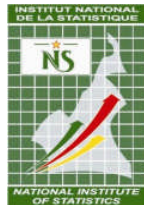


REPUBLIQUE DU CAMEROUN
Paix- Travail- Patrie

INSTITUT NATIONAL
DE LA STATISTIQUE



REPUBLIC OF CAMEROON
Peace- Work- Fatherland

NATIONAL INSTITUTE
OF STATISTICS

THIRD SURVEY ON EMPLOYMENT AND THE INFORMAL SECTOR IN CAMEROON (ESI 3)

HOUSEHOLD QUESTIONNAIRE

SURVEY REGION : _____
DIVISION: _____
SUB DIVISION/COUNCIL : _____
SEQUENTIAL NUMBER THECLUSTER: _____
LOCALITY : _____
STRUCTURE NUMBER IN THE CLUSTER : _____
SEQUENTIAL NUMBER OF THE SAMPLE HOUSEHOLD: _____
INTERVIEWER'S NAME : _____

STRICTLY CONFIDENTIAL AND NOT AIMED FOR TAXES

Information collected during this survey are strictly confidential following law N° 91/023 of 16th December 1991 on censuses and statistical surveys which mentions in its article 5 that «individual information related to economic or financial situation recorded in any statistical survey form can never be used for economic control or repression ».

~~January Octobre 20~~2019

Mis en forme : Police : (Par défaut) Times New Roman, 12 pt, Français (France)

Mis en forme : Police : 12 pt, Non Gras

Mis en forme : Police : (Par défaut) Courier New, 10 pt

CONSENT

Good morning/Good afternoon. My name is _____ and I am working for the National Institute of Statistics (NIS). We are presently carrying out a study concerning employment and the informal sector in Cameroon. We wish that you participate in this study. The interview usually lasts between 40 and 50 minutes.

During this study, we would first like to ask you some questions about your household. All the information that you will provide will strictly be confidential and will not be given to anyone outside the survey team. The participation to this survey is completely voluntary. If it happens that I ask you a question which you do not want to answer, please, kindly tell me and I will move to the next question, or you can interrupt the interview at any moment. We hope however that you will accept to participate to this survey because your opinion is specifically important.

Do you have questions to ask me ?

Can I start the interview now ?

G. GENERAL INFORMATION

A – IDENTIFICATION AND INFORMATION ON THE HOUSEHOLD

G1.	SURVEY REGION _____	_ _
G2.	SEQUENTIAL NUMBER OF THE CLUSTER: _____	_ _ _
G3.	SEQUENTIAL NUMBER OF THE SAMPLE HOUSEHOLD : _____	_ _
G4.	NUMBER OF THE STRUCTURE INSIDE THE CLUSTER: _____	_ _ _
G4A.	HOUSEHOLD NUMBER IN THE STRUCTURE : _____	_ _
G4B.	HOUSEHOLD SELECTED OF GPS MODULE 1=Yes 2=No	_
G5.	DIVISION: _____	_ _
G6.	SUB DIVISION: _____	_ _ _ _ _
G7.	VILLAGE/QUARTER OF THE TOWN: _____	
G8.	STRATUM OF RESIDENCE : _____ 1 = Urban 2 = Semi-urban 3 = Rural	_
G9.	NAME OF THE HOUSEHOLD HEAD : _____	
G10.	NUMBER OF PERSONS IN THE HOUSEHOLD(Including visitors and absent residents)	_ _
G11.	NUMBER OF PERSONS AGED 10 YEARS OR MORE IN THE HOUSEHOLD (Including visitors and absent residents)	_ _
G11a.	NUMBER OF PERSONS AGED FROM 18 YEARS AND ABOVE	_ _
G12.	NAME OF RESPONDENT TO THE HOUSEHOLD QUESTIONNAIRE: _____	Sequential number _ _
G13.	NUMBER OF INDIVIDUAL QUESTIONNAIRES FILLED (Phase 1)	_ _
G14.	NUMBER OF IPU _s IDENTIFIED IN THE HOUSEHOLD	_ _
G15.	NUMBER OF IPU QUESTIONNAIRES FILLED FOR THE HOUSEHOLD (Phase 2)	_ _
G15A.	NAME AND SEQUENTIAL NUMBER OF THE SELECTED PERSON FOR THE GPS QUESTIONNAIRE _____	_ _

