

THE GOVERNMENT OF THE GAMBIA

SOCIAL DIMENSIONS OF ADJUSTMENT

1993-94 HOUSEHOLD EDUCATION AND HEALTH 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 | <input type="text"/> |
| | 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

District

EA Number

Time interview commenced

Selected Household

Name of Head.....

Address.....

.....

SECTION 0: HOUSEHOLD PARTICULARS

| No. | Questions | Categories and Codes | 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 repla- } ment and } > > Q.2 | <input type="text"/> |
| 2 | HOUSEHOLD TO BE INTERVIEWED Name of Head..... Address..... | Supervisor will code this question after assigning a new household for interview | | <input type="text"/> |

HEAD OF HOUSEHOLD [Person Responsible for Main Decisions]

| No. | Questions | Categories and Codes | Skip to | |
|-----|---|---|---------|----------------------|
| 3 | Ethnicity of head of household | Mandinka M Wolof W Fula F Serahuleh S Jola J Other [specify]..... O | | <input type="text"/> |
| 4 | What is the nationality of the head of household? | Gambian G Non-Gambian N | | <input type="text"/> |
| 5 | Is the head of household present? | Yes Y No N | > > 8 | <input type="text"/> |
| 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="text"/> |
| 7 | In this person's absence, who is responsible for the main decisions? Name..... | Insert ID number after completing Q10 | | <input type="text"/> |

INTERVIEW DETAILS

| No. | Questions | Categories and Codes | Skip to | |
|-----|---|--|---------|----------------------|
| 8 | Language used by respondent at interview | Mandinka M Wolof W Fula F Other[specify]..... O | | <input type="text"/> |
| 9 | 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 [6 out of the last 12 months]

| 10 | Name | ID Number |
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- 11 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

Are there any strange farmers or boarders/lodgers who has lived with this household for more than 6 months of the last year? [If so, use a separate form for this (these) person(s)]

Yes Y
No N

SECTION 1: HOUSEHOLD ROSTER - including employment for members 7 years plus

| 1. ID No. of house- hold mem- ber | 2. How old is (name) now? RE- CORD AGE IN YEARS | 3. Residence status | | 4. Relationship with head of household | | 5. Sex | | 6. 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, specify 12 | 7. Has (name) worked during the last 7 days? (> > Next) | | 8. Has (name) been looking for work during the last 7 days? | |
|---|---|---------------------------|----|--|----|--------------------|----|---|---|---------------|--|--|
| | | Present P Absent A | | Head H Spouse S Child C Parent P Other O Relative Not Related N | | Male M Female F | | | Yes Y No N | Yes Y No N | | |
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SECTION 2: EDUCATION - for all persons 6 years plus

| ID No | 1. Has (name) ever attended school? (School includes formal school and madrassa) Yes >> Q3 Y No N If age 25 plus >> Q35 | 2. Why has (name) never attended school? Work W Too Expensive E Too far F Not useful U Married M Not appropriate A Too young Y Handicap H Other, specify >> Non formal education | 3. What kind of primary school did (name) attend? Government G (>> Q5) Private P (>> Q5) Madrassa M | 4. Why did (name) attend madrassa? Economic E Religious R Nearness N Appropriate for girls G Other, specify: | 5. What was the highest grade completed? | 6. Did (name) have an interruption for a term or more during primary studies? Yes Y No N (>> Q9) | 7. For how long did (name) stay away all in all? RECORD TOTAL MONTHS | 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: |
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EDUCATION - secondary school, vocational school and tertiary education

| ID No | 9. Did (name) ever attend secondary school? Yes Y No N (> > Q13) | 10. Which kind of secondary school did (name) attend? Government G Private P Islamic I | 11. What was the highest form completed? | 12. What was the highest certificate obtained (from secondary School)? Sec. Tec. S O-level E A-level A None N Other, specify | 13. Has (name) ever attended a vocational school? Yes Y No N (> > Q 15) | 14. How long has (name) attended vocational school? RECORD TOTAL IN MONTHS | 15. Has (name) ever attended a higher educational institution after secondary school? Yes Y No N (> > Q 20) | 16. What was the last institution attended? Gambia College G University U Seminary S Other, specify |
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EDUCATION - tertiary education (continued), current school attendance

