

THE GOVERNMENT OF THE GAMBIA

SOCIAL DIMENSIONS OF ADJUSTMENT

1992-93 HOUSEHOLD ECONOMIC SURVEY

PART ONE

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

Time interview commenced

District

EA Number

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 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	Is the head of household present?	Yes Y No N	> > 7	<input type="text"/>
5	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"/>
6	In this person's absence, who is responsible for the main decisions? Name.....	Insert ID number after completing Q.9		<input type="text"/>

INTERVIEW DETAILS

No.	Questions	Categories and Codes	Skip to	
7	Language used by respondent at interview	Mandinka M Wolof W Fula F Other(specify)..... O		<input type="text"/>
8	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]

9	Name	ID Number
	Head:	1
		2
		3
		4
		5
		6
		7
		8
		9
		10
		11
		12
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		22
		23
		24
		25

- 10 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

1. ID No. of house- hold mem- ber	2. How old is (name) now? RE- CORD AGE IN YEARS	3. Residence status Present P Absent A	4. Nationality (citizenship) Gambian G Senegal. S Other E ECOWAS E Other O	5. Relationship with head of household Head H Spouse S Child C Parent P Other relative R Other household member M Strange farmer F Boarder/lodger B	6. Sex Male M Female F	7. Did (name) have any health consulta- tions in the last two weeks? - How many? RECORD NUMBER IF 0 > Q10	8. Who was the last medical person consulted in the past two weeks? Traditional Healer/ -Marabout T Public Health Assistant/Dispenser UH Private Health Assistant/Dispenser IH Public Midwife/Nurse UM Private Midwife/Nurse IM Public Doctor UD Private Doctor ID Other O	9. What was the cost of this treatment? AMOUNT
1.	2.	3.	4.	5.	6.	7.	8.	9.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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21								
22								
23								
24								
25								

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

SECTION 10: HOUSEHOLD EXPENDITURE -- food items

ITEM	1. Code	2. Was anything spent by the household on...in the last 12 months? Yes Y No N (> > Q5)	3. How much was spent on in the past 12 months?		4. How much has the household spent on ... since my last visit?	5. What was the value of gifts received of ... since my last visit?
			AMOUNT	TIME UNIT	AMOUNT	AMOUNT
	1.	2.	3a.	3b.	4.	5.
GRAINS AND GRAIN PRODUCTS	Rice (paddy, grain)	AA				
	Corn	AB				
	Sorghum	AC				
	Millet	AD				
	Chere	AE				
	Other grains	AF				
	Bread	AG				
ROOTS PULSES, NUTS AND SEEDS	Irish potatoes	BA				
	Sweet potatoes	BB				
	Cassava root	BC				
	Dry beans	BD				
	Groundnut (roasted, raw)	BE				
	Oil palm nut	BF				
	Coconut	BG				
	Kola nut	BH				
	Other, specify:	BI				
VEGE- TABLES	Pepper - fresh	CA				
	Tomato - fresh	CB				
	Bitter tomato	CC				
	Garden egg	CD				
	Okra	CE				
	Onion	CF				
	Sorrel	CG				
	Leaves	CH				
	Other vegetables	CI				
FRUITS	Orange	DA				
	Other citrus fruits	DB				
	Mango	DC				
	Banana	DD				

SECTION 3: MIGRATION - for all household members 7 years plus

[illegible]

SECTION 4A: CROP PRODUCTION

Does the household grow any crops?

Yes Y
No N (>> Section 4B)

Crop	1. Code	2. Has the household grown any ... in the last 12 months? Yes Y No N (>> next)	3. On how many plots did you grow ... in the 1990-91 season?	4. Was this crop grown mainly by men or by women? Mainly by men M Mainly women W By both B	5. Did you sell any ...? YES Y NO N (=>Next)	6. What was the value of these sales? AMOUNT
	1.	2.	3.	4.	5.	6.
Groundnuts	01					
Swamp rice	02					
Upland rice	03					
Millet	04					
Sorghum - Kinto	05					
Maize	06					
Cotton	07					
Cassava	08					
Vegetables	09					
Fruits	10					
Tree crops	11					
Other crops not mentioned above	12					

SECTION 4B: LIVESTOCK

Does the household own livestock?