B – INFORMATION ON DATA COLLECTION

G16.	INTERVIEWER: _____	_ _ _								
G17.	CONTROLLER: _____	_ _ _								
G18.	SUPERVISOR : _____	_ _ _								
G19.	DATE OF SURVEY: _____	_ _ _ _ _								
G19a.	RESULT OF THE DATA COLLECTION OF THE HOUSEHOLD FORM : _____									
	<table style="width:100%; border: none;"> <tr> <td style="width:50%;">01 = Totally filled</td> <td style="width:50%;">05 = Empty lodging / destroyed structure</td> </tr> <tr> <td>02 = Partially filled</td> <td>06 = Refusal</td> </tr> <tr> <td>03 = Absent</td> <td>96 = Other (Specify) _____</td> </tr> <tr> <td>04 = Long term travel</td> <td></td> </tr> </table>	01 = Totally filled	05 = Empty lodging / destroyed structure	02 = Partially filled	06 = Refusal	03 = Absent	96 = Other (Specify) _____	04 = Long term travel		
01 = Totally filled	05 = Empty lodging / destroyed structure									
02 = Partially filled	06 = Refusal									
03 = Absent	96 = Other (Specify) _____									
04 = Long term travel										

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

M1. Sequential number	1	2	3	4	5	6	7	8	9	10
<i>First of all, can you please give me the names of each person that usually lives in your household, including the visitors and the absent residents.</i>										
<i>Draw up the complete list of all household members (including visitors and absent residents) starting with the household head, and ask the following questions for each member.</i>										
M2. What is the relationship of (NAME) with the household head? 1= Household head 6= Other person related to the household head or to the spouse 2= Spouse of the household head 7= Other person non related to the householdhead or to the spouse 3= Child of the household head and of his/her spouse 8= Household servant 4= Child of the household head or of spouse 5= Father or mother of the household head or of spouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M3a. Does (Name) usually live in this 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"/>
M3b. Did (Name) spend last night in this 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"/>
M4. 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"/>
M4a. <i>Just to be sure that i have taken the complete list, are there other persons like little children, family members or not, house servants, that usually live with you or persons who spent last night here whom we have not listed ?</i> 1 = Yes ⇒ Go back and complete the list of household members 2 = No⇒Tick this box and move to M5	<input type="checkbox"/>									
M5. How old is (NAME)? Enter age in complete years.(95 for age >= 95 and 98 for DNK)(IF AGE < 10 YEARS, go to M7)	<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"/>
M6. What is the marital status of (NAME)? 1= Single 3= Married polygamous 5= Divorced/ separated 2= Married monogamous 4= Widower (widow) 6= Free union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7. Of what nationality is (NAME)? 1= Cameroun 6= Europe 2= Nigeria 7= China 3= Other CEMAC countries 8= Other Asian or American countries 4= Other western African countries 9= Rest of the world 5= Other african countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8. Of which religion is (NAME)? 1. Catholic 4.Muslim 6. Other religion (Specify) 2. Protestant 5.Animist 3. Other Christian (Specify) 7. Without religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10. What is (Name's) place of birth?										
M10a. Country (See codes at M7) <input type="checkbox"/> If different from Cameroon, go to M12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10b. Place 1. Headquarter of region 3. Headquarter of sub division/district 2. Head quarter of division 4.Village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10c. Division (See Nomenclatures of Administrative Units for 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"/>
M11. Has (NAME) always lived continuously in the present locality (sub division) of residence? 1= Yes <input type="checkbox"/> Go to M14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mis en forme : Anglais (États-Unis)

