

FORM A HOUSEHOLD QUESTIONNAIRE - PART 1

	L.G.A.	District	E.A. No.	Town / Village	Compound No.	Normal / Group	Household No. in Compound	Head of Household
Name								
Code						1		

GPC-4 Visitors Present On Census Night

Srl No	Full Name	Sex	Relationship to Head of Household	Srl No	Full Name	Sex	Relationship to the Head of Household	Usual Residence	
								District	Town/Village
1									
2				1					
3				2					
4				3					
5				4					
6				5					
7									
8				Persons in GPC-3	Persons in GPC-4	Persons in GPC-5	Persons in GPC-3 & 4	Persons in GPC-3 & 5	
9									
0									

Sri No	Full Name	Sex	Age	Relationship to Head of Household	Address on Census Night		How Long Absent (in Completed Months)
					District	Town/Village	
1							
2							
3							
4							
5							

	1st Visit	2nd Visit	Final Visit	Name	Signature	Date
Date/...../...../...../...../...../.....	Enumerator/...../.....
					Supervisor/...../.....

[illegible]

FORM A HOUSEHOLD QUESTIONNAIRE - PART 2												For Aged 20 & Over	
9 Birth Place				10 Previous Residence				11 Duration of Stay				12 Disabilities	
Where were you born?				Where have you been living before? (Last Residence)				How many months have you lived in this Town/ Village				0:None	
00: In this Town/Village				00: Always lived in this Town/Village and Skip to 12								1:Seeing	
In another Town/Village: Specify District and Town/Village				In another Town/Village: Specify District and Town/Village				00:Less than 1 Month				2:Hearing	
Outside Gambia: Specify Country				Outside Gambia: Specify Country				01:1 to less than 2 Months				3:Speaking	
								02:2 to less than 3 Months				4:Physical	
								03:3 to less than 4 Months				5:Strange behaviour	
								04:4 to less than 5 Months				6:Fits	
								05:5 to less than 6 Months				7:Learning difficulties	
								06:6 to less than 7 Months				8:Other	
								07:7 to less than 8 Months				9:Physical	
								08:8 to less than 9 Months				0:None	
								09:9 to less than 10 Months				1:Seeing	
								10:10 to less than 11 Months				2:Hearing	
								11:11 to less than 12 Months				3:Speaking	
								12:12 to less than 13 Months				4:Physical	
								13:13 to less than 14 Months				5:Strange behaviour	
								14:14 to less than 15 Months				6:Fits	
								15:15 to less than 16 Months				7:Learning difficulties	
								16:16 to less than 17 Months				8:Other	
								17:17 to less than 18 Months				9:Physical	
								18:18 to less than 19 Months				0:None	
								19:19 to less than 20 Months				1:Seeing	
								20:20 to less than 21 Months				2:Hearing	
								21:21 to less than 22 Months				3:Speaking	
								22:22 to less than 23 Months				4:Physical	
								23:23 to less than 24 Months				5:Strange behaviour	
								24:24 to less than 25 Months				6:Fits	
								25:25 to less than 26 Months				7:Learning difficulties	
								26:26 to less than 27 Months				8:Other	
								27:27 to less than 28 Months				9:Physical	
								28:28 to less than 29 Months				0:None	
								29:29 to less than 30 Months				1:Seeing	
								30:30 to less than 31 Months				2:Hearing	
								31:31 to less than 32 Months				3:Speaking	
								32:32 to less than 33 Months				4:Physical	
								33:33 to less than 34 Months				5:Strange behaviour	
								34:34 to less than 35 Months				6:Fits	
								35:35 to less than 36 Months				7:Learning difficulties	
								36:36 to less than 37 Months				8:Other	
								37:37 to less than 38 Months				9:Physical	
								38:38 to less than 39 Months				0:None	
								39:39 to less than 40 Months				1:Seeing	
								40:40 to less than 41 Months				2:Hearing	
								41:41 to less than 42 Months				3:Speaking	
								42:42 to less than 43 Months				4:Physical	
								43:43 to less than 44 Months				5:Strange behaviour	
								44:44 to less than 45 Months				6:Fits	
								45:45 to less than 46 Months				7:Learning difficulties	
								46:46 to less than 47 Months				8:Other	
								47:47 to less than 48 Months				9:Physical	
								48:48 to less than 49 Months				0:None	
								49:49 to less than 50 Months				1:Seeing	
								50:50 to less than 51 Months				2:Hearing	
								51:51 to less than 52 Months				3:Speaking	
								52:52 to less than 53 Months				4:Physical	
								53:53 to less than 54 Months				5:Strange behaviour	
								54:54 to less than 55 Months				6:Fits	
								55:55 to less than 56 Months				7:Learning difficulties	
								56:56 to less than 57 Months				8:Other	
								57:57 to less than 58 Months				9:Physical	
								58:58 to less than 59 Months				0:None	
								59:59 to less than 60 Months				1:Seeing	
								60:60 Months and Over				2:Hearing	
												3:Speaking	
												4:Physical	
												5:Strange behaviour	
												6:Fits	
												7:Learning difficulties	
												8:Other	
												9:Physical	
												0:None	

