

## FORM A HOUSEHOLD

THE REPUBLIC



OF THE GAMBIA

## QUESTIONNAIRE - PART 1



Strictly Confidential

POPULATION AND HOUSING CENSUS, April, 2013

Statistics Act 2005

L.G.A.	District	Ward	E.A. No.	Settlement	Rtype	Compound No.	Normal	Household No. in Compound	Head of Household
Name					1: Urban				
Code					2: Rural		1		

## GPC-3 Usual Members Present on Census Night -

## 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/Country	Settlement		
1				1							
2				2							
3				3							
4				4							
5				5							
6											
7											
8											
9											
0											

Persons in GPC-3		Persons in GPC-4		Persons in GPC-5		Persons in GPC-3&4		Persons in GPC-3&5	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

## GPC-5 Usual Members Absent On Census Night

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

1st Visit      2nd Visit      Final Visit      Name      Signature      Date      Name      Signature      Date

Enumerator .....      .....      .....      Coder .....      .....      .....

Supervisor .....      .....      .....      .....

Date .....      .....      .....      .....

Result .....      .....      .....      .....

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

FORM A PART 2

Demographic Information for All Persons									
0 Srl. No.	1 Full Name	2 Sex	3 Age	4 Relationship	5 Nationality	6 Ethnicity	7 Religion	8 Survival of Parents	
	Write the Names of the Usual Members Present and Visitors  (Please refer to GPCs 3 and 4)	1: Male 2: Female	What was your Age last Birth-day?  00: less than 1 Year      98: 98 Years & Over	What is your Relationship to Head/Temporary Head of the Household?  01: Head 02: Temporary Head 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	What is your Nationality?  00: Gambian 10: Senegalese 11: Guinea (Conakry) 12: Guinea (Bissau) 13: Malian 14: Sierra Leonean 15: Mauritanian 16: Ghanaian 17: Nigerian 18: Liberian 19: Other West Africans 20: Other Africans 21: Non Africans  If code is not 00 Enter Country code and (skip to col 7)	What is your Ethnic Origin? (For Gambians only)  0: Mandinka/Jahanka  1: Fula/Tukulur/Lorobo  2: Wolof  3: Jola/Karoninka  4: Serahuli  5: Serere  6: Creole/Aku Marabout  7: Manjago  8: Bambara  9: Other Ethnicity	What is your Religion?  1: Islam  2: Christianity  3: Traditional  4: Other	(a) Is your Father alive?  1: Yes 2: No 3: Don't know	(b) Is your Mother alive?  1: Yes 2: No 3: Don't know
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

FORM A - PART 2 (CONTINUED)													
0		9					10		11				11a
Srl. No.		Birth Place <i>(place of usual residence of mother at the time of birth)</i>					Duration of Stay		Previous Residence				Reason for Movement
		Where were you born?  00: In this Settlement/Town/Village  In another Settlement/Town/Village: Specify District and Town/Village  Outside Gambia: Specify Country					How many months have you lived in this Settlement/Town/Village (in complete months)  00: Less than 1 Month  60: 60 Months and Over		Where have you been living before? (Last Residence)  00: Always lived in this Settlement/ Town/Village and Skip to 13a  In another Settlement/Town/Village: Specify District and Settlement/Town/Village  Outside Gambia: Specify Country				What is <NAME's> reason For migration?  1: Education  2: Employment / in search of Employment  3: Marriage  4: Followed Family  5: Conflict/War  6: Disasters  7: Drought  8: Medical Reason  9: Tourism/Visit  10: Other/Specify
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	0												

FORM A - PART 2 (CONTINUED)

For Aged 3 & Over					7 Years and Over		7 Years and over										
0 Sri. No	13 Full Time Education				14 Literacy	14a Numeracy	15 Access to ICT						15a	15b	15c		
	(a) Have you ever attended School/ Educational Institution?	(aa) If Now or Attended in the Past; In Which educational system did Name have the highest level of education?	(b) If Now or Past in 13a, what is the highest level and grade attained/completed in Regular School/Institution?	(c) What is the field of study for the highest level completed?  Only for those who completed level, 5, or 6 or 7, or 8 with certificate(s).	Can you read and write in any language with Arabic/Roman Alphabets	Can (NAME) Do simple Calculations in Roman and Arabic Numbers?	Do you usually have access to the following ICT facilities at least once a week?						Do you own a Mobile?	How often does (name) use internet (e.g. email, chatting, skype)	Where does name mainly use the internet?		
					(a) Literacy	(b) Script	(a) Numeracy	(b) Numbers	(a) News paper/ Magazine	(b) Radio	(c) T.V.	(d) Mobile Phone	(e) Telephone Land Line	(f) Computer	(g) Own Mobile	(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																	
7																	
8																	
9																	
0																	

