FORM A HOUSEHOLD

QUESTIONNAIRE - PART 1

Result of Visit: 1 Completed 2 Partially completed 3 vacant 4 Refused 5 Other

THE REPUBLIC



	Bureau of o	
bis.	THE CE	
The	3	
	GBOS	

	L.G.A.	D	istrict		Ward			E.Ä. No.			Settlem	ient	Rtype	No		Norma	No. i	n	Head of	Household
ne												T	1: Urban		<u>-</u>		-			
de													2: Rural			1				
	GPC-3 Usual Members P	resent or	Censu	us Night -								GPC-4 Visito	rs Presen	t On Ce	nsus	Night				
1	Full Name		Sex	Relationship to H		Srl No		Full N	lame		Sex	Relationshi Ho	p to the Household	ead of			Us	sual Re	esidence	
1																Distri	ct/Coun	try	Se	ttlement
2						1														
3			-			2					-									
5						3			-		-									
6						5														
7											-									
8						Pe	rsons ii	n GPC-3	Pe	rsons in G	SPC-4	Perso	ons in GP	C-5	Per	sons i	n GPC-3	&4	Persons	in GPC-3&5
9	Na .					М	ale	Female	Ma	ale F	ema le	Male	Fem	nale	Ma	ale	Fema	le	Male	Female
0	GPC-5 Usu	al Memb	ers Abs	sent On Census Nig	ht				<u> </u>			11						ـــــــــــــــــــــــــــــــــــــــ	i	
rl	Full Name	Sex		Relationship to		Addre	ess on	Census N	ight	How	Long									
0				ead of Household			ountry		ement		ent (in	1								
										Com	pleted									
_										Mo	nths)						>			
1									-			-								
3	-																			
4												-								
5																				
	4.437.35	1.5.6. 15	e	100			Name	9		Signature)	Da	te			Name)	Sig	gnature	
	1st Visit 2nd	d Visit	Final		nerator							/	./	*Code	er		*******	*****		

Form.....of

0	4	1 2		4	5	6	7		8
rl. No.	1 Full Name	2 Sex	3 Age	4 Relationship	Nationality	Ethnicity			o ival of
11. 140.		Jex	Age	Relationship	Ivationality	Lamorey	iteligio		ents
	Write the Names of the Usual Members Present and Visitors	1: Male	What was your Age	What is your Relationship to Head/Temporary Head of the	What is your Nationality?	What is your Ethnic	What is your	(a)	(b)
		2. 50	last Birth - day?	Household?	00:Gambian	Origin? (For Gambians	Religion?	Is your Father	Is your Mothe
		male		01:Head	10: Senegalese		1:Islam	alive?	alive?
	(Please refer to GPCs 3 and 4)		00:less than 1 Year	02:Temporary Head 03:Wife/Husband	11: Guinea (Conakry)	0:Mandinka/	2:Chris	1:Yes	1:Yes
				04:Son/Daughter	12: Guinea	Jahanka	tianity	0.11	0.11-
				05:Son's Son/Daughter 06:Daughter's	(Bissau) 13:Malian	1:Fula/Tuku	3:Tra	2:No	2:No
				Son/Daughter	14:Sierra	lur/Lorobo	ditional	3: Don't	
				07:Father/Mother 08:Mother's Husband	Leonean 15: Mauritanian	2:Wollof	4:Other	know	know
			98:98 Years & Over	/Father's Wife	16:Ghanaian	2.1-1-7			
			& Over	09:Brother/Sister 10:Brother's Son/Daughter	17:Nigerian 18:Liberian 19:Other West	3:Jola/ Karoninka			:
				11:Sister's Son/Daughter	Africans 20:Other Africans	4:Serahuli			
				12:Father's Father/Mother	21: Non Africans				
	,			13:Mother's Father/Mother	If code is not 00 Enter Country	6:Creole/Aku Marabout			
				14:Father's Brother/Sister	code and (skip to col 7)	7:Manjago			
				15:Mother's Brother/Sister		8:Bambara			
				16:Other Relative 17: Adopted/Foster Child		9:Other			
	•			18:Live- in-Maids 19: Non Relative		Ethnicity			
1					2445	-12			
2				 					
3			i						
4									
5			i						
6		†							
7				1	23.50				
8								†	
9				!					
0		†					1		

