

REPUBLIQUE DU CAMEROUN

Paix – Travail – Patrie

INSTITUT NATIONAL
DE LA STATISTIQUE



REPUBLIC OF CAMEROON

Peace – Work – Fatherland

NATIONAL INSTITUTE
OF STATISTICS

ECAM 4 COMPLEMENTARY SURVEY

HOUSEHOLD QUESTIONNAIRE

SURVEY REGION: _____

DIVISION: _____

SUBDIVISION/COUNCIL: _____

CLUSTER SERIAL NUMBER: _____

LOCALITY: _____

STRUCTURE NUMBER INSIDE THE CLUSTER : _____

SERIAL NUMBER OF THE SAMPLE HOUSEHOLD: _____

INTERVIEWER'S NAME: _____

CONFIDENTIAL AND NOT FOR TAX PURPOSES

Information collected during this survey is strictly confidential under Law N° 91-023 of 16 December 1991, on Census and Statistical Surveys which mentions in its article 5 that "individual information related to economic or financial situation recorded in any statistical survey form should never be used for control or economical repression".

August 2016

***THIS MAIN QUESTIONNAIRE IS MADE UP OF 09
SECTIONS NUMBERED FROM 00 TO 08***

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

SECTION 00: GENERAL INFORMATION

A – IDENTIFICATION OF THE HOUSEHOLD

Q1 SURVEY REGION :	_____	__
Q2 CLUSTER SERIAL NUMBER :	_____	____
Q3 STRUCTURE NUMBER INSIDE THE CLUSTER :	_____	____
Q4 SERIAL NUMBER OF THE SAMPLE HOUSEHOLD:	_____	____

B – INFORMATION ABOUT THE HOUSEHOLD

Q5 DIVISION:	_____	__
Q6 SUBDIVISION /COUNCIL :	_____	____
Q7 VILLAGE/QUARTER OF THE TOWN:	_____	
Q8 STRATUM OF RESIDENCE:	_____	__
	1 = Urban Stratum 2 = Semi urban Stratum 3 = Rural Stratum	
Q9 NAME OF THE HOUSEHOLD HEAD:	_____	
Q10a Does the household head have a phone contact?	1 = Yes 2 = No (If No, go to Q11)	__
Q10b If Yes, 1 st tel N°	__ __ __ __ __ __ __ __	
	2 nd tel N°	__ __ __ __ __ __ __ __
	3 rd tel N°	__ __ __ __ __ __ __ __
Q11 NUMBER OF PERSONS IN THE HOUSEHOLD (including visitors)		__
Q12 RELIGION OF THE HOUSEHOLD HEAD:		__
	1 = Catholic 4 = Moslem	
	2 = Protestant 5 = Animist	
	3 = Other Christian (Specify)..... 6 = Other religion (Specify).....	
 7 = Without religion	

C – INFORMATION ON DATA COLLECTION

Q13 INTERVIEWER:	_____	____	
Q14 CONTROLLER:	_____	____	
Q15 SUPERVISOR :	_____	____	
Q16 SURVEY DATE :	_____	__ __ __ __ __ __ __ __ _2_ _0_ _1_ _6_	
Q17a Beginning hour	__ __ h __ __ mn	Q17b End hour	__ __ h __ __ mn
Q18 RESULT OF THE DATA COLLECTION:	_____	__	
	01 = Complete interview 05 = House empty /destroyed		
	02 = Incomplete interview 06 = Refusal		
	03 = Absence 96 = Other (to be specified)		
	04 = Has gone for a long time		
Q19 JUDGEMENT ON THE QUALITY OF THE INTERVIEW		__	
	1= Very good 2= Good 3= Average 4= Bad 5= Very bad		
Q20 NAME AND SERIAL NUMBER OF THE MAIN RESPONDENT:	_____	__	

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

01.1. COMPOSITIO N OF THE HOUSEHOLD	Names and first names of the household members																				
	Make an exhaustive list of all the household members, starting with the household																				
01.2 CHARACTERISTICS OF 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? <i>SEE CODES</i>	<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)? <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"/>	<input type="checkbox"/>
	Q6	What is (Name's) nationality? 1= Cameroon 2= Other CEMAC countries 3= Nigeria 4= Rest of Africa 5= France 6= Rest of Europe 7= China 8= Rest of Asia 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 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	Is (Name) in a handicap situation? 1= Yes 2= No ⇒Q10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	If yes, what is the main handicap? <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"/>	<input type="checkbox"/>	

