



Strictly Confidential

POPULATION AND HOUSING CENSUS, APRIL 1993

FORM A HOUSEHOLD QUESTIONNAIRE PART 1

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 in GPC-3	Total No. of Persons in GPC-4	Total No. of Persons in GPC-5
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total No. of Persons in GPC-3 & 4	Total No. of Persons in GPC-3 & 5
<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							

1st Visit 2nd Visit Final Visit

Date

Enumerator
Supervisor

Name
Signature
Date

Demographic Information for All Persons													Aged 10 & Over		
0 Serial No.	1 Full Name	2 Sex	3 Age	4 Relationship	5 Marital Status	6 Type of Union	7 Nationality	8 Language	9 Religion	10 Birth Place	11 Previous Residence	12 Duration of Stay	13 Literary	(a) Literacy	(b) Signed
	(Write the names of the Usual Members Present and Visitors) (Please refer to GPCs 3 and 4)	1 Male 2 Female	(Write your Age Last Birth Day) 00 Less than 1 Year 01-99 1 Year & Over	(Relationship to head of the household) 01-Husband 02-Temporary Head 03-Wife/Husband 04-Son/Daughter 05-Son's Son 06-Daughter's Son/Daughter 07-Father/Mother 08-Mother's Husband 09-Son's Wife 10-Brother 11-Sister 12-Son/Daughter 13-Father's Father 14-Father's Mother 15-Mother's Mother 16-Other Relative 17-Non-Relative	(What is your marital status?) 1 Never Married 2 Married 3 Divorced 4 Separated 5 Widowed	(What was your union?) (For ever named Partners 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/ Jolof 01 Ful./Tubu- lul/Laraba 02 Wolof 03 Jola/ Kerekeke 04 Serubuh 05 Seereer 06 Creole & Abu-Marakat 07 Mungo 08 Bambara 09 Other Gambian	(What is your religion?) 1 Islam 2 Christianity 3 Traditional 4 Other, Specify	(Where were you born?) 00 In the 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 the Town/Village. Skip to 13 (In another Town/Village, Specify District and Town/Village) Outside Gambia, Specify Country	(How long have you lived in the Town/Village?) 00 Less than 1 Month 01 1 to less than 2 Months 02 2 to less than 3 Months 03 3 to less than 6 Months 04 6 to less than 12 Months 05 12 Months and Over	(Can you read and write with Arabic/Roman Alphabets?) 1 Read 2 Write 3 Read & Write 4 No 5 Skip to (4)	(a) Literacy	(b) Signed
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

FORM A HOUSEHOLD QUESTIONNAIRE, PART 2 (Continued)

Ages 1 & Over		Ages 10 & Over			For those Working/Employed (incl. those with job, but did not work) and if Unemployed (Aged 10 and Over)			For Ten- to aged 12 Years and Over								For Parents							
14		15			16		17	18	19				20				21						
Full Time Education		Type of Activity During the Past 30 Days			Occupation		Industry	Employment Status	Number of Children Born				Part of Births in the Last 12 Months				Survival of Parents						
(1)	(2)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
Have you...	If Now on Part in 15a, what is the highest grade completed in Regular School Institution attended?	What were you doing most of the time?	If answer in 15a is 4 or 6	Were you looking for work?	If answer in 15a is 4 or 6	What is your main job/work? If unemployed, ask last kind of work or career never worked	What is the name of the establishment where you work? (for the employed list establishments)	What is the main product or service of this establishment?	What size is your establishment? (in the establishment)	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 been born to you during the last 12 months?	How many of these children were born to you during the last 12 months?	How many of these children were born to you during the last 12 months?	How many of these children were born to you during the last 12 months?	How many of these children were born to you during the last 12 months?	How many of these children were born to you during the last 12 months?	How many of these children were born to you during the last 12 months?	How many of these children were born to you during the last 12 months?	How many of these children were born to you during the last 12 months?	How many of these children were born to you during the last 12 months?	How many of these children were born to you during the last 12 months?
1. Never	1. Never	1. Working (8-17 to 15d)	1. Did not work and did not have job (8-17 to 15e)	1. Yes (8-17 to 15e)	1. Yes (8-17 to 15e)				1. Employee for pay or wages				1. 1992	1. 1992	1. 1992	1. 1992	1. 1992	1. 1992	1. 1992	1. 1992	1. 1992	1. 1992	
2. Part-time	2. Part-time	2. Had a job, but not at work (8-17 to 15d)	2. Did not work and did not have job (8-17 to 15e)	2. No (8-17 to 15e)	2. No (8-17 to 15e)				2. Self-employed without employees				2. 1993	2. 1993	2. 1993	2. 1993	2. 1993	2. 1993	2. 1993	2. 1993	2. 1993	2. 1993	
3. Part-time	3. Part-time	3. Home raising (8-17 to 15b)	3. Home raising (8-17 to 15b)	3. No (8-17 to 15e)	3. No (8-17 to 15e)				3. Employer				3. 1994	3. 1994	3. 1994	3. 1994	3. 1994	3. 1994	3. 1994	3. 1994	3. 1994	3. 1994	
4. Part-time	4. Part-time	4. Student (8-17 to 19/21)	4. Student (8-17 to 19/21)	4. No (8-17 to 15e)	4. No (8-17 to 15e)				4. Japped family worker				4. 1995	4. 1995	4. 1995	4. 1995	4. 1995	4. 1995	4. 1995	4. 1995	4. 1995	4. 1995	
5. Part-time	5. Part-time	5. Something else (specify) (8-17 to 15b)	5. Something else (specify) (8-17 to 15b)	5. No (8-17 to 15e)	5. No (8-17 to 15e)				5. Other, specify				5. 1996	5. 1996	5. 1996	5. 1996	5. 1996	5. 1996	5. 1996	5. 1996	5. 1996	5. 1996	

