

**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 Y No 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 Y No 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 Y No N []
10d	Number of usual members of this household <input type="text"/>	

Section 1: HOUSEHOLD ROSTER

1. ID No. of household member	2. How old is (name) now? Record Age in Years	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? Monogamy 1 Polygamy 2																						
		Present P	Absent A	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	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	Wollof W	Jola J	Sarehuleh S	Sererr R	Other O	Never Married N	>>Sect. 2
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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? Record Age in Years	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? Monogamy 1 Polygamy 2													
		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	Wollof W	Jola J	Sarehuleh S	Sererr R	Other O	Never Married N	>>Sect. 2
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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? < 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 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
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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? Too far F Too expensive E Waiting time too long W No privacy P Lack of medical supplies M No faith in healing power H Unfriendly staff U Other, specify O	19. Does (name) have a physical handicap? Yes Y (>>Handicap) No N (>>Section 2c)
		AMOUNT		AMOUNT	AMOUNT	Hours	Min		Hours	Min			
	10	11	12	13	14	15a	15b	15c	16a	16b	17	18	19
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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 ? RECORD TOTAL MONTHS	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?			
	Yes	No	Work Too expensive	W Government (>> Q5) Private (>> Q5) Mission/ grant-in-aid (>> Q5) appropriate Madrasah	Economic Religious Nearness	E Nursery Primary Middle Secondary Vocational Tertiary Other, specify...	N Highest Form or Grade or level or no. of years	Specify: Form Grade Level Years	Yes	No	Unable to pay fees	Necessity to work				Illness	Suspension	Travel	Other (Specify)	Yes	No	Work Too expensive	W Government (>> Q5) Private (>> Q5) Mission/ grant-in-aid (>> Q5) appropriate Madrasah	Yes	No		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)	66 00 01 02 03 04 05 06 07 08 09 10 11 12 13	Work Too expensive
	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 No	Y N	Yes No	Y N	Yes No
	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?		5.Distance to work place?		6. Mode of transport to work place?		7. Employment status?		8. How much is earned from this work?		9. For how long have you been working in the past 12 months?	10. Are you entitled to a pension or social security with this job?		11. Are you entitled to paid leave with this job?		12. Were you looking for a job?	
			Occupation	Code	Industry	Code	Place	N	1	2	3	4	5	6		7	8	9	10	11	12
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?				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: Too expensive T Not available N Not useful U Not applicable A							
							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)							Fertilizer 11a	Improved seeds 11b	Pesticide 11c	Seeder/weeder 11d	Animal plough 11e	Tractor 11f	Extension service 11g	Other, specify 11h	Fertilizer 12a	Improved seeds 12b	Pesticide 12c	Seeder/weeder 12d	Animal plough 12e	Tractor 12f	Extension service 12g	Other, specify 12h
	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						

Section 6: NON-FARM ENTERPRISE

Does this household conduct any non-farm enterprise(s) (including fishing)?

Yes Y
No N (>>Section 7)

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(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	Q6a			
		No N				
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	Q10			
		Partially P				
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	Q13			
		No N				
12	Name the name of the institution or source	Bank B				
		IBAS I				
	Osusu S					
	GAWFA G					
	N DFA 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 No	Y 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 does the gross income of this enterprise over the last 12 months compare with the income of the year before?	This Year is: Higher Same Lower Not applicable	H S L N			
18	Does this enterprise have in place safety/fire protection equipment/measures?	Yes No	Y N			
19	What main type of waste did this enterprise generate?	Other Solid waste Liquid waste Chemical waste Clinical waste Other, specify	S L C H O			
20	How was this waste stored?	Dustbin Barrel Bucket Carton Sack/bag Other, specify	D B K C S O			
21	How was this waste finally disposed of?	Burning Buried Tipped Recycled Municipal council Private collector Other, specify	B U T R M P O			

Section 6a: ASSETS OF NON-FARM ENTERPRISE 1

ITEM	22. Code	23. Does this enterprise own...? Yes Y No N >>Next Item	24. For how much would you be able to sell ...today Amount	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 If Gift write 0 Amount	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		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	32. During the past 12 months was this item ever unavailable to you when you wished to purchase or use it?			33. Calculated monthly income and expenditures		
				Time Unit	If Yes probe: OFTEN or just ONCE OR TWICE		Factors:	Amount per month	
				Day D	Yes often 1	Day x 30	Item 31a x factor of time-unit		
				Week W	Yes once or twice 2	Week x 4.33			
				Month M	No 3	Month x 1			
				Year Y		Year / 12			
Income	29	30	31a	31b	32	33a	33b	34	
Income from cash sales	1								
Income from barter / exchange	2								
Household use of goods	3								
Rental income	4								
Other income	5								
Expenditures							Total income per month (sum of items 1 to 5 above)		
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								
Q35: If gross profits are negative, please give reason:							Total expenditure per month (sum of items 6 to 14)		
							Gross profits per month (Income minus expenditure)		

Section 6c: ASSETS OF NON-FARM ENTERPRISE 2

ITEM	22. Code	23. Does this enterprise own...? Yes Y No N >>Next Item	24. For how much would you be able to sell ...today	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?
			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?		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
			Amount	Time Unit Day D Week W Month M Year Y		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)		
Q35: If gross profits are negative, please give reason:						Gross profits per month (Income minus expenditure)		

Section 6e: ASSETS OF NON-FARM ENTERPRISE 3

ITEM	22. Code	23. Does this enterprise own...? Yes Y No N >>Next Item	24. For how much would you be able to sell ...today	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?
			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?		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
			Amount	Time Unit Day D Week W Month M Year Y		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)		
Q35: If gross profits are negative, please give reason:						Gross profits per month (Income minus expenditure)		

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?		YES	NO	Don't Know	
	A. Promote alternative sources of household energy		Y	N	D	A=
	B. Stop the cutting down of the remaining forests		Y	N	D	B=
	C. Reforestation		Y	N	D	C=
	D. Community forest		Y	N	D	D=
	E. Check the rate of growth of the human population		Y	N	D	E=
	F. Other, specify		Y	N	D	F=
11	How do you find the quality of the air within your residential area?	Clean Polluted	C P			Q13, if 'C'
12	What is polluting the air?	Bush fires Dust Pesticide Smoke from factories Household smoke Cigarette smoke Vehicles Waste dump site Other, specify	B D P F H C V W O			
13	How do you find the quality of your drinking water?	Clean Polluted	C P			Q15, if "C"
14	What is polluting the water?	Pesticides and fertilizers Factories Waste dump sites Septic tanks and pit latrines Salt water Other, specify	P F W T S O			
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?	Extremely poor E Poor P Non-poor N
3	Give main reason for your response to Q2.

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.