



FIFTH CAMEROON HOUSEHOLD SURVEY (ECAM 5)

MAIN QUESTIONNAIRE

SURVEY REGION _____

CLUSTER SERIAL NUMBER : _____

LOCALITY : _____

STRUCTURE NUMBER INSIDE THE CLUSTER : _____

SERIAL NUMBER OF THE SAMPLE HOUSEHOLD _____

INTERVIEWER'S NAME : _____

SHIFT NUMBER : _____

CONFIDENTIAL AND NOT FOR TAX PURPOSES

The information collected during this survey is strictly confidential under the terms of Law No. 2020/010 of July 20, 2020 to regulate statistical activity in Cameroon which stipulates in Section 14, Paragraph 1 that "the nominative information relating to a natural or legal person entered in questionnaires during statistical data collection operations may not be used outside the services responsible for such statistical operations" and in Paragraph 4 that "in any case, statistical data may not be used for the purposes of fiscal or criminal prosecution or repression."

***THIS MAIN QUESTIONNAIRE IS MADE UP OF 13
SECTIONS NUMBERED FROM 00 TO 12***

***IT IS ADDRESSED TO URBAN, SEMI URBAN AND
RURAL HOUSEHOLDS***

SECTION 00: GENERAL INFORMATION

A – IDENTIFICATION OF THE HOUSEHOLD

Q1	SURVEY REGION :	_____	__	__
Q2	CLUSTER SERIAL NUMBER:	_____	__	__
Q4	STRUCTURE NUMBER INSIDE THE EA:	_____	__	__
Q5	SERIAL NUMBER OF THE SAMPLE HOUSEHOLD :	_____	__	__

B – INFORMATION ABOUT THE HOUSEHOLD

Q6	DIVISION :	_____	__	__
Q7	SUBDIVISION	_____	__	__
Q8	VILLAGE/QUARTER:	_____		
Q9	STRATUM OF RESIDENCE:	_____		__
	1 = Urban Stratum	2 = Semi urban Stratum	3 = Rural Stratum	
Q10	NAME OF THE HOUSEHOLD HEAD:	_____	__	__
Q11	NUMBER OF PERSONS IN THE HOUSEHOLD (including visitors)		__	__
Q12	RELIGION OF THE HOUSEHOLD HEAD :			__
	1 = Catholic	5 = Animist		
	2 = Protestant	6 = Other religion (to specify).....		
	3 = Other Christian (to be specified)...	7 = Without religion		
	4 = Moslem			

C – INFORMATION ON DATA COLLECTION

Q13	SHIFT NUMBER:	_____	__	__
Q14	INTERVIEWER:	_____	__	__
Q15	CONTROLLER:	_____	__	__
Q16	SUPERVISOR:	_____	__	__
Q17	STARTING DATE OF THE INTERVIEW:	_____	__	__
Q18	ENDING DATE OF THE INTERVIEW	_____	__	__
Q19	RESULT OF THE DATA COLLECTION:	_____	__	__
	1 = Complete interview (all sections are answered for all members)	5 = Incomplete interview (Everything complete except sections 13 and 14 not filled for all members)		
	2 = Incomplete interview (One or several sections are not answered for some members)	6 = House not found		
	3 = Incomplete interview (Everything complete except section 13 not filled for all members)	7 = Absence		
	4 = Incomplete interview (Everything complete except section 14 not filled for all members)	8 = House empty or no house corresponding to the address		
		9 = Refusal		
		10 = Other (to be specified)		
Q20	JUDGEMENT ON THE QUALITY OF THE INTERVIEW			__
	1=Very good 2=Good 3=Average 4=Bad 5=Very bad			
Q21	NAME AND SERIAL NUMBER OF THE MAIN RESPONDENT:	_____	__	__
Q22a	NUMBER OF ELIGIBLE PERSONS IN THE HOUSEHOLD		__	__
Q22b	NAME AND SERIAL NUMBER OF THE ELIGIBLE PERSON(S) SELECTED FOR THE OPTIONAL SECTION :	_____	__	__
			__	__
			__	__
			__	__
			__	__

SECTION 01 : COMPOSITION OF THE HOUSEHOLD AND CHARACTERISTICS OF ITS MEMBERS

01.1. COMPOSITION OF THE HOUSEHOLD	Names and first names of members of the household																				
	<i>Make an exhaustive list of all the household members, starting with the household head and ask the following questions for each member</i>																				
01. CHARACTERISTICS OF THE HOUSEHOLD MEMBERS	Q1	Serial Number	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	
	Q2	Of which sex is (Name)? 1=Male 2=Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Q3	What is (Name's) relationship with the household head? SEE CODES	<input type="checkbox"/> 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Q4	How old is (Name)? Record the age in complete years. (95 for age >= 95 and 98 for DK) (IF AGE < 10 YEARS go to Q6)	Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Q5	What is the matrimonial status of (Name)? See CODES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Q6	What is (Name's) nationality? 1=Cameroon 6=Rest of Europe 2=Other CEMAC countries 3=Nigeria 7=China 4=Rest of Africa 8= Rest of Asia 5=France 9=Rest of the World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Q7a	Does (Name) usually live in the household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Q7b	Did (Name) spend the last night in the household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Persons who usually live in the household (Q7a=1)																				
Q8	Since how long (Name) lives in this household? <i>NB: Duration in months if less than 2 years</i> <i>95 for duration >= 95 years and 98 for Doesn't know (DK)</i> <i>97= Since birth</i>	Years																		
		Month																		
Q9	Since how long (Name) lives in this subdivision? <i>NB. Duration in months if less than 2 years</i> <i>95 for duration >= 95 years and 98 for DK</i> <i>97=Since birth => Q14</i>	Years																		
		Month																		
Q10	Where was (Name) living before coming to settle in this subdivision? <i>See CODES</i>	Place																		
		Area																		
Q11	Why did (Name) come and settle in this subdivision? <i>See CODES</i>																			
Persons of less than 18 years																				
Q14	Serial N° of (Name's) father <i>Record 00 if out of the household</i> <i>97 if of late</i>																			
Q15	Serial N° of (Name's) mother <i>Record 00 if out of the household</i> <i>97 if of late</i>																			

Phone number of all household members aged 15 years or more

Possession of a phone number	Q16	Does (Name) have at least one functional phone number?																		
		A. CAMTEL 1= Yes 2= No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		B. MTN 1= Yes 2= No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C. Orange 1= Yes 2= No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		D. Viettel 1= Yes 2= No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(If yes, for at least one of the four preceding questions, write the phone number currently used, if no, go to the next member, if last member, go to section 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Codes Q3

- 01 = Household head
- 02 = Spouse of HH
- 03 = Son or daughter
- 04 = Son/ daughter in law
- 05 =Grand-son/grand-daughter
- 06 =Father/Mother
- 07 = Parents in law
- 08 =Brother/Sister
- 09 =Direct nephew/Niece

- 10= Nephew/niece by marriage
- 11= Adopted/In guard/child of one of the spouses
- 12= House help
- 13= Other relative
- 14= With no relationship
- 98=DK

Codes Q5

- 1 = Single
- 2 = Married, monogamous
- 3 = Married, polygamous
- 4 = Widow/widower
- 5 = Divorced/Separated
- 6 = In free union

Codes Q10

Place

- 1=Other subdivision of the same division
- 2= Other division of the same region
- 3= Other region of Cameroon
- 4= CEMAC Country
- 5=Nigeria
- 6= Other African country
- 7=Europe
- 8=Asia
- 9=Rest of the world

Area

- 1= Town
- 2= Village

Codes Q11

- 01=Work
- 02=Looking for an employment
- 03=Insecurity (witchcraft,)
- 04=Health problem
- 05=Studies/Training
- 06=Natural disasters
- 07= Follow or join the family
- 08= Repatriation
- 09=Acquisition of personal lodging/Looking for autonomy
- 10= war
- 11=Other (to be specified)

N.B.: Verify that all household members have been recorded and tick this box

SECTION 02 : HEALTH OF HOUSEHOLD MEMBERS

Q1	Names and first names of household members																			
	<i>Copy down the exhaustive list of all the household members, starting with the household Head and ask the following questions for each member.</i>																			
	Serial Number	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	
Q2	Was (Name) sick at a given moment during the last 2 weeks? 1 = Yes 2 = No⇒Q5 8 = DK⇒Q5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q3	Of which sickness was (Name) suffering from? <i>SEE CODES</i>	Sickness 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Sickness2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sickness3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4	Did (Name) consult for that sickness? 1 = Yes 2 = No	Sickness1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Sickness2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sickness3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5	When did he/she lastly have a health consultation? <i>SEE CODES</i> <i>If 12 months or more (code 6) or has never consulted (code 0), go to Q12</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q6	Who did (Name) consult last time? <i>SEE CODES</i> <i>If 4, 5 or 6, go to Q8</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q7	In which sector was he/she consulted? 1=Public 2=Para public 3= Lay Private 4= Confessional Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q8	What was the main reason of this choice? <i>SEE CODES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q9	In which type of health unit was he/she consulted? <i>SEE CODES</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q10	What was the cost of that consultation? 99998 = DK <i>Record the cost in CFAF</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q11	What was the main reason for that consultation? <i>SEE CODES</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q12	How do you appreciate your/(Name's) present state of health 1=Good 2= Fairly Good 3=Average 4= Bad	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Codes Q3

- 01 = Malaria
- 02 = Diarrhoeic disease
- 03 = Respiratory infection
- 04 = High blood pressure
- 05 = Hepatitis (A,B,C, D, ...)
- 06 = Diabetes
- 07 = Eye Diseases
- 08 = Typhoid
- 09= Yellow fever
- 10= Other sickness
- 99=No 2nd /3rd sickness

Codes Q5

- 0 = Has never consulted
- 1 = Less than 2 weeks
- 2 = 2 weeks to less than 1 month
- 3 = From 1 to less than 3 months
- 4 = From 3 to less than 6 months
- 5 = From 6 to less than 12 months
- 6 = 12 months or more

Codes Q6

- 1 = Pharmacist
- 2 = Medical doctor
- 3 = Health Personnel (nurse, midwife, ...)
- 4 = Traditional healer
- 5 = Informal modern medicines hawker
- 6 = Religious (pastor, priest, imam, religious groups, etc.)
- 7=Other (Specify)

Codes Q8

- 1 = Affordable Cost
- 2 = Proximity
- 3 = Family decision
- 4 = Custom/Belief
- 5 = Quality of service
- 6 = Relations
- 7 = Other (Specify..)

- 01 = First class Hospital
- 02 = Regional Hospital
- 03 = District Hospital
- 04 = Sub divisional Hospital
- 05 = (Integrated) Health Centre
- 06 = Pharmacy
- 07 = Clinic/consulting-room

Codes Q9

- 08 =School / worksite infirmary
- 09 = Home/visit of a medical doctor or health personnel
- 10 = At the traditional healer's
- 11 = Health CIG/NGO
- 12 = At the Informal modern medicines seller
- 13 = Counseling over the phone
- 14= Other (Specify.)

Codes Q11

- 01 = Sickness linked to work
- 02 = Other sickness
- 03 = Wound at work/Work accident
- 04 = Other wounds/Accident
- 05 = Prenatal care
- 06 = Childbirth
- 07 = Postnatal care
- 08 = Check-up
- 09 = Immunization/Vaccination
- 96 = Other (Specify)

SECTION 03: EDUCATION AND TRAINING OF HOUSEHOLD MEMBERS

<i>Persons aged 2 years or more</i>		Name and first names												
Q1	Serial number	_0_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	
Q2	Has (<i>Name</i>) ever gone to school or nursery school? 1 = Yes ⇒Q4 2 = No 8 = DK ⇒ Q6	_	_	_	_	_	_	_	_	_	_	_	_	
Q3	Why has (<i>Name</i>) never gone to school? <i>SEE CODES</i> GO TO Q6	_	_	_	_	_	_	_	_	_	_	_	_	
Q4	L. What is the highest level of education for (<i>Name</i>)?	_	_	_	_	_	_	_	_	_	_	_	_	
	C. What is the last class that (<i>Name</i>) successfully completed in this level? <i>SEE CODES</i>	_	_	_	_	_	_	_	_	_	_	_	_	
Q5	What is the highest diploma of (<i>Name</i>)? <i>SEE CODES</i> If 1, go to Q6	_	_	_	_	_	_	_	_	_	_	_	_	
Q5a	Since how long did (<i>Name</i>) get this highest diploma? 1= In months, If ≤ 2years ; 2= In complete year	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	
Questions Q6 to Q7c concern only person aged 15 years or more (S01Q4>=15)														
Q6	Does (<i>Name</i>) know how to read and write a simple sentence in French? 1 = Yes 2 = No	_	_	_	_	_	_	_	_	_	_	_	_	
Q7a	Does (<i>Name</i>) know how to read and write a simple sentence in English? 1 = Yes 2 = No	_	_	_	_	_	_	_	_	_	_	_	_	
Q7b	Does (<i>Name</i>) know how to read and write a simple sentence in Arabic? 1 = Yes 2 = No	_	_	_	_	_	_	_	_	_	_	_	_	
Q7c	Does (<i>Name</i>) know how to read and write a simple sentence in national language 1 = Yes 2 = No	_	_	_	_	_	_	_	_	_	_	_	_	
Questions Q8 to Q19 concern persons aged from 3 to 24 years, who have ever gone to school (Q2=1)														
Q8	At what age did (<i>Name</i>) start going to school? (give age in complete years)	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	
Q9	Did (<i>Name</i>) go to school during the academic school year 2020/2021 ? 1 = Yes 2 = No ⇒Q18	_	_	_	_	_	_	_	_	_	_	_	_	
Q10	A. During the year 2020/2021, in what level was (<i>Name</i>)?	_	_	_	_	_	_	_	_	_	_	_	_	
	B. During the year 2020/2021, in which class was (<i>Name</i>)? <i>SEE CODES</i> If Q10A= 4, go to Q17	_	_	_	_	_	_	_	_	_	_	_	_	
Q11	In which linguistic sub-system was (<i>Name</i>) schooling in 2020/2021? 1= Francophone 2= Anglophone 3= Bilingual 4=Foreign sub-system (Specify) ____	_	_	_	_	_	_	_	_	_	_	_	_	
Q12	Is this linguistic sub-system the one that was chosen for (<i>Name</i>)? 1= Yes ⇒ Q14 2= No 8= DK⇒ Q14	_	_	_	_	_	_	_	_	_	_	_	_	
Q13	If no, why? 1=Lack of means/School too expensive 3=Other (to specify) _____ 2=Lack of school nearby 8=DK	_	_	_	_	_	_	_	_	_	_	_	_	
Q14	Was (<i>Name</i>) going to school full time or half time during the school year 2020/2021? 1= Full time 2= Half-time	_	_	_	_	_	_	_	_	_	_	_	_	
Q15	Which type of school establishment was he/she attending in 2020/2021? <i>SEE CODES</i>	_	_	_	_	_	_	_	_	_	_	_	_	
Q16	Why did they choose that type of school establishment for (<i>Name</i>)? 1=Serious 4=Proximity 8=DK 2= Good results 5=Easy admission 3= Low cost 6= Other (specify) _____	_	_	_	_	_	_	_	_	_	_	_	_	
Q17	What was the amount of fees required (and effectively paid) for (<i>Name</i>) during the 2020/2021 academic year, including expenses in kind?	Registration	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
		School fees	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
		PTA	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