1 Accommodation		2 Main Source of Light	3 Kitchen	4 Main Cooking Fuel	5 Bath Room	6 Toilet Facility			7 Main Source of Drinking Water	8 Number of rooms
a) On what basis do you occupy this dwelling? 1 - Owner Occupied (Skip to 2) 2 - Rent 3 - Not Owner, but Rent Free	b) If you rent it or it is rent-free, who owns the accommodation? 1 - Private (Individual) 2 - Public Ownership 3 - Other Private (Institution)	1 -Electricity (NAWEC) 2 -Electricity (Generator) 3 - Kerosene Lamp with Lamp Shade 4 - Other Kerosene Lamp 5 - Candle 6 - Solar 7 - Firewood	Where do you generally cook? 1 - Separate Room (in the House or Compound) for Exclusive Use of Household 2 - Separate Room (in the House or Compound) for Use of other Households also 3 - Open Space (in the Compound) 4 -Don't cook (Skip to 5)	1 - Firewood 2 - Kerosene 3 - Briquette 4 - Charcoal 5 - Gas 6 - Electricity 7 - Solar 8 - Saw dust	Where do you usually have your bath? 1 - Separate Room (in the House or Compound) for Exclusive Use of Household 2 - Separate Room (in the House or Compound) for Use of Other Households also 3 - Enclosure without roof (in the Compound) 4 - River/Sea	a) Is there a Toilet In this House or Compound? 1 - Yes 2 - No (Skip to 6c)	b) If Yes, does your Household use this Toilet? 1 - Yes (Household only) 2 - Yes (with other Households) 3 - No	c) What Type of Toilet does your Household use? 1 - W.C.(Flush) 2 - Private Pan 3 - Public Latrine 4 - Private Pit 5 - Public Pit 6 - Ventilated Improved Pit (V.I.P.) 7 - Bush / Open Space	1 - Stand Pipe or Running Water in Household or Compound 2 - Public Stand Pipe 3 - Well in Compound 4 - Well with Pump (Public) 5 - Well without Pump (Public) 6 - Stream or River 7 - Other, Specify:	Indicate the number of rooms occupied by the household (excluding kitchen, bathroom, toilet and stores)

88

FORM A HOUSEHOLD QUESTIONNAIRE- PART 4: DEATHS IN HOUSEHOLD IN THE LAST 12 MONTHS
(To be answered by head of household or any responsible member of household)

Deaths in the Household in the Last 12 Months						
(1) Name of the Deceased	(2) Sex	(3) Refer to Col 4 Rel.	(4) Age at Death			
	1: Male 2: Female	Inside Page				

Note :- Has a continuation sheet been used? Yes - 1 No - 2
This Set ☐ of ☐
is