FORM A – PART 2 (CONTINUED)

For Aged 7 & Over							For those Working\Employed (incl. those with jobs, but did not work) and the Unemployed Aged 7 and Over						
0 Srl. No	16 Type of Activity During the past 30 Days						17 Occupation	18 Industry		19 Employment Status			
	(a) What were you doing most of the time? (past 30 days, 16 March - 14 April 2013),	(b) (If answer in 16a is 4 or 6) Did you work at all for pay or profit? (Includes work for family farm or business, including pay in kind) 1: Yes (skip to 16d) 2: No (go to 16c)	(c) Were you available for work? 1: Yes 2: No	(cc) Were you looking for work? 1: Yes 2: No (If 16c and 16cc are both No, skip to 17)	(d) How many days did you work?	(dd) On average how many hours did you work per day?	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)	What is/was your employment status in this establishment? 1: Employee for pay or wages 2: Self-employed without employees 3: Employer 4: Unpaid family worker 5: Other (specify)			
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													

FORM A PART 2 (CONTINUED)

For Aged 12 and over			For Females Aged 12 Years and Over												For Aged 2 & Over			10 Years & Over	
0 Srl. no	20 Marital Status	21 Type of Union	22 Number of Children Born								23 Particulars of Births in the last 12 Months April 2012 to March 2013 (Record 00 if None)				24 Main Disability		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 5:Polygamous with 5 spouses and more	How many Children have been born alive to you?	How many of them are living in this Household?	How many of them are living elsewhere?	How many of them have died?	(a) How many Children have been born to you during the last 12 months?	(c) Year of Birth	(d) Month of Birth	How many of those Children born to you during the last 12 months are still alive?	Do you have any form of disability  1: Yes  2: No (Skip to 25)	What is your main disability? 1:Seeing 2:Hearing 3:Speaking 4:Physical 5:Strange behaviour 6. Fits 7. Learning difficulties 8. Other Specify	1-Congenital / At Birth 2-Disease / Illness 3-Injury / Accident 4-Spousal Violence 5-Other Violence 6-Unknown 7-Other	Does (Name) smoke?  1: Yes  2: No					
			(a) Male	(b) Fe- male	(c) Male	(d) Fe- male	(e) Male	(f) Fe- male	(g) Male	(h) Fe- male	(a) Male	(b) Fe- male	(c)	(d)	(e) Male	(f) Female	(a)	(b)	
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
0																			

FORM A - PART 3

MORTALITY							
MORTALITY: (To be answered by head of household or any responsible members of the household)					Maternal Deaths		
Death in the Household in the last 12 months (1)	(2)	Sex (3)	Relationship (4)	Age at death of deceased (5)	If the deceased was female 15 years and above did she die? (6)		
					(a)	(b)	(c)
How many deaths occurred in this household in the last 12 months?  (April 2012 - March 2013) <i>Enter number of deaths. (if none, enter 00, and go to part 4)</i>	What is the Name of the deceased Household member?  <i>List all names of persons who died in this household in the last 12 months</i>	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?	During Pregnancy  1 Yes  2 No  9 DK	Giving Birth  1 Yes  2 No  9 DK	Within six weeks after delivery or termination of pregnancy?  1 Yes  2 No  9 DK
1	2	3	4	5	6	7	8
	1.						
	2.						
	3.						
	4.						
	5.						
Has a continuation sheet been used? 1=Yes; 2=No <div style="float: right;">Continuation <span style="border: 1px solid black; padding: 2px 5px;">  </span> of <span style="border: 1px solid black; padding: 2px 5px;">  </span></div>							

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

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
a) On what basis do you occupy this dwelling?	b) If you rent it or it is rent-free, who owns the accommodation?	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 does your Household use?	c) What is the main source of drinking water used by the household?	
1 - Owner Occupied (Skip to 2)  2 - Rent  3 - Not Owner, but Rent Free	1 Relative Individual  2. Non-Relative Individual  3. Private Institution  4 - Public Ownership  5 - Other Private (Institution)					(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	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)**