Persons of less than 18 years																				
Q10	Serial N° of (Name's) father <i>Record 00 if out of the household 97 if of late</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	Serial N° of (Name's) mother <i>Record 00 if out of the household 97 if of late</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"/>
Persons of 15 years or more																				
Q12a	Does (Name) have at least one functional phone 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	A. CAMTEL 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"/>	<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"/>
	B. MTN 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"/>	<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"/>
	C. Orange 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"/>	<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"/>
	D. Nexttel 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"/>	<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"/>
Q12b	If yes, for at least one of the four preceding questions, write the phone number currently used.	<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"/>
	If no, go to the next member, if last member, go to section 2	<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		Codes Q5	Codes Q9
01 = Household head	10= Nephew/niece by marriage	1 = Single	1 = Sight handicap (blind, partially-sighted person)
02 = Spouse of HH	11= Adopted/In guard/child of one of the spouses	2 = Married, monogamous	2 = Speaking handicap (stammerer, dumb, etc.)
03 = Son or daughter	12= House help	3 = Married, polygamous	3 = Hearing handicap (deaf, partially deaf person/hearing impaired person)
04 = Son/ daughter in law	13= Other relative	4 = Widow/widower	4 = Mental handicap (crazy, alienated, insane, etc.)
05 = Grand-son/grand-daughter	14= With no relationship	5 = Divorcee/Separated	5 = Spastic handicap (disabled person, paralytic, etc.)
06 = Father/Mother	98= DK	6 = In free union	6 = Deaf and dumb
07 = Parents in law			7 = Other handicap (Specify)
08 = Brother/Sister			
09 = Direct nephew/Niece			

NB: Verify that all household members have been recorded and tick this box

SECTION 02: EDUCATION OF HOUSEHOLD MEMBERS

<i>Persons aged 2 years or more</i>															
Name and first names															
Q1	Serial number	_0_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _
Q2	Has (Name) ever gone to school or nursery school? 1 = Yes ⇒ Q4 2 = No 8 = DK ⇒ Q6	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Q3	Why has (Name) never gone to school? See CODES Go to Q6	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Q4	N. What is the highest level of education for (Name)?	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	C. What is the last class that (Name) successfully completed in this level? See CODES	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	T. What is the type of teaching? 1= General 2= Technical	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Q5	What is the highest diploma of (Name)? See CODES If 1, go to Q6	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Q5a	Since how long did (Name) get this highest diploma? 1= In months, if 0 to 23 months ; 2= In complete year	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _	_ / _ _
Questions Q6 and Q7 concern only persons aged from 15 years or more															
Q6	Does (Name) know how to read and write a simple sentence in French? 1 = Yes 2 = No	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Q7	Does (Name) know how to read and write a simple sentence in English? 1 = Yes 2 = No	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Questions Q8 to Q15 concern only persons aged from 3 to 24 years, who have ever gone to school (Q2=1)															
Q8	Was (Name) going to school during the school year 2015/2016? 1= Yes 2 = No ⇒ Q10	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Q9	N. During the academic year 2015/2016 in which level was (Name)?	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	C. During the academic year 2015/2016, in which class was (Name)? See CODES	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	T. During the year 2015/2016, which type of teaching was (Name) undergoing? 1= General 2= Technical	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Q10	Was (Name) going to school during the school year 2014/2015? 1= Yes 2= No ⇒ Q12a 8= DK ⇒ Q12a	_	_	_	_	_	_	_	_	_	_	_	_	_	_

Q11	N. During the year 2014/2015, in what level was (Name)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. During the year 2014/2015, in which class was (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"/>
	T. During the year 2014/2015, which type of teaching was (Name) undergoing? 1= General 2= Technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12a	Does/Will (Name) attend a school during the 2016/2017 academic year? 1= Yes 2= No ⇒Q13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12b	N. During the 2016/2017 academic year, in what level is/will be (Name) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. During the 2016/2017 year, in which class is/will be (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"/>
	T. During the year 2016/2017, which type of teaching is/will be (Name) undergoing? 1= General 2= Technical <i>Go to next section</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"/>
Q13	Why has (Name) not gone or will not go or has stopped going to school? See CODES <i>If too young (code 7) ⇒ Next person, if it is the last person, go to section 03</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"/>
Q14	At what age did (Name) stop schooling? (Age in complete years)	<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"/>
Q15	Does (Name) intend to resume with classes? 1 = Yes 2 = No 8 = DK <i>Whatever the answer, go to next individual, if last individual, go to section 03</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"/>

Codes Q3	Codes Q5	Codes Q13	Codes Q4, Q9, Q11 and Q12b							
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/NHD 7 = LICENCE/FIRST DEGREE 8 = MAITRISE/MASTER/DEA 9 = DOCTORAT/PHD	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)	LEVEL	PRESCHOOL= 0	PRIMARY = 1	SECONDARY 1 st Cycle = 2	SECONDARY 2 nd Cycle = 3	HIGHER = 4	DK= 8	
			CLASS	1	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 or 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 03: ECONOMIC ACTIVITY OF HOUSEHOLD MEMBERS AND ACCESS TO LOANS

