

P.O. box 392706

## QUESTIONNAIRE

If you complete this questionnaire you should know that you would be part of an Internet file.  
The information that you will express will guide us to a better and more understanding world.

Name: SHEKOU  
Surname: TOURAY  
Location: TATBOKOTO

1. What are the daily problems that you suffer from?

monthly rental payment, feeding, clothing and business financial problem.

2. What concepts do you have of the world?

Things becomes expensive everyday.

3. What do you consider necessary that will help you first?

To sponsor my child for his education and my daughter for her clothing and feeding

4. If you know of a relative with an illness and you know what medicine they take, Please attach a copy of the medical information to the questionnaire.

5. What does happiness personally mean to you?

peace only.

Again in one year I will measure the success or failure of the company. A letter will notify you of any future projects or modifications. The Future of ONG will now be more direct. (Without need of middlemen).



## SHEKOU TOURAY

- ① SUS PROBLEMAS DIARIOS SON LA PAGA MENSUAL DEL ALQUILER DE SU CASA, LA ALIMENTACIÓN, LA ROPA Y LOS PROBLEMAS DE NEGOCIOS <sup>PARA</sup> FINANCIARSE.
- ② TIENE UN CONCEPTO DEL MUNDO EN EL QUE LAS COSAS SE ESTAN ENCARAJENDO A DIARIO.  
CONTINUAMENTE.
- ③ NECESITA AYUDA PARA EL PATROCINIO DE LA EDUCACIÓN DE SUS HIJOS Y PARA LA ROPA Y ALIMENTACIÓN DE SU HIJA.
- ④ SUFRE PARÁLISIS Y DOLOR EN PIERNAS, MANOS Y ESTÓMAGO.
- ⑤ ASOCIA LA FELICIDAD CON LA PAZ.

DRUG REVOLVING FUND



Nº 1267992

Department of State for  
Health, Social Welfare and Women Affairs  
GAMBIAN (ADULT) FEE: D5.00

Station

Patient's Nº

Name of Patient *Shekou Garry*

Address *Tabako to*

Diagnosis *paralysis*  
*leg pain and hands*  
*and stomach*

Rx

Signature of Prescriber

Nº 2178064