DISPOSAL OF HOUSEHOLD WASTE 9				
Solid waste disposal  (a)	Frequency of collection (If 9(a) is 5, 6 or 7) (b)	Liquid waste disposal		
		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	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. Regular			
1. Landfill / Bury	2. Not Regular	1. Through the sewage system	1. Through the sewage system	1. Through the sewage system
2. Burn		2. Through drainage system into a gutter	2. Through drainage system into a gutter	2. Through drainage system into a gutter
3 Use as Compost	Collected Municipality	3. Through drainage into a pit (soak away)	3. Through drainage into a pit (soak away)	3. Through drainage into a pit (soak away)
4. Recycle	3. Regular	4. Thrown onto the street/outside	4. Thrown onto the street/outside	4. Thrown onto the street/outside
• Indirect Disposal:	4. Not Regular	5. Thrown into gutter	5. Thrown into gutter	5. Thrown into gutter
5. Collected by Municipality (household provides containers)		6. Thrown onto compound	6. Thrown onto compound	6. Thrown onto compound
6. Collected by Municipality (municipality provides containers)		7. Other (Specify)	7. Other (Specify)	7. Other (Specify)
7. Collected by Private Body				
8. Use Set Setal				
9. Public Dump (authorised)				
10. In the Bush or Open Space near Compound				
11. Other (Specify)				

HOUSEHOLDS ASSETS 10		
Do members of this household own any of the following assets which are in good condition?		
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		
A = Do you have compound title deed for the compound in which you stay?	Yes	No
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
F = 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)

1. Did any member of your household cultivate crops for sale or family use during the last 12 months? 1. Yes 2. No (skip to 2)		
a		b
Type of main crops	How many household members cultivate the crops for sale or family use	
	Male	Female
1. Rice		
2. groundnuts		
4. maize		
8. Millet		
16. Findo		
Other (specify):		

2. Did any member of your household grow vegetables for sale or family use during the last 12 months? 1. Yes 2. No (skip to 3)		
a		b
Type of horticulture/vegetables	How many household members plant horticultural crops and vegetables for sale or family use	
	Male	Female
1. cabbage		
2. Tomato		
4. Onions		
8. Garden eggs		
16. Lettuce		
32. Okra		
64. Sweet Pepper		
128. Hot Pepper		
Other (specify):		

## FORM A – PART 5 (CONTINUED)

3. Did any member of your household plant forest/fruit trees for sale or family use last 12 months? 1. Yes 2. No (skip to 4)

a	b	
Type of forest/fruit tree(s)	How many household members plant forest/trees 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 last 12 months?

1. Yes      2. No (skip to 5)

[illegible]

5. Did any member of your household rear livestock for sale or family use during the last 12 months? 1. Yes      2. No (End interview)					
a	b			c	
Type of livestock owned by household members for sale or family use	Number of livestock owned by household			How many household members breed the livestock for sale or family use	
	Total	Male	Female	Male	Female
1. Cattle					
2. Sheep					
4. Goats					
8. Pigs					
16. Chicken					
32. Ducks					
128. Horses					
Other (Specify)					

THE REPUBLIC



OF THE GAMBIA

FORM B GROUP QUARTERS AND FLOATING POPULATION

QUESTIONNAIRE - PART 1

Strictly Confidential

POPULATION AND HOUSING CENSUS, April, 2013

Statistics Act 2005

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

Name of Group Quarter/Institution/location of outdoor sleepers: -----

Description / Address of Group Quarter/Institution/Location of Outdoor Sleepers: -----

				Name	Signature	Date	Name	Signature	Date
1st Visit	2nd Visit	Final Visit							
						Enumerator			...../...../.....
Coder	.....	.....	...../...../.....						
Date	...../...../.....	...../...../.....	...../...../.....	Supervisor	.....	.....	...../...../.....		
Result	.....	.....	.....						
Result of Visit: 1 Completed 2 Partially completed 3 vacant 4 Refused 5 Other									

Form ..... of .....

## FORM B - PART 2

[illegible]

[illegible]

[illegible]



[illegible]



# OF THE GAMBIA

## 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				

[illegible]

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
(0)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)
1												
2												
3												
4												
5												
6												
7												
8												
9												
0												

**Enumerator: -**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

...../...../.....

  

**Supervisor: -**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

...../...../.....