 12 months?  Use same units as in Q5b	7. Are you entitled to a pension or social security with this job?  Yes Y No N	8. Are you entitled to paid leave with this job?  Yes Y No N	9. Were you looking for job?  Yes Y No 7
	Occupation	Code	Industry	Code	Employer Own account worker A Family helper F Salaried employee -public U -private I Other O	Day Week Month Year	D W M Y				
1.	2a	2b	3a	3b	4	5a	5b	6	7	8	9
1											
2											
3											
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# SECTION 5A: CROP PRODUCTION

Does the household grow any crops? Yes  
No (>> Section 5B)

Crop	1. Code	2. Has the household grown any ... in the last 12 months?  Yes Y No N (--> next)	3. On how many plots did you grow ... in the 1997 season?	4. On what basis does the household occupy the plots?  Own O Rent R Communal C Rent free F Other, specify	5. On how many plots did you grow ... in 1996? (If same or more in 1997 --> Q7)	6. Why did you grow ... on fewer plots in 1997?  Labour cost L Seeds not enough S Other plots not fertile O Plots taken from me P Other, specify	7. Was this crop grown mainly by men or by women?  Mainly by men M Mainly by women W By both B	8. Did you sell any...?  Yes Y No N (--> Next)	9. What was the value of these sales  Amount	10. Did the household use any of the following during the last farming season?				11. If No, in 10 give reason			
										Fertilizer	Improved seeds	Pesticide	Extension service	Yes	No	Too expensive	Not available
										10a F	10b I	10c P	10d E	11a.	11b.	11c.	11d.
Groundnuts																	
Swamp rice																	
Upland rice																	
Millet (Suno/Sanyo)																	
Sorghum-Kinto																	
Maize																	
Findi																	
Cotton																	
Cassava																	
Vegetables																	
Fruits																	
Tree crops																	
Other crops not mentioned above																	

F= Fertilizer    I= Improved Seeds    P=Pesticide    E= Extension Service

# SECTION 5B: LIVESTOCK

Does the household own livestock? Yes Y  
No N (>>Section)

Type of livestock	1. Code	2. Does any member of the household own....? Yes Y No N	3. How many are owned by men?	4. How many are owned by women?	5. How many were owned by men 12 months ago?	6. How many were owned by women 12 months ago?	7. How many women own....?
	1.	2.	3.	4.	5.	6.	7.
Horses	1						
Oxen	2						
Donkeys	3						
Cattle	4						
Sheep	5						
Goats	6						
Pigs	7						
Poultry	8						

## SECTION 6: Non-Farm Enterprise

Does this household conduct any non-farm enterprises (including fishing)? Yes Y  
No N (>>Section 6)

For the three economically most important enterprises owned by the household

No.	Question	Categories and Codes	Skip to	Enterprise No. 1	Enterprise No. 2	Enterprise No. 3
1	What is the main activity of this enterprise?	Describe  INDUSTRY CODE				
2	Who is responsible for the enterprise?	ID number				
3	ID of person interviewed	ID number				
4	Has this person received any training in entrepreneurship?	Yes Y No >>	Q6a			
5	Which organisation provided the training	IBAS I GAWFA G Other O				
6a	How long has this enterprise been operating? (If more than one year indicate years only. If less than one year indicate months only).	Years				
6b		Months				
7	For how many months has the enterprise been operating for the past 12 months?	Months				
8	Does the income of this enterprise belong entirely to you and this household?	Yes Y No N>>	Q10			
9	What percentage of the income of this enterprise goes to you and this household?	Indicate percentage				
10	Has the enterprise got a bank account?	Yes Y No N				
11	Has the enterprise got a loan from any source?	Yes Y No N>>	13			
12	Name the name of the institution or source	Bank B IBAS I Osusu O GAWFA G NDFA N VISACA V Other specify				
13	During the past 12 months how many persons have usually worked in this enterprise? (Include household members, apprentices and hired labour, but exclude person responsible).	Number				
14	Are formal contracts issued to any of the employees?	Yes Y No N				

