

THE GAMBIA MICS2

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM VARIOUS GOVERNMENT DEPARTMENTS (CENTRAL STATISTICS DEPT., DoSH, WOMEN'S BUREAU, DEPT. OF COMMUNITY DEVELOPMENT ETC.). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 1HR.30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL	
*1. Enumeration Area number: _____	2. Household number: _____
3. Day/Month/Year of interview: ____/____/_____	4. *Interviewer name: _____
5. Name of head of household: _____	
6. Area: Urban 1 Rural 2	7. (LGA): *7AA. District..... *7BB. Settlement.....
8. Material of dwelling floor: Wood/tile 1 Cement/concrete 2 Mud/earth 3 Other(<i>specify</i>) 4	8AA. What is the main roofing material? Thatch.....1 Corrugated Iron.....2 Asbestos.....3 Cement/concrete.....4 Other(<i>specify</i>).....5
8BB. Main construction materials of outside walls? Mud.....1 Wood.....2 Brick.....3 Cement/concrete.....4 Thatched grass.....5 Other.....6	9. Number of rooms in dwelling: _____
9AA. On what basis does the household occupy the dwelling? Owning.....1 Renting.....2 Provided Rent Free.....3	9BB. Does household have electricity, radio, television, refrigerator? Yes.....1 No.....2
9CC. Does member of the household own bicycle, motorcycle, car? Yes.....1 No.....2	9DD. Does any member of the household own an animal drawn cart? Yes.....1 No.....2 DK.....9
10. Result of HH interview: Completed.....1 Refused.....2 Not at home3 HH not found/destroyed4 Other (<i>specify</i>)5	
11. No. of women eligible for interview: _____	12. No. of women interviews completed: _____
13. No. of children under age 5: _____	14. No. of child interviews completed: _____
15. Data entry clerk: _____	*15AA. Household size _____
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>	

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH. (Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

Line no.	2. Name	3. IS (name) MALE OR FEMALE ?		4. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in Completed Years 99=DK*	Eligible for:			For persons age 15 or over ask Qs. 8 and 9		For children Under age 15 years ask Qs. 10-13				
					5. Circle Line no. if woman is age 15-49	6. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL? 1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (name)?** 1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 No⇨ 9 DK⇨ 11AA	11. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO	*11AA. IF NO WHO IS THE ALTERNATIVE CARETAKER? 1 PATERNAL RELATIVE 2 MATERNAL RELATIVE 3 OTHER (SPECIFY)	12. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO 9 DK	13. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO
LINE	NAME	M	F	AGE	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N	
1				___	01	___	___							
2				___	02	___	___							
3				___	03	___	___							
4				___	04	___	___							
5				___	05	___	___							
6				___	06	___	___							
7				___	07	___	___							
8				___	08	___	___							
9				___	09	___	___							
0				___	10	___	___							

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form. See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

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LINE	NAME	M F	AGE	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK		Y N	Y N DK	Y N
1			___	11	___	___							
2			___	12	___	___							
3			___	13	___	___							
4			___	14	___	___							
5			___	15	___	___							
6			___	16	___	___							
7			___	17	___	___							
8			___	18	___	___							
9			___	19	___	___							
0			___	20	___	___							

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 INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.
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EDUCATION MODULE

If interview takes place between two school years, use alternative wording found in Appendix 1.