3.1 ECONOMIC ACTIVITY OF HOUSEHOLD MEMBERS

Persons aged 5 years or more		Name and first names										
IT IS PREFERABLE TO INTERVIEW EACH MEMBER CONCERNED		Q1 : Serial number (Code of the person) →										
		0 _ 1_	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	
03.1 ECONOMIC ACTIVITY OF HOUSEHOLD MEMBERS	Q2	During the last 12 months, that is since _____, has (<i>Name</i>) carried out an economic activity? 1 = Yes 2 = No										
	Q3	During the last 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										
	Q4	During the last 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 ⇒ Q8 2 = No										
	Q5	Though (<i>Name</i>) declares 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										
	If from 01 to 09 go Q8		_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _
	Q6	Though (<i>Name</i>) did not work during the last 7 days, does he/she have an employment? 1 = Yes 2 = No ⇒ Q13										
	Q7	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 (Specify) _____										
	If 8 or 9, go to Q14		_	_	_	_	_	_	_	_	_	_
	Q8	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>										
Q9	What is the main 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											

Q9a	<p>What is the socio professional category of (<i>Name</i>) in this employment? Is (<i>Name</i>) a:</p> <p>01= Senior executive, engineer and assimilated 08= Family Aid man 02= Medium executive, fore apprentice, probationer 09= Paid or non paid 03= Skilled employee/ labourer 10= Unclassifiable 04= Semi-skilled employee/ Semi-skilled labourer (Specify) _____ 05= Labourer 06= Employer (Boss) 07= Own account Worker</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10	<p>The enterprise in which (<i>Name</i>) exercises his/her main employment (or that he/she manages) is a/an :</p> <p>1= 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 7= Household (household worker)</p> <p style="text-align: right;"><i>If 1 or 7, go to Q13</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11	<p>Does the structure in which (<i>Name</i>) exercise this employment have?</p> <p>1 = Yes A. A tax payer number 2 = No B. A trade/business register 8= DK C. Registration at the National Social Insurance Funds</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12	<p>Does the structure in which (<i>Name</i>) exercises this employment keep a formal account (i.e following an accounting plan, OHADA for example)?</p> <p>1= No 2= Yes, STR and formal accounting 3= Yes, undetailed accounting 4= DK/other</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13	<p>Does (<i>Name</i>) have a secondary employment? 1= Yes 2= No</p> <p><i>Whatever the answer, move to the next individual, if last individual, go to sub section 3.2</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<p>Has (<i>Name</i>) sought a work during the last 7 days, that is since _____? 1 = Yes ⇒ Q16 2 = No</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q15	<p>Has (<i>Name</i>) looked for a work during the last 4 weeks, that is since _____? 1 = Yes 2 = No ⇒ Q17</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q16	<p>If (<i>Name</i>) finds a job today, when would he/she be ready to take it?</p> <p>1 = Immediately 3 = 15 days to one month 2 = From now to 15 days 4 = In more than one month</p> <p><i>Whatever the answer, move to the next individual, if last individual, go to sub section 3.2</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17	<p>Though (<i>Name</i>) 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</p> <p><i>Whatever the answer, move to the next individual, if last individual, go to sub section 3.2</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 ACCESS TO LOAN

Q18	Q19	Q20	Q20a	Q20b	Q20c	Q21	Q22	Q23	Q24		Q25	Q26		Q27	Q28	Q29
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 ⇒ Q20a	Did he/she get the loan? 1 = Yes ⇒ Q20a 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 ⇒ Q20c	Did he/she get the loan? 1 = Yes ⇒ Q21 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? 1 = Yes 2 = No ⇒ Q29	Total number of loans obtained	Serial number of the household member who obtained the loan	What are the types of loans obtained? See 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 CFAF)	What was the effective main use of that loan? 1= Production/Investment 2= Consumption 3= Other (Specify)	Does at least one member of your household belong to an association? 1 = Yes 2 = No
									N°	Loan		TU	Number			
									1							
									2							
									3							
4																
5																

Codes Q20 and Q20c	Codes Q24		Codes Q25	
1= Insufficient guaranty 2= Nature of loan 3= Lack of support 4= Poorly designed project 5= Other (Specify)	Production or investment 01= Production loan 02= Export loan 03= Importation loan 04= Production equipment loan 05= Other production loan	Consumption 06= House equipment 07= Purchase of vehicle 08= Schooling 09= Purchase of land for the lodging 10= Building of the lodging 11= Purchase of a lodging 12= Other loan for consumption (Specify)	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)