15	Do any of the employees receive paid leave?	Yes No	Y N				
16	Do any of the employee receive sick leave	Yes No	Y N				
17	How much is usually receive by this enterprise in a month?	Amount					
18	Does this enterprise usually receive payment in the form of goods and services?	Yes No	Y N>>	Q20			
19	What is the usual value of payments in the form of goods and services during a month?	Amount					
20	Do you usually consume what you produce?	Yes No	Y N>>	Q22			
21	What is the value of products from the enterprise usually consumed by the household during a month?	Amount					
22	Has the household in the past 12 months received any payments in cash or kind for rent of any equipment owned by the enterprise?	Yes No	Y N>>	Q24			
23	How much rent was received in the past 12 months?	Amount					
24	How does the gross income of this enterprise over the last 12 months compare with the income of the year before?	This Year is Higher H Same S Lower L Not appl. N					

#### ASSETS OF NON-FARM ENTERPRISE I

ITEM	23. Code	24. Does this enterprise own...?  Yes Y No N (>>28)	25. For how much would you be able to sell ....today	26. Did the enterprise obtain any....during the past 12 months?  Yes Y No N (>>Q28)	27. How much did the enterprise pay for the....that was obtained during the last 12 months  If Gift write 0	28. Did the enterprise sell any... during the past 12 months?  Yes Y No N (>>Next Item)	29. How much did the enterprise receive from the sale of ...during the past 12 months?
			Amount		Amount		
	25	26	27	28	29	30	31
Building	1						
Land	2						
Equipment/tools/machinery	3						
Stocks of goods and raw materials	4						
Bicycles	5						
Carts	6						
Cars, Vans, Buses	7						
Boats	8						
Other vehicles	9						
Other Specify	0						

# **COSTS OF NON-FARM ENTERPRISE 1**

Expenditure item	32. Code	33. During the past 12 months has the enterprise spent anything on.....?  Yes      Y No        N (>> Next item)	34. How much did you spend on..... during the last 12 months?		35. During the past 12 months was this item ever unavailable to you when you wished to purchase or use it?  If Yes probe: OFTEN or just ONCE OR TWICE Yes often    1 Yes once or twice    2 No                3
			Amount	Time Unit Day      D Week     W Month    M Year      Y	
	32.	33	34a	34b	35
Hired labour	1				
Raw materials & articles for resale	2				
Rental of land/buildings	3				
Rent of machinery and vehicles	4				
Maintenance, repairs & parts	5				
Electricity and water	6				
Taxes, licences, etc.	7				
Interest/other charges on loans	8				
Other expenses	9				

# **ASSETS OF NON-FARM ENTERPRISE 2**

ITEM	25 Code	26. Does this enterprise own...?  Yes      Y No        N (>>28)	27. For how much would you be able to sell ....today  Amount	28. Did the enterprise obtain any....during the past 12 months?  Yes      Y No        N (>>Q28)	29. How much did the enterprise pay for the....that was obtained during the last 12 months  If Gift write 0  Amount	30. Did the enterprise sell any.... during the past 12 months?  Yes      Y No        N (>>Next Item)	29. How much did the enterprise receive from the sale of ...during the past 12 months?
Building	1						
Land	2						
Equipment/tools/ machinery	3						
Stocks of goods and raw materials	4						
Bicycles	5						
Carts	6						
Cars, Vans, Buses	7						
Boats	8						
Other vehicles	9						
Other Specify	0						



# COSTS OF NON-FARM ENTERPRISE 2

Expenditure item	30. Code	31. During the past 12 months has the enterprise spent anything on.....?  Yes        Y No        N (>> Next item)	32. How much did you spend on..... during the last 12 months?		33. During the past 12 months was this item ever unavailable to you when you wished to purchase or use it?  If Yes probe: OFTEN or just ONCE OR TWICE Yes often    1 Yes once or twice    2 No                3
			Amount	Time Unit Day        D Week      W Month     M Year      Y	
	32.	33	34a	34b	35
Hired labour	1				
Raw materials & articles for resale	2				
Rental of land/buildings	3				
Rent of machinery and vehicles	4				
Maintenance, repairs & parts	5				
Electricity and water	6				
Taxes, licences, etc.	7				
Other expenses	8				