		FORM A	- PART 2 (COI	NTINUE)	
0 Srl. No.	9 Birth Place (place of usual residence of mother at the tim	e of birth)	10 Duration	of Stay	11 Previous Residence	11a Reason for Movement
	Where were you born?	· · · · · · · · · · · · · · · · · · ·	How many m	onths	Where have you been living before? (Last Residence)	What is <name's></name's>
	00: In this Settlement/Town/Village		have you live Settlement/To		00: Always lived in this Settlement/ Town/Village and Skip to	reason For
	In another Settlement/Town/Village: Spe	cify District and	Village (in complete	months)	13a	migration?
	Town/Village		(iii complete	1110111110)	In another Settlement/Town/Village: Specify District and	1: Education
*	Outside Gambia: Specify Country				Settlement/Town/Village	2:Employment
			00:Less than	1 Month	Outside Gambia: Specify Country	/ in search of Employment
						3:Marriage
			60:60 Months	s and		4:Followed Family
			Over			5: Conflict/War
						6: Disasters
	_					7: Drought 8: Medical Reason
						9: Tourism/Visit
						10: Other/Specif
				Table Table	.	
2			-			
. 4				Tage - page		
5			·	The second	·	
6				Table of the Control		
8				"man" to man " v		,
9						
0						

FORM A - PART 2 (CONTINUED)

		For	Aged 3 & Over			7 Years a	and Over						7 Y	ears and o	ver		
0 Srl. No			13 Full Time Education	on ·		4 eracy	i	l4a neracy			A	15 ccess to I	ст		15a	15b	15c
		Attended in	(b) If Now or Past in 13a, what is the highest level and grade	(c) What is the field of study for the highest level completed?	Can you r write in ar language Arabic/Ro Alphabets	with	Can (NA Do simp Calculat Roman a	le ions in and Arabic		usually t once a		cess to the	e following IC	T facilities	Do you own a Mobile?	How often does (name) use internet (e.g. email, chatting, skype)	Where does name mainly use the internet?
	Educational Institution? 1: Never (Skip to 14) 2:Now 3:Past	educational system did Name have the highest level of education? 1= Western 2=Madrassa (exclude Dara / Karanta)	attained/completed in Regular School/Institution? 0 Early childhood 01-04; 1 Primary 01-06. 2 Lower secondary 07-09. 3 Upper Secondary 10-12. 4 Non-tertiary 01-02 5 Tertiary/ diploma 01-12. 7 Masters 01-12. 8 Doctoral 01-12. Level Grade	completed level, 5, or 6 or 7, or 8 with certificate(s).	1:Read and Write 2:Read only 3:No (skip to 14a (a))	Script 1: Arabic 2: Roman 3: Both 4: Other Script	Numer acy 1: Yes 2: No 3: DK	(b) Numbers 1: Arabic 2: Roman 3: Both 4: Other Script	paper/ Magazi ne 1: Yes	(b) Radio 1: Yes 2: No		(d) Mobile Phone 1: Yes 2: No	(e) Telephone Land Line 1: Yes 2: No		(g) Own Mobile 1: Yes 2: No	(h) 1. Never use (Skip to 16a) 2. Daily 3. Weekly 4. Monthly 5. Other (specify)	(i) 1. Own house 2. Friend's house 3. Official work place 4. Private cyber café 5. Community center 6. Educational center 7. Mobile 8: Other
1																	
2																	
3																	
4																	
5																	
6			100 mm														
7																	
8									<u> </u>								
0			1														

FORM A - PART 2 (CONTINUED)