	(Amount in CFAF)	Other (specify)												
	NB: record 000 for an item which is not required by the school	Total												
Q18	Did (Name) attend any school during the 2019/2020 academic years? 1 = Yes 2 = No ⇒ Q19a 8= DK ⇒ Q19a													
Q19	L : During the academic year 2019/2020 in which level was (Name)? C : During the academic year 2019/2020 in which class was (Name) ? SEE CODES													
Q19a	Does (Name) attend (will attend) a school during the school year 2021/2022? 1= Yes 2 = No ⇒Q20													
Q19b	L : During the year 2021/2022, in what level is/will be (Name) ? C : During the year 2021/2022, in which class is/will be (Name) ? CF CODES Go to Q24													
Ask questions Q20 to Q23 only to persons aged 3 to 24 years, who have gone to school (Q2=1), but who are not going to school or do not intend to go to school in 2021/2022 (Q19a=2)														
Q20	Why has (Name) stopped going to school or will not go to school during the school year 2021/2022? SEE CODES If too young (code 7) ⇒ Next person, if it is the last person, go to section 4													
Q21	At what age did (Name) stop schooling? (Age incomplete years)													
Q22	Does (Name) intend to resume with classes? 1 = Yes 2 = No ⇒ Q24 8=DK ⇒ Q24													
Q23	In which month/year did (Name) go to school for the last time? Register in the box corresponding to month: 98 if Doesn't know, and 97 if first school year.	Month												
		Year												
For persons aged 10 years or more (S01Q4>=10), go to Q24, if not go to section 4														
Q24	Is (Name) undergoing or has undergone a technical, professional training or an apprenticeship? 1 = Yes 2 = No ⇒ Q27 8=DK ⇒ Q27													
Q25	What is the specialty of the main training and its level? SEE CODES (Nomenclature of trainings)													
Q26	Is this training the one that was chosen for /by (Name)? 1 = Yes 2 = No 8=DK													
Q27	Would (Name) wish to undergo a (or another) technical, vocational training or an apprenticeship? 1 = Yes 2 = No 8=DK If code 2 or 8 move to next member, or go to section 4 if it is the last individual													
Q28	If yes, which one (level and speciality) ? SEE CODES (Nomenclature Document of trainings)													
Q29	Is that training available in Cameroon? 1= Yes 2= No 8=DK													

Codes Q3	Codes Q5	Codes Q15	Codes Q20	LEVEL	PRESCHOOL=0	PRIMARY = 1	SECONDARY 1 st Cycle = 2	SECONDARY 2 nd Cycle = 3	HIGHER = 4	DK= 8
1 = Cost too high 2 = Employment /Apprenticeship 3 = Illness /Handicap 4 = Distance 5= Too young 6= Tradition 7 = Other (Specify)	1 = NO DIPLOMA 2 = CEP/CEPE/FSLC 3 = BEPC/CAP/GCEOL 4 = PROBATOIRE/BP 5 = BAC/GCEAL/BEP 6 = BTS/DUT/DEUG/HND 7 = LICENCE/FIRST DEGREE 8 = MAITRISE/MASTER/DEA 9 = DOCTORAT/PHD	1 = Public 2 = Day Lay Private 3 = Evening lay Private 4 = Day confessional private 5 = Evening confessional private 6 = Community school 7 = Postal tuition/distance Course /internet	0 = Completed Studies 1 = Cost too high 2 = Employment /Apprenticeship 3 =School failure 4 = Illness /Handicap 5 = Marriage /Pregnancy 6 = Distance 7= Too young 8= Refusal of parents 9 = Other (Specify)			0=Less than 1 year 1=Sil/Class1 2=CP/CPS/class2 3=CE1/Class3 4=CE2/Class4 5=CM1/Class5 6=CM2/Class6/7 8=DK	0= Less than 1 year 1=6è/1ère A.T./Form 1 2=5è/2è A.T./Form 2 3=4è/3è A.T./Form 3 4=3è/4è A.T./Form4 8=DK	0= Less than 1 year 1=2nde G or T/Form 5 2=1ère G or T/Lower 6 3=Terminale G ou T/Upper 6 8= DK	0= Less than 1 year 1=1 st year 2=2 nd year 3=3 rd year 4=4 th or 5 th year. 5=6 th year or more 8=DK	

SECTION 04 : ECONOMICAL ACTIVITY AND INCOME OF THE HOUSEHOLD MEMBERS

4.1 Economical Activity

<i>Persons aged 5 years or more</i>		Name and first names					
<i>IT IS PREFERABLE TO INTERVIEW EACH MEMBER CONCERNED</i>		Q1 : Serial number (code of the person) →	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>
Q2 : Has (<i>Name</i>) ever carried out an economic activity 1 = Yes 2 = No ⇒ Q4			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Q3 : How old was (<i>Name</i>) when he/she began to work for the first time? (In complete years)			<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>
Q4 : During the past 12months, that is since _____, has (<i>Name</i>) carried out an economic activity? 1 = Yes 2 = No			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Q5 : During the past 4 weeks, that is since _____, has(<i>Name</i>) worked even just for an hour, as own account, as remunerated or not employee, apprentice or family help? 1 = Yes 2 = No			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Q6 : During the past 7 days, that is since _____, has (<i>Name</i>) worked even just for an hour, as own account, as remunerated or not employee, apprentice or family help? 1 = Yes ⇒Q10 2 = No			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Q7 : Though (<i>Name</i>) declared having not worked during the last 7 days, did he/she carry out any of the following activities during the last 7 days at home or outside ? 01. By working in a private business 02. By manufacturing a product for sale 03. By working at home for an income 04. By offering a service 05. By helping in a family business/enterprise 06.As an apprentice paid or not 07. As a pupil/student who works 08. By working for another household 09. Any other activity for an income 10. No activity of this type			<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>
Q8 : Though (<i>Name</i>) did not work during the last 7 days, does he/she have an employment ? 1 = Yes 2 = No ⇒ Q35			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Q9 Why did (<i>Name</i>) not work during the last 7 days? 1 = Holidays/leave or public holidays 2 = Sickness /accident 3 = Strike 4 = Temporary stoppage of work 5= End of agric campaign/season 6= Maternity leave 7 = Internship or training 8 = Redundancy/dismissal or end of contract 9 = Other (to be specified)_____		<i>If 8 or 9, go to Q35</i>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Q9a How long in total will your temporary absence from work last? 1. Less than 4 weeks 2. More than 4 weeks 3. Does not know			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Q9b Is it possible for you to resume your activity or your employment with the same employer after your temporary absence? 1 = Yes 2 = No			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Q10 : What is the name of the post, the task of the main employment that (<i>Name</i>) exercised during the last 7 days or that he/she usually exercises?..... <i>See Nomenclatures of Employments, professions and trade.</i>			<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
Q11 : What is the activity of the enterprise in which (<i>Name</i>) exercises his/her main employment, and which type of product does it supply/ fabricates? <i>See Nomenclatures of Activities and products</i>		Commercial/trade name or official acronym of the enterprise	<u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
Q12 : What is the socio professional category of (<i>Name</i>) in this employment ? Is (<i>Name</i>) a: 01= Senior executive, engineer and assimilated 02= Medium executive, foreman 03= Skilled employee/ labourer 04= Semi-skilled employee/ Semi-skilled labourer 05= Labourer 06= Employer (Boss) 07= Own account Worker 08= Family Aid 09= Paid or non paid apprentice, probationer 10= Unclassifiable (Describe)_____			<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>	<u> </u> <u> </u>

Q13 : The enterprise in which (<i>Name</i>) exercises his/her main employment (or that he/she manages) is : 1= A public administration 2= Public or parapublic enterprise 3= Non agricultural private enterprise 4= Agricultural exploitation (plantation, farm, rearing, fishing, ...) 5= International Organization 6= Associative enterprise (cooperative, NGO, syndicate .etc.) 7= Household (household worker) <i>If 1 or 7, go to Q17</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14 : How many persons in total work in this establishment (including (<i>Name</i>)) ? 1= Only one person (Auto-employment) 2= 2 persons 3= 3 - 5 persons 4= 6 - 10 persons 5= 11 - 20 persons 6= 21 - 50 persons 7= 51 - 100 persons 8=101 - 500 persons 9= More than 500 persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q15 : Does the structure in which (<i>Name</i>) exercise this employment have? A. A tax payer number B. A trade/business register C. A registration at the National Social Insurance Funds (CNPS) 1 = Yes 2 = No 8= Does not know 1 = Yes 2 = No 8= Does not know 1 = Yes 2 = No 8= Does not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q16 : Does the structure in which (<i>Name</i>) exercises this employment keep a formal account? 1= No 2= STR and formal account 3= Un-detailed accounts 4= Does not know/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17 : Does (<i>Name</i>)have a contract for his employment in this structure ? If Yes, which type of contrat ? 1= Written open-ended contract 2= Written fixed-term contract 3= Open-ended oral agreement 4 = Fixed-term oral agreement 5=Nothing at all 6 = Not concerned <i>If 1, 3, 5 go to Q18, if 6 go to Q20</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17a Why is (<i>Name</i>)'s contract or agreement a fixed-term one? 1= On apprenticeship on the job, internship 2= Trial period 3= Seasonal work 4= Occasional/daily work 5= Substitute 6= Public employment program 7=Specific service or task 8= Other (to be specified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17b What is the duration of (<i>Name</i>)'s contract or agreement? 1= Daily contract/agreement 2= Less than one month 3= 1 to less than 3 months 4= 3 to less than 6 months 5= 6 to less than 12 months 6= 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q18 : Does (<i>Name</i>) have a payslip for this employment ? 1 = Yes 2 = No 8 = DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19 : Is (<i>Name</i>) affiliated to the formal social security system (e.g NSIF, regime of civil servant and equivalent) in the framework of this employment? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19a Does (<i>Name</i>)'s employer pay contributions to social security for him/her? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19b Does (<i>Name</i>) have annual leave? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19c Does (<i>Name</i>) have paid sick leave in case of industrial accident? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19d Does (<i>Name</i>)'s employer deduce some taxes from his/her income? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19e In this employment is name a member of a syndicate or a similar association of employees, that can defend his/her work rights or participate to collective negotiations? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q20 : Does the employment (<i>Name</i>) exercises correspond to any training undergone? 1 = Yes 2 = No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q21 : During which moment of the day does (<i>Name</i>) mainly exercise this employment? 1= During the day (between 6 am and 8 pm) 2= In the night (between 8 pm and 6 am) 3= Day and Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q22 : Since how long is (<i>Name</i>) exercising this employment? 1=In months (if 0 to 23 months) 2=In complete years (if 2 years or more)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q22a Through which channels did (<i>Name</i>) get this employment (or undertook this activity)? 01= Private recruitment office 02= Public service for employment (NEF, LO) 03= Other employment support programs and projects (PIAASI, PAJER-U, FONIJ, etc.) 04=Public special recruitment (25 000, IVAC, etc.) 05= Competitive examination 06= Personal Initiative 07= Directly from the employer 08= Personal Relationship 09= Recruited from the street 10= After a first experience (Internship, apprenticeship, voluntary work, etc.) 11= By a training institution 12= Promotion / appointment / transfer 13= Through internet 14= Other (to be specified)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q22b Is (<i>Name</i>) satisfied with his/her employment 1 = Yes 2 = No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q23 : How many months did (<i>Name</i>) devote to this employment during the last 12 months ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q24 : How many days per week does (Name) usually devote to his work?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q25 : How many hours per week does (Name) usually devote to his work? <i>Write 95 if 95 hours or more If 40 hours or more, go to Q27</i>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q26 : If (Name) worked less than 40 hours during the last 7 days what is the reason? 1= Doesn't want to work more 2= Time table fixed by the law or the employer 3= Less work due to the poor economic situation 4= Personal Problem (health, domestic works, etc.) 5= Other (Specify)_____		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q27 : Concerning the number of hours that (Name) devotes to his work per week, is he/she ready to work more in this employment or in a different employment ? 1= Yes 2= No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q28 : (Does (Name) have right to [name of the advantage] in his/her main activity? 1 = Yes 2 = No	Advantage included in the salary	Lodging, water, electricity or transport allowances	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Others (NSIF, regime of civil servant and equivalent)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Advantage not included in the salary	Premium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Paid leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Special medical service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		NSIF, Other premium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Advantages in kind (lodging, electricity, water, transport)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q29 : How is (Name) paid, or how does he/she get his/her income, in his/her main employment? 1= Fixed salary (month, fortnightly, weekly) 3= At the task 5= Benefits 7= Not remunerated 2= Daily or per hour of work 4= Commission 6= In kind <i>If 7, go to Q32</i>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q30 : In his/her main employment, how much did (Name) earn last month or during the last 12 months (or how much does he/she estimate his incomes from this work) including advantages in cash or in kind? Give the amount (If the interviewee gives the amount, record the code 01 or 02 according to the case and write the amount given. Or else write only the code of the interval given) 01= Monthly Evaluation 02= Annual evaluation Give an interval <i>Monthly evaluation</i> 10 = Moins de 36 270 Fcfa 14 = [288 000, 576 000 [20 = Moins de 200 000 cfa F 24 = [1 500 000, 3 000 000 [26 = 5 000 000 cfa F or more 11 = [36 270, 72 000 [15 = [576 000, 1 152 000 [21 = [200 000, 400 000 [25 = [3 000 000, 5 000 000 [12 = [72 000, 144 000 [16 = 1 152 000 cfa F or more 22 = [400 000, 800 000 [26 = 5 000 000 cfa F or more 13 = [144 000, 288 000 [23 = [800 000, 1 500 000 [Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Amount in of Cfaf	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q31 : How have incomes from the main employment of (Name) varied as compared to the same month a year ago (monthly evaluation) or as compared to the 12 months preceding the last 12 months (annual evaluation) ? 1 = Increased 2 = Decreased 3 = Unchanged 4 = Not concerned (Employment exercised since less than a year)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q32 : Is it a permanent or a temporary work? 1 = Regular ⇒ Q33 2 = Daily occasional 3 = Occasional at the task 4 = Occasional/seasonal		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q32a : What are the months during which (Name) exercised his/her employment during the past 12 months? A. January B. February C. March D. April E. May F. June G. July H. August I. September J. October K. November L. December		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q33 : Does (Name) have at least a secondary employment ? 1=Yes 2=No ⇒ Q34a		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q34 : How much can they estimate the total incomes from all the secondary employments of (Name) including advantages		Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