# ASSETS OF NON-FARM ENTERPRISE 3

ITEM	25. Code	26. Does this enterprise own....?  Yes        Y No        N (>>28)	27. For how much would you be able to sell ....today  Amount	28. Did the enterprise obtain any....during the past 12 months?  Yes        Y No        N (>>Q28)	29. How much did the enterprise pay for the....that was obtained during the last 12 months  If Gift write 0  Amount	30. Did the enterprise sell any... during the past 12 months?  Yes        Y No        N (>>Next Item)	29. How much did the enterprise receive from the sale of ...during the past 12 months?
Building	1						
Land	2						
Equipment/tools/ machinery	3						
Stocks of goods and raw materials	4						
Bicycles	5						
Carts	6						
Cars, Vans, Buses	7						
Boats	8						
Other vehicles	9						
Other Specify	0						

# COSTS OF NON-FARM ENTERPRISE 3

Expenditure item	32. Code	33. During the past 12 months has the enterprise spent anything on.....?  Yes Y No N (>> Next item)	34. How much did you spend on..... during the last 12 months?		35. During the past 12 months was this item ever unavailable to you when you wished to purchase or use it?  If Yes probe: OFTEN or just ONCE OR TWICE Yes often 1 Yes once or twice 2 No 3
			Amount	Time Unit Day D Week W Month M Year Y	
	32.	33	34a	34b	35
Hired labour	1				
Raw materials & articles for resale	2				
Rental of land/buildings	3				
Rent of machinery and vehicles	4				
Maintenance, repairs & parts	5				
Electricity and water	6				
Taxes, licences, etc.	7				
Other expenses	8				

## SECTION 7: HOUSING

1. How many rooms does this household occupy?  (Do not include bathrooms, toilets & Kitchens)	2. On what basis does the household occupy the dwelling? Owning O Renting R Provided Rent Free F	3. What is the main source of drinking water? Private stand pipe PS Public stand pipe US Well fitted with pump WP Open wells OW Others OF	4. What is the main source of light? Electricity E Kerosene K Candles C Other, Specify	5. What type of toilet has the dwelling got? Own flush toilet OF Shared flush toilet SF Own bucket/pan OB Shared bucket/pan SB Own pit latrine SP Public pit PP No Toilet N Other O	6. Main construction materials of outside walls? Mud M Wood W Brick B Cement/concrete C Thatched grass T Other O	7. Main roofing material Thatch T Corrugated iron I Asbestos A Cement/concrete C Other O	8. Main flooring material Mud/earth M Wood W Tiles T Cement/concrete C Other O
1.	2.	3.	4.	5.	6.	7.	8.

## SECTION 8: ENVIRONMENT

No.	Question	Categories and Codes	Skip
1.	What is this household's main cooking fuel?	Firewood F Charcoal C Gas G Electricity E Other O Not applicable N	
2.	What is the main type of cooking stove used?	Three stones T Mud Stove U Kumba Gaye K Sinkinkuto S Other O Not applicable N	
3.	Has any member of the household been participating in any environment protection programme?	Yes Y No N>>	Q5
4.	Which activity was it?	Tree Planting Yes Cleaning Y Soil conservation Y Dyke construction Y Creating of buffer to prevent spread of bushfire Y Other, specify N	
5.	Now I would like you to tell me to what extent you agree or disagree about the following statements made by some people:		

