

THE GOVERNMENT OF THE GAMBIA
CENTRAL STATISTICS DEPARTMENT / CBEMP

**INTEGRATED HOUSEHOLD SURVEY ON CONSUMPTION EXPENDITURE
AND POVERTY LEVEL ASSESSMENT - 2002/03**

PART ONE: HOUSEHOLD QUESTIONNAIRE

A. DATA COLLECTION

Interviewer Date
Supervisor Checking date

B. DATA ENTRY

Operator Entry date
Supervisor Editing date
Operator Re-entry date

L.G.A.	Banjul	1	[]
	KMC	2	
	Brikama	3	
	Mansakonko	4	
	Kerewan	5	
	Kuntaur	6	
	Janjangbureh	7	
	Basse	8	

District name []

Area 1 - Urban 2 - Rural []

Quarter []

E.A. Number []

Sub-sample []

Selected household []

Name of Household Head

Time interview commenced [] Address:

Tel:

Survey form number for this household [] of []

Section 0: HOUSEHOLD PARTICULARS

No.	Questions	Categories & code	Code
1	Has the above household been identified and accepted to be interviewed?	Yes Y >> Q3 No, different household D } Refer to No, dwelling not found N } supervisor No, illness, death I } for repla- No, refusal R } cement and >> Q2 No, dwelling empty E No, Other O specify:	[]
2	HOUSEHOLD TO BE INTERVIEWED Name of head Address Telephone	Supervisor will code this question after assigning a new household for interview	[]

HEAD OF HOUSEHOLD (Person responsible for main decisions)

No.	Questions	Categories & code	Code
3	Sex of the household head?	Male M Female F	[]
4	Is the head of household present?	Yes Y >> Q7 No N	[]
5	How long has he/she been absent?	Less than one week 1 Between 1 week and 1 mont 2 Between 1 and 3 months 3 More than 3 months 4	[]
6	In this person's absence, who is responsible for the main decisions?	Insert ID number after completing Q9	[]

INTERVIEW DETAILS

No.	Questions	Categories & code	Code
7	Language used by respondent at inte	Mandinka M Wollof W Fula F Other O specify:	[]
8	Interpreter?	Yes Y No N	[]

Quarter..... Area: 1-Urban 2-Rural EA No..... Hh No..... Respondent.....
 Enumerator.....

Write down the name of the head of the household and all persons who normally live and eat together in this household (6 out of last 12 months)		
9	Name	ID Number
	Head	1
		2
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		25

10a	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 'yes', add these names to the list)	Yes No	Y N []
10b	Are there any other persons who are part of the household because they acknowledge the Head's authority and who live in the household? (if 'yes', add these names to the list)	Yes No	Y N []
10c	Are there any strange farmers or boarders/lodgers who have lived with this household for more than 6 months of the last year? (If 'yes', use a separate form for this/these person(s).	Yes No	Y N []
10d	Number of usual members of this household	<input type="text"/>	

Section 1: HOUSEHOLD ROSTER

1. ID No. of house- hold member	2. How old is (name) now? Record Age in Years	3. Residence status Present P Absent A	4. Nationality (Citizenship) Gambian GM Senegal SG Conakry GC Bissau GB Mauritania MT Mali ML S/Leone SL Nigeria NG Liberia LB Other W/Afri OW Other African OA European EU Others, Specify..... OS	5. Relationship with head of household	6. Sex		7. Ethnicity		8. What is your marital status	8b. What is (was) the Type of Union?
				Head H Spouse S Child C Parent P Other relative R Other household member M Strange farmer F Boarder/Lodger B	Male M Female F	Mandinka M Fula F Wolof W Jola J Sarehuleh S Sererr R Other O	Never Married N Married M Divorced/ separated D Widowed W	>>Sect. 2 Monogamy 1 Polygamy 2		
1	2	3	4	5	6	7	8	8b.		
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Quarter..... Area: 1-Urban 2-Rural EA No..... Hh No..... Respondent.....
 Enumerator.....