in cash or in kind during the past month or the past 12 months? Give the amount (If the interviewee gives the amount, record code 01 or 02 according to the case and write the amount given. Or else write only the code of the interval given) 01= Monthly Evaluation 02= Annual Evaluation Give the amount		Amount in Cfaf						
<i>Monthly Evaluation</i> 03 = Less than 28 500 cfa F 07 = [188 000, 376 000 [04 = [28 500, 57 000 [08 = [376 000, 752 000 [05 = [57 000, 94 000 [09 = 752 000 cfa F or more 06 = [94 000, 188 000 [<i>Annual Evaluation</i> 10 = Less than 200 000 cfa F 14 = [1 500 000, 3 000 000 [11 = [200 000, 400 000 [15 = [3 000 000, 5 000 000 [12 = [400 000, 800 000 [16 = 5 000 000 cfa F or more 13 = [800 000, 1 500 000 [
Q34a : What has been the situation of employment of (Name) during the past 12 months? (Write the code of the month before writing the corresponding code for each month) 1. Had an employment 2. Did not hav an employment Code of the month 01=January 04=April 07=July 10=October 02=February 05=May 08=August 11=November 03=March 06=June 09=September 12= December		a) Month 1 <input type="checkbox"/> b) Month 2 <input type="checkbox"/> c) Month 3 <input type="checkbox"/> d) Month 4 <input type="checkbox"/> e) Month 5 <input type="checkbox"/> f) Month 6 <input type="checkbox"/> g) Month 7 <input type="checkbox"/> h) Month 8 <input type="checkbox"/> i) Month 9 <input type="checkbox"/> j) Month 10 <input type="checkbox"/> k) Month 11 <input type="checkbox"/> l) Month 12 <input type="checkbox"/>						
Q34b Is (Name) considering himself as having an employment, being an unemployed or inactive person? 1=Having an employment 2=Unemployed person 3=Inactive person 4=Indifferent <input type="checkbox"/>								
<i>After asking this question, go directly to Out of Employment and Out of Transfers Income (Go to Q44)</i>								
Q35 : Has (Name) sought a work during the last 7 days, that is to say since _____ ? 1 = Yes ⇒ Q37 2 = No								
Q36 : Did (Name) look for a work during the last 4 weeks, that is to say since _____ ? 1 = Yes 2 = No⇒ Q38								
Q37 : If (Name) finds a job today, would he/she be ready to take it? 1 = Immediately 3 = 15 days to one month <i>If 1 or 2, go to Q40</i> 2 =From now to 15 days 4 = In more than one month <i>If 3 or 4, go to Q43</i>								
Q38. Why did (Name) not seek an employment (or does not desire to work)? <i>Involuntary</i> 1. There is no employment 2. Does not think he/she can get an employment without qualification 3. Does not know how to seek an employment 4. Refusal of the spouse 5. Respect of tradition 6. Other involuntary reason _____ (specify)		<i>Voluntary (If 7 to 11, go to Q43)</i> 7. Waiting for a reply to an application for an employment/competitive examination 8. Presently going to school 9.Does not need or Does not want to work 10. Is not within the working age 11. Other Voluntary reasons _____ (specify)						
Q39. Though (Name) did not seek an employment these past 4 weeks, would he/she be immediately available if he/she were proposed an employment now? 1. Yes 2. No Q43								
Q40 : Is (Name) looking for a first employment or has he/she ever worked? 1 = Has already worked (has lost his/her former job/ stoppage of activity) 2 = First entrance on employment market								
Q41 : Since when is he/she without a job and seeking a job?		Months (MM)						
		Year (YYYY)						

Q42 : Through which main channel does he/she search a job ? 00 = None 01 = Personal Relations (parents or friends) 02 = Directly with the employers 03 = Small announcements (radio, newspapers, posters, etc.) 04 = National Employment Fund (NEF) 05 = Labour Office (LO) 06 = Private employment agency 07 = Other employment support programs or projects (PIAASI, PAJER-U, FONIJ, etc.) 08 = Competitive examination, Recruitment test 09 = Personal Initiative 10 = Promotion/ appointment/transfer 11 = Through internet 12 = Other (To be specified) _____ 99= No 2 nd channel	1 st chanel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 st chanel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 st chanel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 st chanel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 st chanel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q43 : How does (Name) mainly provide for his/her needs ? 1= Receives a work pension 2= Other pension or aid (family, friend, widowhood, divorce, orphanage) 3= Receives incomes from his/her properties, lives on rentals (rents, etc.) 4= Lives on his/her saving 5= Beg 6= Receives a scholarship 7= Taken care off by the family or another person 8= Other _____(specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

4.2 Out of employments and out of transfer incomes

Q44 : Apart from employment incomes, does (Name) receive the following types of income ?						
A- Work pension (Retirement pension, invalidity pension due to an industrial accident)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B- Other pensions(food pension/alimony, pension to widows/widower or to orphans)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C- Scholarship for studies (Incomes received by some students for their school fees.)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D- Land or estate incomes (Income from the letting of buildings or un-built lands)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E- Income from transferable properties (Income from shares, bonds or liabilities that the respondent has in an enterprise or on the State, income from financial investment(savings), resale of shares , etc .)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F- Exceptional and occasional incomes in cash or in kind (Gain from lottery, money found or picked, refunds received from insurance companies, sales of lands and houses)	Amount of the last 12 months (in CFAF)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Evolution of the situation and income of activity of persons aged 15 years or more compared to 2014

Persons of 15 years or more						
Q45 : What was (Name's) situation of activity of at the end of 2014? 1 = Employer 2 = Own account 3 = Employee of the private sector 4 = Employee of the public/parapublic sector 5 = Non remunerated family aid 6 = Apprentice 7 = Looking for a job 8 = Pupil/Student 9 = Other inactive person (to be specified) (If 7 to 9, go to Q47)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q46 : How did the whole income of (Name's) activity vary, compared to what he/she had at the end of 2014? 1= Increased 2= Unchanged 3= Decreased 4= Not concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All individuals						
Q47 : Names and serial number of the respondent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION 04 : ECONOMICAL ACTIVITY AND INCOME OF THE HOUSEHOLD MEMBERS (continuation)

4.1 Economical Activity

<i>Persons aged 5 years or more</i>		Name and first names					
<i>IT IS PREFERABLE TO INTERVIEW EACH MEMBER CONCERNED</i>		Q1 : Serial number (code of the person) →	□□□	□□□	□□□	□□□	□□□
Q2 : Has (<i>Name</i>) ever carried out an economic activity 1 = Yes 2 = No ⇒ Q4			□	□	□	□	□
Q3 : How old was (<i>Name</i>) when he/she began to work for the first time? (In complete years)			□□□	□□□	□□□	□□□	□□□
Q4 : During the past 12months, that is since _____, has (<i>Name</i>) carried out an economic activity? 1 = Yes 2 = No			□	□	□	□	□
Q5 : During the past 4 weeks, that is since _____, has(<i>Name</i>) worked even just for an hour, as own account, as remunerated or not employee, apprentice or family help? 1 = Yes 2 = No			□	□	□	□	□
Q6 : During the past 7 days, that is since _____, has (<i>Name</i>) worked even just for an hour, as own account, as remunerated or not employee, apprentice or family help? 1 = Yes ⇒Q10 2 = No			□	□	□	□	□
Q7 : Though (<i>Name</i>) declared having not worked during the last 7 days, did he/she carry out any of the following activities during the last 7 days at home or outside ? 01. By working in a private business 02. By manufacturing a product for sale 03. By working at home for an income 04. By offering a service 05. By helping in a family business/enterprise 06.As an apprentice paid or not 07. As a pupil/student who works 08. By working for another household 09. Any other activity for an income 10. No activity of this type			□□□	□□□	□□□	□□□	□□□
Q8 : Though (<i>Name</i>) did not work during the last 7 days, does he/she have an employment ? 1 = Yes 2 = No ⇒ Q35			□	□	□	□	□
Q9 Why did (<i>Name</i>) not work during the last 7 days? 1 = Holidays/leave or public holidays 2 = Sickness /accident 3 = Strike 4 = Temporary stoppage of work 5= End of agric campaign/season 6= Maternity leave 7 = Internship or training 8 = Redundancy/dismissal or end of contract 9 = Other (to be specified)_____		If 8 or 9, go to Q35	□	□	□	□	□
Q9a How long in total will your temporary absence from work last? 1= Less than 4 weeks 2= More than 4 weeks 3= Does not know			□	□	□	□	□
Q9b Is it possible for you to resume your activity or your employment with the same employer after your temporary absence? 1 = Yes 2 = No			□	□	□	□	□
Q10 : What is the name of the post, the task of the main employment that (<i>Name</i>) exercised during the last 7 days or that he/she usually exercises?..... <i>See Nomenclatures of Employments, professions and trade.</i>			□□□□□	□□□□□	□□□□□	□□□□□	□□□□□
Q11 : What is the activity of the enterprise in which (<i>Name</i>) exercises his/her main employment, and which type of product does it supply/ fabricates? <i>See Nomenclatures of Activities and products</i>		Commercial/trade name or official acronym of the enterprise	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□
Q12 : What is the socio professional category of (<i>Name</i>) in this employment ? Is (<i>Name</i>) a: 01= Senior executive, engineer and assimilated 02= Medium executive, foreman 03= Skilled employee/ labourer 04= Semi-skilled employee/ Semi-skilled labourer 05= Labourer 06= Employer (Boss) 07= Own account Worker 08= Family Aid 09= Paid or non paid apprentice, probationer 10= Unclassifiable (Describe)_____			□□□	□□□	□□□	□□□	□□□