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

M1. Sequential number		1	2	3	4	5	6	7	8	9	10
2= No											
M11a. How many years has (NAME) been always living continuously way in this present locality (subdivision) of residence? <i>Record the duration months if it's less than 2 years, and in years otherwise</i>	M	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
	A	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
M12. Where was (NAME) living before settling in this locality?											
M12a. Country(See codes at M7) → If different from Cameroon, go to M13		□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
M12b. Place 1= Headquarter of region 2= Headquarter of division 3= Headquarter of sub division/district 4=Village		□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
M12c. Division <i>(See Nomenclatures of Administrative Units for codes)</i>		□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
M13. Why did (NAME) come to settle in this locality? 01= Work 02= Looking for a job 03= Health problem 04= Studies/Training/Apprenticeship 05= Housing problems 06= Acquisition of own lodging / in search of autonomy 07= To follow or to join the family 08= Family problems 09= Retirement 10= Security problems 96= Other(Specify) _____		□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
M13A. CHECK M5 : IS PERSON AGED TWO YEARS OR OLDER?		Y 1 N 2 ↓ Go to M25A	Y 1 N 2 ↓ Go to M25A	Y 1 N 2 ↓ Go to M25A	Y 1 N 2 ↓ Go to M25A	Y 1 N 2 ↓ Go to M25A	Y 1 N 2 ↓ Go to M25A	Y 1 N 2 ↓ Go to M25A	Y 1 N 2 ↓ Go to M25A	Y 1 N 2 ↓ Go to M25A	Y 1 N 2 ↓ Go to M25A
M14. Has (NAME) ever been to school or nursery school? 1= Yes 2= No → Go to M21		□	□	□	□	□	□	□	□	□	□
M15. L N What is the highest level of education attained by (NAME) ? C. What is the last class that (NAME) completed with success at that level ? (See CODES for Level and Classes) T. What is the type of education? 1= General 2= Technical/professional 8= DNK	L N	□	□	□	□	□	□	□	□	□	□
	C	□	□	□	□	□	□	□	□	□	□
	T	□	□	□	□	□	□	□	□	□	□
M16. What is the highest certificate obtained by (NAME)? <i>(SEE CODES) If 1, then go to M18</i>		□	□	□	□	□	□	□	□	□	□
M16a. How long ago did (NAME) get this certificate? <i>Record the duration months if it's less than 2 years, and in years otherwise. Record 98 at M for DNK</i>	M	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
	Y	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
M18. Which type of school did (NAME) lastly attend? 1= Public 2= Confessional private 3= Lay private 4= Foreign		□	□	□	□	□	□	□	□	□	□
M18a. At what age did (NAME) start going to school? <i>Age in complete years</i>		□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
<i>Questions M19 to M20a concern only persons aged 3 to 24 years, who have ever been to school (M14=1)</i>											
M19. Has (NAME) ever gone to school during the school year 2019/2020/19 ? → Go to M20 1= Yes 2= No		□	□	□	□	□	□	□	□	□	□
M19A N . In what level was (Name) during the 2019/2020/19 academic year? <i>SEE CODES</i>	L N	□	□	□	□	□	□	□	□	□	□
	C	□	□	□	□	□	□	□	□	□	□
	T	□	□	□	□	□	□	□	□	□	□