| ID No | 17. For how many years did (name) attend higher educational institutions all together? RECORD NUMBER OF YEARS | 18. Who funded (name)'s studies? Gambia Government scholarship G Foreign donor F Private (individual or family) P Other, specify | 19. What was (name)'s main subject in this institution? Economics/- Business B Social science S Engineering E Science C Medicine/- health M Agriculture A Teacher's training T Religion R Other, specify: > > Q22 | 20. Is (name) presently attending school? Yes Y (> > Q22) No N (If age 25 plus > > Non formal education) | 21. 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: | 22. Has (name) attended school for the past 12 months? Yes Y No N (> > Non formal education) | 23. How much time did (name) spend going to and from school daily? | |
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EDUCATION EXPENDITURES

| ID No. | During the past school year what were the expenses (in dalasis) for (name) for: | | | | | | | | | | |
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| | 24. School and regis- tration fees | 25. Contri- butions to pa- rents associ- ations? | 26. Uni- forms and sports clothes | 27. Books | 28. School supplies | 29. Trans- port to and from school | 30. Lunch and pocket money at school | 31. Exami- nation fees | 32. Private tuition? | 33. Other expenses, specify: | 34. Total expenses (only if respondant cannot give detailed break down) |
| | 24. | 25. | 26. | 27. | 28. | 29. | 30. | 31. | 32. | 33. | 34. |
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EDUCATION - non-formal training and literacy

| ID No | 35. Has (name) ever attended a literacy course? Yes Y No N FOR PERSONS 16 YEARS AND ABOVE | 36. Has (name) ever attended a non-formal training course? Yes Y No N FOR PERSONS 16 YEARS AND ABOVE | 37. Can (name) read or write a simple sentence in English? Yes Y No N | 38. Can (name) read or write a simple sentence in any other language? Yes Y No N | 39. Can (name) write a simple letter in English? Yes Y No N | 40. Can (name) do written calculations? (with modern, arabic or any other numbers) Yes Y No N |
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SECTION 3: HEALTH

| 1. ID No. | 2. During the past two weeks has (name) suffered from an illness or injury? Yes Y No N (> > Q6) | 3. Which of these symptoms did (name) have? Fever F Diarrhea 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? Last 2 weeks 1 3-4 weeks 2 1-6 months 3 7-12 months 4 more than one year 5 | 5. For how many days during the past two weeks was (name) too ill to do his/her usual work (activities) ? Yes Y No N > > Q17 | 6. During the past two weeks has (name) had a health consulta- tion? Yes Y No N > > Q17 | 7. Whom did (name) consult? Traditional healer/- Marabout T Health assistant/- dispenser H Midwife/nurse M Doctor D Other ,specify: | 8. Was this (health care provi- der) 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: |
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HEALTH (continued)

| ID No. | 10. Did (name) pay to see the (health care provider)? | 11. How much did (name) pay to see the (health care provider)? | 12. Did (name) pay for medicine pre-scribed? | 13. How much did (name) pay for the medicine pre-scribed? | 14. How much did (name) pay to travel to and from the health care facility? | 15. How long did it take (name) to travel to and from the health care facility? | | 16. How long did (name) wait for the services to be rendered? | | 17. Does (name) have a physical handicap? |
|--------|---|--|--|---|---|---|------|---|------|---|
| | Yes No (> > Q12) | Y N | Yes No (> > Q14) | Y N | | hours | min | hours | min | Yes (> > Handicap) No (> > Next) |
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SECTION 4: PHYSICAL HANDICAP - for all persons with a permanent physical handicap
- see Question 17 in previous section