SECTION 04: DWELLING AND LIVING ENVIRONMENT OF THE HOUSEHOLD

4.1 CHARACTERISTICS OF THE DWELLING

Q1. Type of lodging	Q2. Main material of the walls	Q3. Main material of the roof
01= Hut/Tent/cabin 02= Isolated house 03= House with several lodgings 04= Modern villa 05= Duplex 06= Mansion <input type="text"/> <input type="text"/> <input type="text"/> 07= Building of several apartments 08= Compound/Saré	01= Concrete/cement brick/baked bricks 02= Cut Stones/freestone 03= Simple stone (not cut) 04= Plank 05= Carabot 06= Simple Earth (mud)/ Bricks <input type="text"/> <input type="text"/> <input type="text"/> 07= Pise/Adobe/ beaten Earth (mud) 08= Mats/Straws/Earth (leaves) 96 = Other (Specify) _____	1 = Cement 2 = Zinc/tiles 3 = Mats/Straws/Leaves 4= Mud 6 = Other (Specify) <input type="text"/>
Q4. Main material of the floor	Q5. In square meters, what is the surface area of your lodging/dwelling?	Q6. In square meters, what is the surface area of the floor space?
1= Cement 2= Tiles /Marble 3= Wood 4= Ground <input type="text"/> 6= Other (Specified) _____	(Write 950 if 950 m ² or more) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Write 950 if 950 m ² or more) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q7. Total Number of :	Q8. Total Number of sleeping rooms	Q9. To which category belong the lodging ?
A. Parlours : <input type="text"/> <input type="text"/> <input type="text"/> B. Dining room: <input type="text"/> <input type="text"/> <input type="text"/> C. Modern toilet : <input type="text"/> <input type="text"/> <input type="text"/> D. Traditional toilet: <input type="text"/> <input type="text"/> <input type="text"/> E. Modern kitchen: <input type="text"/> <input type="text"/> <input type="text"/> F. Traditional kitchen: <input type="text"/> <input type="text"/> <input type="text"/>	Total : <input type="text"/> <input type="text"/> <input type="text"/> Surface area inferior to 10 m ² : <input type="text"/> <input type="text"/> <input type="text"/> Surface area superior or equal to 10 m ² : <input type="text"/> <input type="text"/> <input type="text"/> (Write 98 for DK)	1= Individual <input type="text"/> 2= Collective (building / one-level house)
Q10. Total number of rooms of the lodging/rooms for sleeping	Q11. What type of toilets do your household members usually use?/ Number of co-users of toilets	Q12. In your household what is the main source of energy used for cooking?
A- How many rooms does your dwelling have in total? Total : <input type="text"/> <input type="text"/> <input type="text"/> NB: Are considered here for the Total number of rooms of the dwelling, the main ones (rooms, waiting room, offices, etc.). Secondary ones like kitchen, bath room, antechamber, anteroom, corridors, etc. are not counted as rooms. However, secondary rooms will be considered if they are used for sleeping by household members. B- How many rooms do you usually use for sleeping? Sleeping <input type="text"/> <input type="text"/> <input type="text"/>	A. What type of toilets do your household members usually use? <i>Flush with or without water tank</i> 01= Connected to the sewer system 02= Connected to the septic tank 03= Linked to latrines 04= Linked to something else 05= Linked to unknown place/not sure/DK <i>Cesspit/latrines</i> 06= Harnessed aired toilet (LAV) 07= Cesspit toilet with a slab 08= Cesspit toilet without slab/open hole 09= Composting toilets 10= Bucket 11= Suspended toilets/latrines 12= No toilet/bush/farm 96= Other (Specify) (If 12, go to Q12) B- With how many household do you share these toilets? <input type="text"/> <input type="text"/> <input type="text"/>	01= Electricity 02= Liquefied propane gas (GPL) 03= Natural gas 04= Biogas 05= Kerosene 06= Charcoal/lignite 07= Charcoal 08= Bought wood 09= Firewood picked/received 10= Straws/branches/grass 11= Cow dung 12= Agricultural waste 13= No food cooked in the household 14= Saw dust/ wood shavings 96= Other (Specify)
Q13. How do you get rid of dirty/used water?	Q14. How do you get rid of your household dirt?	Q15. Is your lodging equipped with a fire extinguisher?
1= Poured in the yard /road 2 = Poured in the drain/gutter 3 = Poured in the cesspool (septic tank) 4= Poured in the river/stream <input type="text"/> <input type="text"/> <input type="text"/> 5= Poured anywhere in the nature 6= Other (Specify).....	1= Picked by a truck/Trash can/ Private picking 2= Thrown in the nature 3 = Buried/burned <input type="text"/> <input type="text"/> <input type="text"/> 4= Recycled 6= Other (Specify).....	1= Yes 2= No <input type="text"/>