For persons **age 3 or over** ask Qs. 15 and 16

For children **age 3 through 17 years**, continue on, asking Qs. 17-22

14. Line no.	15. HAS (<i>name</i>) EVER ATTENDED SCHOOL?	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (<i>name</i>) ATTENDED? WHAT IS THE HIGHEST GRADE (<i>name</i>) COMPLETED AT THIS LEVEL? LEVEL: 00. PRESCHOOL 01 PRIMARY 02 JUNIOR SECONDARY 03 SENIOR SEC/HIGH 04 VOCATIONAL/SKILLS 05 TERTIARY 06 MADRASSA PRIMARY 07 MADRASSA SECONDARY 08 NON-STANDARD CURRICULUM 09 DK GRADE: 99 DK	17. IS (<i>name</i>) CURRENTLY ATTENDING SCHOOL?	18. DURING THE CURRENT SCHOOL YEAR, DID (<i>name</i>) ATTEND SCHOOL AT ANY TIME?	19. SINCE LAST (<i>day of the week</i>), HOW MANY DAYS DID (<i>name</i>) ATTEND SCHOOL? <i>Insert number of days in space below.</i>	20. WHICH LEVEL AND GRADE IS/WAS (<i>name</i>) ATTENDING? LEVEL: 00. PRESCHOOL 01 PRIMARY 02 JUNIOR SEC. 03 SENIOR SEC/HIGH 04 VOCATIONAL/SKILLS 05 TERTIARY 06 MADRASSA RIMARY 07 MADRASSA SEC. 08 NON-STANDARD CURRICULUM 09 DK GRADE: 99 DK	21. DID (<i>name</i>) ATTEND SCHOOL LAST YEAR? 1 YES ⇒ Q.22 2 NO 9 DK ⇨ NEXT LINE	21AA. WHAT WAS THE REASON FOR (<i>NAME</i>) NOT ATTENDING SCHOOL LAST YEAR? 1. FINANCIAL 2. PREGNANCY 3. MARRIAGE 4. WORK FOR PAY 5. DOMESTIC WORK (UNPAID) 6. OTHERS- (SPECIFY)	22. WHICH LEVEL AND GRADE DID (<i>name</i>) ATTEND LAST YEAR? LEVEL: 00. PRESCHOOL 01 PRIMARY 02 JUNIOR SECONDARY 03 SENIOR SEC/HIGH 04 VOCATIONAL/SKILLS 05 TERTIARY 06 MADRASSA PRIMARY 07 MADRASSA SEC. 08 NON-STANDARD CURRICULUM 09 DK GRADE: 99 DK
LINE	YES NO	LEVEL GRADE	YES NO	YES NO	DAYS	LEVEL GRADE	Y N DK		LEVEL GRADE
01			1 2	1 2					
02			1 2	1 2					
03			1 2	1 2					
04			1 2	1 2					
05			1 2	1 2					
06			1 2	1 2					
07			1 2	1 2					
08			1 2	1 2					
09			1 2	1 2					
10			1 2	1 2					

Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.

You should now have a separate questionnaire for each eligible woman and child in the household.

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14. Line No.	15. HAS (name) EVER ATTENDED SCHOOL?	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 00 PRESCHOOL 01 PRIMARY 02 JUNIOR SECONDARY 03 SENIOR SECONDARY 04 VOCATIONAL/SKILLS 05 TERTIARY 06 MADRASSA PRIMARY 07 MADRASSA SECONDARY 08 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK	17. IS (name) CURRENTLY ATTENDING SCHOOL?	18. DURING THE CURRENT SCHOOL YEAR, DID (name) ATTEND SCHOOL AT ANY TIME?	19. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	20. WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 00. PRESCHOOL 01 PRIMARY 02 JUNIOR SECONDARY 03 SENIOR SEC/HIGH 04 VOCATIONAL/SKILLS 05 TERTIARY 06 MADRASSA RIMARY 07 MADRASSA SEC 08 NON-STANDARD CURRICULUM 09 DK GRADE: 99 DK	21. DID (name) ATTEND SCHOOL LAST YEAR? 1 YES ⇒ Q.22 2 NO 9 DK ⇓ NEXT LINE	21AA. WHAT WAS THE REASON FOR (NAME) NOT ATTENDING SCHOOL LAST YEAR? 7. FINANCIAL 8. PREGNANCY 9. MARRIAGE 10. WORK FOR PAY 11. DOMESTIC WORK (UNPAID) 12. OTHERS- (SPECIFY)	22. WHICH LEVEL AND GRADE DID (name) ATTEND LAST YEAR? LEVEL: 00. PRESCHOOL 01 PRIMARY 02 JUNIOR SECONDARY 03 SENIOR SEC/HIGH 04 VOCATIONAL/SKILLS 05 TERTIARY 06 MADRASSA PRIMARY 07 MADRASSA SECONDARY 08 NON-STANDARD CURRICULUM 09 DK GRADE: 99 DK
LINE	YES NO	LEVEL GRADE	YES NO	YES NO	DAYS	LEVEL GRADE	Y N DK		LEVEL GRADE
11		___ __	1 2	1 2	___	___ __			___ __
12		___ __	1 2	1 2	___	___ __			___ __
13		___ __	1 2	1 2	___	___ __			___ __
14		___ __	1 2	1 2	___	___ __			___ __
15		___ __	1 2	1 2	___	___ __			___ __
16		___ __	1 2	1 2	___	___ __			___ __
17		___ __	1 2	1 2	___	___ __			___ __
18		___ __	1 2	1 2	___	___ __			___ __
19		___ __	1 2	1 2	___	___ __			___ __
20		___ __	1 2	1 2	___	___ __			___ __

Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.

You should now have a separate questionnaire for each eligible woman and child in the household.

EA no. _____ Household no. _____

CHILD LABOUR MODULE

To be administered to caretaker of each child resident in the household age 5 through 17 years. ** Country-specific adaptation may change age range through to age 17.