Mis en forme : Gauche
Tableau mis en forme

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

M1. Sequential number		1	2	3	4	5	6	7	8	9	10
S. In what class was (Name) during the 2019/2020 academic year? <i>SEE CODES</i>											
T. What type of education was (Name) undergoing during the 2018/2019 academic year? 1= General 2= Technical/professional 8= DNK											
M20. Is (NAME) going to school during this 2020/2021 academic year? 1= Yes 2= No → Go to M21a		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M20A. What level is (Name) during this 2020/2021 academic year? (SEE CODES) C. What class is (Name) during this 2020/2021 academic year? (SEE CODES) T. What type of education is (Name) undergoing during this 2020/2021 academic year? 1= General 2= Technical/professional 8= DNK In any case → Go to M21b	LN C T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M21. Why has (NAME) never been to school? (SEECODES) In any case → Go to M22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M21a. Why did (NAME) stop going to school? (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"/>
M21b. Check M5 - Is M5 ≥ 15 years? 1= Yes 2= No → Go to M22EA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M21b. CHECK M5 : IS PERSON AGED 15 YEARS OR OLDER?		Y N 1 2 ↓ Go to M22E	Y N 1 2 ↓ Go to M22E	Y N 1 2 ↓ Go to M22E	Y N 1 2 ↓ Go to M22E	Y N 1 2 ↓ Go to M22E	Y N 1 2 ↓ Go to M22E	Y N 1 2 ↓ Go to M22E	Y N 1 2 ↓ Go to M22E	Y N 1 2 ↓ Go to M22E	Y N 1 2 ↓ Go to M22E
M22. Does (Name) know how to read and write any of the following languages?	Fr En Ar Loc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M22A-M22E. CHECK M5 : IS PERSON AGED 10 YEARS OR OLDER?		Y N 1 2 ↓ Go to M25A	Y N 1 2 ↓ Go to M25A	Y N 1 2 ↓ Go to M25A	Y N 1 2 ↓ Go to M25A	Y N 1 2 ↓ Go to M25A	Y N 1 2 ↓ Go to M25A	Y N 1 2 ↓ Go to M25A	Y N 1 2 ↓ Go to M25A	Y N 1 2 ↓ Go to M25A	Y N 1 2 ↓ Go to M25A
M22B-M22F. Is name in possession of a valid national ID/ residence permit/refugee card? 1= Yes 2= No 8= DNK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M23. Is (NAME) undergoing or has (NAME) ever undergone a technical, professional training or an apprenticeship? 1= Yes, has undergone 2= Yes, is undergoing 3= No 8= DNK If 3 or 8, go to M25A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M24. What are the level and the name of the specialty of the main training is (Name) undergoing or ever undergone? What is the name of the specialty of the main training and its level? <small>(See Nomenclatures of training for code)</small>		_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

Mis en forme : Anglais (États-Unis)

Mis en forme : Surlignage

Mis en forme : Anglais (États-Unis)

Tableau mis en forme

Mis en forme : Police par défaut, Police :9 pt, Non Gras, Non Italique, Anglais (États-Unis)

Mis en forme : Police :9 pt

Mis en forme : Police :9 pt

Codes M16	Codes M21 and M21a	Codes M15NE, M15C, M19A, M20A					
1 = WITHOUT CERTIFICATE	1 = Cost too high	LEVEL	PRESCHOOL=0	PRIMARY = 1	SECONDARY 1 st Cycle = 2	SECONDARY 2 nd Cycle = 3	HIGHER = 4 DNK = 8

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

M1. Sequential number		1	2	3	4	5	6	7	8	9	10
2 = CEP/CEPE/FSLC 3 = BEPC/CAP/GCEOL 4 = PROBATOIRE/BP 5 = BAC/GCEAL/BEP/BT 6 = BTS/DUT/DEUG 7 = LICENCE/DEGREE 8 = MAITRISE/MASTER/DEA 9 = DOCTORAT/PHD	2 = Employment/ Apprenticeship 3 = Sickness/ Handicap 4 = Remoteness/farness 5 = Too young 6 = Tradition 7 = Security problem 8 = Other (Specify)	CLASS	1	0= Less than1 yr 1= SIL/Class1 2= CP/CPS/class2 3= CE1/Class3 4= CE2/Class4 5= CM1/Class5 6= CM2/Class6/7 8= DNK	0= Less than1 yr 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= DNK	0= Less than1 yr 1= 2nde G or T/Form 5 2= 1ère G ou T/Lower 6 3= Terminale G or T/Upper 6 8= DNK	0= Less than1 yr 1= 1 st yr 2= 2 nd yr 3= 3 rd yr 4= 4 th or 5 th yr. 5= 6 th yr. or + 8= DNK				