	F	For Aged 7 8	& Over				For those Working\Employed (in	cl. those with jobs, but did not work) and	the Unemployed Aged 7 and 0	Over
0 Srl. No		Туре	16 of Activity e past 30 D	ays			17 Occupation	18 Industry		19 Employmen Status
	(a) What were you doing most of the time? (past 30 days,16March - 14 April 2013), 1: Working (skip to 16d) 2: Had a Job, but not at work (skip to 17) 3: Did not work and did not have job (skip to 16c) 4: Home making (go to 16b) 5: Student (skip to 20) 6: Something else (go to 16b)	in 16a is 4 or 6) Did you work at all for pay or profit? (Includes	for work? 1: Yes 2: No	looking for	(d) How many days did you work?	how many hours did	What is your main job\work (occupation)? (If not working in the past 30 days, ask last kind of work/occupation in the past 12 months. Enter never worked. If person did not work in the past 12 months)	(a) What is the name and Location of the establishment where you work? (for those who worked past 30 days) and (those who did not work past 30 days but worked sometimes during the past 12 months)	(b) What is the main product or services of this establishment? (for those who worked past 30 days) and (those who did not work past 30 days but worked sometimes during the past 12 months)	establish- ment? 1:Emplo- yee for pay
1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 0 0										

FORM A PART 2 (CONTINUED)

	For Aged 12 and o	ver					Foi	r Fem	ales A	ged 1	2 Yea	irs an	d Ove	r				For Age	ed 2 & Over	10 Years & Over
0 Srl. no	20 Marital Status	21 Type of Union		8	Numbe	2: er of 0		n Boi	'n		1				ne last 12 13(Recor		M	24 lain ability	24a. What is the main cause of your disability?	25 Tobacco
	What is your Marital Status 1:Never Married (Skip to 22) 2:Married 3:Divorced 4:Separated 5:Widowed	What is/was your Union? (For ever married Persons only) 1:Monogamous 2:Polygamous with 2 spouses 3:Polygamous with 3 spouses 4:Polygamous with 4 spouses	you?	n een ve to	House	m are in this hold?	living elsew	m are	of the	em died?	Child have born you o the la	been to during ast 12 ths?	of Birth 2: 2012 3:	(d) Month of Birth Enter number (01 - 12) of the Month	months a	ildren ou e last 12 are still	have any form of disability 1: Yes 2: No	2:Hearing 3:Speaking 4:Physical	5-Other Violence 6-Unknown	Does (Name) smoke? 1: Yes 2: No
		5:Polygamous with 5 spouses and more)	(b) Fe- male		(d) Fe- male	(e) Male	Fe- male	(g) Male	(h) Fe- male	(a) Male	(b) Fe- male		(u)	(e) Male	(f) Female				
1 2 3 4 5 6 7 8 8 9																				
0			Maria has constructed annual	1		100000000000000000000000000000000000000		Late 1 Market Market W	AAA WAY STOCKED STOCKED	Daniel States of The States										

FORM A - PART 3

MORTALITY	: (To be answered	by head of house	ehold or any responsible members of the house	ehold)	Mai	ternal Death	ıs	
Death in the Household in the last 12 months (1)	(2)	Sex (3)	Relationship (4)	Age at death of deceased (5)		s female 15 years and abo she die?		
How many deaths occurred in this household in the last 12 months? (April 2012 - March 2013) Enter number of deaths. (if none, enter 00, and go to part 4)	What is the Name of the deceased Household member? List all names of persons who died in this household in the last 12 months	Was the person female or male? 1= Male 2= Female	What is the relationship of the deceased to Head /or Temporal Head of household? 03:Wife/Husband; 04:Son/Daughter 05:Son's Son/Daughter; 06:Daughter's Son/Daughter 07:Father/Mother 08:Mother's Husband /Father's Wife 09:Brother/Sister; 10:Brother's Son/Daughter 11:Sister's Son/Daughter; 12:Father's Father/Mother, 13:Mother's Father/Mother 14:Father's Brother/Sister; 15:Mother's Brother/Sister, 16:Other Relative; 17:Adopted/Foster Child;18:Live-in-maids; 19:Non Relative	How old was the person when he/she died?	(a) During Pregnancy 1 Yes 2 No 9 DK	(b) Giving Birth 1 Yes 2 No 9 DK	(c) Within six weeks after delivery or termination of pregnancy? 1 Yes 2 No 9 DK	
	2	3	4	5	6	7	8	
	1.							
	3.							
	4.							
	5.							