Q13 : The enterprise in which (<i>Name</i>) exercises his/her main employment (or that he/she manages) is : 1= A public administration 2= Public or parapublic enterprise 3= Non agricultural private enterprise 4= Agricultural exploitation (plantation, farm, rearing, fishing, ...) 5= International Organization 6= Associative enterprise (cooperative, NGO, syndicate .etc.) 7= Household (household worker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 1 or 7, go to Q17					
Q14 : How many persons in total work in this establishment (including (<i>Name</i>)) ? 1= Only one person (Auto-employment) 2= 2 persons 3= 3 - 5 persons 4= 6 - 10 persons 5= 11 - 20 persons 6= 21 - 50 persons 7= 51 - 100 persons 8=101 - 500 persons 9= More than 500 persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q15 : Does the structure in which (<i>Name</i>) exercise this employment have? D. A tax payer number E. A trade/business register F. A registration at the National Social Insurance Funds 1 = Yes 1 = Yes 1 = Yes 2 = No 2 = No 2 = No 8= Does not know 8= Does not know 8= Does not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q16 : Does the structure in which (<i>Name</i>) exercises this employment keep a formal account? 1= No 2= STR and formal account 3= Un-detailed accounts 4= Does not know/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17 : Does (<i>Name</i>)have a contract for his employment in this structure ? If Yes, which type of contrat ? 1= Written open-ended contract 2= Written fixed-term contract 3= Open-ended oral agreement 4 = Fixed-term oral agreement 5=Nothing at all 6 = Not concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 1, 3, 5 go to Q18, if 6 go to Q20					
Q17a Why is (<i>Name</i>)’s contract or agreement a fixed-term one? 1= On apprenticeship on the job, internship 2= Trial period 3= Seasonal work 4= Occasional/daily work 5= Substitute 6= Public employment program 7=Specific service or task 8= Other _____ (to be specified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17b What is the duration of (<i>Name</i>)’s contract or agreement? 1= Daily contract/agreement 2= Less than one month 3= 1 to less than 3 months 4= 3 to less than 6 months 5= 6 to less than 12 months 6= 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q18 : Does (<i>Name</i>) have a payslip for this employment ? 1 = Yes 2 = No 8 = DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19 : Is (<i>Name</i>) affiliated to the formal social security system (e.g NSIF, regime of civil servant and equivalent) in the framework of this employment? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19a Does (<i>Name</i>)’s employer pay contributions to social security for him/her? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19b Does (<i>Name</i>) have annual leave? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19c Does (<i>Name</i>) have paid sick leave in case of industrial accident? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19d Does (<i>Name</i>)’s employer deduce some taxes from his/her income? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19e In this employment is name a member of a syndicate or a similar association of employees, that can defend his/her work rights or participate to collective negotiations? 1= Yes 2= No 8= DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q20 : Does the employment (<i>Name</i>) exercises correspond to any training undergone? 1 = Yes 2 = No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q21 : During which moment of the day does (<i>Name</i>) mainly exercise this employment? 1= During the day (between 6 am and 8 pm) 2= In the night (between 8 pm and 6 am) 3= Day and Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q22 : Since how long is (<i>Name</i>) exercising this employment? In months (if 0 to 23 months) 2=In complete years (if 2 years or more)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q22a Through which channels did (<i>Name</i>) get this employment (or undertook this activity)? 01= Private recruitment office 02= Public service for employment (NEF, LO) 03= Other employment support programs and projects (PIAASI, PAJER-U, FONIJ, etc.) 04=Public special recruitment (25 000, IVAC, etc.) 05= Competitive examination 06= Personal Initiative 07= Directly from the employer 08= Personal Relationship 09= Recruited from the street 10= After a first experience (Internship, apprenticeship, voluntary work, etc.) 11= By a training institution 12= Promotion / appointment / transfer 13= Through internet 14= Other (to be specified)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q22b Is (<i>Name</i>) satisfied with his/her employment 1 = Yes 2 = No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q23 : How many months did (<i>Name</i>) devote to this employment during the last 12 months ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q24 : How many days per week does (<i>Name</i>) usually devote to his work?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q25 : How many hours per week does (Name) usually devote to his work? <i>If 40 hours or more, go to Q27</i>		<i>Write 95 if 95 hours or more</i>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q26 : If (Name) worked less than 40 hours during the last 7 days what is the reason? 1= Doesn't want to work more 2= Time table fixed by the law or the employer 3= Less work due to the poor economic situation 4= Personal Problem (health, domestic works, etc.) 5= Other (Specify)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q27 : Concerning the number of hours that (Name) devotes to his work per week, is he/she ready to work more in this employment or in a different employment ? 1= Yes 2= No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q28 : (Does (Name) have right to [name of the advantage] in his/her main activity? 1 = Yes 2 = No	Advantage included in the salary	Lodging, water, electricity or transport allowances	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Others (NSIF, regime of civil servant and equivalent)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Advantage not included in the salary	Premium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Paid leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Special medical service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		NSIF, Other premium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Advantages in kind (lodging, electricity, water, transport)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q29 : How is (Name) paid, or how does he/she get his/her income, in his/her main employment? 1= Fixed salary (month, fortnightly, weekly) 2= Daily or per hour of work 3= At the task 4= Commission 5= Benefits 6= In kind 7= Not remunerated		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q30 : In his/her main employment, how much did (Name) earn last month or during the last 12 months (or how much does he/she estimate his incomes from this work) including advantages in cash or in kind? Give the amount (If the interviewee gives the amount, record the code 01 or 02 according to the case and write the amount given. Or else write only the code of the interval given) 01= Monthly Evaluation 02= Annual evaluation Give an interval <i>Monthly evaluation</i> 10 = Moins de 36 270 Fcfa 11 = [36 270, 72 000 [12 = [72 000, 144 000 [13 = [144 000, 288 000 [14 = [288 000, 576 000 [15 = [576 000, 1 152 000 [16 = 1 152 000 cfa F or more <i>Annual evaluation</i> 20 = Moins de 200 000 cfa F 21 = [200 000, 400 000 [22 = [400 000, 800 000 [23 = [800 000, 1 500 000 [24 = [1 500 000, 3 000 000 [25 = [3 000 000, 5 000 000 [26 = 5 000 000 cfa F or more		Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Amount in of Cfaf	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Q31 : How have incomes from the main employment of (Name) varied as compared to the same month a year ago (monthly evaluation) or as compared to the 12 months preceding the last 12 months (annual evaluation) ? 1 = Increased 2 = Decreased 3 = Unchanged 4 = Not concerned (Employment exercised since less than a year)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Q32 : Is it a permanent or a temporary work? 1 = Regular ⇒ Q33 2 = Daily occasional 3 = Occasional at the task 4 = Occasional/seasonal		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Q32a : What are the months during which (Name) exercised his/her employment during the past 12 months? A. January B. February C. March D. April E. May F. June G. July H. August I. September J. October K. November L. December		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Q33 : Does (Name) have at least a secondary employment ? 1=Yes 2=No ⇒ Q34a		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Q34 : How much can they estimate the total incomes from all the secondary employments of (Name) including advantages in cash or in kind during the past month or the past 12 months? Give the amount (If the interviewee gives the amount , record code 01 or 02 according to the case and write the amount given. Or else write only the code of the interval given) 01= Monthly Evaluation 02= Annual Evaluation Give the amount <i>Monthly Evaluation</i> 03 = Less than 28 500 cfa F 04 = [28 500, 57 000 [05 = [57 000, 94 000 [06 = [94 000, 188 000 [07 = [188 000, 376 000 [08 = [376 000, 752 000 [09 = 752 000 cfa F or more <i>Annual Evaluation</i> 10 = Less than 200 000 cfa F 11 = [200 000, 400 000 [12 = [400 000, 800 000 [13 = [800 000, 1 500 000 [14 = [1 500 000, 3 000 000 [15 = [3 000 000, 5 000 000 [16 = 5 000 000 cfa F or more		Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Amount in Cfaf	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Q34a : What has been the situation of employment of (Name) during the past 12 months? <i>(Write the code of the month before writing the corresponding code for each month)</i> 3. Had an employment 4. Did not hav an employment Code of the month 01=January 04=April 07=July 10=October 02=February 05=May 08=August 11=November 03=March 06=June 09=September 12= December	l) Month 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	m) Month 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	n) Month 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	o) Month 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	p) Month 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	q) Month 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	r) Month 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	s) Month 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	t) Month 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	u) Month 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	v) Month 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	l) Month 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	Q34 Is (Name) considering himself as having an employment, being an unemployed or inactive person? 1=Having an employment 2=Unemployed person 3=Inactive person 4=Indifferent <input type="checkbox"/> <i>After asking this question, go directly to Out of Employment and Out of Transfers Income (Go to Q44)</i>																			
Q35 : Has (Name) sought a work during the last 7 days, that is to say since _____ ? 1 = Yes ⇒ Q37 2 = No																				
Q36 : Did (Name) look for a work during the last 4 weeks, that is to say since _____ ? 1 = Yes 2 = No⇒ Q38																				
Q37 : If (Name) finds a job today, would he/she be ready to take it? 1 = Immediately 3 = 15 days to one month <i>If 1 or 2, go to Q40</i> 2 =From now to 15 days 4 = In more than one month <i>If 3 or 4, go to Q43</i>																				
Q38. Why did (Name) not seek an employment (or does not desire to work)? <u>Involuntary</u> <u>Voluntary (If 7 to 11, go to Q43)</u> 1. There is no employment 7. Waiting for a reply to an application for an employment/competitive examination 2. Does not think he/she can get an employment without qualification 8. Presently going to school 3. Does not know how to seek an employment 9.Does not need or Does not want to work 4. Refusal of the spouse 10. Is not within the working age 5. Respect of tradition 11. Other Voluntary reasons _____ (specify) 6. Other involuntary reason _____ (specify)																				
Q39. Though (Name) did not seek an employment these past 4 weeks, would he/she be immediately available if he/she were proposed an employment now? 1. Yes 2. No → Q43																				
Q40 : Is (Name) looking for a first employment or has he/she ever worked? 1 = Has already worked (has lost his/her former job/ stoppage of activity) 2 = First entrance on employment market																				
Q41 : Since when is he/she without a job and seeking a job? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:10%;">Months (MM)</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td></td> <td>Year (YYYY)</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>								Months (MM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Year (YYYY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Months (MM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	Year (YYYY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Q42 : Through which main channel does he/she search a job ? 00 = None 01 = Personal Relations (parents or friends) 08 = Competitive examination, Recruitment test 02 = Directly with the employers 09 = Personal Initiative 03 = Small announcements (radio, newspapers, posters, etc.) 10 = Promotion/ appointment/transfer 04 = National Employment Fund (NEF) 11 = Through internet 05 = Labour Office (LO) 12 = Other _____ (To be specified) 06 = Private employment agency 07 = Other employment support programs or projects (PIAASI, PAJER-U, FONIJ, etc.) 99= No 2 nd chanel																				
Q43 : How does (Name) mainly provide for his/her needs ? 1= Receives a work pension 5= Beg 2= Other pension or aid (family, friend, widowhood, divorce, orphanage) 6= Receives a scholarship 3= Receives incomes from his/her properties, lives on rentals (rents, etc.) 7= Taken care off by the family or another person 4= Lives on his/her saving 8= Other _____(specify)																				

4.2 Out of employments and out of transfer incomes

Q44 : Apart from employment incomes, does (Name) receive the following types of income ?						
A- Work pension (Retirement pension, invalidity pension due to an industrial accident)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B- Other pensions(food pension/alimony, pension to widows/widower or to orphans)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C- Scholarship for studies (Incomes received by some students for their school fees.)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D- Land or estate incomes (Income from the letting of buildings or un-built lands)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E- Income from transferable properties (Income from shares, bonds or liabilities that the respondent has in an enterprise or on the State, income from financial investment(savings), resale of shares , etc .)	1= Yes 2= No If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)					
	Annual amount (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F- Exceptional and occasional incomes in cash or in kind (Gain from lottery, money found or picked, refunds received from insurance companies, sales of lands and houses)	Amount of the last 12 months (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Evolution of the situation and income of activity of persons aged 15 years or more compared to 2014

Persons of 15 years or more						
Q45 : What was (<i>Name's</i>) situation of activity of at the end of 2014?						
1 = Employer	3 = Employee of the private sector	5 = Non remunerated family aid	7 = Looking for a job	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 = Own account	4 = Employee of the public/parapublic sector	6 = Apprentice	8 = Pupil/Student	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 = Other inactive person (to be specified) _____			(If 7 to 9, go to Q47)			
Q46 : How did the whole income of (<i>Name's</i>) activity vary, compared to what he/she had at the end of 2014?						
1= Increased	2= Unchanged	3= Decreased	4= Not concerned	<input type="text"/>	<input type="text"/>	<input type="text"/>
All individuals						
Q47 : Names and serial number of the respondent						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 05: ENVIRONMENT OF THE HOUSEHOLD

First encircle the code corresponding to the interviewee's answer, then record in the boxes provided.

5.1- Site and safety of the lodging

Q1	Which type of way leads to this household's lodging? 1= Tarred road 3= Track (pathway) to go there 2= Un-tarred road 4= Other _____ (Specify)	<input type="checkbox"/>
Q2	How many months during a year does the nearest tarred road to your home functions (by car)? 98 =DK	<input type="checkbox"/>
Q3	On which type of relief is your lodging built? 1= Top of a hill or a mountain 3= Flat or almost flat place 5= Other (Specify) _____ 2= Mountain/ hill side 4= Valley/deep grounds/marsh/swamp	<input type="checkbox"/>
Q4	Is there any farm or an un-cleared land in the neighborhood of this lodging (within a radius of 100 m)?	1= Yes 2= No <input type="checkbox"/>
Q5	Is there any non harnessed flowing water (stream, river, marsh, lake, ...) in the neighbourhood of this lodging (within a radius of 100 m)?	1= Yes 2= No <input type="checkbox"/>
Q6	Is there any petrol station, an oil or gas depot in the neighbourhood of this lodging (within a radius of 100 m)?	1= Yes 2= No <input type="checkbox"/>
Q7	In the neighbourhood of this lodging, is there any railway (within a radius of 200 m), an airport (within a radius of 1 km)?	1= Yes 2= No <input type="checkbox"/>
Q8	Is there any high or medium voltage electricity line in the neighbourhood of this lodging (within a radius of 50 m)?	1= Yes 2= No <input type="checkbox"/>
Q8a	Is there any relay pool or antenna (Modulation Amplitude) of a telephone service provider in the neighborhood of this lodging (within a radius of 100 m)?	1= Yes 2= No <input type="checkbox"/>
Q9	Is there any fence or barrier surrounding this lodging?	1= Yes 2= No <input type="checkbox"/>
Q10	Has one of the members of your household been a victim of physical violence (assault, theft, etc.) during the last 12 months?	1= Yes 2= No ⇒ Q12 <input type="checkbox"/>
Q11	If yes, were these acts perpetrated in your quarter/village?	1= Yes 2= No <input type="checkbox"/>
5.2- Disturbance suffered by the household		
	During the last 6 months were you disturbed in your lodging with:	<input type="checkbox"/>
Q12	Noise coming from the neighbouring households?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q13	Noise coming from passers- by or transport network in the neighbourhood (roads, airports, ...)?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q13a	Noise coming from drinking spots?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q13b	Noise coming from churches/places of cult?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q14	Noise from the activities of industries and trade, leisure and shows?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q15	Other type of disturbing noises? _____ (Specify)	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q16	During the last 12 months, were you disturbed in your lodging by floods during the rainy season? 1=Yes, regularly 2=Yes, from time to time 3= Scarcely 4=Never	<input type="checkbox"/>
Q17	During the last 30 days, were you disturbed in your lodging by the flow of used water from your neighbours? 1=Yes, regularly 2=Yes, from time to time 3= Scarcely 4=Never	<input type="checkbox"/>
Q18	How do you mainly get rid of your household refuse? 1= Pick up by lorry/refuse van 2= Throw around 3= Buried/Burnt 4= Recycled 5= Other (Specify) _____	<input type="checkbox"/>
Q19	During the last 30 day, were you disturbed in your lodging by bad persistent odours? 1=Yes, regularly 2=Yes, from time to time 3= Rarely, often 4=Never	<input type="checkbox"/>
	During the last 30 days, did you notice in your lodging the presence of the following disturbing insects or disturbing animals ?	
Q20	Presence of mosquitoes?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q21	Presence of cockroaches?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q22	Presence of ants?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q23	Presence of some other disturbing insects?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q24	Presence of rats (mice) or shrews?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q25	Presence of giant rats?	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q26	Presence of other disturbing animals (to be specified)	1= Yes, regularly 2= Yes, from time to time 3= Yes, scarcely 4= Never <input type="checkbox"/>
Q27	How many times have the mobile hygiene service agents disinfected your lodging during the last 12 months? NB. If more than 8 times, write 8	<input type="checkbox"/>