Yes Y
No N (>> Section 5)

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?
	1.	2.	3.	4.	5.	6.
Horses	1					
Oxen	2					
Donkeys	3					
Cattle	4					
Sheep	5					
Goats	6					
Pigs	7					
Poultry	8					

SECTION 11: MISCELLANEOUS INCOME AND EXPENDITURE

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

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

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

8. Taxes	9. Contributions to self-help projects	10. Weddings, dowry, naming ceremonies	11. Religious and other ceremonies (Tobaski, Korite etc.)	12. Contributions to osusu	13. Other miscellaneous expenditures (specify)
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
	9.	10.	11.	12.	13.

SECTION 12: TRANSFER PAYMENTS MADE BY HOUSEHOLD

1. During the past 12 months, has the household sent any money or goods (as gifts or support) to an absent household member or any other person? Yes Y <input type="checkbox"/> No N <input type="checkbox"/> >> Next sect.									
2. LIST THE NAME OF EACH PERSON TO WHOM MONEY OR GOODS WAS SENT	3. ID CODE CODE 99 IF NON- HOUSEHOLD MEMBER (HOUSEHOLD MEMBER » 6)	IF NOT A HOUSEHOLD MEMBER		6. Where does this recipient live?	7. Were these monies or goods sent regularly?	8. Will they be repaid at some future time?	9. What was the total amount sent or given to this person during the past 12 months? IF NONE WRITE 0	10. What was the total value of food sent or given to this person during the past 12 months? IF NONE WRITE 0	11. What was the value of other goods sent or given to this person during the past 12 months? IF NONE WRITE 0
		4. RELATIONSHIP Parent P Spouse S Child C Brother/sister B Other relative R Non-relative N	5. SEX Male M Female F	This village/town T Capital city C Other urban U Rural R Abroad A	YES: Monthly M Quarterly Q Annually A Other O NO N	Yes Y No N			
2.	3.	4.	5.	6.	7.	8.	9.	10.	11.

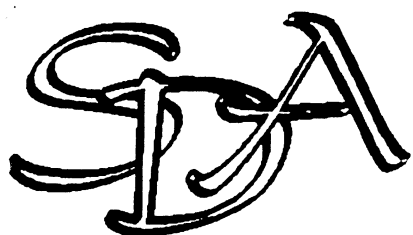
SECTION 13: TRANSFER PAYMENTS RECEIVED BY HOUSEHOLD

1. During the past 12 months, has the household received money or goods (as gifts or support) from an absent household member or any other person? Yes Y No N <input type="checkbox"/> > > Next sect.									
2. LIST THE NAME OF EACH PERSON FROM WHOM MONEY OR GOODS WAS RECEIVED	3. ID CODE CODE 99 IF NON-HOUSEHOLD MEMBER (HOUSEHOLD MEMBER » 6)	IF NOT A HOUSEHOLD MEMBER		6. Where does this person live?	7. Were these monies or goods received regularly?	8. Will they be repaid at some future time?	9. What was the total amount of cash received from this person during the past 12 months? IF NONE WRITE 0	10. What was the total value of food received from this person during the past 12 months? IF NONE WRITE 0	11. What was the value of other goods received from this person during the past 12 months? IF NONE WRITE 0
		4. RELATIONSHIP Parent P Spouse S Child C Brother/sister B Other relative R Non-relative N	5. SEX Male M Female F	This village/town T Capital city C Other urban U Rural R Abroad A	YES: Monthly M Quarterly Q Annually A Other O NO N	Yes Y No N	AMOUNT	VALUE	VALUE
2.	3.	4.	5.	6.	7.	8.	9.	10.	11.

SECTION 14: ANTHROPOMETRY - for children between 3 and 60 months

[illegible]

Time interview concluded



THE GOVERNMENT OF THE GAMBIA

SOCIAL DIMENSIONS OF ADJUSTMENT

1992-93 HOUSEHOLD ECONOMIC SURVEY

PART TWO SECOND VISIT

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	

District

EA Number

Time interview commenced

Selected Household

Name of Head.....

Address.....

.....