		Strongly Disagree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
	1. Improved cooking stoves reduce consumption of firewood and prevent destruction of the environment	1	2	3	4	5
	2. Bushfires are the cause of imbalance in the ecosystem	1	2	3	4	5
	3. Efficient use of remaining woodlands will reverse the depletion of our forest cover	1	2	3	4	5
	4. Promotion of alternate sources of household energy will go a long way in preserving our forest cover	1	2	3	4	5
	5. Increased pressure on land as a result of high population growth leads to overgrazing, reduced fallow periods, diminished soil fertility and increased erosion	1	2	3	4	5
	6. If the rate of population growth is not checked, efforts at improving the environment will be in vain	1	2	3	4	5
	7. Air and water quality are affected by the use of pesticides, improper waste disposal and other forms of industrial activities	1	2	3	4	5
	8. Reduction of air and water pollution should be the concern of every Gambian	1	2	3	4	5
	9. Sand is an abundant natural resource and there should be no restriction on its mining	1	2	3	4	5
	10. Over exploitation of natural resources e.g. sand, water, forest, etc. leads to deterioration of the environment	1	2	3	4	5
	11. Communities have greater role in protecting the environment	1	2	3	4	5
	12. Communities should contribute towards the maintenance of social amenities	1	2	3	4	5

#### SECTION 9: RESPONDENTS TO THE SECOND ROUND

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

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

**INTERVIEWER:** Now make an appointment with all the persons identified in the question above for them to be present at the next visit. They give them the forms for keeping the daily records of their consumption and help them to record the first day. If nothing has yet been consumed or bought today, then start recording yesterday.

Also arrange for children below 5 to be present and for their parents to have the clinic cards ready for next visit.

Time interview concluded .....

# THE GOVERNMENT OF THE GAMBIA

## SPACO/CENTRAL STATISTICS DEPARTMENT

### 1998 HOUSEHOLD POVERTY SURVEY

#### PART TWO

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	Upper River	U	

Survey form number  
for this household [ ] of [ ]

District [ ]

EA Number [ ]

Selected Household [ ]

Name of Head.....

Time interview commenced [ ]

Address.....

## SECTION 10: CONSUMPTION OF OWN PRODUCE

Did the household consume any food it produced in the last 12 months?

Yes- Continue this section  
No-> Section 10

	ITEM	1. Code	2. Did the household consume any home produced... in the past 12 months?  Yes      Y No        N (>>Next item)	3. How much home produced.....did the household consume in the past 12 months?  The ANSWER TO BE GIVEN IN ANY UNIT THAT THE RESPONDENT CHOOSES			4. For how many (time units) did the household consume home produced in the past 12 months  No. Of time units (same units as in Q3c)	5. How much was consumed since my last visit?	
				No. of units per time unit	Quantity Unit Code	Time Unit Code		No. Of units	Units code
		1	2	3a	3b	3c	4	5a	5b
Grains AND GRAIN PRODUCTS	Rice (paddy grain)	AA							
	Corn	AB							
	Sorghum	AC							
	Millet	AD							
	Other grains	AE							
	Bread	AF							
ROOTS, PULSES, NUTS & SEEDS	Potatoes (Irish)	BA							
	Sweet potatoes	BB							
	Cassava	BC							
	Dry Beans	BD							
	Groundnuts	BE							
	Palm nuts	BF							
	Other nuts, seeds	BG							
Vegetables	Pepper	CA							
	Tomato	CB							
	Bitter tomato (Jahato)	CC							
	Garden egg (batanseh)	CD							
	Okra	CE							
	Onion	DF							
	Sorrel (Bisab)	DG							
	Other vegetables, Specify	DH							

	ITEM	1. Code	2. Did the household consume any home produced... in the past 12 months?  Yes      Y No        N (>>Next item)	3. How much home produced.....did the household consume in the past 12 months?  The ANSWER TO BE GIVEN IN ANY UNIT THAT THE RESPONDENT CHOOSES			4. For how many (time units) did the household consume home produced in the past 12 months	5. How much was consumed since my last visit?	
				No. of units per time unit	Quantity Unit Code	Time Unit Code		No. Of time units (same units as in Q3c)	No. Of units
		1	2	3a	3b	3c	4	5a	5b
Fruits	Orange	DA							
	Other citrus fruits	DB							
	Mango	DC							
	Banana	DD							
	Pawpaw	DE							
	Avocado (pea)	DF							
	Melon	DG							
	Other fruits, Specify	DH							
MEAT, POULTRY, EGG & FISH	Beef	EA							
	Mutton/gout	EB							
	Chicken and other domestic poultry	EC							
	Eggs	ED							
	Wild game/game birds	EE							
	Fresh fish	EF							
	Smoked fish	EG							
	Other, Specify	EH							
MILK AND DAIRY PRODUCTS	Fresh milk	FA							
	Sour milk	FB							
	Other dairy products)	FC							
DRINKS & BEVERAGES	Cana	GA							
	Ginger	GB							
	Palinwine	GC							
	Wonjo	GD							
	Other Drinks, Specify	GE							