SECTION 06: DWELLING AND HOUSEHOLD EQUIPMENT

Q0 : SERIAL NUMBER OF THE RESPONDENT (SEE SECTION 01)

06.1 - DWELLING CHARACTERISTICS (First encircle the corresponding code of the interviewee's answer, then record in the boxes provided)

Q1	For how long has your household been living in this dwelling? <i>Record in days if less than 30 days and in months if more than 30 days and less than a year.</i>	Time Unit =TU 1 = Day 2 = Month 3 = Year	TU Number	<input type="text"/>
Q2	Are you owner with or without land certificate of your dwelling, rented or Housed by relative/Friend?	1= Owner with land certificate and building permit/Building authorization 2= Owner with land certificate and without building license/building authorization 3= Owner without land certificate and without building license / building authorization 4= Owner without land certificate and with building license/building authorization 5= Hire purchase 6= Simple renting 7= Housed by Employer 8= Housed by relative/Friend 9= Other (to be specified)		<input type="text"/>
Q3	In square meters, what is the surface area of your lodging/dwelling? (Record 950 if 950 m ² or more)			<input type="text"/>
Q4	How much do you pay as rent per month or if you were renting the dwelling you occupy, how much would you estimate the monthly rent? In CFAF			<input type="text"/>
Q5	Of which type is the dwelling? (Observe then register the type of lodging)	1=Hut/Tent/cabin 2= Isolated house 3= House with several lodgings 4= Modern villa /Duplex/Mansion 5= Building of several apartments 6= Compound/Saré		<input type="text"/>
Q6	A. How many rooms does your dwelling have in total? B. How many rooms are usually used for sleeping in your dwelling?			<input type="text"/> <input type="text"/>
Q7	A. What is your main source of drinking water?	01= Individual tap SNEC/CDE/CAMWATER 02= Collective tap SNEC/CAMWATER (main user) 03= Collective tap SNEC/ CDE /CAMWATER without individual meter 04= Common tap SNEC/CAMWATER/CDE with individual meter 05= Reseller of tap water from SNEC/ CDE /CAMWATER 06= Other individual water tap 07= Public tap 08= Other collective tap 09= Sinking well 10= Well with pump 11= Protected well 12= Unprotected well 13= Protected source 14= Unprotected source 15= Rain water 16= Truck-tanks 17= Cart having a little tank/drum 18= Surface water 19= Bottled water (Mineral water) 20= Water in sachet 21= Other (to be Specified) _____		<input type="text"/>
	B. In your household, which quantity of water do you most often use averagely per day for the following tasks, actions?	Unit Code: 1= m ³ 2=litter a. Cooking b. Washing-up c. Laundry/Cleaning up d. Bathing e. Flushing of toilet f. Drinking Total	Jnit/Quantity	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q8	What is the main source of lighting of your household?	1= Kerosene lamp 2= Private (individual) AES-SONEL/ENEO meter 3= Collective meter (main user) AES-SONEL/ENEO 4= Collective meter AES-SONEL/ENEO without divisional meter 5= Collective meter AES-SONEL/ENEO with divisional meter 6= AES-SONEL/ENEO without meter (direct) 7= Standby generator 8= Gas lamp 0= Energy/solar lamp/torch 9= Other (specify) _____		<input type="text"/>

06.2 - HOUSEHOLD EQUIPMENT (First encircle the code of possessed goods in Q18 and record an answer per line in Q19)

Q18	Q19	Q20	Q21	Q22	Q23	Q24
Encircle codes of possessed equipment	Has your household possessed [name of equipment] during the last 12 months? (Since2020) 1 = Yes 2 = No ⇒ Next equipment	What is presently the number of [equipment] in your household? If 0, go to the next equipment	What was that number 12 months ago?	Since how many years do (did) you have the last equipment of that type?	What was the value of the last equipment of that type when it was acquired? In CFAF	What is the present value of that equipment? In CFAF
Code	Equipment	Ans.				
1	Fixed phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Mobil phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Fixed CT Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Mobile CT Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Fax machine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Generator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Computer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Radio set	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Television set	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Musical set	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	DVD/VCD reader	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Numeric/parabolic antenna	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q9	What is the main source of energy used for cooking?	01= Electricity	09= Wood picked/received	<input type="checkbox"/>	13	Food-mill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		02= Liquefied Petroleum Gas (LPG)	10= Straws/branches/grass		14	Refrigerator/Fridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10	How do you get rid of dirty/used water	03= Natural Gas	11= Cow-dung	<input type="checkbox"/>	15	Deep freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		04= Biogas	12= Agric waste				16	Cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11	What type of toilet facility do your household members use? <i>If "flushing toilet" or manual flushing", insist:</i> Where do the waste water go to ? <i>If not possible to determine the type of toilet, ask to see the toilet.</i>	05= Kerosene /paraffin	13= No food cooked inside the household	<input type="checkbox"/>	17	Gas stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		06= Charcoal/lignite	14= Sawdust, wood chips				18	Kerosene stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11A	Do you share your toilets with other person who are not members of your household ?	07= Coal	15= Other (Specify)	<input type="checkbox"/>	19	Gas bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		08= Bought firewood					20	Electric iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12	What is the main material of the walls of your house?	Cesspit/latrines		<input type="checkbox"/>	21	Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Flushing water with or without water tank					06= Harnessed aired toilet (VIP)	22	Ventilator, fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13	What is the main material of the roof of your dwelling?	01= Connected to the sewer system	07= Cesspit toilet with a slab	<input type="checkbox"/>	23	Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		02= Connected to the septic tank	08= Cesspit toilet without slab/open hole				24	Motor/Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14	What is the main material of the floor of your house?	03= Linked to latrines	09= Composting toilets	<input type="checkbox"/>	25	Bicycle/Bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		04= Linked to something else	10=Bucket/tinette				26	Horse/Donkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q15	If you are reimbursing a property loan or have a hire purchase house for this dwelling, what is its monthly amount? <i>Record in CFAF</i>	05= Linked to unknown place/not sure/DK	11= Suspended toilets/latrines	<input type="checkbox"/>	27	Rickshaw / Cart/wheelbarrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		06= Simple Earth (mud)/ Bricks	12= No toilet/bush/farm				If one of the modalities 6 to 9 has been selected at S06Q2, go to Q16					
Q16	Does your household have an Internet connexion?	07= Other (Specify)	13= Other (specify)	<input type="checkbox"/>								
Q17	Are you connected to the tele or satellite in your lodging?	1= Yes	2= No	<input type="checkbox"/>								

SECTION 07 : MIGRATION AND RESIDENTIAL MOBILITY

7.1- MIGRATION AND RESIDENTIAL MOBILITY OF THE HOUSEHOLD (First encircle the code corresponding to the interviewee's answer, then record in the boxes provided for it)

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
<p>Where was your household living at the end of 2014?</p> <p>1 = Same locality (Quarter, Village or Camp) 2 = Not in the same locality, but in the same subdivision 3 = Not in the same subdivision, but in the same division 4 = Not in the same division, but in the same region 5 = In another region 6 = Abroad 7 = The household was not existing ⇒ Q3</p>	<p>How many persons had your household at the end of 2014?</p>	<p>Where was your household living 12 months ago, that is to say in2020 ?</p> <p>1 = Same locality (Quarter, Village or Camp) 2 = Not in the same locality, but in the same subdivision 3 = Not in the same subdivision, but in the same division 4 = Not in the same division, but in the same province 5 = In another province 6 = Abroad 7 = The household was not existing ⇒ Q9</p>	<p>How many persons had your household 12 months ago, that is to say in ...2020 ?</p>	<p>Where was your household living before settling in this locality?</p> <p>1 = Has never changed the locality 2= Urban area (town) in the same subdivision ⇒ Q8 3 = Rural area (village) in the same subdivision ⇒ Q8 4= In another town out of the subdivision ⇒ Q8 5 =In another village out of the subdivision ⇒ Q8 6 = Abroad ⇒ Q8</p>	<p>Was your household in the same lodging 12 months ago?</p> <p>1 = Yes ⇒ Q9 2 = No</p>	<p>Why did your household change the lodging?</p> <p>1= Going closer to the work place 2= Looking for a betterment 3= Rents too expensive 4=Insecurity 5=Indecent lodging 6=Consecutives catastrophes 7=Expropriation, expulsion from the lodging 8=Acquisition of own lodging 9= Other (Specify)</p> <p>_____</p> <p><i>Go to Q9</i></p>	<p>Why did your household change the locality?</p> <p>01=Work 02=Job seeking (quest for employment) 03=Insecurity (sorcery) 04=Health problem 05=Studies, training 06 =Natural catastrophes 07=Expropriation, expulsion from the lodging 08=Repatriated 09= Acquisition of own lodging 10= War 11= Other (Specify)</p>	<p>Is your household intending to change the locality in the next 12 months, that is to say between now and...2022?</p> <p>1 = Yes 2 = No ⇒ Q12 8 = Doesn't know ⇒ Q12</p>	<p>If yes, in which other locality are you planning to settle next time?</p> <p>1 = Other locality in the same subdivision 2 = Not in the same subdivision, but in the same division 3 = Not in the same division, but in the same region 4 = In another region 5 = Abroad</p>	<p>Why are you intending to change the locality?</p> <p>01=Work 02=Job seeking (quest for employment) 03=Insecurity (sorcery) 04=Health problem 05=Studies, training 06 =Natural catastrophes 07=Expropriation, expulsion from the lodging 08=Repatriated 09= Acquisition of own lodging 10= 10= War 11= Other (Specify)</p>
_	_ _	_	_ _	_	_ _ _ _	_	_	_	_	_

7.2- EMIGRATION OF HOUSEHOLD MEMBERS

Q12	Q13	Q14		Q15		Q15a	Q16	Q17	Q18	Q19	Q20	Q21	Q22		Q23	Q24	Q25	Q26
Since the end of 2007, have members of your household left for any reason to settle elsewhere? 1 = Yes 2 = No ⇒ Next Section	If yes, how many members have left the household during this period, even if they came back later?	Can you give the names of these persons who left the household during this period?		In which month and year did (Name) go?		What was the relationship with the household head when (Name) was leaving? Cf code Q3 of section 01	Of which sex is (Name)? 1=Male 2=Female	How old was (Name) at the moment of his/her departure?	What was (Name)'s level of education at the moment of his/her departure? 1=Without level 2 = Primary 3 = Secondary 1 st cycle 4 = High school 5 = Higher education	Why did (Name) go to settle elsewhere? 1= Work 2= Looking for a job 3= Health Problem 4= Studies/Training 5= Mariage, concubinage 6= Divorce, separation or problem in the household 7= Follow or join the family 8= Seeking of autonomy 9 = War 10= Other (Specify)	Who decided for the departure? 1= Himself/Herself 2=The household head alone 3=Other members of the household 4=Household head or other household members 5= Parents out of the household 6= Person abroad 7= Employer 8= Other (Specify)	In whose expense mainly was the journey?	Where did he/she go to? 01= Elsewhere in the same town or same village ⇒ Q24 02=In (another) village of the same subdivision ⇒ Q24 03= In another town of Cameroon 04= In (another) village of a different subdivision 05=In a neighbouring CEMAC country member 06= In another African country 07= In Europe 08= In America 09=In Asia 10=Other (Specify)	Is (Name) still living in that place? 1= Yes 2= No, came back to the country or to the place of departure 3= No, continued elsewhere 4= No, is dead it is more than 12 months ⇒ Next line 5= No, is dead less than 12 months now 6= Other (to be specified) 8= NSP	During the past 12 months, has (Name) sent money or goods to your household?	If yes, how much can you estimate the total value of goods and/or the total amount of money he/she sent to your household during the past 12 months?	How did these transfers vary as compared to the past 12 months? 1= Increased 2= Unchanged 3= Decreased 4= No concerned	
		N°	Names	Months	Years			Years						Answer	(See CODES Nomenclature of administrative units) Abroad = 60			(in CFAF)
		1.																
		2.																
		3.																
		4.																
		5.																
		6.																