SECTION 8: CONSUMPTION OF OWN PRODUCE

Did the household consume any food it produced in the past 12 months? Yes - continue this section ☐ No -> Section 9

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

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

SECTION 9: HOUSEHOLD EXPENDITURE -- non-food expenses

	ITEM	1. Code	2. Was anything spent by the household on...in the past 12 months? Yes Y No N (> > Q5)	3. How much was spent on ... in the past 12 months?		4. How much has the household spent on...since my last visit?	5. What was the value of gifts received of ... since my last visit?
				AMOUNT	TIME UNIT	AMOUNT	AMOUNT
		1.	2.	3a.	3b.	4.	5.
HOUSING	Rent	AA					
	Water	AB					
	Repair and maintenance of dwelling (painting etc.)	AC					
FUEL AND LIGHT	Firewood	BA					
	Kerosine	BB					
	Matches	BC					
	Electricity	BD					
	Gas	BE					
	Candles	BF					
CLOTHING, TEXTILES AND FOOTWEAR	Cloth	CA					
	Underwear	CB					
	Ready made clothes	CC					
	Tailoring charges	CD					
	Shoes (adult, child)	CE					
	Bed linen, towels etc.	CF					
	School uniforms	CG					
	Other, specify:	CH					
PERSONAL ITEMS	Cigarettes, tobacco	DA					
	Combs, razors	DB					
	Soap, shampoo	DC					
	Books, newspapers	DD					
	Stationery (envelopes etc.)	DE					
	Entertainment (cinema, etc)	DF					
	Cassettes	DG					
	Radio, TV, video	DH					
	Jewelry, watches	DI					
	Other, specify:	DK					

HOUSEHOLD ROSTER - continuation for all persons 6 years plus

[illegible]

SECTION 2: EMPLOYMENT - for all persons 7 years plus

1. ID No.	2. What is your current main job? If student, retired, unemployed etc. > > Next person		3. What type of business is this?		4. Employ- ment status? Own ac- A count F Family helper F Salaried employee - public U - private I Other O	5. How much is earned from this work?		6. For how long have you been working in the past 12 months? Use same unit as Q5b.	7. Are you entitled to a pension or social security with this job?		8. Are you entitled to paid leave with this job?	
	Occupation	Code	Industry	Code		Amount	Time unit		YES NO	Y N	YES NO	Y N
1.	2a.	2b.	3a.	3b.	4.	5a.	5b.	6.	7.	8.		
1												
2												
3												
4												
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24												
25												

ITEM	1. Code	2. Was anything spent by the household on...in the last 12 months? Yes Y No N (> > Q5)	3. How much was spent on in the past 12 months?		4. How much has the household spent on ... since my last visit?	5. What was the value of gifts received of ... since my last visit?
			AMOUNT	TIME UNIT	AMOUNT	AMOUNT
			1.	2.	3a.	3b.
Pawpaw	DE					
Avocado (pear)	DF					
Melon	DG					
Other fruits	DH					
MEAT, POULTRY, EGG AND FISH	Beef	EA				
	Mutton/goat	EB				
	Pork	EC				
	Chicken and other domestic poultry	ED				
	Eggs	EE				
	Wild game/game birds	EF				
	Bonga - fresh	EG				
	Bonga - smoked	EH				
	Catfish (Kong) - smoked	EI				
	Barracuda - fresh	EK				
	Ladyfish - fresh	EL				
	Other, specify:	EM				
MILK AND DAIRY PRODUCTS	Milk - fresh	FA				
	Milk - sour	FB				
	Milk evaporated (condensed)	FC				
	Butter	FD				
	Other dairy products	FE				
OIL AND FAT	Margarine	GA				
	Palm oil	GB				
	Groundnut paste	GC				
	Groundnut oil - refined	GD				
	Other oils	GE				
PROCESSED FOODS	Tomato puree	HA				
	Tinned vegetables/fruit	HB				
	Tinned sardines	HC				

