

THE REPUBLIC



OF THE GAMBIA

Strictly Confidential
QUESTIONNAIRE PART 1

POPULATION AND HOUSING CENSUS, APRIL 1993 FORM A HOUSEHOLD

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

GPC-3 Usual Members Present on Census Night

Srl No	Full Name	Sex	Relationship to Head of Household
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			

Total No. of Persons	Total No. of Persons	Total No. of Persons
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total No. of Persons	Total No. of Persons
	<input type="text"/>	<input type="text"/>

GPC-4 Visitors Present On Census Night

Srl No	Full Name	Sex	Relationship to Head of Household	Usual Residence	
				Town / Village	District/Country
1					
2					
3					
4					
5					

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)
					Town / Village	District/Country	
1							
2							
3							
4							
5							

Name

Signature

Date

	1st Visit	2nd Visit	Final Visit
Date/...../...../...../...../...../.....

Enumerator/...../.....
Supervisor/...../.....

Demographic Information for All Persons

0 Srl No.	1 Full Name	2 Sex	3 Age	4 Relationship	5 Marital Status	6 Type of Union	7 Nationality	8 Ethnicity	9 Religion
	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 & Over	Relationship to 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: Non Relative	What is your Marital Status? 1: Never Married 2: Married 3: Divorced 4: Separated 5: Widowed	What is/was your Union? (For ever married Persons only) 1: Monogamous 2: Polygamous	What is your Nationality? 00: Gambian If not Gambian, specify Country and skip to 9.	What is your Ethnic Origin? (For Gambians only) 00: Mandinka/Jahanka 01: Fula/Tukulur/Lorobo 02: Wolof 03: Jola/Karoninka 04: Serahuli 05: Serere 06: Creole & Aku Marabout 07: Manjago 08: Bambara 09: Other Gambians	What is your Religion? 1: Islam 2: Christianity 3: Traditional 4: Other, Specify
1									
2									
3									
4									

FORM A HOUSEHOLD QUESTIONNAIRE PART 2

			Aged 10 & Over	
10 Birth Place	11 Previous Residence	12 Duration of Stay	13 Literacy	
Where were you born? 00: In this Town/Village In another Town/Village: Specify District and Town/Village Outside Gambia: Specify Country	Where have you been living before? 00: Always lived in this Town/Village. Skip to 13 In another Town/Village: Specify District and Town/Village Outside Gambia: Specify Country	How long have you lived in this Town/Village 00: Less than 1 Month 01: 1 to less than 2 Months 02: 2 to less than 3 Months . . 59: 59 to less than 60 months 60: 60 Months and Over	Can you read and write with Arabic/Roman Alphabets? (a) Literacy 1: Read and Write 2: Read Only 3: No (Skip to 14)	(b) Script 1: Arabic 2: Roman 3: Both

FORM A HOUSEHOLD QUESTIONNAIRE PART 3

HOUSING CONDITIONS (To be answered by head of household or any responsible member of household)

Circle only one code number corresponding to correct answer

1 Accommodation		2 Main Source of Light	3 Kitchen	4 Main Cooking Fuel	5 Bath Room	6 Toilet Facility		7 Source of Water
a) On what basis do you occupy this dwelling? 1 - Owner Occupied 2 - Rent 3 - Not Owner, but Rent Free 4 - Other, Specify	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 2 - Kerosene Lamp with Glass Shade 3 - Other Kerosene Lamp 4 - Candle 5 - 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 - Other, Specify	1 - Firewood 2 - Kerosene 3 - Briquette 4 - Charcoal 5 - Gas 6 - Electricity 7 - 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 - Other, Specify	a) Is there a Toilet In this House or Compound? 1 - Yes 2 - No (Skip to 6c)	c) What Type of Toilet does your Household use? 1 - W.C. 2 - Private Pan 3 - Public Latrine 4 - Private Pit 5 - Public Pit 6 - Ventilated Improved Pit (V.I.P.) 7 - Other, Specify	1 - Stand Pipe or Running Water in House 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
8. Number of Rooms Occupied by Household (excluding Kitchen, Bathroom / Toilet and Stores)								

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 Household in the Last 12 Months			
Name of the Deceased	Sex	Relationship to	Age at

(1)	1: Male 2: Female (2)	Head of Household (3)	Death (4)	