Section 1: HOUSEHOLD ROSTER

1. ID No. of house- hold member	2. How old is (name) now?	3. Residence status	4. Nationality (Citizenship)	5. Relationship with head of household	6. Sex	7. Ethnicity	8. What is your marital status	8b. What is (was) the Type of Union?
	Record Age in Years	Present P Absent A	Gambian G Senegal S Other ECOWAS E Other O	Head H Spouse S Child C Parent P Other relative R Other household member M Strange farmer F Boarder / lodger B	Male M Female F	Mandinka M Fula F Wolof W Jola J Sarehuleh S Sererr R Other O	Never Married N >>Sect. 2 Married M M Divorced/ separated D Widowed W	Monogamy 1 Polygamy 2
1	2	3	4	5	6	7	8	8b.
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SECTION 2: HEALTH (for all household members)

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? (multiple responses) Fever F Diarrhoea D Vomiting V Abdominal pain A Cough with Blocked nose N Cough with Chest prob. C Cough with both B Skin rash K Swelling W Headache H Other (Specify) O	4. How long ago did this illness or injury start? F < 1 week 1 D 1-2 weeks 2 V 3-4 weeks 3 A 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 problem? Yes Y No N >> Q18	7. Whom did (name) consult? Traditional healer/ Marabout T Midwife M Nurse N Doctor D Other Health Professionals P VHW \ TBA V Other, Specify O	8. Was this (health care provider) public or private Public U Private I NGOs N	9. What was the reason for this visit? Illness L Injury N Vaccination V Prenatal R Postnatal S Checkup C Other, Specify O
1	2	3	4	5	6	7	8	9
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SECTION 2a: HEALTH EXPENDITURE

i. 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 the medicine prescribed?	13. How much did (name) pay for the medicine prescribed?	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?		15c. What was the mode of transport to and from the facility? Foot F Vehicle V Part foot, Part vehicle B Cart C Other, specify O	16. How long did (name) wait for the services to be rendered?		17 Was name treated satisfactorily or satisfied with the service offered? Yes Y (>> Q19) No N	18. Why didn't (name) have any health consultation during this illness or injury?	19. Does (name) have a physical handicap? Yes Y (>>Handicap) No N (>>Section 2c)
	Yes Y No N (>> Q12)	AMOUNT	Yes Y No N (>> Q14)	AMOUNT	AMOUNT	Hours	Min		Hours	Min			
	10	11	12	13	14	15a	15b	15c	16a	16b	17	18	19
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Section 2b: PHYSICAL HANDICAP (for all persons with a permanent physical handicap - see Question 19 in Section 2a)

Has anybody in the household got a physical handicap?

Yes Y

No	N
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97	97
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100	100

[illegible]

SECTION 2c: FERTILITY

31. ID No.	(for all females over 15 years only)											(for all females 15 to 49 years only)							
	32. How many children have ever been born to you alive? Total number (If no births >> Section 3)	33. How many of them are living in this household?		34. How many of them are living elsewhere?		35. How many of them have died?		36. How many boys did you give birth to?	37. How many girls did you give birth to?	38. How many of the children you have given birth to are still alive?		39. Particulars of Births in the last 12 months							
		Number		Number		Number						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?		
		Male	Female	Male	Female	Male	Female								Male	Female	Male	Female	Male
	32	33a	33b	34a	34b	35a	35b	36	37	38a	38b	39a	39b	39c	39d	39e	39f	39g	39h
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SECTION 3: EDUCATION AND LITERACY (For all persons 3 Years and Above)