4.2 LIVING ENVIRONMENT OF THE HOUSEHOLD

Q16	For how long has your household been occupying this lodging? <i>Write in days if less than 30 days or in months if from 30 days to less than one year and in years if else.</i>	Time unit = TU 1 = Day 2 = Month 3 = Year	TU Number	<input type="text"/> <input type="text"/>
Q17	What is the occupancy status of your lodging?	01= Owner with land certificate and with building permit/Building authorization/ implantation permit 02= Owner with land certificate and without building permit/ Building authorization/implantation permit 03= Owner without land certificate and with building license / building authorization/ implantation permit 04= Owner without land certificate and without building license/building authorization/implantation permit	05= Hire purchase 06= Simple renting 07= Housed by Employer 08= Housed by relative/friend 96 = Other (Specify) _____	<input type="text"/> <i>If 03, 04 or 05, go to Q17D If 06, go to Q17E If 07, 08, or 96, go to Q19</i>
Q17A	What is the type of title deed you have for this land where your lodging is built?	01= Land title 02= Mother title and parcelling underway 03= Mother title and not parcelled 04= Direct immatriculation underway 05= Temporary concession	06= Temporary concession underway 07= Final concession 08= Final concession underway 09= Council order 10= Council order underway	<input type="text"/> <i>If 03, go to Q17D</i>
Q17B	How long has your household spent (already) to get this title deed? <i>Write in months if less than two years</i>	Time unit = UTPS 1 = Month 2 = Year	UTPS Number	<input type="text"/> <input type="text"/>
Q17C	What amount has your household already spent to get this title deed? <i>Write the amount in CFAF</i>	<input type="text"/>		
Q17D	What is the total surface area of the land on which your lodging is built? <i>(Write 950 if 950 m² or more) Go to Q18.</i>	<input type="text"/>		
Q17E	Do you have a written and signed contract between you and the landlord for the renting of your lodging? 1 = Yes 2 = No	<input type="text"/>		
Q18	What is the amount of your rent or if you were to pay rent for the house you are occupying, how much would you have paid per month? <i>In CFAF</i>	<input type="text"/>		
Q19	Is your household the first occupant of this lodging? 1 = Yes 2 = No	<input type="text"/>		
Q20	How did your household get this lodging?	For tenants 01= Formal estate agent 02= Informal estate agent 03= Personnal research	For owners 04= Friend/acquaintance 05= Hire-purchase 06= SIC	07= Council 08= Estate promoter 09= Direct purchase 10= Personal building/Personal initiative 11= Inheritance/Family 96= Other (Specify) _____
Q20A	How many times have you changed the lodging during the last 12 months? <i>If 0, go to Q23</i>	<input type="text"/>		
Q21A	What type of lodging was your household occupying before settling in this one?	1= Hut/Tent/cabin 2= Isolated house	3= House with several lodgings 4= Modern villa	5= Duplex 6= Mansion
Q21B	What was the main material for the walls of thet former lodging?	01= Concrete/cement brick/baked bricks 02= Cut Stones/freestone 03= Simple stone (not cut)	04= Plank 05= Carabot 06= Simple Earth (mud)/ Bricks	07= Pise/Adobe/ beaten Earth (mud) 08= Mats/Straws/Leaves 96 = Other (Specify) _____
Q21C	What was the main material of the roof of that former house?	1 = Cement 2 = Zinc/tiles	3 = Mats/Straws/Leaves 4 = Earth	6 = Other (Specify) _____
Q21D	What was the main material of the floor of that former lodging?	1= Cement 2= Tiles/Marbles	3= Wood 4= Earth	6= Other (Specify) _____
Q21E	What was the number of rooms of that former lodging?	Palours..... Traditional toilet..... Rooms..... Modern kitchen Dining room..... Traditional kitchen..... Modern toilet		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q22	For which main reason has your household changed its lodging?	01= Closeness to the work place 02= Search of a better comfort 03= Rents too expensive	04= Insecurity 05= After some disasters 06= Expropriation, expelled from the lodging	07= Acquisition of personal lodging 96= Other (Specify) _____
Q23	Is your household intending to change the lodging? 1 = Yes 2 = No ⇒ Q32	<input type="text"/>		
Q24	For which main reasons is your household intending to change the lodging?	01= Closeness to the work place 02= Search of a better comfort 03= Rents too expensive 04= Insecurity	05= After some disasters 06= Expropriation, expelled from the lodging 07= Acquisition of personal lodging 96= Other (Specify) _____	<input type="text"/>
Q25	What is the type of lodging you wish to have?	01= Hut/Tent/cabin 02= Isolated house 03= House with several lodgings	04= Modern villa 05= Duplex 06= Mansion	07= Building of several apartments 08= Compound/Saré
Q26	Compared to your present lodging, is your household intending to occupy a smaller one, a lodging of the same size or a bigger one?	1= Bigger one (surface area or number of rooms) 2= Smaller one (surface area or number of rooms)	3= Same size 8= DK	<input type="text"/>