SECTION 08 : ACCESSIBILITY TO BASIC INFRASTRUCTURES

Q0 : SERIAL NUMBER OF THE RESPONDENT

____ (SEE SECTION 01)

Q1	Q2	Q3	Q4	Q5	Q5a	Q6	Q7			
Type of infrastructure	How far is (name of infrastructure) from your lodging? <i>1= m if < 1km 2= km 7=Does not know the infrastructure=>go to the next infrastructure 8= Does not know the distance =>Q3 NB : 1km= 1 000m</i>	Does at least a member of your household use [name of infrastructure]? 1 = Yes 2 = No	What is the main means of transport that your household uses/may use to go to [name of infrastructure]? 1 = On foot 2 = Bicycle/Bike 3 = Motorcycle 4 = Car/vehicle 5 = Horse/donkey 6=Other (specify)	What average time is needed to reach [name of Infrastructure] with the main means of locomotion that may be used / that is used by your household? <i>Record the time in minutes</i> 998= DK	<i>If Q4=1, go to Q6</i> If you were to go on foot, what average time would you need to reach [name of Infrastructure] <i>Record the time in minutes</i>	How do you appreciate the services offered by [name of infrastructure]? 1= Too satisfactory 2= Satisfactory 3= Indifferent/DK 4= A bit satisfactory 5= Not att all satisfactory If 1 to 3, go to next infrastructure or to next section	What are in order of importance the two main reasons of this dissatisfaction? 1 = Too expensive 2 = Too far 3 =Poor quality of services 4 =Coining of services/bribery? 5 = Difficult accessibility 6 = Lack of equipment 7 = Other (specify) 9 = No 2 nd reason'			
Name								Reason 1	Reason 2	
The nearest public nursery school	01	____/____	____	____	____	____	____	____	____	
The nearest private nursery school	02	____/____	____	____	____	____	____	____	____	
The Nearest government primary school	03	____/____	____	____	____	____	____	____	____	
The nearest private primary school	04	____/____	____	____	____	____	____	____	____	
The nearest public secondary school	05	____/____	____	____	____	____	____	____	____	
The nearest private secondary school	06	____/____	____	____	____	____	____	____	____	
The nearest district hospital/sub divisional medical centre	07	____/____	____	____	____	____	____	____	____	
The nearest integrated Health centre	08	____/____	____	____	____	____	____	____	____	
The nearest pharmacy or pro-pharmacy	09	____/____	____	____	____	____	____	____	____	
The nearest food market	10	____/____	____	____	____	____	____	____	____	
The nearest motor park	11	____/____	____	____	____	____	____	____	____	
The nearest tarred road	12	____/____	____	____	____	____	____	____	____	
The nearest source of potable water opened to the public	13	____/____	____	____	____	____	____	____	____	
The nearest CDE/SNEC/CAMWATER connexion point	14	____/____	____	____	____	____	____	____	____	
The nearest refuse can/refuse collection point	15	____/____	____	____	____	____	____	____	____	
The nearest civil status registration centre	16	____/____	____	____	____	____	____	____	____	
The nearest police /gendarmerie post	17	____/____	____	____	____	____	____	____	____	
The nearest AES-SONEL electric pole/electricity connexion point	18	____/____	____	____	____	____	____	____	____	
The nearest public light pole	19	____/____	____	____	____	____	____	____	____	
The nearest agric post	20	____/____	____	____	____	____	____	____	____	
The nearest zootechnic and veterinary centre	21	____/____	____	____	____	____	____	____	____	

SECTION 09 : PERCEPTION OF LIVING CONDITIONS AND GOVERNANCE

Q0 : RESPONDENT'S SERIAL NUMBER (SEE SECTION 01)

9.1. FIGHT AGAINST POVERTY (First encircle the code corresponding to the interviewee's answer, then write it in the boxes provided for it)

Q1			Q2		Q3		Q4	Q5	Q6	Q7	Q8			Q9	Q10	Q11
According to you, what are in order of importance the three main causes of poverty? 00 = Laziness 01 = Unemployment/Joblessness 02 = Lack of education 03 = Lack of cattle 04 = Lack of land 05 = Lack of roads 06 = Sorcery/Witchcraft. 07 = Poor management/ Corruption 08 = Insufficiency/reduction of incomes (low salaries, low prices of crops) 96 = Other (specify) 99= No 2 nd cause/no 3 rd cause			A. As compared to 2007 (7 years ago), would you say that the living standard for your household has :		A. As compared to last year, would you say that the living standard for your household has :		According to you, are people of this village/quar-ter poor? 1 = Yes, all of them 2 = Yes, the majority 3 = Yes, few of them 4 = No 8 = DK	According to you, is Cameroon a poor country? 1 =Yes 2 = No 8= DK	In your opinion, has Cameroon enough private resources to pay all its external debts? 1= Yes 2= No 8= DK	According to you, should the fight against poverty constitutes a priority for Cameroon? 1= Yes 2= No 8= DK	According to you, what are in order of importance the three main actions that the government should put in place to improve the living conditions of your household? 01= To reduce taxes 02= To reduce fuel price 03 =To create jobs/employments 04 = To facilitate access to education 05 = To tar roads 06 = To facilitate access to health care and medicines 07 = To construct lodgings 08 = To construct water points 09 = To fight against corruption and embezzlement 10 = To ensure the security of persons and properties 11 = To stabilize prices of basic commodities 12 = To share conveniently the national wealth 13 = To revalorise/increase salaries 14 = To facilitate access to loan 96= Other (specify) 99= No second action/no third action			Do you thing Cameroon will rich the Millennium Development Goals (MDGs) in 2015? 1= Yes 2= No 3=Does not know the MDGs 8= Does not know	Are you informed that Cameroon has adopted a Growth and Employment Strategy Paper (GESP) that gives the orientations of the government over the 2010-2020 period? 1= Yes 2= No	Do you think the government carries out actions that reflect the good distribution of wealth? 1= Yes 2= No 8= Does not know
			B. As compared to 2007 (7 years ago), would you say that the living standard in general has		B. As compared to last year, would you say that the living standard in general for your household has :						Action 1 Action 2 Action 3					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9.2. LIVING CONDITIONS

Q12

Do you think that [name of the item] is among the minimum needs to have correct living condition?

1= Yes, indispensable 2= Yes, but not indispensable 3= No

<u>Food and clothing</u>		<u>Lodging</u>		<u>Transports</u>	
01- To take three meals daily every day	01 <input type="checkbox"/>	08- To have a lodging (as owner or tenant)	08 <input type="checkbox"/>	18- To be able to take the bus (or equivalent) to go to work	18 <input type="checkbox"/>
02- To eat cereals or tubers every day	02 <input type="checkbox"/>	09- To have a spacious lodging (rented or not)	09 <input type="checkbox"/>	19- To be able to take the taxi when necessary (case of emergency)	19 <input type="checkbox"/>
03- To eat vegetables every day	03 <input type="checkbox"/>	10- To have access to potable water	10 <input type="checkbox"/>	20- To have private means of transport (vehicle, motorcycle, bike)	20 <input type="checkbox"/>
04- To eat meat or fish at least every three days	04 <input type="checkbox"/>	11- To have access to electricity	11 <input type="checkbox"/>	<u>Education, leisure and miscellaneous</u>	
05- To take good meal on feasting days (Sunday, ceremony, etc.)	05 <input type="checkbox"/>	12- To have tables and beds in the house	12 <input type="checkbox"/>	21- To be able to send children to school	21 <input type="checkbox"/>
06- To have many dresses (at least two)	06 <input type="checkbox"/>	13- Be able to buy maintenance products (soap, wax, etc.)	13 <input type="checkbox"/>	22- To take leave once a year (journey)	22 <input type="checkbox"/>
07- To have many pairs of shoes (at least two)	07 <input type="checkbox"/>	<u>Health/body care</u>		23- To have a radio set	23 <input type="checkbox"/>
		14- To be able to treat himself when one is sick	14 <input type="checkbox"/>	24- To have a television set	24 <input type="checkbox"/>
		15- To be able to take care of his/her body (soaps, hairdressing, etc.)	15 <input type="checkbox"/>	25- To be able to offer gifts when necessary.	25 <input type="checkbox"/>
		<u>Work</u>		26- Not to have many children (mastery of fertility)	26 <input type="checkbox"/>
		16- To have a stable and durable job	16 <input type="checkbox"/>	27- Having relations with persons or groups	26 <input type="checkbox"/>
		17- Not to work day and night.	17 <input type="checkbox"/>		

Q13. About the provision for the minimum needs of your household with regard to [name of the item], are you very satisfied, satisfied, not satisfied or not at all satisfied?

1= Very satisfied 2.= Satisfied 3=Indifferent 4= Not satisfied 5= Not at all satisfied

Feeding	Clothing and shoes	Lodging	Household equipment	Health	Body care	Transports	Communications	Leisure	Education	Relations with individuals or groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21			Q22	Q22a	Q23	Q24						
According to you, is your household very poor, poor, neither poor nor rich, or rich? 1 = Very poor 2 = Poor 3 = Neither poor nor rich 4 = Rich	According to you, what is the minimum amount of income that a person of 15 years or more must have per month to make both ends meet? <i>Record the amount in CFAF</i>	According to you, what is the minimum amount of income that a household like yours must have to make both ends meet per month? <i>Record the amount in CFAF</i>	What is the present financial situation of your household? 1. You succeed to save enough money 2. You succeed save little money 3. You succeed just to maintain the equilibrium 4. You are obliged to subtract from your savings 5. You are forced to be indebted 6. You are obliged to resort to the help of parents/ friends/ relatives	Are incomes of your household Very unsteady, almost steady or steady? 1=Very unsteady 2=Almost steady 3=Steady	Are monthly expenses of your household covered by the monthly incomes of its members? 1 = Yes 2 = No	How do you live? ... A- As compared to your neighbours? B- As Compared to your parents? 1= Better than them 2= Like them 3= Less better than them 8= DK	How many times in the past 12 months has your household been deprived from (name of service) because of unpaid bills? <i>Write 7 if 7 times or more and 8 if the household is not concerned</i>			How many times in the past 12 months has at least one child of your household been driven away from school for non-payment of school fees? <i>98=No child in school If 98 or 0, go to Q23</i>	How many children are concerned by these exclusions ?	During the past 12 months, how many months of rents arrears did you accumulate? <i>98=Does not rent</i>	If your household is going through a difficult period, who can really help you? A. Family (enlarged) B. Neighbourhood C. Friends and relatives D. Religious Association E. NGO F. Other (specify)	A	B	C	D	E	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.3. GOVERNANCE

Q25		Q26	Q27	Q28						Q29						Q30				Q31				
<p>With regard to last year, do you think that [type of corruption] is :</p> <p>A. Daily corruption (small corruption)</p> <p>B. Corruption at the top of the State (great corruption)</p>		<p>According to you, should the State play an important role in economic sphere or must he give way to the private sector and only intervenes in case of problems?</p> <p>1= Yes, he must play an important role 2= No, the State should give way to the private sector 8= DK</p>	<p>According to you what will be the impact of the policy of decentralisation, which is the fact for State to give up part of its powers to regions and local communities?</p> <p>1=A better taking into account of citizens' demands 2= A greater injustice from local authorities 3= No change 8= DK</p>	<p>Since last year the functioning of [Name of the public service] has ... ?</p> <p>A. Security (police, gendarmerie) B. Public health structure (hospitals, dispensaries, etc.) C. Education (basic, secondary, higher) D. Infrastructure (road, market, etc.) E. Taxes/customs F. Justice</p>						<p>Do you think the government policy aiming at bringing [name of the basic infrastructure] near the populations within the past 7 years is.....?</p> <p>A. Primary schools B. Grammar secondary education establishments C. Technical secondary education establishments D. Health Centres E. Roads F. Security (police, gendarmerie)</p>						<p>According to you, during the past 7 years, has the State policy to master the prices of essential products been very successful, averagely successful, less successful or not successful at all in the following domains :</p> <p>A. Essential drugs? B. Basic food stuffs (rice, fish, salt, oil)? C. Building materials D. School books?</p>				<p>Do you think that the results obtained in the framework of the disengagement policy of the State and the privatization of public enterprises in general, and particularly in the following sectors these last years has been?</p> <p>A. General case B. Case of AES-SONEL/ENEO (electricity) C. Case of CAMTEL (telephone) D. Case of CDE-SNEC-CAMWATER (current water) E. Case of CAMRAIL (Transport by train)</p>				
<p>1= Decreasing? 2= Stable ? 3= Increasing ? 8= DK</p>				<p>1= Improved 2= Been maintained 3= Degraded 8= DK</p>						<p>1= Very satisfactory 2= Satisfactory 3= Indifferent/Doesn't know 4= Not satisfactory 5= Not at all satisfactory</p>						<p>1= Very successful 2= Averagely successful 3= Indifferent/Doesn't know 4= Less successful 5= Not successful at all</p>				<p>1= Very successful 2= Averagely successful 3= Indifferent/Doesn't know 4= Not successful 5= Not successful at all</p>				
A	B			A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32	Q33	Q34	Q35		Q36	Q37	Q38
How do you appreciate the quality of AES-SONEL electricity services?	For which main reason are you not satisfied with these services?	Did you suffer of power cuts during the past 30 days (since ...)?	If yes, how long do you estimate the total duration of power cuts for the last 30 days (i.e. since)?		How do you appreciate the quality of potable water offered by CDE/CAMWATER/ SNEC?	For which main reason are you not satisfied with these services?	Did you suffer from water cuts during the past 30 days (since ...)?
1= Very satisfactory 2= Satisfactory 3= Indifferent/Doesn't know 4= Not satisfactory 5= Not at all satisfactory 6= Not concerned <i>If 1, 2 go to Q34 If 6 go to Q36.</i>	1=Frequent power cuts 2=Over voltage 3=Low voltage 4=Difficulty to pay bills 5=Other (specify)_____	1=Yes 2= No If 2 go to Q36	<i>NB. Duration in hours if less than a day</i> TU 1= Hours 2= Days		1= Very satisfactory 2= Satisfactory 3= Indifferent/Doesn't know 4= Not satisfactory 5= Not at all satisfactory 6= Not concerned <i>If 1, 2 go to Q38 If 6, go to Q40</i>	1= Frequent cuts 2=Dirty water 3=Very weak flow 4=Difficulty to pay bills 5=Other (specify)_____	1= Yes 2= No If 2 go to Q40
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q39	Q40		Q41	Q42	Q43	Q44
If yes, how long do you estimate the total duration of water cuts during the last 30 days (Since...)?	Have the community projects or the following changes been carried out in your locality during the last 7 years? 1= Yes 2= No 8=DK <i>If 2 or 8, go to the next project or to the next section</i>		Was at least one member of your household informed by the authorities about the realization of this project? 1= Yes 2= No	Was at least one member of your household involved or consulted for this project 1= Yes 2= No <i>If 2 go to Q44</i>	If yes, at which stage (s)? 1= During conception 2= For the implementation 3= For follow up and evaluation 4= During conception and implementation 5= During conception, for monitoring and evaluation 6= For implementation, for monitoring and evaluation 7= During conception, For implementation, for monitoring and evaluation	Do you think the impact of this project in the improvement of the living conditions of your household is great, average, small or has no impact? 1 = Great 2 = Average 3 = Small 4 = None 8 = Does not know
<i>NB. Duration in hours if less than a day</i>	A. Construction/ rehabilitation of a school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TU	B. Construction/rehabilitation of a health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1= Hours 2= Days	C. Construction/rehabilitation of a road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Sinking well /village or pastoral wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Extension of AES-SONEL network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TU	F. Extension of SNEC/ CDE/CAMWATER network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: OTHER HOUSEHOLD NON REAL ESTATE PATRIMONY ELEMENTS DURING THE LAST 12 MONTHS.