1. 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 ?	8. What was the reason for the interruption?	9a. Is (name) currently attending school?	9b. What grade is (name) currently attending?	9c. Why is (name) not presently attending school?	10a. Was (name) attending school last year?	10b. What grade was (name) attending last year?	11. How much time does name spend going to and from school daily?
	(School in-cludes formal school and madrassah)	Work Too expensive Too far Not useful Married No (If age 25 & plus >> Q23) Handicap Other (Specify) >> Section 3b	Government (>> Q5) Private (>> Q5) Mission/ grant-in-aid (>> Q5) Madrassah	Economic Religious Nearness Appropriate for girls Other (Specify)	Nursery Primary Middle Secondary Vocational Tertiary Other, specify...	Highest Form or Grade or level or no. of years	Specify: Form Grade Level Years	Yes No >> Q9a	RECORD TOTAL MONTHS	Unable to pay fees Necessity to work Illness Suspension Travel Other (Specify)	Yes >> Q11 If age < 25 >> Q9c (If age 25 & plus >> Section 3b)	Nursery No Grade Gd 1 - 2 Gd 3 - 5 Gd 6 Form 1 - 4 O level A level First degree Higher degree Gd 7 - 8 Gd 9 Gd 10 - 11 Gd 12 Other (specify)	Work Too expensive Too far Not useful Married Not appropriate Too young Handicap Other (Specify)	Yes No >> Q11	Nursery No Grade Gd 1 - 2 Gd 3 - 5 Gd 6 Form 1 - 4 O level A level First degree Higher degree Gd 7 - 8 Gd 9 Gd 10 - 11 Gd 12 Other (specify)	< Half an Hour Half an Hour to 1 Hour 1 Hour or more	
	1	2	3	4	5a	5b	5c	6	7	8	9a	9b	9c	10a	10b	11	
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Section 3a: 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
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Section 3b:
NON-FORMAL TRAINING AND LITERACY

(For Persons 15 Years and Above and Not
Currently at School)

ID No.	23. Has (name) ever attended a non-formal training or literacy course?	24. How much did (name) paid as registration fee for the course?	25. How much did (name) spent on books and supplies during the course?	26. Other expenses(name) spent on this training course?	27. Can (name) read and write a simple sentence in English?	28. Can (name) read and write a simple sentence in any language?	29. Can (name) write a simple letter in English?	30. Can (name) do written calculations using modern, arabic or any other numbers?
	Non-Formal Literacy Both None >> Q27	F L B N	AMOUNT	AMOUNT	AMOUNT	Yes Y No N	Yes Y No N	Yes Y No N
	23	24	25	26	27	28	29	30
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Section 4: EMPLOYMENT (for all persons 7 years plus)

1. 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 >> Q9 If Retired or Student fill in Q2a and >>next person	3. What type of business is this?	4. Location of work place? Owner's house H Some other fixed place (registered or authorised) F Reg. Or auth. Other fixed place (not regist.) O No. fixed Place N	5.Distance to work place? Less than 1 Km 1 1 to < 2km 2 2 to < 5km 3 5 to < 10km 4 10 to <20km 5 20km & above 6	6. Mode of transport to work place? On Foot F By Bicycle B By Motor-Cycle M By Car/bus/truck V By Cart C Other (specify) O	7. Employment status? Employer E Own account worker A Family helper F Salaried employee - public U - private I - Other O	8. How much is earned from this work? Day D Week W Month M Year Y	9. For how long have you been working in the past 12 months? Use same unit as in Q8b	10. Are you entitled to a pension or social security with this job? Yes Y No N	11. Are you entitled to paid leave with this job? Yes Y No N	12. Were you looking for a job? Yes Y No N			
1	2a	2b	3a	3b	4	5	6	7	8a.	8b.	9	10	11	12
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SECTION 5a: CROP PRODUCTION