# SECTION 11: HOUSEHOLD EXPENDITURE--non-food expense

	ITEM	1. Code	2. Was anything spent by the household on ... in the past 12 months	3. How much was spent....in the past 12 months?		4. How much has the household spent on since...my last visit?	5. What was the value of gifts received of ....since the last year?
				Amount	Time Unit	Amount	Amount
		1	2	3a	3b	4	5
HOUSING	Rent	AA					
	Water	AB					
	Repair and maintenance of dwelling (painting, etc.)	AC					
FUEL & LIGHT	Firewood	BA					
	Kerosine	BB					
	Matches	BC					
	Electricity	BD					
	Gas	BE					
	Candles	BF					
	Other, specify	BG					
CLOTHING, TEXTILES & FOOTWEAR	Cloth	CA					
	Underwear	CB					
	Ready-made clothes	CC					
	Tailoring charges	CD					
	Shoes (adult, child)	CE					
	Bed linen, towels, etc.	CF					
PERSONAL ITEMS	Cigarettes, tobacco	DA					
	Combs, razors	DB					
	Soap, Shampoo	DC					
	Books, newspaper	DD					
	Stationery (envelopes, etc.)	DE					
	Entertainment (Cinema, etc.)	DF					
	Cassettes	DG					
	Radio, TV, Video	DH					
	Jewelry, watches	DI					
	Other, Specify	DK					

	ITEM	1. Code	2. Was anything spent by the household on...in the past 12 months?  Yes      Y No        N (>>Q5)	3. How much was spent on.....in the past 12 months?  The ANSWER TO BE GIVEN IN ANY UNIT THAT THE RESPONDENT CHOOSES		4. How much has the household spent on.....since my last visit?	5. What was the value of gifts received of ... since my last visit
				AMOUNT	Time Unit	AMOUNT	AMOUNT
				1	2	3a	3b
HOUSEHOLD ITEMS	Washing powder, soap for washing clothes	EA					
	Home maintenance (broom, etc.)	EB					
	Kitchen equipment (pots, etc.)	EC					
	Tableware, cutlery	ED					
	Furniture	EE					
	Lanterns, lamps, torches	EF					
	Other household items, specify:	DH					
EDUCATION	School fees	FA					
	Books & stationery	FB					
	Lunch	FC					
	Contributions to school	FD					
	Other, Specify	FE					
TRANSPORT & COMMUNICATION	Petrol, oil	GA					
	Car/bicycle repairs	GB					
	Bus fares	GC					
	Taxi fares	GD					
	Ferry tickets	GE					
	Telephones	GF					
	Other, Specify	GG					
HEALTH & PERSONAL CARE	Hairdressing, haircut	HA					
	Health centre-public	HB					
	Clinic-Private	HC					
	Hospital-public	HD					
	Hospital-private	HE					
	Marabout	HF					
	Traditional medicine	HG					
	Modern medicine & medical supplies	HH					
	Other, specify	HI					