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 Head of Household	Age at Death
(1)	1. Male 2. Female (2)	(3)	(4)
			⋮
			⋮
			⋮
			⋮
			⋮

THE REPUBLIC



OF THE GAMBIA

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POPULATION AND HOUSING CENSUS, APRIL 1993

FORM B GROUP QUARTERS
QUESTIONNAIRE PART 1

	L.G.A.	District	Town / Village	E.A. No.	Compound/ Location No.	Normal/ Group	Total Number of Persons Enumerated
Name							
Code						2	

Description / Address of Location of Outdoor Sleepers: _____

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

FORM B GROUP QUARTERS QUESTIONNAIRE PART 2

Demographic Information for All Persons

0 Srl No.	1 Full Name	2 Sex	3 Age	5 Marital Status	6 Type of Union	7 Nationality	8 Ethnicity	9 Religion	10 Birth Place	11 Previous Residence
	Write the Names of the Usual Members Present and Visitors	1: Male 2: Female	What was your Age last Birthday? 00: Less than 1 Year 98: 98 & Over	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: Mono-gamous 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: Wollof 03: Jola/Karoninka 04: Serahuli 05: Serere 06: Creole & AkuMarabout 07: Manjago 08: Bambara 09: Other Gambians	What is your Religion? 1: Islam 2: Christianity 3: Traditional 4: Other, Specify	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
1										
2										
3										
4										
5										
6										
7										
8										
9										
0										

NOTE:- Col 4, and Cols 19 to 21 are not applicable for Group Quarters.

12 Duration of Stay	Aged 10 & Over		Aged 7 & Over		Aged 10 & Over				For those Working/Employed (incl. those with jobs, but did not work) and the Unemployed Aged 10 and Over			
	13 Literacy		14 Full Time Education		15 Type of Activity During the past 30 Days				16 Occupation	17 Industry		18 Employment Status
How long have you lived in this Town/Village	Can you read and write with Arabic/Roman Alphabets?		(a) Have you ever attend- ed School/ Educat- ional Institution ?	(b) If Now or Past in 14a, what is the highest grade attained in Regular School/Institution attended?	(a) What were you doing most of the time?	(b) (If answer in 15a is 4 or 6) Did you work at all for pay or profit? (Includes work for family farm or busin- ess, includ- ing pay in kind)	(c) Were you looking for work? 1: Yes (Fill Up 16, 17 & 18 about last job, if any) 2. No (interview ends)	(d) How many days did you work?	What is your main job/work ? If unemployed, ask last kind of work or enter never worked	(a) What is the name of the establishment where you work? (for unemployed last establishment)	(b) What is the main product or service of this establishment?	What is/was your employment status in this establish- ment? 1: Employee for pay or wages 2: Self-employed without employees 3: Employer 4: Unpaid family worker 5: Other, specify
00: Less than 1 Month	(a) Literacy	(b) Script	1: Never (Skip to 15a)	Primary: 01 - 06 Middle: 11 Sec.Tec.: 21 - 24 High Sch.: 31 - 37 Teacher's Tr.: 41 - 43 Vocational: 51 - 54 Under graduate/ Studying For a Diploma: 61 - 64 Graduate/ Diploma Holder: 70 Post Graduate: 80 Other, Specify: 91 - 96	1: Working (skip to 15d) 2: Had a Job, but not at work (skip to 16) 3: Did not work and did not have job (skip to 15c) 4: Home making (go to 15b) 5: Student (interview ends) 6: Something else (Specify): (go to 15b)	1: Yes (skip to 15d) 2: No (go to 15c)						
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												
												1
												2
												3
												4
												5
												6
												7
												8
												9
												0

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Population And Housing Census, April 1993

FORM C: BUILDING & COMPOUND PARTICULARS

Name	L.G.A	District	Town/Village				E.A No.				Compound No.			
Code														

(Complete For Each Compound within Enumeration Area)

Building/ Structure Number	Construction Material (Put a tick mark in the appropriate cell)							Use Classification of Building (Put a tick mark in the column (s) of use)											Total Number of rooms In- cluding kitchen, bathroom/ toilet and stores
	Walls			Roof				Residen- tial	Busine-ss/ Commer- ce	Indus-try	Constr- uction	Educa- tion	Heal-th	Religi- on	Recre- ation	Transport/ Communi- cation	Govern- ment/ Public Service	Other, Specify	
	Cement Block, Burnt Brick	Mud/ Krinting	Other, Specify	Iron/ Asbes-tos	Thatch (Grass/Pal- m Leaves)	Concrete	Other, Specify												
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
0																			

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Name

Signature Date

Name

Signature Date



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POPULATION AND HOUSING CENSUS, APRIL 1993

SPECIAL GRADUATE AND DIPLOMA HOLDER CARD

	L.G.A.	District	Town / Village				E.A. No.	Compound No.	Household No. in Compound
Name									
Code									

To be filled in by the respondent

(1) NAME _____ SEX _____ AGE _____ NATIONALITY _____

(2) EDUCATIONAL QUALIFICATIONS

NAME(S) OF DEGREE OR DIPLOMA OBTAINED _____ AREA OF STUDY _____

(i) _____

(ii) _____

(iii) _____

(3) OCCUPATION

(i) Name of occupation. _____

(ii) Name of organisation in which working. If self-employed write accordingly. _____

(iii) Nature of Product/Service of the organisation. If self-employed write nature of production or service rendered. _____

(4) Average monthly income / salary range (in Dalasis) (Circle one range only)

Less than 500	501-1000	1001-1500	1501-2000	2001 & Above
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