Does the household grow any crops?														Yes Y		No N		(>> Section 5b)								
Crop	1. Code	2. Has the household grown anyin the last 12 months? Yes Y No N (>> next)	3. On how many plots did you grow .. in the last season?	4. On what basis does the household occupy the plots? Own through marriage M Own through inheritance I Rent R Communal C Rent free F Other O (Specify)	5. On how many plots did you grow... in the previous season? (If same or more in last season >> Q7)	6. How was the size of your harvested plot in the last season compared to previous season? More M Same S Less L	7. Why did you grow... on fewer plots in last season? Labour cost L Seeds not enough S Other plots not fertile F Plots taken from me P Plots given out G Land inadequacy A Other O (Specify)	8. Was this crop grown mainly by men or by women? Mainly by Men M Mainly by Women W By both B	9. Was the crop grown for sale or subsistence ? Sale S Subsistence C >>Q11 Both B	10. What was the value of these sales Amount	11. Did the household use any of the following during the last farming season? Mark each cell with Y(es) or N(o)								12. If 'No' in Q11, give reason Mark each cell with appropriate code:							
											Fertilizer	Improved seeds	Pesticide	Seeder/weeder	Animal plough	Tractor	Extension service	Other, specify	Fertilizer	Improved seeds	Pesticide	Seeder/weeder	Animal plough	Tractor	Extension service	Other, specify
	1	2	3	4	5	6	7	8	9	10	11a	11b	11c	11d	11e	11f	11g	11h	12a	12b	12c	12d	12e	12f	12g	12h
Groundnuts	01																									
Swamp rice	02																									
Upland rice	03																									
Millet (Suno/Sanyo)	04																									
Sorghum-Kinto	05																									
Maize	06																									
Findi	07																									
Cotton	08																									
Cassava	09																									
Vegetables	10																									
Fruits	11																									
Sesame	12																									
Tree crops	13																									
Other crops not mentioned above	14																									

SECTION 5b:
LIVESTOCK

Does the household own livestock?

Yes Y
No N

(>> Section 6)

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						
Other, specify...	9						

Yes Y
No N (>>Section 7)

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(s)?	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 N	Q6a			
5	Which organisation provided the training	IBAS I GAWFA G Other, specify O				
6a	How long has this enterprise been operating?	Years				
6b	(If more than one year indicate years only. If less than one year indicate months only).	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?	Entirely E Partially P	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	Q13			
12	Name the name of the institution or source	Bank B IBAS I Osusu S GAWFA G NDFA N VISACA V Other specify: O				

Section 6: NON-FARM ENTERPRISE continued

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 Y No N				
16	Do any of the employee receive sick leave	Yes Y No N				
17	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 applicable N				
18	Does this enterprise have in place safety/fire protection equipment/measures?	Yes Y No N				
19	What main type of waste did this enterprise generate?	Other Solid waste S Liquid waste L Chemical waste C Clinical waste H Other, specify O				
20	How was this waste stored?	Dustbin D Barrel B Bucket K Carton C Sack/bag S Other, specify O				
21	How was this waste finally disposed of?	Burning B Buried U Tipped T Recycled R Municipal council M Private collector P Other, specify O				

Section 6a: ASSETS OF NON-FARM ENTERPRISE 1

ITEM	22. Code	23. Does this enterprise own...?	24. For how much would you be able to selltoday	25. Did the enterprise obtain any...during the past 12 months?	26. How much did the enterprise pay for the....that was obtained during the last 12 months	27. Did the enterprise sell any... during the past 12 months?	28. How much did the enterprise receive from the sale of ...during the past 12 months?
		Yes Y No N >>Next Item	Amount	Yes Y No N >>Next Item	If Gift write 0 Amount	Yes Y No N >>Next Item	
	22	23	24	25	26	27	28
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						

Section 6b: INCOME AND EXPENDITURES OF NON-FARM ENTERPRISE 1

Income and Expenditure items	29. Code	30. During the past 12 months has the enterprise received for /spent on? Yes Y No N (>> Next item)	31. How much did you receive for / spend on..... during the last 12 months? Amount	Time Unit Day D Week W Month M Year Y	32. 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	33. Calculated monthly income and expenditures		34
						Factors: Day x 30 Week x 4.33 Month x 1 Year / 12	Amount per month Item 31a x factor of time-unit	
Income	29	30	31a	31b	32	33a	33b	
Income from cash sales	1							
Income from barter / exchange	2							
Household use of goods	3							
Rental income	4							
Other income	5							
						Total income per month (sum of items 1 to 5 above)		
Expenditures								
Hired labour	6							
Raw materials & articles for resale	7							
Rental of land / buildings	8							
Rent of machinery and vehicles	9							
Maintenance, repairs & parts	10							
Electricity and water	11							
Taxes, licences, etc.	12							
Interest/other charges on loans	13							
Other expenses	14							
						Total expenditure per month (sum of items 6 to 14 above)		
						Gross profits per month (Income minus expenditure)		