(First encircle the code of the non real estate possessed in Q1. Write an answer per line in Q2). Q0 : RESPONDENT SERIAL NUMBER [] [] [] (SEE SECTION 01)

Q1	Q2		Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	
	Did your household own (Name of the non real estate) during the last 12 months? 1= Yes 2= No <i>If no => Next type of non real estate or next section</i>		Number owned by your household during the last 12 months	Characteristics of the (three) main ones	Do you still own this non real estate presently? 1= Yes 2= No	Do you/did you have any document proving your ownership for [Name of goods of patrimony]? 1= Yes 2= No 3=DK	Serial number of the main owner	Do you use/did you use [Name of the goods] for your personal, professional needs or for both? 1 = Personal 2 = Professional 3 = Mixed 4= Used by another household	Since/for how many years do you own/have you owned [Name of the patrimony]?	What was the cost price at acquisition/when it entered the household? (In CFAF)	Did you buy, inherited or received as gift the [Name of the good] that you own? (SEE CODES)	Why do you no longer own that non real estate? See CODES) If ≠ 1 or 2 go to next non real estate	Why did you sell or pawned this good ? SEE CODES)	
N°	Name of the non real estate)	Ans.												
01	Dining table /set of arm chairs	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
02	Dresser, Cupboard	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
03	Vehicle	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
04	Motor/ motorcycle/ tricycle	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
05	Sport appliance	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
06	Simple canoe, Pirogue/canoe with an engine	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
07	Sewing machine	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
08	Photocopy machine	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
09	Typewriter/ computer	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
10	Farming machine	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
11	Machines to wash /dry cloth	[]	[] [] []	1	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]	
				2	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]
				3	[]	[]	[]	[]	[]	[]	[] [] [] [] [] [] [] []	[]	[]	[]

Q1	Q2		Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
	Did your household own (Name of the non real estate) during the last 12 months? 1= Yes 2= No <i>If no ⇒ Next type of non real estate or next section</i>		Number owned by your household during the last 12 months	Characteristics of the (three) main ones	Do you still own this non real estate presently? 1= Yes 2= No	Do you/did you have any document proving your ownership for [Name of goods of patrimony]? 1= Yes 2= No 3=DK	Serial number of the main owner	Do you use/did you use [Name of the goods] for your personal, professional needs or for both? 1 = Personal 2 = Professional 3 = Mixed 4= Used by another household	Since/for how many years do you own/have you owned [Name of the patrimony]?	What was the cost price at acquisition/when it entered the household? <i>(In CFAF)</i>	Did you buy, inherited or received as gift the [Name of the good] that you own? <i>(SEE CODES)</i>	Why do you no longer own that non real estate? <i>See CODES)</i> If ≠ 1 or 2 go to next non real estate	Why did you sell or pawned this good ? <i>SEE CODES)</i>
N°	Name of the non real estate)	Ans.											
12	Generator / Motor pump/ industrial machine	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Electronic helmet (for the hair treatment)	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Sporting gun (gun for hunting)	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Camera/video Camera,	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Piano, harmonium, Organ, guitar	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Cows, horses, donkeys for farm labour	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Other (to be specified)				<input type="checkbox"/>								

Codes Q11

- 1 = Inheritance /Heritage
- 2 = Purchase
- 3 = Gift
- 4=Other (specify)

Codes Q12

- 1 = Sold
- 2 = Pawned
- 3 = Stolen
- 4 = Burnt
- 5 = Other (to be specified)

Codes Q13

- 1 = To face a sickness
- 2 = To face the children's education
- 3 = To increase the income after a job loss or a drop of employment income

- 4 = To renew the equipment
- 5 = To get rid of it
- 6= Not concerned
- 7 = Other (specify)

SECTION 11 : REAL ESTATE, ACCESS TO LOAN FOR PRODUCTION AND SOCIAL CAPITAL OF THE HOUSEHOLD

Q0 : RESPONDENT SERIAL NUMBER (SEE SECTION 01)

11.1 - ACCESS TO LAND AND PROPERTY

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10		Q11		Q12	
Does at least a member of your household own an exploited piece of land? (Farming and rearing, etc.) 1 = Yes 2 = No ⇒ Q5	What is the total surface area of these lands? 1= m ² , if < 1ha 2= ha NB: 1ha= 10 000m ²	How many household members work on this/these land(s)?	How much do you estimate the total value of this/these land(s)? (in CFAF) 99998 = DK	Does at least one member of your household own an unexploited piece of land? 1 = Yes 2 = No ⇒ Q8	What is the total surface area of these lands? 1= m ² , if < 1ha 2= ha NB:1 ha= 10000m ²	How much do you estimate the total value of this/these land(s)? (in CFAF) 99998 = DK	Does at least one member of your household own a house, which is not occupied by him/her? 1 = Yes 2 = No ⇒ Q10	How much do you estimate the total value of this/these house(s)? (in CFAF) 99998 = DK	What is the total number of properties owned by your household members? <i>If 00 everywhere, go to Q 13</i>		Among these properties, how many have a land certificate?		What is the total number of properties owned by women of the household?	
									Lands	Houses	Lands	Houses	Lands	Houses
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11.2 - ACCESS TO LOAN FOR PRODUCTION OR INVESTMENT

Q13	Q14	Q15	Q15a	Q15b	Q15c	Q16	Q17	Q18	Q19		Q20	Q21		Q22	Q23
Did any member of your household attempt to obtain from a bank a loan to make business (for production or investment) during the last 12 months? 1 = Yes 2 = No ⇒ Q15a	Did he/she get the loan? 1 = Yes ⇒ Q15a 2 = No	Why did he/she not obtain the loan? See CODES	Did any member of your household attempt to obtain from a microfinance a loan to make business (for production or investment) during the last 12 months? 1 = Yes 2 = No ⇒ Q16	Did he/she get the loan? 1 = Yes ⇒ Q16 2 = No	Why did he/she not obtain the loan? See CODES	Did any member of your household obtain a loan, irrespective of the source, during the past 12 months, which permitted him/her to do business? 1 = Yes 2 = No ⇒ Q24	Number of loans obtained	Serial number of the household member who obtained the loan?	What are the types of loans obtained? Sec. CODES		What is the source of the loan? See CODES	What is the duration of the loan? TU 1= A week 2= A month 3=A year		What is the amount of the loan granted? (In of CFAF)	What was the effective main use of that loan? 1= Production/Investment 2= Consumption 3= Other (specify)
									N°	Loan		TU	Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
									5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Codes Q15 et Q15c

- 1=Insufficient guaranty
- 2=Nature of loan
- 3=Lack of support
- 4= Poorly designed project
- 5=Other (Specify)

Codes Q19

- 1=Production loan
- 2=Export loan
- 3=Importation loan
- 4=Production equipment loan
- 5=Other production loan
- 6=Consumption loan used/indirect for production or investment

Codes Q20

- FORMAL**
- 01=Bank
 - 02=COOPEC/Micro Finance Establishment
 - 03=NGO
 - 04=Other formal (Specify)

INFORMAL

- 05= Usurer
- 06=Trader
- 07=Njangui/tontine
- 08=Association
- 09=Parent/friend/neighbour
- 10=Employer
- 11=Other informal (specify)

11.3 - SAVINGS AND ACCESS TO SOCIAL CAPITAL

Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q31		Q32	Q33		Q34	Q35	Q36	Q37	Q38	Q39															
Does any member of your household own shares, bonds of properties or obligation in an enterprise? 1 = Yes 2 = No ⇒ Q27	Is the essential part of the capital of that enterprise owned by nationals? 1=Yes 2=No	What is the total amount of bonds owned by members of your household? (in CFAF)	Does one or many member(s) of the household have savings? 1 = Yes 2 = No ⇒ Q30	What is the total amount of savings possessed by your household's members? (in CFAF)	What is the situation of the savings as compared to that of 12 months ago? 1=Increased 2=Stable 3=Decreased 4=Not concerned	Does at least one member of your household belong to an association? 1=Yes 2=No ⇒ Section 12	Total number of associations per type See CODES		Number of your household members who belong to an association	Who are the members of your household who belong to an association?		Does the association of (Name) provide aids such as loans/solidarity or help? 1=Yes 2=No	Which type of association is it? See CODES	Does (Name) occupy any post of responsibility there? 1=Yes 2=No	How many hours per month does (Name) devote to activities of the association?	What is the main reason for (Name) belonging to this association? See CODES	Is (Name) satisfied in belonging to this association? 1=Yes 2=No 8=DK															
							Type	Nber		Name	Serial N°																					
																					1											
																					2											
																					3											
																					4											
																					5											
							6																									
							7																									

Codes Q31 and Q35
 1=Education, training, health and social services
 2= Development, employment, production of goods
 3= Culture, sport, leisure
 4= Defense of rights, environment
 5= Western NGOs
 6=Community associations
 7= Other (To be specified)

Codes Q38
 1=Mutual aid/Assistance
 2=Savings
 3=Possibility to borrow
 4=Participation in the management of community affairs
 5=Other (Specify)

SECTION 12 : AGRICULTURE AND ACTIVITIES OF THE RURAL AREA

12.1 – REARING/BREEDING

Q1	Q2	Q3	Q4	Q5	Q6		Q7	Q8		Q9	Q10	Q11		Q12	Q13
Has at least one member of your household reared cattle or keep poultry during the last 12 months? 1=Yes 2=No⇒ Sub-section hunting	Has at least one member of your household rear (name of specie) during the last 12 months? 1=Yes 2=No ⇒ Next specie	How many heads of this does your household own currently?	How many were there in the past 12 months? i.e. in ...	Has your household consumed (Name of specie) or by-products from your breeding (skin, egg, milk, etc.) during the last 12 months ? 1 = Yes 2 = No⇒ Q7	How much do you estimate the total value of (Name of specie) or by-products from breeding consumed by your household?		Have you sold products of your livestock, including by-products (skin, egg, milk, etc.) ? 1 = Yes 2 = No⇒ Q10	How much do you estimate the total amount of these sales (including the sales of by-products)?		How has the amount of sales varied as compared to 12 months ago 1 = Increased 2 = Stable 3 = Decreased 4 = Not concerned	Have you used veterinary product/services for your livestock? 1 = Yes 2 = No	What was the total amount spent for these products/ services and other exploitation charges?		What is the main source for the financing of this activity? 1 = Auto-financing 2=Parent/friend 3 = Bank Institution 4 = COOPEC 5 = Njange/ tontine 6 = Structure of MINEPIA 7 = Other (Specify)	What is the value, at the replacement cost, of the equipment used for livestock during the last 12 months? (in Cfaf) 99997= uses no equipment
					Write the periodicity 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	Write the value of the livestock consumed for the concerned the period, in CFAF		Write the periodicity 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	Write the value of the sales of livestock during the concerned period in CFAF			Write the periodicity 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	Write the value of exploitation charges during the period in CFAF		
	Code	Species	Ans			Periodicity	Amount		Periodicity	Amount			Periodicity	Amount	
<input type="checkbox"/>	1	Bovine (Oxen, Cows,)	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _ _ _ _	_	_	_ _ _ _ _ _ _	_	_	_	_ _ _ _ _ _ _	_
	2	Caprine (Goats)	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _ _ _ _	_	_	_ _ _ _ _ _ _	_	_	_	_ _ _ _ _ _ _	_
	3	Ovine (sheeps)	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _ _ _ _	_	_	_ _ _ _ _ _ _	_	_	_	_ _ _ _ _ _ _	_
	4	Guinea-pig	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _ _ _ _	_	_	_ _ _ _ _ _ _	_	_	_	_ _ _ _ _ _ _	_
	5	Rabbits	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _ _ _ _	_	_	_ _ _ _ _ _ _	_	_	_	_ _ _ _ _ _ _	_
	6	Porcine (Pigs)	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _ _ _ _	_	_	_ _ _ _ _ _ _	_	_	_	_ _ _ _ _ _ _	_
	7	Equidae (Horses, Donkeys)	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _ _ _ _	_	_	_ _ _ _ _ _ _	_	_	_	_ _ _ _ _ _ _	_
	8	Chicken	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _ _ _ _	_	_	_ _ _ _ _ _ _	_	_	_	_ _ _ _ _ _ _	_
	9	Other poultry	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _ _ _ _	_	_	_ _ _ _ _ _ _	_	_	_	_ _ _ _ _ _ _	_

12.2 - HUNTING

Q14	Q15	Q16		Q17	Q18		Q19	Q20	Q21	Q22	Q23
Has at least one member of your household carried out hunting during the last 12 months ? 1 = Yes 2 = No ⇒ Sub-section Aquaculture	Has your household consumed products from that activity hunting during the last 12 months? 1 = Yes 2 = No⇒Q17	How much do you estimate the products of your hunting consumed by your household?		Have you sold products born from that activity during the last 12 months? 1 = Yes 2 = No ⇒ Q21	What is the total amount of these sales?		Who were your main customers? 1 = Other peasants 2 = Resellers 3 = Restaurant operators 4 = Other (Specify....)	How has this amount varied as compared to 12 months ago 1 = Increased 2 = Stable 3 = Decreased 4 = Not concerned	Have you had problems with gamekeepers (game-wardens) ? 1 = Yes 2 = No	Did you have equipment for this activity ? 1 = Yes modern 2 = Yes not modern 3 = No ⇒ Sub-section Aquaculture	What was the value of these equipments (at their replacement cost) ? (in CFAF)
		Write the periodicity 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	Write the value of hunting products consumed during the period in CFAF		Write the periodicity 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	Write the value of the sales of hunting products sold in CFAF during the period					
<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _	_ _ _ _	_	_ _ _ _	_ _ _ _	_	_	_	_	_ _ _ _