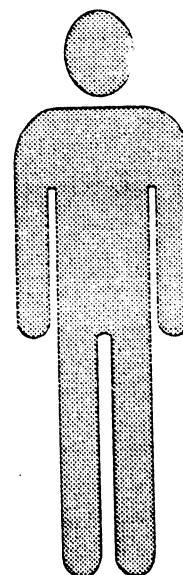
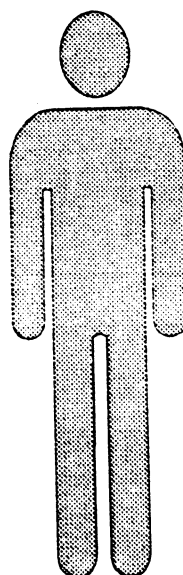
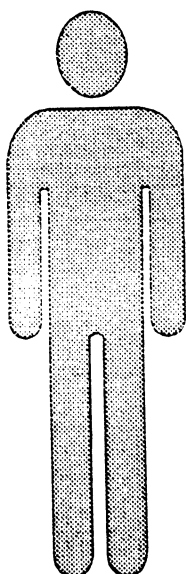
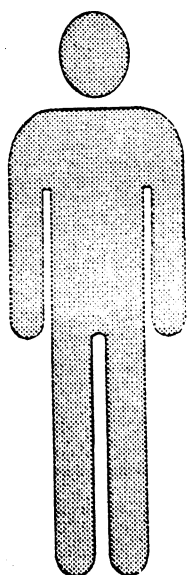
Has anybody in the household got a physical handicap?

Yes
No

YN

[illegible]

If the person has any of the symptoms 6. to 9. encircle the affected part(s) of the body:



ID No.

ID No.

ID No.

ID No.

SECTION 5: FERTILITY - for women aged 14 to 49

Are there any women between 14 and 49 in the household?

Yes Y
No N ☐

| 1. ID No. | 2. Have you ever been pregnant? Yes Y No N (> > Next) | 3. Did you have a pregnancy that did not lead to a live birth? Yes Y No N (> > Q5) | 4. How many pregnancies did you conceive that did not lead to a live birth? NUMBER | 5. Have you ever given birth? Yes Y No N (> > Next) | 6. How many girls did you give birth to? | 7. How many boys did you give birth to? | 8. So this means you have given birth to (number) of children? WRITE TOTAL NUMBER OF CHILDREN | 9. How many girls are still alive? | 10. How many boys are still alive? |
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SECTION 6: HOUSING

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

SECTION 7: Employment of head

| No | Question | Categories and codes | Skip to | Head |
|----|--|--|----------------------------|-------|
| 1 | ID Number | From roster [Sec 0, Q 10] | | 1 |
| 2 | Current main job | [Occupation code] | If "none" > > Next section | _____ |
| 3 | What type of business is this? | [Industry code] | | _____ |
| 4 | How many years in this work? | [Years] | | _____ |
| 5 | Employment status? | Own account A Family helper F Public sect. employee P Private sect employee V Employer E Other 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 Y No N | | _____ |
| 9 | Is [name] entitled to paid leave with this job? | Yes Y No 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 I Same S Decreased D | | _____ |

SECTION 8: Livestock and Agricultural holdings

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

Section 9: 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Is this crop grown mainly by men or women? | Men Women Both | M W B | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | How much do you expect to harvest this season? [93/94] | [No. of units] | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | | [Kind of units] | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | Was any of this sold? | Yes No | Y N > > 9 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | How much was sold? [Use the same units as Q.3] | [No. of units] | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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="text"/> | <input type="text"/> | <input type="text"/> |
| 8 | What was the unit price obtained? [Use the same units as in Q.4] | [Price per unit] | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 | What was the production in the previous season? [92/93] | [No of units] | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10 | Was the area in 93/94 bigger, smaller or the same as in 93/93? | Increased Same Decreased | I S D | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 | What was the main reason for the answer in Q10? | Credit availability Mkt. opportunity Labour availability Fertiliser availability Price change Other, specify: | C M L F P | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12 | Did you use hired labour this season[93/94]? | Yes No | Y N | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13 | Was this more, less or the same as the previous season [92/93]? | More Same Less | M S L | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14 | Was any extension advice given for this crop? | Yes No | Y N | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15 | Was any fertiliser used on this crop? | Yes No | Y N > > 17 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 16 | Why not? | Too expensive Not available Not needed Credit availability Don't know how to use Other, specify: | E A N C D | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 17 | Was any credit obtained for crop production | Yes No | Y N > > Next section | <input type="text"/> | | |
| 18 | What was the source of the credit? | Formal Informal | F I | <input type="text"/> | | |