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

M1. Sequential number	1	2	3	4	5	6	7	8	9	10
M25A. CHECK M5 : IS PERSON AGED LESS THAN 2 YEARS ?	Y N 1 2 ↓ Go to next person or to section H	Y N 1 2 ↓ Go to next person or to section H	Y N 1 2 ↓ Go to next person or to section H	Y N 1 2 ↓ Go to next person or to section H	Y N 1 2 ↓ Go to next person or to section H	Y N 1 2 ↓ Go to next person or to section H	Y N 1 2 ↓ Go to next person or to section H	Y N 1 2 ↓ Go to next person or to section H	Y N 1 2 ↓ Go to next person or to section H	Y N 1 2 ↓ Go to next person or to section H
M25B. CHECK M5 : IS PERSON AGED 18 YEARS OR OLDER ?	Y N 1 2 ↓ Go to M33	Y N 1 2 ↓ Go to M33	Y N 1 2 ↓ Go to M33	Y N 1 2 ↓ Go to M33	Y N 1 2 ↓ Go to M33	Y N 1 2 ↓ Go to M33	Y N 1 2 ↓ Go to M33	Y N 1 2 ↓ Go to M33	Y N 1 2 ↓ Go to M33	Y N 1 2 ↓ Go to M33
M26. Is (NAME) having difficulties in seeing , even when he/she wears medical eye glasses/contact lenses? 1= No, no difficulty 2= Yes, some difficulties 3= Yes, much difficulties 4= He/she sees nothing at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M27. Is (NAME) having difficulties in hearing, even when he/she wears a hearing aid ? 1= No, no difficulty 2= Yes, some difficulties 3= Yes, much difficulties 4= He/she hears nothing at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M28. Is (NAME) having difficulties to walk or to climb steps or a hill? 1= No, no difficulty 2= Yes, some difficulty 3= Yes, much difficulties 4= It is impossible for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M29. Is (NAME) having difficulties of memorising or of concentration? 1= No, no difficulty 2= Yes, some difficulty 3= Yes, much difficulties 4= He/she has no memory and it is impossible for him/her to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M30. Is (NAME) having difficulties to take care of himself/herself, like for example , to bathe and to dress up? 1= No, no difficulty 2= Yes, some difficulties 3= Yes, much difficulties 4= It is impossible for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M31. Is (NAME) having difficulties to communicate, for example to understand or to make himself understood, when he/she uses a usual language? 1= No, no difficulty 2= Yes, some difficulties 3= Yes, much difficulties 4= It is impossible to him/her to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M33. CHECK M5 : PERSON AGED FROM 2 TO 4 YEARS ?	Y N 1 2 ↓ Go to M50A	Y N 1 2 ↓ Go to M50A	Y N 1 2 ↓ Go to M50A	Y N 1 2 ↓ Go to M50A	Y N 1 2 ↓ Go to M50A	Y N 1 2 ↓ Go to M50A	Y N 1 2 ↓ Go to M50A	Y N 1 2 ↓ Go to M50A	Y N 1 2 ↓ Go to M50A	Y N 1 2 ↓ Go to M50A
I would like to ask questions on the difficulties that (NAME) maybe facing).										
M34. Is (NAME) wearing medical eye glasses/contact lenses ? 1 = Yes 2 = No ⇒ M36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M35. When (NAME) wears the glasses/contact lenses, does he/she have difficulties to see ? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ? 1= Has no difficulty 2= Has some difficulties 3= Has much difficulties 4= Is completely unable	<input type="checkbox"/> Go to M37	<input type="checkbox"/> Go to M37	<input type="checkbox"/> Go to M37	<input type="checkbox"/> Go to M37	<input type="checkbox"/> Go to M37	<input type="checkbox"/> Go to M37	<input type="checkbox"/> Go to M37	<input type="checkbox"/> Go to M37	<input type="checkbox"/> Go to M37	<input type="checkbox"/> Go to M37