ITEM	1. Code	2. Was anything spent by the household on...in the last 12 months? Yes Y No N (> > Q5)	3. How much was spent on in the past 12 months?		4. How much has the household spent on ... since my last visit?	5. What was the value of gifts received of ... since my last visit?
			AMOUNT	TIME UNIT		
	1.	2.	3a.	3b.	4.	5.
	Tinned meat	HD				
	Baby food	HE				
	Meals eaten out	HF				
	Other processed foods	HG				
SPICES	Jumbo (Maggi) cubes	IA				
	Vinegar	IB				
	Salt	IC				
	Black pepper	ID				
	Pepper red	IE				
	Other spices	IF				
SWEETS AND SUGAR	Sugar	KA				
	Sweets	KB				
	Other sweets	KC				
BEVERAGES	ffee/tea	LA				
	Attaya	LB				
	Tinned drinks (non-alcohol)	LC				
	Squashes/sodas	LD				
	Cana/palm wine	LE				
	Manufactured beer	LF				
	Wine and spirits	LG				
	Other drinks, beverages	LH				

SECTION 5: NON-FARM ENTERPRISE

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

or the three economically most important enterprises owned by the household

No	Questions	Categories and Codes	Skip to	Enterprise No. 1	Enterprise No. 2	Enterprise No. 3
1	What is the main activity of this enterprise?	Describe	
		INDUSTRY CODE				
2	Who is responsible for the enterprise?	ID number				
3	ID of person interviewed	ID number				
4a	How long has this enterprise been operating?	YEARS	> > 5			
4b	(If more than one year indicate years only. If less than one year indicate months only).	MONTHS				
5	For how many months has the enterprise been operating for the past 12 months?	MONTHS				
6	Does the income of this enterprise belong entirely to you and this household?	YES NO Y N	> > Q8			
7	What percentage of the income of this enterprise goes to you and this household?	Indicate the percentage				
8	Has the enterprise got a bank account? Or has it got a loan from a bank or IBAS?	YES NO Y N				
9	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	IF 0 > > Q12			
10	Are formal contracts issued to any of the employees?	YES NO Y N				
11	Do any of the employees receive paid leave or sick leave?	YES NO Y N				
12	How much is usually received by this enterprise in a month?	AMOUNT				
13	Does this enterprise usually receive payment in the form of goods and services?	YES NO Y N	> > Q15			
14	What is the usual value of payments in the form of goods and services during a month?	AMOUNT				
15	Do you usually consume what you produce?	YES NO Y N	> > Q17			
16	What is the value of products from the enterprise usually consumed by the household during a month?	AMOUNT				
17	Has the household in the past 12 months received any payments in cash or kind for rent of any equipment owned by the enterprise?	YES NO Y N	> > Q19			
18	How much rent was received in the past 12 months?	AMOUNT				
19	How does the gross income of this enterprise over the last 12 months compare with the income of the year before?	THIS YEAR IS Higher H Same S Lower L Not appl. N				

ASSETS OF NON-FARM ENTERPRISE 1

ITEM	20. Code	21. Does this enterprise own ... ? YES ... Y NO ... N (> > Q25)	22. For how much would you be able to sell ... today? AMOUNT	23. Did the enterprise obtain any ... during the past 12 months? YES ... Y NO ... N (> > Q25)	24. How much did the enterprise pay for the ... that was obtained during the last 12 months? IF GIFT WRITE 0 AMOUNT	25. Did the enterprise sell any ... during the past 12 months? YES ... Y NO ... N (=> NEXT ITEM)	26. How much did the enterprise receive from the sale of ... during the past 12 months? AMOUNT
	20.	21.	22.	23.	24.	25.	26.
Buildings	01						
Land	02						
Equipment/tools/- machinery	03						
Stocks of goods and raw materials	04						
Cycles	05						
Boats	06						
Trucks, vans, busses	07						
Other vehicles	08						
Other	09						
Specify	10						

EXPENSES OF NON-FARM ENTERPRISE 1

Expenditure item	27. Code	28. During the past 12 months has the enterprise spent anything on ... ? Yes ... Y No ... N (»Next item)	29. How much did you spend on ... during the last 12 months?			30. 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 Yes once or twice No
			AMOUNT	TIME UNIT		
				Day Week Month Year	D W M Y	
	27.	28.	29a.	29b.	30.	
Wage labour	1					
Raw materials & articles for resale	2					
Cost of land/buildings	3					
Cost of machinery and vehicles	4					
Maintenance, repairs & parts	5					
Electricity and water	6					
Insurance, licenses etc.	7					
Other expenses	8					