SECTION 10: Non-farm enterprises - 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 Y No N | > > Section 12 | <input type="text"/> |
| 2 | Which activities contributed most to your household income? 1..... | [Code according to industry list] | | <input type="text"/> |
| 3 | 2..... | | | <input type="text"/> |
| 4 | 3..... | | | <input type="text"/> |
| 5 | Has any business [other than those listed above] closed down in the last 12 months? | Yes Y No N | > > Section 11 | <input type="text"/> |
| 6 | What was the main activity of this business? 4..... | [Code according to industry list] | | <input type="text"/> |

SECTION 11: Non-farm enterprise details

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

SECTION 12: Household expenditure

| No | Question | Categories and code | Skip to | |
|----|---|---------------------|---------|-------|
| | Medical expenses How much was spent on the following during the past 1 month? | | | |
| 1 | Traditional medicines | [Amount] | | _____ |
| 2 | Marabout | [Amount] | | _____ |
| 3 | Modern medicines | [Amount] | | _____ |
| 4 | Private doctor/midwife/nurse | [Amount] | | _____ |
| 5 | Hospital/health centre | [Amount] | | _____ |
| 6 | Clothing How much was spent on clothing during the past 3 months? | [Amount] | | _____ |
| 7 | 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? | | | |
| 8 | In cash | [Amount] | | _____ |
| 9 | In kind | [Amount] | | _____ |
| 10 | 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? | | | |
| 11 | Rice | [Amount] | | _____ |
| 12 | Oil [include vegetable, groundnut & palm oil] | [Amount] | | _____ |
| 13 | Coarse grains | [Amount] | | _____ |
| 14 | Fish/Meat | [Amount] | | _____ |
| 15 | Vegetables | [Amount] | | _____ |

SECTION 13: Property and land

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

| No | Question | Categories and codes | Skip to | |
|----|--|--------------------------------------|-------------|-------|
| 1 | Does any member of the household own any dwellings, other buildings or urban land? | Yes Y No N | > > 3 | _____ |
| 2 | How many properties are owned in all? Enter the total number, including the present dwelling if owned by the household | | | _____ |
| 3 | Twelve months ago, did any member of the household own any properties? | Yes Y No N | > > 5 | _____ |
| 4 | How many properties were owned in all? Enter the total number, including the present dwelling if owned by the household | | | _____ |
| 5 | Does any member of the household own any agricultural land? | Yes Y No N | > > Sect 14 | _____ |
| 6 | How has the size of this land changed during the last 12 months? | Increased I Same S Decreased D | | _____ |

SECTION 14: 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 | Other farming income | <input type="text"/> | <input type="text"/> |
| 5 | Non farm enterprise 1 [from Section 11] | <input type="text"/> | <input type="text"/> |
| 6 | Non farm enterprise 2 [from Section 11] | <input type="text"/> | <input type="text"/> |
| 7 | Non farm enterprise 3 [from Section 11] | <input type="text"/> | <input type="text"/> |
| 8 | Other non farm enterprises | <input type="text"/> | <input type="text"/> |
| 9 | Public and parastatal sector salary | <input type="text"/> | <input type="text"/> |
| 10 | Private sector salary | <input type="text"/> | <input type="text"/> |
| 11 | Rent received | <input type="text"/> | <input type="text"/> |
| 12 | Remittances | <input type="text"/> | <input type="text"/> |
| 13 | Transfer payments [pensions,scholarships, insurance etc] | <input type="text"/> | <input type="text"/> |
| 14 | Other sources [please specify] | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |

SECTION 15: VACCINATIONS - for children 5 years and less

| 1. ID No | 2. Has (name) ever been vaccinated? Yes >> 4 No | 3. Why was the child never vaccinated? Y N | 4. Can you show me a clinic card for name? Vaccinations are complete (>> Q6) Vaccinations are incomplete I Clinic card not available N | 5. Why are vaccinations incomplete? Specify: C | 6. Where was the last vaccination given? Clinic I Campaign A Other: specify |
|-------------|---|--|---|--|---|
| 1. | 2. | 3. | 4. | 5. | 6. |
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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 unavail- able) | 5. ID of natural mother (enter 00 if mother is not a member of the house- hold) | 6. Is child mea- sured? 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. |
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Time interview concluded _____