Q39E	Is there any risk that you may be expelled from your lodging at a given time? 1= Yes 2= No	/ /
Q39F	Does your quarter have street light in the night? 1= Yes 2= No	/ /
Q39G	By living in this lodging do you risk the following? 1= Yes 2= No Landslide..... Floods..... Agressions..... Other (Specify) _____	/ / / / / / / /
Q39H	Are (is) there (a) garbage deposit point(s) in 50 m ray from your house? 1= Yes 2= No	/ /
Q40	Would you be ready to take on rents a studio or an apartment in a building? 1= Yes 2= No =>Q42	/ /
Q41	How much would you be ready to spend per month in order to rent a studio or an apartment in a building? Write the amount in CFAF Studio Two rooms apartment..... Three rooms apartment	/ /
Q42	Would you be ready to acquire a studio or an apartment in a building? 1= Yes 2= No =>Q45	/ /
Q43	In which state do you wish to acquire your studio or apartment? 1= Totally completed 2= To be completed in the future	/ /
Q44	How much would you be ready to spend in order to acquire a studio or an apartment in a building? Write the amount in CFAF Studio Two rooms apartment..... Three rooms apartment	/ /
CHECK Q20 If owners who have built their lodging (Q20 = 10) <input type="checkbox"/> IF NOT <input type="checkbox"/> → Q53A		
Q45	How did your household acquire the land on which your lodging is built? 01= Formal estate agent 04= Friend/acquaintance 07= Council 02 = Informal estate agent 05= MAETUR 08= Inheritance/Exploitation of a family land=> Q47A 03= Personnal research 06= Estate promoter 96= Other (Specify) _____	/ /
Q46	What is the main source of financing for the purchase of the land on which your lodging is built? 01= Bank 05= Cooperative 07= Usurer 11= Parent 02= CFC for habitat 08= Njangee/ Association 12= Employer 03= MFE/COOPEC 06= Other formal 09= Savings/Income/Salary 13= Friends/Neighbours/Acquaintances 04= NGO (to be specified) 10= Inheritance 96= Other (Specify) _____	/ / /
Q47	Per m ² , how much did you spend to acquire it?	/ / / / / / / /
Q47A	What was the state of the land during its acquisition? 1= Completely arranged (tarred roads, street lights, water, etc.) 3= In plots 2= Partly arranged 4= Not arranged 6= Other (Specify) _____	/ /
Q47B	Which year did you acquire it?	/ / / / / /
Q48	How much would you be ready to spend per m ² to buy this very land today? Write amount in CFAF	/ / / / / / / /
Q48A	How many independent buildings are built on this land?	/ /
Q49	What is the main source financing for the construction of the lodging of your household? 01= Bank 06= Other formal (Specify) 11= Parent 02= CFC 07= Usurer 12= Employer 03= EMF/COOPEC 08= Njangee/ Association 13= Friend/Neighbour/Acquaintance 04= NGO 09= Savings/Income/Salary 96= Other (Specify) _____ 05= Cooperative for habitat 10= Inheritance	/ / /
Q50	Which building authorization does your household have for your lodging? 1= None=>Q53 4= Implantation permit 2= Building permit 5= Implantation permit underway 3= Building permit underway	/ /
Q51	How long have your household already spend in order to get that authorization (In number of days)	/ / / /
Q52	How much have your household spent for the acquisition of that building authorization? Write amount in CFAF	/ / / / / / / /
Q53	Which technical assistance did you consult for the conception and the construction of your lodging? 1= No technical assistance (No architect or no engineer) 2= Technical assistance of an architect and/or an engineer 3= Building built by a BPW enterprise	/ /
Q53A	CHECK Q17 Owners <input type="checkbox"/> Non Owners <input type="checkbox"/> Q17 = 01, 02, 03 or 04 Q17 = 05, 06, 07, 08 or 96	
Q54	Does at least a member of your household own another land built or not built, apart from this one?	/ / 1= Yes =>Q55 2= No =>sub-section 4.3