12.3 - AQUACULTURE

Q24	Q25	Q26		Q27	Q28		Q29	Q30		Q31	Q32	Q33
Has at least one member of your household bred fish or other aquatic animals (crustaceans, frog, crocodiles, etc.) during the last 12 months? 1 = Yes 2 = No ⇒ Sub-section Fishing	Has your household consumed products from that activity during the last 12 months? 1 = Yes 2 = No ⇒ Q27	How much do you estimate the value of these products of consumed by your household? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year.	<i>Write the value of products from the breeding of aquatic animals consumed during the concerned period in CFAF</i>	Have you sold products born from that activity? 1 = Yes 2 = No ⇒ Q30	What is the total amount of these sales? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write the value of the sales of product from the breeding of aquatic animals during the concerned period in CFAF</i>	How has this amount varied as compared to 12 months ago 1 = Increased 2 = Stable 3 = Decreased 4 = Not concerned	What is the total amount of charges? (in CFAF) <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write the value of charges during the concerned period in CFAF</i>	What was the main source of financing for this activity? 1 = Auto-financing 2 = Parents/friends 3 = Bank Institution 4 = COOPEC 5 = Njangui/tontine 6 = Structure of MINEPIA 7 = Other	Did the household have equipment for this activity? 1 = Yes, modern 2 = Yes, not modern 3 = No ⇒ Sub-section Fishing	What is the value of this equipment (at the replacement cost)? (in Cfaf)
□	□	□□□□□		□	□□□□□		□	□□□□□		□	□	□□□□□

12.4 - FISHING

Q34	Q35	Q36		Q37	Q38		Q39	Q40		Q41	Q42	Q43
Has at least one member of your household practiced fishery during the last 12 months? 1 = Yes 2 = No ⇒ Sub-section Apiculture	Has your household consumed products born from that activity during the last 12 months? 1 = Yes 2 = No ⇒ Q37	How much do you estimate the value of these products consumed by your household? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year.	<i>Write the value of fishery products consumed during the period in CFAF</i>	Have you sold products born from that activity? 1 = Yes 2 = No ⇒ Q40	What is the total amount of these sales during the last 12 months? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write the value of the sales of fishery products during the concerned period in CFAF</i>	How has this amount varied as compared to 12 months ago 1 = Increased 2 = Stable 3 = Decreased 4 = Not concerned	What is the total amount of charges paid for during the last 12 months? (in CFAF) <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write clearly the value of the charges for the concerned period in CFAF</i>	What was the main source of financing for this activity? 1 = Auto-financing 2 = Parents/friends 3 = Bank Institution 4 = COOPEC/MFE 5 = Njangui/tontine 6 = Structure of MINEPIA 7 = Other	Did the household have equipment for this activity? 1 = Yes, modern 2 = Yes, not modern 3 = No ⇒ Sub-section Apiculture	What is the value of these equipment (at the replacement cost) ? (in Cfaf)
□	□	□□□□□		□	□	□□□□□	□	□□□□□		□	□	□□□□□

12.5 - APICULTURE

Q44	Q45	Q46		Q47	Q48		Q49	Q50		Q51	Q52	Q53
Has at least a member of your household keep bees or harvest honey during the last 12 months? 1 = Yes 2 = No ⇒ Sub-section forest exploitation	Has your household consumed products born from that activity during the last 12 months? 1 = Yes 2 = No ⇒ Q47	How much do you estimate the value products consumed by your household? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write the value of apiculture products consumed during the concerned period in CFAF</i>	Have you sold products born from that activity? 1 = Yes 2 = No ⇒ Q50	What is the total amount of these sales? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year.	<i>Write clearly the value of the sales of apiculture products during the period in CFAF.</i>	How has this amount varied as compared to 12 months ago 1 = Increased 2 = Stable 3 = Decreased 4 = Not concerned	What is the total amount of charges? (in CFAF) <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write the value of charges paid for during the concerned period in cfaF</i>	What was the main source of financing for this activity? 1 = Auto-financing 2 = Parents/friends 3 = Bank Institution 4 = COOPEC/MFE 5 = Njange/tontine 6 = Structure of MINEPIA 7 = Other	Did the household have equipment for this activity? 1 = Yes, modern 2 = Yes, not modern 3 = No ⇒ Sub-section Forest exploitation	What is the value of these equipment (at the replacement cost) ? (in CFAF)
□	□	□	□□□□□	□	□	□□□□□	□	□□□□□		□	□	□□□□□

12.6 - FOREST EXPLOITATION

Q54	Q55	Q56		Q57	Q58		Q59	Q60		Q61	Q62	Q63
Has at least one member of your household exploited a forest (including the cutting or the picking of firewood) during the last 12 months? 1 = Yes, in the forest 2 = Yes, in farm 3 = Yes, in forest and in farm 4 = No ⇒ Sub-section Picking	Has your household consumed products born from that activity during the last 12 months? 1 = Yes 2 = No ⇒ Q57	How much do you estimate the value of products consumed by your household? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write the value of forest exploitation products consumed during the period in CFAF</i>	Have you sold products born from that activity? 1 = Yes 2 = No ⇒ Q60	What is the total amount of these? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write the value of the sales of forest exploitation products during the concerned period in CFAF</i>	How has this amount varied as compared to 12 months ago 1 = Increased 2 = Stable 3 = Decreased 4 = Not concerned	What is the total amount of charges? (in CFAF) <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write clearly the value of the charges paid for during the concerned period in CFAF</i>	What was the main source of financing for this activity? 1 = Auto-financing 2 = Parents/friends 3 = Bank Institution 4 = COOPEC 5 = Njange/tontine 6 = Structure of MINEF 7 = Other	Did the household have equipment for this activity? 1 = Yes 2 = No ⇒ Sub-section Picking	What is the value of this equipment (at the replacement cost)? (in CFAF)
□	□	□	□□□□□□	□	□	□□□□□□	□	□	□□□□□□	□	□	□□□□□□

12.7 - PICKING/GATHERING

Q64			Q65	Q66		Q67	Q68		Q69	Q70
Has at least one member of your household practiced picking (gathering) of [name the forest product] during the last 12 months? 1 = Yes 2 = No ⇒ Next product or Sub-section Agriculture			Has your household consume these products of picking during the last 12 months? 1 = Yes 2 = No ⇒ Q67	How much do you estimate the value of these products consumed by your household? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write the value of picking products consumed during the concerned period in CFAF</i>	Have you sold products born from that activity? 1 = Yes 2 = No ⇒ 70	What is the total amount of these sales? <i>Write the periodicity</i> 1= Day 2= Week 3=Fortnight 4=Month 5=Quarter 6=Half-year 7=Year	<i>Write the value of the sales of picking products during the concerned period in CFAF</i>	Through which channel did you sell this product? 1 = Company/Cooperative 2 = By the road side 3 = At the village market 4 = At the big market 5 = Intermediary/merchant 6 = In the farm 7 = At home	How has this amount varied as compared to 12 months ago 1 = Increased 2 = Stable 3 = Decreased 4 = Not concerned
Code	Produit	Rép								
01	Okock/Eru	□	□	□	□□□□□□	□	□	□□□□□□	□	□
02	Mushroom	□	□	□	□□□□□□	□	□	□□□□□□	□	□
03	Djansang	□	□	□	□□□□□□	□	□	□□□□□□	□	□
04	Mangoes (wild mangoes)	□	□	□	□□□□□□	□	□	□□□□□□	□	□
05	White stuff (raphia/palm/mbu wine)	□	□	□	□□□□□□	□	□	□□□□□□	□	□
06	Baobab Leaves/ fruits	□	□	□	□□□□□□	□	□	□□□□□□	□	□
07	Karite	□	□	□	□□□□□□	□	□	□□□□□□	□	□

12.8 - AGRICULTURE

Q71	Q72	Q73	Q74	Q75	Q76	Q77	Q78	Q79	Q80	Q81	Q82	Q83	Codes Q73	Codes Q82
During the last 12 months, was at least one member of your household a farmer or made someone exploit a land for agriculture? 1 = Yes, owner 2 = Yes, sharecropper 3 = Yes, free exploitation 4 = No ⇒ Section 13	What is the total surface area exploited by your household members (including the fallow grounds) during the last 12 months? (95 if 95 ha or more) 1 = m ² , if < 1ha 2 = ha NB. 1 ha = 10.000 m ²	Who mainly worked in these farms during the last 12 months? SEE CODES If the farm is exploited by sharecroppers (code 4), go to section 14	What is the total number of persons usually working in these farms during the last 12 months?	How much have you paid for labour force during the past 12 months? In Cfaf	How much have you paid to purchase the seeds during the last 12 months? In CFAF	How much have you spent to purchase pesticides during the last 12 months? In CFAF	How much have you spent to purchase manure during the last 12 months? In CFAF	What is the total value of other charges during the last 12 months? in CFAF	Did you have equipment for this activity? 1 = Yes, modern 2 = Yes, not modern 3 = No ⇒ Q82	What is the total value of these equipments (at the replacement cost)? (in CFAF)	What was the main source of financing for this activity? SEE CODES	Are you satisfied with the interventions of the specialised services of MINADER? 0 = Not aware of these interventions. 1 = Not satisfied 2 = Averagely satisfied 3 = Very satisfied	1 = Head of the household and/or his/her spouse 2 = The Other members of the household 3 = Labourers or any other remunerated person 4 = sharecropper 5 = Other (Specify)	1 = Auto financing 2 = Parents/friends 3 = Bank Institution 4 = COOPEC/MFE 5 = Njange 6 = structure of MINADER 7 = Other (Specify)
□	□□□□□□□□	□	□□□□	□□□□□□	□□□□□□	□□□□□□	□□□□□□	□□□□□□	□	□□□□□□	□	□		

12.9 – CULTURE

Q84			Q85	Q86		Q87	Q88		Q89	Q90		Q91	Q92	Q93
Have members of your household cultivated [<i>name of the product</i>] during the past 12 months? 1 = Yes 2 = No ⇒ Next Product			Which type of seeds did you use? 1=Traditional 2=Improved 3=Both	How much do you estimate the value of all your production, including the quantity you offered to other households?		Has your household consumed products born from this activity? 1 = Yes 2 = No⇒Q89	How much do you estimate the value of products consumed by your household?		Did you sell all or part of that harvest? 1=Yes 2=No⇒Q92	What is the total amount of these sales?		Through which channel did you sell this product? See CODES	Did you use fertilizers for this product? 1=Yes 2=No	Did you use pesticides? 1=Yes 2=No
				Write the periodicity 1= Day 5=Quarter 2= Week 6=Half-year 3=Fortnight 7=Year 4=Month	Write the value of the production for the concerned period in CFAF		Write the periodicity 1= Day 5=Quarter 2= Week 6=Half-year 3=Fortnight 7=Year 4=Month	Write the value of products consumed during the concerned period in CFAF		Write the periodicity 1= Day 5=Quarter 2= Week 6=Half-year 3=Fortnight 7=Year 4=Month	Write the value of the sales of products during the concerned period in CFAF			
Code	Product	Ans												
01	Cocoa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Cotton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Groundnuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Plantain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Tomatoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Oil Palm tree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Casava	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Cocoyam/colococia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Yam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Irish potatoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Sweet potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Maize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Millet and sorghum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Pine-apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Onion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Bean/ beans for coki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Garlics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Citrus fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Plum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Pear /avocado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Mangoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Hevea (rubber)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Ginger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Carots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Okra (okro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Pepper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Egussi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Okock/eru	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Codes Q91 : 1 = Company/Cooperative

2 = By the road side

3 = At the village market

4 = In the big market

5 = Intermediary/Merchant

6 = In the farm

7 = In the house

After asking questions from Q84 to Q93 for all the products quoted by the household, go to the next Section

TABLE OF SELECTION FOR THE OPTIONAL SECTION

Section 15 on "Time use" concern all households.

Selection of the eligible person section 15

This section is administered to 6 persons at most notably:

1. The household head ;
2. The spouse of the household head or one of his/her spouses in case of polygamy;
3. One boy among the boys aged 10 to 14 years ;
4. One girl among girls aged 10 to 14 years;
5. One man among men aged 15 years or more except the household head ;
6. One woman among women aged 15 years or except the spouse of the household head ;

The principle for the selection consists in applying to groups (from 2 to 6) the algorithm of kish as follow:

- 1- Case 1: *There is only one person of this particular group household*
This person will be selected for the section.

- 2- Case 2 : *there are more than one eligible person for the group in the household*
 - a) Take the last figure of the household serial number in the sample
 - b) Select the line for which the content of the first cell correspond to that figure.
 - c) Verify the total number of eligible person of the group at Q22a of section 00.
 - d) Select the column for which the content of the first cell correspond to that figure
 - e) Find the cell that corresponds to the intercession of the line and the column identified and encircle this figure.
 - f) This figure corresponds to the person that will be selected for this group: the 1st, the 2nd, the 3rd, etc.
 - g) At Q22b of section 00, write the name and the line number of that person.

Example:

The household serial number in the sample is 08: select line 08.

There are 6 eligible persons of the group in this household, select column 6.

The cell at the intersection of the line 1 de la line « 8 » and column 6 is 1: the 1st **eligible person of the group** listed in the household table will be selected.

If the serial number in the household of the 6 eligible persons is: '02', '04', '05', '06', '07' et '08', the person selected is 1st listed, it is the one of the serial number '02'.

Last figure of the serial number in the sample household	Total number of eligible persons inside the household									
	1	2	3	4	5	6	7	8	9	10+
0	1	2	2	3	5	5	3	6	8	9
1	1	1	3	4	1	6	4	7	9	10
2	1	2	1	1	2	1	5	8	1	1
3	1	1	2	2	3	2	6	1	2	2
4	1	2	3	3	4	3	7	2	3	3
5	1	1	1	4	5	4	1	3	4	4
6	1	2	2	1	1	5	2	4	5	5
7	1	1	3	2	2	6	3	5	6	6
8	1	2	1	3	3	1	4	6	7	7
9	1	1	2	4	4	2	5	7	8	8

INTERVIEWER'S OBSERVATIONS AND COMMENTS

NB. : Please, first indicate the section, the page of the questionnaire, the question number and the household member's serial number concerned.

Section	Question	Observations

INTERVIEWER'S OBSERVATIONS AND COMMENTS

Section	Question	Observations

SUPERVISOR'S OBSERVATIONS AND COMMENTS