HOUSING CONDITIONS - TO BE ASKED TO THE HEAD OF HOUSEHOLD OR ANY OTHER RESPONSIBLE PERSON (Circle code number of correct answer)

1 Accommo	odation	2 Main Source of Light	3 Kitchen	4 Main Cooking Fuel	5 Bath Room	6 Toilet Fa	cility	7 Main source of drinking water
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 Relative individual 2. Non-Relative individual 3. Private institution 4 - Public Ownership 5 - Other Private (Institution)	1 -Electricity (NAWEC) 2 -Electricity (Generator) 3 Kerosene Lamp with Shade 4 - Other Kerosene Lamp 5 - Candle 6 - Solar 7 Firewood 8 Battery Powered light 9- Other (Specify)	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) 5 Other (Specify)	1 - Firewood 2 - Kerosene 3 - Briquette 4 - Charcoal 5 - Gas 6 - Electricity 7 - Solar 8 - Saw dust 9 Other Specify	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 5 Other (Specify)	What Type of Toilet Household use? (a) 1 - Piped Sewer System 2 - Septic Tank 3 - Pit Latrine with Slab 4 - Pit Latrine without Slab 5 - Ventilated Improved Pit Latrine 6 - Bucket/ Private Pan 7 - No Facility/ Bush/Open Space 8 - Other (Specify)	(b) 1 - Exclusive 2 - Shared 3 - Communal	c) What is the main source of drinking water used by the household? 1 Piped into Dwelling 2 Piped into Compound 3 Public Stand Pipe 4 Protected Well in Compound 5 Unprotected Well in Compound 6 Well with Pump (Public) 7 Well without Pump (Public) 8 Stream or River 9 Rainwater Collection (Surface Water 10 Bottled Water 11 Other (Specify)

FORM A - PART 4 (CONTINUED)

	DISF	POSAL OF HOUSEHOLD WA	STE	
Solid waste disposal	Frequency of		Liquid waste disposal	
(a)	collection (If 9(a) is 5, 6 or 7) (b)	Liquid waste from human convenience (c)	Liquid waste from household chores (d)	Liquid waste from economic activity (e)
How does the household usually dispose of rubbish (refuse)?	Collected Private 1. Regular	How does your household usually dispose of liquid waste?	How does your household usually dispose of liquid waste?	How does your household usually dispose of liquid waste?
Direct Disposal:1. Landfill / Bury	2. Not Regular	Through the sewage system	Through the sewage system	Through the sewage system
2. Burn 3 Use as Compost 4. Recycle Indirect Disposal: 5. Collected by Municipality (household provides containers)	Collected Municipality 3. Regular 4. Not Regular	2. Through drainage system into a gutter 3. Through drainage into a pit (soak away) 4. Thrown onto the street/outside	2. Through drainage system into a gutter 3. Through drainage into a pit (soak away) 4. Thrown onto the street/outside	Through drainage system into a gutter Through drainage into a pit (soak away) Thrown onto the street/outside
Collected by Municipality (municipality provides containers) Collected by Private Body Use Set Setal		5. Thrown into gutter6. Thrown onto compound7. Other (Specify)	5. Thrown into gutter6. Thrown onto compound7. Other (Specify)	5. Thrown into gutter6. Thrown onto compound7. Other (Specify)
9. Public Dump (authorised) 10. In the Bush or Open Space near Compound 11. Other (Specify)				

HOUSEHOLDS /	ASSETS	
Do members of this householder following assets which are in		
A = Radio	1	2
B = TV	1	2
C = Mobile Phone	1	2
D = Land Telephone	1	2
E = Computer/Laptop	1	2
F = Bicycle	1	2
G = Motor Cycle	1	2
H = Car	1	2
I = Truck/Lorry	1	2
J = Bus	1	2
K = Boat	1	2
L = Animal Drawn cart	1	2
M = Canoe	1	2

SECURITY OF TENURE

11

	Yes	No
A = Do you have compound title deed for the compound in which you stay?	1	2
B = Do you pay compound yard rate for the compound in which you stay?	1	2
C = Do you have any ownership document for your accommodation in this compound?	1	2
D = Are you the owner of this compound in which you stay?	1	2
E = Are you the owner of the accommodation in which you stay?	1	2
= Is this land suitable for residence?	1	2
G = Is this compound a family compound?	1	2