Q35: If gross profits are **negative**, please give reason:

Section 6c: ASSETS OF NON-FARM ENTERPRISE 2

ITEM	22. Code	23. Does this enterprise own...?	24. For how much would you be able to selltoday	25. Did the enterprise obtain any...during the past 12 months?	26. How much did the enterprise pay for the....that was obtained during the last 12 months	27. Did the enterprise sell any... during the past 12 months?	28. How much did the enterprise receive from the sale of ...during the past 12 months?
		Yes Y No N >>Next Item	Amount	Yes Y No N >>Next Item	If Gift write 0 Amount	Yes Y No N >>Next Item	
	22	23	24	25	26	27	28
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						

Section 6d: INCOME AND EXPENDITURES OF NON-FARM ENTERPRISE 2

Income and Expenditure items	29. Code	30. During the past 12 months has the enterprise received for /spent on? Yes Y No N (>> Next item)	31. How much did you receive for / spend on..... during the last 12 months? Amount	Time Unit Day D Week W Month M Year Y	32. 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	33. Calculated monthly income and expenditures		34
						Factors: Day x 30 Week x 4.33 Month x 1 Year / 12	Amount per month Item 31a x factor of time-unit	
Income	29	30	31a	31b	32	33a	33b	
Income from cash sales	1							
Income from barter / exchange	2							
Household use of goods	3							
Rental income	4							
Other income	5							
						Total income per month (sum of items 1 to 5 above)		
Expenditures								
Hired labour	6							
Raw materials & articles for resale	7							
Rental of land / buildings	8							
Rent of machinery and vehicles	9							
Maintenance, repairs & parts	10							
Electricity and water	11							
Taxes, licences, etc.	12							
Interest/other charges on loans	13							
Other expenses	14							
						Total expenditure per month (sum of items 6 to 14)		
						Gross profits per month (Income minus expenditure)		

Q35: If gross profits are **negative**, please give reason:

Section 6e: ASSETS OF NON-FARM ENTERPRISE 3

ITEM	22. Code	23. Does this enterprise own...?	24. For how much would you be able to selltoday	25. Did the enterprise obtain any...during the past 12 months?	26. How much did the enterprise pay for the....that was obtained during the last 12 months	27. Did the enterprise sell any... during the past 12 months?	28. How much did the enterprise receive from the sale of ...during the past 12 months?
		Yes Y No N >>Next Item	Amount	Yes Y No N >>Next Item	If Gift write 0 Amount	Yes Y No N >>Next Item	
	22	23	24	25	26	27	28
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						

Section 6f: INCOME AND EXPENDITURES OF NON-FARM ENTERPRISE 3

Income and Expenditure items	29. Code	30. During the past 12 months has the enterprise received for /spent on? Yes Y No N (>> Next item)	31. How much did you receive for / spend on..... during the last 12 months? Amount	Time Unit Day D Week W Month M Year Y	32. 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	33. Calculated monthly income and expenditures		34
						Factors: Day x 30 Week x 4.33 Month x 1 Year / 12	Amount per month Item 31a x factor of time-unit	
Income	29	30	31a	31b	32	33a	33b	
Income from cash sales	1							
Income from barter / exchange	2							
Household use of goods	3							
Rental income	4							
Other income	5							
						Total income per month (sum of items 1 to 5 above)		
Expenditures								
Hired labour	6							
Raw materials & articles for resale	7							
Rental of land / buildings	8							
Rent of machinery and vehicles	9							
Maintenance, repairs & parts	10							
Electricity and water	11							
Taxes, licences, etc.	12							
Interest/other charges on loans	13							
Other expenses	14							
						Total expenditure per month (sum of items 6 to 14 above)		
						Gross profits per month (Income minus expenditure)		