Copy line number of each eligible child from household listing.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

1. Line no.	2. Name	3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO Q.5	3AA. IF YES WHAT TYPE OF WORK? <i>record answer as reported</i>	3BB. WHY IS THE CHILD WORKING? 1.SUPPORT FAMILY 2.EDUACTI- ON 3.OTHER (SPECIFY) 9. DK	4. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then ⇒ Q.6</i>	5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF HIS HOUSEHOLD? <i>If yes: FOR PAY?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO Q.8	7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)? 1 YES 2 NO ⇒ NEXT LINE	9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO			NO.HRS	YES PAID NPAID NO	YES NO	NO. HOURS	YE NO	NO. HOURS
		1 2 3				1 2 3	1 2	___ ___	1 2	___ ___
		1 2 3				1 2 3	1 2	___ ___	1 2	___ ___
		1 2 3				1 2 3	1 2	___ ___	1 2	___ ___
		1 2 3				1 2 3	1 2	___ ___	1 2	___ ___
		1 2 3				1 2 3	1 2	___ ___	1 2	___ ___
		1 2 3				1 2 3	1 2	___ ___	1 2	___ ___
		1 2 3				1 2 3	1 2	___ ___	1 2	___ ___

When all children in the age range have been covered, GO TO MATERNAL MORTALITY MODULE ⇒

WATER AND SANITATION MODULE

This module is to be administered once for each household visited.

Record only one response for each question.

If more than one response is given, record the most usual source or facility.

1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped into dwelling 01 Piped into yard or plot..... 02 Public tap 03 Tubewell/borehole with pump 04 Protected dug well 05 Protected spring..... 06 Rainwater collection..... 07 Bottled water 08 Unprotected dug well 09 Unprotected spring..... 10 Pond, river or stream 11 Tanker-truck, vendor..... 12 Other (<i>specify</i>) _____ 13 No answer or DK..... 99	
2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ____ Water on premises..... 888 DK 999	
*2AA. WHY DO YOU PREFER THIS SOURCE OF DRINKING WATER AT THIS TIME OF THE YEAR?	Distance..... 1 Time..... 2 Water quality..... 3 No better alternative..... 4 Financial..... 5 Other (<i>specify</i>)..... 6	
*2BB. WHO PAYS FOR THE MAINTENANCE OF THE WATER SYSTEM?	Self..... 1 Community..... 2 Central Government..... 3 Local Authority..... 4 Private..... 5 Don't know/No one..... 6	
*2CC. HOW FAR IS YOUR WATER SOURCE FROM THE NEAREST TOILET FACILITY?	Less than 30metres..... 1 30 – 50 metres..... 2 51 – 100 metres..... 3 Greater than 100metres..... 4	
*2DD. HOW FAR IS YOUR WATER SOURCE FROM THE NEAREST WASTE DISPOSAL SITE?	Less than 30metres..... 1 30 – 50 metres..... 2 51 – 100 metres..... 3 Greater than 100metres..... 4	
*2EE. HAS ANY MEMBER OF THIS HOUSEHOLD EVER EXPERIENCED ANY SICKNESS AFTER DRINKING WATER FROM THIS SOURCE AT ANY TIME IN THE LAST TWELVE MONTHS?	Yes..... 1 No..... 2	
3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?	Flush to sewage system or septic tank..... 1 Pour flush latrine (water seal type) 2 Improved pit latrine (e.g., VIP) 3 Traditional pit latrine..... 4 Open pit 5 Bucket 6 Other (<i>specify</i>) _____ 7 No facilities or bush or field..... 8	8⇒Q4AA

4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?*	Yes, in dwelling/yard/compound 1 No, outside dwelling/yard/compound 2 DK 9	
*4AA. HOW FAR IS YOUR HOUSE/RESIDENCE FROM THE NEAREST TOILET FACILITY?	Less than 30metres 1 30 – 50 metres 2 51 – 100 metres 3 Greater than 100metres 4	
*4BB. HOW FAR IS YOUR HOUSE/RESIDENCE FROM THE NEAREST REFUSE DISPOSAL SITE?	Less than 30metres 1 30 – 50 metres 2 51 – 100 metres 3 Greater than 100metres 4	
*4CC. HOW FAR IS YOUR KITCHEN/COOKING PLACE FROM THE NEAREST TOILET FACILITY	Less than 30metres 1 30 – 50 metres 2 51 – 100 metres 3 Greater than 100metres 4	
*4DD. HOW FAR IS YOUR KITCHEN/COOKING PLACE FROM THE NEAREST DISPOSAL SITE	Less than 30metres 1 30 – 50 metres 2 51 – 100 metres 3 Greater than 100metres 4	
5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?	Children always use toilet or latrine 1 Thrown into toilet or latrine 2 Thrown outside the yard 3 Buried in the yard 4 Not disposed of or left on the ground 5 Other (<i>specify</i>) 6 No young children in household 8	

GO TO NEXT MODULE ⇒

EA no. _____ Household no. _____

SALT IODIZATION MODULE		
1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?	Not iodized 0 PPM (no colour) 1 Less than 15 PPM (weak colour) 2 15 PPM or more (strong colour) 3 No salt in home 8 Salt not tested 9	
<p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p> <p>Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.</p>		

GO TO WOMEN'S QUESTIONNAIRE ⇒