Do you sometimes feel that you can be evicted from your accommodation at any time in the future? 1. Yes

2. No

FORM A - PART 5: AGRICULTURAL ACTIVITY Last 12 Months. (Questions for the household level only) TO BE COMPLETED FOR EACH HOUSEHOLD Multiple responses are allowed (you can circle more than one response)

Did any member of your fouring the last 12 months		
а	b	
Type of main crops	How many househ the crops for sale o	old members cultivate or family use
	Male	Female
1. Rice		
2. groundnuts		
4. maize		
8. Millet		
16. Findo		
Other (specify):		

а	b										
Type of horticulture/vegetables	How many household me crops and vegetables for s										
	Male	Female									
1. cabbage											
2. Tomato											
4. Onions											
8. Garden eggs											
16. Lettuce											
32. Okra											
64. Sweet Pepper											
128. Hot Pepper											
Other (specify):											
		77.50									

FORM A - PART 5 (CONTINUED)

а	b									
Type of forest/fruitst tree(s)	How many household members plant forest/treestree for sale or family use									
	Male	Female								
1. Avocado										
2. Paw-Paw										
4. Oranges										
8. Mangoes										
16. Bananas										
32. Cashew										
64. Coconut										
128. Guava										
256. Grape fruit										
512. Sour sop										
1024. Lime										
2048. Shea nut										
Other (specify)										

4. Did any member of your household	farm fish for sale or family use	e last 12 months?
1. Yes 2. No (skip to 5)		
а	ŀ)
Type of fish farmed by household members for sale or family use	How many household men	nbers farmed fish
	Male	Female
•		
		1
		,

Quality Print Enterprise, Tel: 4494 320 / 9961 638

a		b		С					
Type of livestock owned by household members for sale or family use	Number of	livestock owne	How many household members breed the livestock for sale or fami use						
	Total	Male	Female	Male	Female				
1. Cattle									
2. Sheep									
4. Goats									
8. Pigs									
16.Chicken									
32. Ducks									
128. Horses									
Other (Specify)									
				-					
		1		1					



OF THE GAMBIA

Settlement

Rtype

1: Urban

Compound

No.

FORM B GROUP QUARTERS AND FLOATING POPULATION QUESTIONNAIRE - PART 1

District

Strictly Confidential

L.G.A.

Name

POPULATION AND HOUSING CENSUS, April, 2013

Ward

Statistics Act 2005

Male

Group

female

Group

Code												2: Rural	2		
	Name of Group Quarter/	Institution/location	on of outdoor sl	eepers: -									 		
	Description / Address of	Group Quarter/	Institution/Loca	tion of Ou	tdoor Sleepers:								 		
						Name		Signat	uro	Date			Name	Signature	e Date
	1st Visit	2nd Visit	Final Vis	sit.		ivaille		Signat	uie	Date			Name	Signature	e Date
	13t VISIt	Ziiu visit	i ilidi vi	510						Enume	rator				//
	Coder		/ /							Litaile	iatoi	•••••	 •		//
	Date/				Supervisor						,	/			
	D "			/	Oupervisor	••••					/	/			
		Completed 2	Partially comp	leted 3 v	acant 4 Pef	used 5	Other								
	nesult of visit:	Completed 2	i artially collip	ieleu 3 V	acant 4 Ren	useu S	Culci								

Form of

E.A. No.