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

M1. Sequential number	1	2	3	4	5	6	7	8	9	10
M36. Is (NAME) having difficulties to see? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ? 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	□	□	□	□	□	□	□	□	□	□
M37. Is (NAME) wearing hearing prosthesis ? 1 = Yes 2 = No⇒ M39	□	□	□	□	□	□	□	□	□	□
M38. When (NAME) wears hearing aids, is he/she having difficulties in hearing sounds, like the voices of people or music? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ? 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	Go to M40	Go to M40	Go to M40	Go to M40	Go to M40	Go to M40	Go to M40	Go to M40	Go to M40	Go to M40
M39. Is (NAME) having difficulties in hearing sounds, like the voices of people or music? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ? 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	□	□	□	□	□	□	□	□	□	□
M40. Is (NAME) using an equipment or is he/she assisted to walk? 1 = Yes 2 = No ⇒ M43	□	□	□	□	□	□	□	□	□	□
M41. Without equipment or assistance, is (NAME) having difficulties in walking ? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable? 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	□	□	□	□	□	□	□	□	□	□
M42. With his/her equipment or assistance, is (NAME) having difficulties in walking ? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable? 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	Go to M44	Go to M44	Go to M44	Go to M44	Go to M44	Go to M44	Go to M44	Go to M44	Go to M44	Go to M44
M43. Compared to children of the same age, Is (NAME) having difficulties in walking ? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable? 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	□	□	□	□	□	□	□	□	□	□
M44. Compared to children of the same age, Is (NAME) having difficulties in holding small object with his/her hand? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable? 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	□	□	□	□	□	□	□	□	□	□
M45. Is (NAME) having difficulties in understanding you ? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable? 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	□	□	□	□	□	□	□	□	□	□

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

M1. Sequential number	1	2	3	4	5	6	7	8	9	10
M46. When (NAME) speaks, do you find difficulties in understanding him/her? Would you say you: <u>have no difficulty, have some difficulties, have much difficulties, completely unable</u> 1= You have no difficulty 3= You have much difficulties 2= You have some difficulties 4= You are completely unable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M47. Compared to other children of the same age, is (NAME) having difficulties in learning things ? Would you say that (NAME) : <u>has no difficulty, some difficulties, much difficulties, or is completely unable?</u> 1= You have no difficulty 3= You have much difficulties 2= You have some difficulties 4= You are completely unable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M48. Compared to children of the same age, Is (NAME) having difficulties to play ? Would you say that (NAME) : <u>has no difficulty, some difficulties, much difficulties, or is completely unable ?</u> 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M49. Compared to children of the same age, does (NAME) kick, bite or beat other children or adults? Would you say: <u>not at all, as or less, more or much more?</u> 1= Not at all 3= Often 2= Rarely 4= More often	<input type="checkbox"/> Go to the next person or to H1	<input type="checkbox"/> Go to the next person or to H1	<input type="checkbox"/> Go to the next person or to H1	<input type="checkbox"/> Go to the next person or to H1	<input type="checkbox"/> Go to the next person or to H1	<input type="checkbox"/> Go to the next person or to H1	<input type="checkbox"/> Go to the next person or to H1	<input type="checkbox"/> Go to the next person or to H1	<input type="checkbox"/> Go to the next person or to H1	<input type="checkbox"/> Go to the next person or to H1
M50A. I wish to ask you some questions about the difficulties that (NAME) maybe facing										
M50. Is (NAME) wearing medical eye glasses or contact lenses? 1 = Yes 2 = No ⇒ M52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M51. When he/she wears the eye glasses or contact lenses, is (NAME) having difficulties in seeing ? Would you say that (NAME) : <u>has no difficulty, some difficulties, much difficulties, or is completely unable ?</u> 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	<input type="checkbox"/> Go to M53	<input type="checkbox"/> Go to M53	<input type="checkbox"/> Go to M53	<input type="checkbox"/> Go to M53	<input type="checkbox"/> Go to M53	<input type="checkbox"/> Go to M53	<input type="checkbox"/> Go to M53	<input type="checkbox"/> Go to M53	<input type="checkbox"/> Go to M53	<input type="checkbox"/> Go to M53
M52. Is (NAME) having difficulties in seeing ? Would you say that (NAME) : <u>has no difficulty, some difficulties, much difficulties, or is completely unable ?</u> 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M53. Is (NAME) using a hearing aid? 1 = Yes 2 = No ⇒ M55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M54. When he/she uses a hearing aid, is (Name) having difficulties in hearing sounds like the voices of people or of music? Would you say that (NAME) : <u>has no difficulty, some difficulties, much difficulties, or is completely unable ?</u> 1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable	<input type="checkbox"/> Go to M56	<input type="checkbox"/> Go to M56	<input type="checkbox"/> Go to M56	<input type="checkbox"/> Go to M56	<input type="checkbox"/> Go to M56	<input type="checkbox"/> Go to M56	<input type="checkbox"/> Go to M56	<input type="checkbox"/> Go to M56	<input type="checkbox"/> Go to M56	<input type="checkbox"/> Go to M56