# SECTION 12: HOUSEHOLD EXPENDITURE--food items

	ITEM	1. Code	2. Was anything spent by the household on.....in the last 12 months?  Yes        Y No         N (>>Q5)	3. How much was spent on .....in the past 12 months?		4. How much has the household spent on.....since my last visit?	5. What was the value of gifts received of.....since my last visit?	
				AMOUNT	Time Unit	AMOUNT	AMOUNT	
			1	2	3a	3b	4	5
Grains AND GRAIN PRODUCTS	Rice (paddy grain)	AA						
	Corn	AB						
	Sorghum	AC						
	Millet	AD						
	Chere	AE						
	Other grains	AF						
	Bread	AG						
ROOTS, PULSES, NUTS & SEEDS	Potatoes (Irish)	BA						
	Sweet potatoes	BB						
	Cassava roots	BC						
	Dry Beans	BD						
	Groundnuts (roasted, raw)	BE						
	Oil palm nuts	BF						
	Coconut	BG						
	Kola nut	BH						
	Other, specify	BG						
Vegetables	Pepper-fresh	CA						
	Tomato-fresh	CB						
	Bitter tomato (Jahato)	CC						
	Garden egg (batanseh)	CD						
	Okra	CE						
	Onion	CF						
	Sorrel (Bisab)	CG						
	Leaves	CH						
	Other vegetables, Specify	CI						

	ITEM	I. Code	2. Was anything spent by the household on ...in the last 12 months?	3. How much was spent on..... in the past 12 months?		4. How much has the household spent on.....since my last visit?	5. What was the value of gifts received of... since my last visit?
			Yes      Y No        N (>>Next item)	Amount	Time Unit	AMOUNT	AMOUNT
		I	2	3a	3b	4	5
Fruits	Orange	DA					
	Other citrus fruits	DB					
	Mango	DC					
	Banana	DD					
	Pawpaw	DE					
	Avocado (pea)	DF					
	Melon	DG					
	Other fruits	DH					
MEAT, POULTRY, EGG & FISH	Beef	EA					
	Mutton/goat	EB					
	Pork	EC					
	Chicken and other domestic poultry	ED					
	Eggs	EE					
	Wild game/game birds	EF					
	Fresh fish	E					
	Smoked fish	EG					
	Other, Specify	EH					
MILK AND DAIRY PRODUCTS	Fresh milk	FA					
	Sour milk	FB					
	Evaporated milk/ condensed	FC					
	Butter	FD					
	Other diary products)	FC					

ITEM	1. Code	2. Was anything spent by the household on ... in the last 12 months?  Yes        Y No        N (>>Next item)	3. How much was spent on.... in the past 12 months?		4. How much has the household spent on.... since my last visit?	5. What was the value of gifts received of... since my last visit?
			Amount	Time Unit	AMOUNT	AMOUNT
	1	2	3a	3b	4	5
OIL AND FAT	Margarine	GA				
	Palm oil	GB				
	Groundnut paste	GC				
	Groundnut oil-refined	GD				
	Other oils	GE				
PROCESSED FOODS	Tomato puree	HA				
	Tinned vegetables/fruit	HB				
	Tinned sardines	HC				
	Tinned meat	HD				
	Baby food	HE				
	Meals eaten out	HF				
	Other processed foods	HG				
SPICES	Jumbo Maggi	IA				
	Vinegar	IB				
	Salt	IC				
	Black pepper	ID				
	Pepper red	IE				
	Other, spices	IF				
SWEETS AND SUGAR	Sugar	KA				
	Sweets	KB				
	Other Sweets	KC				
BEVERAGES	Coffee/tea	LA				
	Attaya	LB				
	Tinned drinks (non-alcohol)	LC				
	Squashes/sodas	LD				
	Cana/palm wine	LE				
	Manufactured beer	LF				
	Wine and Spirits	LG				
	Other drinks, beverages	LH				

# SECTION 13: MISCELLANEOUS INCOME AND EXPENDITURE

During the past 12 months, what income in cash and kind, did the household receive from the following sources?

FROM CENTRAL AND LOCAL GOVERNMENT			FROM OTHER SOURCES			
1. Social security	2. State Pension	3. OTHER (Specify)	4. Private pension/insurance	5. Osusu	6. Dowry	7. Other Specify
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	VALUE	AMOUNT
1.	2.	3.	4.	5.	6.	7.