FORM B - PART 2

					Demographic Information	for All Persons	5		
0	1	2	3	5	6	7	9	10	11
Srl. No	. Full Name	Sex	Age	Nationality	Ethnicity	Religion	Birth Place	Duration Of	Previous Residence
								Stay	
	Write the Names of all	1: Male	What was	What is your Nationality?	What is your Ethnic	What is your	Where were you born?	How many months	Where have you been living before?
	individuals found in the		your Age		Origin? (For Gambians	Religion?		have you lived in	(Last Residence)
	institution/Location	2: Female	last Birth-	00:Gambian	only)		00: In this	this	
			day?	10: Senegalese		1:Islam	Settlement/Town/Village	Settlement/Town/Vi	00: Always lived in this
				11: Guinea (Conakry)	0:Mandinka/	2:Christianity		llage (in complete	Settlement/Town/Village and Skip
			00:less than	12: Guinea (Bissau)	Jahanka	3:Traditional	In another	months)	to 13a
			1 Year	13:Malian	1:Fula/Tukulur/Lorobo	4:Other	Settlement/Town/Village: Specify	′	
				14:Sierra Leonean	2:Wollof		District and	00:Less than 1	
				15: Mauritanian	3:Jola/Karoninka		Settlement/Town/Village	Month	In another Settlement/Town/Village:
				16:Ghanaian	4:Serahuli				Specify District and
				17:Nigerian	5:Serere		Outside Gambia: Specify Country		Settlement/Town/village
				18:Liberian	6:Creole/Aku Marabout				Outside Cambia, Specify Country
			•	19:Other West Africans	7:Manjago				Outside Gambia: Specify Country
			& Over	20:Other Africans	8:Bambara				
				21: Non Africans	9:Other			60:60 Months and	
				If code is not 00	Ethnicity			Over	
				Enter Country code and					
				(skip to col. 7)					
L .				(Skip to col. 7)					
2									
3									11 12 13 14 15 15 15 15 15 15 15
4									· .
5									
6									
7	,								
8									
9									
C									

		For Age	ed 3 &	Over			7	Years and Over				
		Full Tin	13 ne Edu	cation		1. Lite		N	14a umeracy			
(a) Have you ever attended School\ Educational	(aa) If Now or Attended in the Past; In Which educational system did Name	If Now on the high completed School	est gra ed in F	_	(c) What is the field of study for the highest level completed?	Can you read in any langua Arabic/Roma	age with	Can (NAME) Do simple Calculations in Roman and Arabic Numbers?				
	have the highest level of education?	O Early	childhd ry 01-0		Only for those who completed level, 5, or 6 or 7, or 8 with certificate(s).	(a) Literacy 1:Read and	(b) Script 1: Arabic	(a) Numeracy 1: Yes	(b) Numbers 1: Arabic			
2:Now	1= Western 2=Madrassa	3 Upper Second 4 Non-t	lary 10 ertiary			Write 2:Read only	2: Roman	2: No 3: DK	2: Roman 3: Both			
3:Past	(exclude Dara / Karanta)	6 Bache	oma 01 elor 01 ers 01	-12. -12.		3:No (skip to 14a(a))	3: Both 4: Other Script		4: Other Script			

FORM B - PART 2 (CONTINUED)

<u> </u>		For Aged	7 & Over				For the	se Wo	rking\	Emplo	yed (incl. those with jobs, but did not work) and the Un	employed Aged 7 and Over	
0			16				17				18		19
Srl. No		T	ype of Activity	•			Occupation				Industry		Employment Status
 		During	the past 30	Days									
	(a)	(b)	(c)	(cc)	(d)	(dd)					(a)	(b)	What is/was your
 	What were you doing	(If answer in		Were you looking	How		What is	upation)?		What is the name and Location of the establishment	What is the main product or services	of employ-
 	most of the time? (past	16a is 4 or 6)			many	On average					where you work?	this establishment?	ment status in this
 	30 days, 16 March - 14		work?		days	how many hours did	(If not working in the past 30 days, ask	last k	ind of	work	(for those who worked past 30 days)		establish-
 	April 2013),	Did you work			did you	you work	/ occupation in the past 12 months. Ent	er neve	er work	ed, if	and	(for those who worked past 30 days)	ment?
 		at all for pay			work?	per day?	person did not work in the past 12 montl	ıs).			(those who did not work past 30 days but worked	and	
 	1: Working (skip to 16d)	or profit?		1: Yes							sometimes during the past 12 months)	(those who did not work past 30 day	s 1:Emplo-
 		(Includes work	1: Yes									but worked sometimes during the pas	yee for pay or
 		for family		2: No								12 months)	wages
 	work (skip to 17)	farm or		(If 16c and 16cc									
 		business,		are both No, then									2: Self-employed
 	3: Did not work and did	including pay		skip to 17)									without employees
 	not have job (skip to 16c)	in kind)											3:Employer
 	4: Home making												4:Unpaid family
 	(go to 16b)	1: Yes (skip											worker
 	5: Student (skip to next	to 16d)											5:Other (specify)
 	person)												
 	6: Something else	2: No (go to											
 	(go to 16b)	16c)											
<u> </u>													
1													
2													
3													
5						 							
						 							