Q35: If gross profits are **negative**, please give reason:

SECTION 7: HOUSING

1. How many rooms does this household occupy?	2. On what basis does the household occupy the dwelling?	3. What is the main source of drinking water?	4. What is the main source of light?	5. What type of toilet has the dwelling got?	6. Main construction materials of outside walls?	7. Main roofing material	8. Main flooring material	9. How is this household's solid waste disposed of?
(Do not include bath-rooms, toilets & Kitchens)	Owning O Renting R Provided Rent Free F	Piped indoors/ compound PR Public stand pipe PU Well in compound WR Well with pump (public) WP Well without pump (public) WO Stream/River SR Other,specify... OS	Electricity E Kerosene K Candles C Solar S Other (Specify) O	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 NT Other,specify OR	Mud M Wood W Brick B Cement/ concrete C Thatched/ grass T Other,spec O	Thatch T Corrugated iron I Asbestos A Cement/ concrete C Other O	Mud/ earth M Wood W Tiles T Cement/ concrete C Other O	Burning B Buried U Tipped T Recycled R Municipal M Private firm P Municipal M Other,spec O
1	2	3	4	5	6	7	8	

SECTION 8: ENVIRONMENT

No.	Question	Categories and Codes	Code
1	What is your main environmental concern?	Coastal erosion CE Bush fires BF Deforestation DF Disposal of solid waste SW Dust DS Global warming GW Depletion of the ozone layer OL Other, specify OH	
2	Do you think the authorities are doing enough to arrest this environmental concern?	Yes Y No N	
3	What can you do to help arrest the problem? environmental management activity?	
4	Has any member of this household taken part in any	Yes Y No N	>>Q6
5	Which activity was it?	Tree planting TP Cleaning/set-setal CS Soil conservation SC Dyke construction DC Creating buffer to prevent bush fire CB Other, specify OH	
6	What is this household's main cooking fuel?	Firewood F Charcoal C Gas G Electricity E Solar S Other, specify O Don't Cook N	>>Q10
7	What is the main type of cooking stove used?	Three stones T Mud Stove U Kumba Gaye K Sinkirikuto S Cooker (gas, electric) C Gas Bottle G Other, specify O Not applicable N	
8	What other type of cooking fuel does this household use?	Firewood F Charcoal C Gas G Electricity E Solar S Other, specify O	
9	Where does this household obtain its main cooking fuel?	Bush B Unprotected forest U Protected forest P Retailer/supplier R NAWEC N Other, specify O	

SECTION 8: ENVIRONMENT Continued

10	How can we stop the destruction of our forests?	<div> <div>YES</div> <div>NO</div> <div>Don't Know</div> </div> <div> <div>A. Promote alternative sources of household energy</div> <div>B. Stop the cutting down of the remaining forests</div> <div>C. Reforestation</div> <div>D. Community forest</div> <div>E. Check the rate of growth of the human population</div> <div>F. Other, specify</div> </div> <div> <div>Y</div> <div>N</div> <div>D</div> <div>Y</div> <div>N</div> <div>D</div> <div>Y</div> <div>N</div> <div>D</div> <div>Y</div> <div>N</div> <div>D</div> <div>Y</div> <div>N</div> <div>D</div> </div> <div> <div>A=</div> <div>B=</div> <div>C=</div> <div>D=</div> <div>E=</div> <div>F=</div> </div>				
11	How do you find the quality of the air within your residential area?	<div>Clean</div> <div>Polluted</div> <div>C</div> <div>P</div>	Q13, if "C"			
12	What is polluting the air?	<div>Bush fires</div> <div>Dust</div> <div>Pesticide</div> <div>Smoke from factories</div> <div>Household smoke</div> <div>Cigarette smoke</div> <div>Vehicles</div> <div>Waste dump site</div> <div>Other, specify</div> <div>B</div> <div>D</div> <div>P</div> <div>F</div> <div>H</div> <div>C</div> <div>V</div> <div>W</div> <div>O</div>				
13	How do you find the quality of your drinking water?	<div>Clean</div> <div>Polluted</div> <div>C</div> <div>P</div>	Q15, if "C"			
14	What is polluting the water?	<div>Pesticides and fertilizers</div> <div>Factories</div> <div>Waste dump sites</div> <div>Septic tanks and pit latrines</div> <div>Salt water</div> <div>Other, specify</div> <div>P</div> <div>F</div> <div>W</div> <div>T</div> <div>S</div> <div>O</div>				
15	Now I would like you to tell me to what extent you agree or disagree about the following statements made by some people:					
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
15.1	Sand is an abundant natural resource and there should be no restriction on its mining	1	2	3	4	5
15.2	Over exploitation of natural resources e.g. sand, water, forest, etc. leads to deterioration of the environment	1	2	3	4	5
15.3	Communities have greater role in protecting the environment	1	2	3	4	5
15.4	Communities should contribute towards the maintenance of social amenities	1	2	3	4	5