During the past 12 months, how much did the household spend (in cash and kind) on:

8. Taxes	9. Contributions to self-help projects	10. Weddings, dowry, naming ceremonies	11. Religious and other ceremonies (Tobaski, Korite, etc.)	12. Contributions to osusu	13. Loan repayment	14. Other miscellaneous expenditure (specify)	15. How much money do you think will be enough to cover this household's basic needs in a month?
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
8.	9.	10.	11.	12.	13.	14.	15.

# SECTION 14: TRANSFER PAYMENTS MADE BY HOUSEHOLD

1. During the past 12 months, has the household sent any money or goods (as gifts or support) to an absent household member or any other person?									
<div>Yes Y</div> <div>No N &gt;&gt;Next sect.</div>									
2. LIST THE NAME OF EACH PERSON TO WHOM MONEY OR GOODS WAS SENT	3. ID CODE CODE 99 IF NON-HOUSEHOLD MEMBER  (HOUSEHOLD MEMBER >>6)	IF NOT A HOUSEHOLD MEMBER		6. Where does this recipient live?  This village/town T Capital city C Other urban U Rural R Abroad A	7. Were these monies or goods sent regularly?  YES: Monthly M Quarterly Q Annually A Other O  NO N	8. Will they be repaid at some future time?  Yes Y No N	9. What was the total value of food sent or given to this person during the past 12 months?	10. What was the total value of goods sent or given to this person during the past 12 months?	11. What was the value of other goods sent or given to this person during the past 12 months?
		4. RELATIONSHIP  Parent P Spouse S Child C Brother/sister B Other relative R Non-relative N	5. SEX  Male M Female F				IF NONE WRITE O	IF NONE WRITE O	IF NONE WRITE O
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
2.	3.	4.	5.	6.	7.	8.	9.	10.	11.

# SECTION 15: TRANSFER PAYMENTS RECEIVED BY HOUSEHOLD

1. During the past 12 months, has the household received money or goods (as gifts or support) to an absent household member or any other person?									
<div>Yes Y</div> <div>No N &gt;&gt;Next sect.</div>									
2. LIST THE NAME OF EACH PERSON FROM WHOM MONEY OR GOODS WAS RECEIVED	3. ID CODE CODE 99 IF NON-HOUSEHOLD MEMBER (HOUSEHOLD MEMBER >>6)	IF NOT A HOUSEHOLD MEMBER		6. Where does this person live?  This village/town T Capital city C Other urban U Rural R Abroad A	7. Were these monies or goods received regularly?  YES: A Monthly M Quarterly Q Annually A Other O  NO N	8. Will they be repaid at some future time?  Yes Y No N	9. What was the total amount of cash received from this person during the past 12 months?  IF NONE WRITE O  AMOUNT	10. What was the total value of food received from this person during the past 12 months?  IF NONE WRITE O	11. What was the value of other goods received this person during the past 12 months?  IF NONE WRITE C  VALUE
		4. RELATIONSHIP	5. SEX						
		Parent P Spouse S Child C Brother/sister B Other relative R Non-relative N	Male M Female F						
2.	3.	4.	5.	6.	7.	8.	9.	10.	11.

# SECTION 16: ANTHROPOMETRY - for children between 3 and 60 months

Name of child	1. ID No.	2. Birth month	3. Birth Year	4. Age in months (if date of birth is unavailable)	5. ID of natural mother (enter OO if mother is not a member of the household)	6. Is child measured? Yes      Y No        N	7. Why not measured? Absent    A Illness   I Refusal   R Other     O	8. Weight Nearest 0.1 kg	9. Height In cm.
	1.	2.	3.	4.	5.	6.	7.	8.	9.

## SECTION 17: 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	Fishing boats		
2	Seeder/weeder/lifter		
3	Sewing machine		
4	Bicycle		
5	Motorcycle		
6	Car/Van/Truck		
7	Television		
8	Video		
9	Radio		
10	Refrigerator		

Time interview concluded .....