7													
8						 							
9						 							
10													

FORM B - PART 2 (CONTINUED)

<u> </u>		For Aged	7 & Over				For the	se Wo	rking\	Emplo	yed (incl. those with jobs, but did not work) and the Un	employed Aged 7 and Over	
0			16				17				18		19
Srl. No		T	ype of Activity	•			Occupation				Industry		Employment Status
 		During	the past 30	Days									
	(a)	(b)	(c)	(cc)	(d)	(dd)					(a)	(b)	What is/was your
 	What were you doing	(If answer in		Were you looking	How		What is	upation)?		What is the name and Location of the establishment	What is the main product or services	of employ-
 	most of the time? (past	16a is 4 or 6)			many	On average					where you work?	this establishment?	ment status in this
 	30 days, 16 March - 14		work?		days	how many hours did	(If not working in the past 30 days, ask	last k	ind of	work	(for those who worked past 30 days)		establish-
 	April 2013),	Did you work			did you	you work	/ occupation in the past 12 months. Ent	er neve	er work	ed, if	and	(for those who worked past 30 days)	ment?
 		at all for pay			work?	per day?	person did not work in the past 12 montl	ıs).			(those who did not work past 30 days but worked	and	
 	1: Working (skip to 16d)	or profit?		1: Yes							sometimes during the past 12 months)	(those who did not work past 30 day	s 1:Emplo-
 		(Includes work	1: Yes									but worked sometimes during the pas	yee for pay or
 		for family		2: No								12 months)	wages
 	work (skip to 17)	farm or		(If 16c and 16cc									
 		business,		are both No, then									2: Self-employed
 	3: Did not work and did	including pay		skip to 17)									without employees
 	not have job (skip to 16c)	in kind)											3:Employer
 	4: Home making												4:Unpaid family
 	(go to 16b)	1: Yes (skip											worker
 	5: Student (skip to next	to 16d)											5:Other (specify)
 	person)												
 	6: Something else	2: No (go to											
 	(go to 16b)	16c)											
<u> </u>													
1													
2													
3													
5						 							
						 							
7													
8						 							
9						 							
10													

FORM C: BUILDING & COMPOUND PARTICULARS

Strictly Confidential

Population And Housing Census, April, 2013

Statistics Act 2005

	L.G.A.	District	Ward	E.A. No.	Settlement	Rtype	Compound No.
Name						1: Urban	
Code						2: Rural	

	What is the Status of the Building?	Write all household numbers in the	С	Construction M (write code							(Put a	tick mark	cation of B in the colu al and non-	mn (s) o					
	1: Complete	compound that can use this	Walls	Roof	Floor														
	2: In-Complete	can use this building whenever they want to. (If a building in a compound is not used by any household in that	Krinting 3- Other,	1- Iron/ Asbestos 2- Thatch (Grass/ Palm Leaves) 3- Concrete 4. Roof Tiles 5- Other, Specify	1 Sand/ Earth / Mud/Clay 2 Cement / concrete 3 Wood 4 Tiles (ceramic/wood/ plastic) 5 Other, Specify	Owner Residen tial		Owner Residen tial and Tenants		Indus- try	Hotels & Restaur ant	Construction	Educa- tion	Health	Reli- gion	Recreation	port/ Commu	Govern- ment/ Public Service	Other, Specify
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1																			
2																			
3																			
4																			
5						_													
6						_													
7																			
8																			
9																			
0																			

Building/ Structure Number	Type of Rooms and Number of Rooms (Including Kitchen, Bathroom, Toilet and Stores). Only for households, that is, rooms used by households for any purpose.														
	A Living Rooms	B Sleeping Room	C Kitchen	D Bathroom	E Toilets	F Stores	G Study	H Business	I Recreation	J More than one use specify	K Other	L All Rooms	Enumerator: - Name	Signature	Date
													//		
													Supervisor: - Name	Signature	Date
													//		
(0)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)			
2															
3															
4	<u> </u>														
5 6	<u> </u>														
7															
8															
9															
0															