SECTION 9: PERCEPTION ABOUT POVERTY (To be answered by household heads or persons to represent them only)

1	What is poverty in your opinion?
2	What is the poverty status of your own household according to your own rating?	<div>Extremely poor</div> <div>Poor</div> <div>Non-poor</div> <div>E</div> <div>P</div> <div>N</div>
3	Give main reason for your response to Q2.

SECTION 10: GOVERNANCE (To be answered by household heads or persons to represent them only)

1	Have you heard of NCCE?	Yes 1 No 2 >>Q6																		
2	Have you ever heard or seen a message developed by NCCE?	Yes 1 No 2 >>Q6																		
3	What main message do they deliver																		
4	What media do you get NCCE messages?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>Person to person</td> <td>1</td> <td>2</td> </tr> <tr> <td>Community meetings</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other, specify:</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Radio	1	2	Television	1	2	Person to person	1	2	Community meetings	1	2	Other, specify:	1	2
	Yes	No																		
Radio	1	2																		
Television	1	2																		
Person to person	1	2																		
Community meetings	1	2																		
Other, specify:	1	2																		
5	Have you found the contents of the NCCE messages useful to you or your family?	Yes 1 No 2 Don't know 3																		
6	Have you ever heard of the Office of the Ombudsman?	Yes 1 No 2 (>>Next Section)																		
7	What is the main function of the Office of the Ombudsman?																		
8	From what you know/heard about the Office of the Ombudsman, do you think that the office is independent in the execution of its duties?	Yes 1 >> Q10 No 2																		
9	If 'no' in Q8, why?	<table border="0"> <tr> <td>Officials are manipulated by politicians</td> <td>1</td> </tr> <tr> <td>Officials are manipulated by senior Government officials</td> <td>2</td> </tr> <tr> <td>Complaints to the Ombudsman are not kept confidential</td> <td>3</td> </tr> <tr> <td>Officials are not impartial in the execution of their duties</td> <td>4</td> </tr> <tr> <td>Other reasons, Specify:</td> <td>5</td> </tr> </table>	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								
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Officials are not impartial in the execution of their duties	4																			
Other reasons, Specify:	5																			
10	Do you think you are adequately informed about the office of the Ombudsman?	<table border="0"> <tr> <td>Not at all</td> <td>1</td> </tr> <tr> <td>Fairly well informed</td> <td>2</td> </tr> <tr> <td>Weill informed</td> <td>3</td> </tr> <tr> <td>Does not know</td> <td>4</td> </tr> </table>	Not at all	1	Fairly well informed	2	Weill informed	3	Does not know	4										
Not at all	1																			
Fairly well informed	2																			
Weill informed	3																			
Does not know	4																			

SECTION 11: 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 12: 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

Time interview concluded

Thank the respondent and apologize for the time taken to respond to your question; and then remind him/her that you would like to meet appropriate persons for certain modules such as Non-farm enterprise, those with children under-5 for anthropometry as well as those for whom he/she could not give information about. Also let him/her know that you will be going back to the household for part two administration and the regular filling of the daily record form for a period of thirty (30) days.