Q55	Q56	Q57	Q58	Q59	Q60	Q61	Q62	Q63	Q64	Q65	Q66	Q67	Q68
Land N°	In wich town is that land? (See codes in the document of nomenclature)	Is your household having a title deed for that land? 1= Yes 2= No If 2, go to Q60	Which type of title deed do you have for that land? See CODES Q17A	How long has your household wait (already waited) to get that title deed? Time Units = TU 1 = Month 2 = Year Write in months if less than two years TU /Number	What was the state of the land at the time of purchase? See CODES Q47A	What is the surface area of this land? Write in m ² if inferior to 1ha Unit of Measurement = UM 1 = m ² 2 = ha 1 ha= 10 000 m ² UM/Number	Have you built a house on that land? 1= Yes 2= No If 2, move to the next land, if last land, move to sub-section 4.3	To which type does this house belong? SEE CODES Q1	What is in square meter (m ²) the surface area of the house on the floor? (Write 950 if 950 m ² or more)	Since when is your household having this lodging? Write in months if less than two years Time Units = TU 1 = Month 2 = Year TU /Number	What is the main source of financing for the construction of this house? SEE CODES Q49	Which building authorization does your household have for this lodging? SEE CODES Q50 If 01, move to the next land, if last land, go to sub-section 4.3	How long has your household waited (waited already) to get this building authorization? Write in months if less than two years Time Units = TU 1 = Month 2 = Year TU /Number
1	□□□	/□□	□□□	□□/□□□	/□□	□□/□□□□□□□□	/□□	□□□□	□□□□	□□□/□□□	□□□□	/□□	□□□/□□□
2	□□□	/□□	□□□	□□/□□□	/□□	□□/□□□□□□□□	/□□	□□□□	□□□□	□□□/□□□	□□□□	/□□	□□□/□□□
3	□□□	/□□	□□□	□□/□□□	/□□	□□/□□□□□□□□	/□□	□□□□	□□□□	□□□/□□□	□□□□	/□□	□□□/□□□
4	□□□	/□□	□□□	□□/□□□	/□□	□□/□□□□□□□□	/□□	□□□□	□□□□	□□□/□□□	□□□□	/□□	□□□/□□□
5	□□□	/□□	□□□	□□/□□□	/□□	□□/□□□□□□□□	/□□	□□□□	□□□□	□□□/□□□	□□□□	/□□	□□□/□□□

4.3 HOUSEHOLD ENVIRONMENT

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

First encircle the code corresponding to the interviewee's answer, then record in the boxes provided			
Q69	Which type of way leads to this household's lodging? 1 = Tarred road 2 = Un-tarred road	3 = Track (pathway) to go there 4 = Other (Specify) _____	□□
Q70	On which type of relief is this lodging built? 1 = Top of a hill or a mountain 2 = Mountain/ hill side	3 = Flat or almost flat place 4 = Valley/deep grounds/marsh/swamp 5 = Other (Specify) _____	□□
Q71	Is there any non-harnessed flowing water (stream, river, marsh, lake, etc.) in the neighbourhood of this lodging (within a radius of 100 m)?	1= Yes 2= No	□□
Q72	Is there any petrol station, an oil or gas depot or a big industry in the neighbourhood of this lodging (within a radius of 100 m)?	1= Yes 2= No	□□
Q73A	In the neighbourhood of this lodging, is there any railway (within a radius of 200 m)	1= Yes 2= No	□□
Q73B	In the neighbourhood of this lodging, is there any airport (within a radius of 1 km)?	1= Yes 2= No	□□
Q74	Is there any power station/plant or a high or medium voltage electricity line in the neighbourhood of this lodging (within a radius of 50 m)?	1= Yes 2= No	□□
Q75	Is there any relay pool or antenna of a telephone service provider in the neighborhood of this lodging (within a radius of 100 m)?	1= Yes 2= No	□□
Q76	Within 50 m radius, how are the tracks in the immediate environment of the household?	1= Inexistent 2= Can move there only by foot 3= Can move there with bicycle/motorcycle	□□
Q77	Are there many electric wires connecting the neighborhood?	1= Yes 2= No	□□
Q78	Is the household lodging subjected to the following risks? 1= Yes 2= No	Landslide..... Floods..... Other risk (Specify) _____	/□□ /□□ /□□

SECTION 05 : DURABLE EQUIPMENT/ GOODS AND PATRIMONY OF THE HOUSEHOLD

5.1. DURABLE EQUIPMENT/GOODS OF THE HOUSEHOLD

Q0. Is the household having an internet connection? 1= Yes 2= No |

What is presently the number of functional [*name of equipment*] in your household?

Write 0 in the digits pace if the household does not possess that good.

Q1. Vehicle/lorry Number?	Q2. Motorbike / mobylette Number?	Q3. Bicycle Number?	Q4. Radio set Number ?
Q5. Television set Number ?	Q6. Cooker Number ?	Q7. Kerosene stove Number ?	Q8. Gas cooker Number ?
Q9. Fan Number ?	Q10. Air conditioner Number ?	Q11. Refrigerator /Fridge Number ?	Q12. Deep Freezer Number ?
Q13. Fix telephone/ Fix CT phone Number ?	Q14. Mobile telephone/ Mobile CT phone Number ?	Q15. Computer Number ?	Q16. Musical set Number ?
	Q18. Fax / Telecopier Number ?	Q19. Pressing machine Number ?	Q20. Sport appliance Number ?
Q21. Parabolic/numeric antenna Number ?	Q22. CD/DVD/VCD reader Number ?	Q23. Electric iron Number ?	Q24. Grinder/ Food-mill Number ?
Q25. Cupboard/Buffets/ shelves Number ?	Q26. Eating room/parlour tables, chairs) Number?	Q27. Beds Number ?	Q28. Generator Number ?