SETS OF NON-FARM ENTERPRISE 2

	20. Code	21. Does this enterprise own ... ? YES NO (> > Q25)	22. For how much would you be able to sell ... today?	23. Did the enterprise obtain any ... during the past 12 months?	24. How much did the enterprise pay for the ... that was obtained during the last 12 months?	25. Did the enterprise sell any ... during the past 12 months?	26. How much did the enterprise receive from the sale of ... during the past 12 months?
			AMOUNT	YES NO (> > Q25)	IF GIFT WRITE 0 AMOUNT	YES NO (=>NEXT ITEM)	AMOUNT
	20.	21.	22	23.	24.	25.	26.
things	01						
d	02						
pment/tools/- hinery	03						
cks of goods and materials	04						
cles	05						
s	06						
s, vans, busses	07						
ts	08						
er vehicles	09						
er cify	10						

SETS OF NON-FARM ENTERPRISE 2

enditure item	27. Code	28. During the past 12 months has the enterprise spent anything on ... ? Yes ... Y No ... N (=>Next item)	29. How much did you spend on ... during the last 12 months?		30. 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 Yes once or twice No
			AMOUNT	TIME UNIT Day Week Month Year	
	27.	28.	29a.	29b.	30.
d labour	1				
/ materials & articles for resale	2				
tal of land/buildings	3				
t of machinery and vehicles	4				
ntenance, repairs & parts	5				
tricity and water	6				
es, licenses etc.	7				
er expenses	8				

SETS OF NON-FARM ENTERPRISE 3

ITEM	20. Code	21. Does this enterprise own ... ? YES ... Y NO ... N (> > Q25)	22. For how much would you be able to sell ... today?	23 Did the enterprise obtain any ... during the past 12 months? YES ... Y NO ... N (> > Q25)	24 How much did the enterprise pay for the ... that was obtained during the last 12 months? IF GIFT WRITE 0	25 Did the enterprise sell any ... during the past 12 months? YES ... Y NO ... N (»NEXT ITEM)	26 How much did the enterprise receive from the sale of ... during the past 12 months?
	20.	21.	22	23.	24.	25.	26.
Buildings	01						
Land	02						
Equipment/tools/- machinery	03						
Stocks of goods and raw materials	04						
Bicycles	05						
Trucks	06						
Trucks, vans, busses	07						
Boats	08						
Other vehicles	09						
Other specify	10						

SETS OF NON-FARM ENTERPRISE 3

penditure item	27. Code	28. During the past 12 months has the enterprise spent anything on ... ? Yes ... Y No ... N (»Next item)	29. How much did you spend on ... during the last 12 months?			30. 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 Yes once or twice No	1 2 3
			AMOUNT	TIME UNIT Day Week Month Year			
	27.	28.	29a.	29b.	30.		
ed labour	1						
w materials & articles for resale	2						
ntal of land/buildings	3						
nt of machinery and vehicles	4						
aintenance, repairs & parts	5						
ctricity and water	6						
ses, licenses etc.	7						
ner expenses	8						

SECTION 6: Housing

1. How many rooms does this household occupy? Do not include bathrooms (toilets, kitchens)	2. On what basis does the household occupy the dwelling? Owning O Renting R Provided rent-free F	3. What is the source of drinking water? Indoor tap I Outdoor tap in compound C Other O	4. How many power points and bulbs has the dwelling got? RECORD NUMBER	5. What type of toilet has the dwelling got? Own flush toilet OF Shared flush toilet SF Own bucket/pan OB Shared bucket/pan SB Own pit latrine OP Shared pit latrine SP No toilet N Other O	6. Main construction materials of outside walls Mud M Wood W Brick B Cement/-concrete C Other O	7. Main roofing material Thatch T Corrugated iron I Asbestos A Cement/-concrete C Other O	8. Main flooring material Mud/earth M Wood W Tiles T Cement/-concrete C Other O
1.	2.	3.	4.	5.	6.	7.	8.

SECTION 7: 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 purchases?	ID Number

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

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

The interview concluded ☐