5.2. PATRIMONY OF THE HOUSEHOLD

Q29. Tractor/Agric machine Number ?	Q30. Rickshaw/Cart/ wheelbarrow Number?	Q31. Cow(s), donkey (s) for ploughing Number ?	Q32. House for lodging not occupied Number ?
Q33. Exploited land a. Number? b. Surface area _ / _ _ _ _ Surface area code 1= m ² , if < 1ha 2= ha <i>NB: 1 ha=10 000 m²</i>	Q34. Unexploited land a. Number? b. Surface area _ / _ _ _ _ Surface area code 1= m ² , if < 1ha 2= ha <i>NB: 1 ha = 10 000 m²</i>	Q35. House to rent Number?	Q36. Exploited pond a. Number? b. Surface area _ / _ _ _ _ Surface area code 1= m ² , if < 1ha 2= ha <i>NB: 1 ha=10 000 m²</i>

Q37. Possession of cattle, flock or farmed animals? 1= Yes 2= No |
If yes, specify below the type(s), and the Numbers

Q38. Bovine (Cows) Number?	Q39. Caprine (Goats) Number ?	Q40. Ovine (Sheep) Number ?	Q41. Porcine (Pigs) Number ?
Q42. Equidae (Horses/Donkeys/Mules) Number?	Q43. Fowl Number?	Q44. Other poultry Number?	Q45. Rabbits Number?
Q46. Guinea pig Number?			

SECTION 06: ACCESSIBILITY TO BASIC INFRASTRUCTURES

Q0: SERIAL NUMBER OF THE RESPONDENT

(SEE SECTION 01)

Q1		Q2	Q3	Q4	Q5	Q5a	Q6	Q7	
Type of infrastructure	Serial number	How far is (name of infrastructure) from your lodging? 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 : 1 km= 1 000 m	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	If Q4=1, go to Q6 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 at 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest private nursery school	02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The Nearest government primary school	03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest private primary school	04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest public secondary school	05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest private secondary school	06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest district hospital/sub divisional medical centre	07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest integrated Health centre	08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest pharmacy or pro-pharmacy	09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest food market	10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest motor park	11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest tarred road	12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest source of potable water opened to the public	13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest CDE/SNEC/CAMWATER connexion point	14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest refuse can/refuse collection point	15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest civil status registration centre	16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest police /gendarmerie post	17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest AES-SONEL electric pool/electricity connexion point	18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest public light pool	19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest agric post	20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The nearest zootechnic and veterinary centre	21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 07: RESIDENTIAL MOBILITY

Q0: SERIAL NUMBER OF THE RESPONDENT

____ (SEE SECTION 01)

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Where was your household living at the end of 2007? 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	How many persons had your household at the end of 2007?	Where was your household living 12 months ago, that is since.....2015? 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 subdivision, but in the same region 5 = In another province 6 = Abroad 7 = The household was not existing ⇒ Q9	How many persons had your household 12 months ago, that is since ...2015?	Where was your household living before settling in this locality? 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	Was your household in the same lodging 12 months ago? 1 = Yes ⇒ Q9 2 = NO	For which main reason did your household change the lodging? 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) <i>Go to Q9</i>	For which main reason did your household change the locality? 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= Other (Specify)	Is your household intending to change the locality in the next 12 months, that is from2017 ? 1 = Yes 2 = No 8 = DK <i>If 2 or 8, go to section 08</i>	If yes, in which other locality are you planning to settle next time? 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	Why are you intending to change the locality? 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= Other (Specify)
____	____	____	____	____	____	____	____	____	____	____

SECTION 08 : AGRICULTURE

Q1			Q2	Q3		Q4	Q5		Q6	Q7		Q8	Q9	Q10
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 during the past 12 months?		Has your household consumed products born from this activity? 1 = Yes 2 = No ⇒Q6	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 ⇒Q9	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
				<i>Write the value and the periodicity as declared</i>	<i>Write the value of the production for the past 12 months in CFAF</i>		<i>Write the value and the periodicity of the consumption as declared</i>	<i>Write the value of products for the past 12 months in CFAF</i>		<i>Write the value and the periodicity of sales as declared</i>	<i>Write the value of the production of the past 12 months en CFAF</i>			
Code	Produit	Answ												
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	Groundnut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Pineapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Folere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	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 Q8 : 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

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

CONTROLLER'S OBSERVATIONS AND COMMENTS

Section	Question	Observations

SUPERVISOR'S OBSERVATIONS AND COMMENTS

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