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

M1. Sequential number	1	2	3	4	5	6	7	8	9	10
<p>M55. Is (NAME) having difficulties in hearing sounds like the voices of people or of music? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>
<p>M56. Is (NAME) using an equipment or receiving assistance to walk?</p> <p>1 = Yes 2 = No ⇒ M61</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"/>
<p>M57. Without his/her equipment, is (NAME) having difficulties in walking a distance of 100 meters on flat land ? This distance corresponds to about the length of a football field. Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</p>	<input type="checkbox"/> If 3 or 4, Go to M59	<input type="checkbox"/> If 3 or 4, Go to M59	<input type="checkbox"/> If 3 or 4, Go to M59	<input type="checkbox"/> If 3 or 4, Go to M59	<input type="checkbox"/> If 3 or 4, Go to M59	<input type="checkbox"/> If 3 or 4, Go to M59	<input type="checkbox"/> If 3 or 4, Go to M59	<input type="checkbox"/> If 3 or 4, Go to M59	<input type="checkbox"/> If 3 or 4, Go to M59	<input type="checkbox"/> If 3 or 4, Go to M59
<p>M58. Without his/her equipment or assistance, is (NAME) having difficulties in walking a distance of 500 meters on flat land ? This distance corresponds to about the length of 5 football field. Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>
<p>M59. With his/her equipment, is (NAME) having difficulties in walking a distance of 100 meters on flat land ? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</p>	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63
<p>M60. With his/her equipment, is (NAME) having difficulties in walking a distance of 500 meters on flat land ? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</p>	<input type="checkbox"/> If 1, Go to M63	<input type="checkbox"/> If 1, Go to M63	<input type="checkbox"/> If 1, Go to M63	<input type="checkbox"/> If 1, Go to M63	<input type="checkbox"/> If 1, Go to M63	<input type="checkbox"/> If 1, Go to M63	<input type="checkbox"/> If 1, Go to M63	<input type="checkbox"/> If 1, Go to M63	<input type="checkbox"/> If 1, Go to M63	<input type="checkbox"/> If 1, Go to M63
<p>M61. Compared to children/persons of the same age, is (NAME) having difficulties in walking a distance of 100 meters on flat land? This distance corresponds to about the length of a football field. Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</p>	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63	<input type="checkbox"/> If 3 or 4, Go to M63
<p>M62. Compared to children/persons of the same age, is (NAME) having difficulties in walking a distance of 500 on flat land? This distance corresponds to about the length of five football fields? Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

M1. Sequential number	1	2	3	4	5	6	7	8	9	10
<p>M63. Is (NAME) having difficulties in taking care of himself/herself, like to feed alone or to dress up alone? <i>Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</i></p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>
<p>M64. When (NAME) is speaking, is he/she having difficulties in making himself/herself understood by the members of this household? <i>Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</i></p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>
<p>M65. When (NAME) is speaking, is he/she having difficulties in making himself/herself understood by people who are not of this household? <i>Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</i></p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>
<p>M66. Compared to the children/persons of the same age, is (NAME) having difficulties in learning things ? <i>Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</i></p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>
<p>M67. Compared to the children/persons of the same age, is (NAME) having difficulties in remembering things ? <i>Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</i></p> <p>1= Has no difficulty 3= Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>
<p>M68. Is (NAME) having difficulties in concentrating on any activity that he/she likes ? <i>Would you say that (NAME) : has no difficulty, some difficulty, much difficulties, or is completely unable ?</i></p> <p>1=Has no difficulty 3=Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>
<p>M69. Is (NAME) having difficulties in accepting changes in his/her routine, that is to say in things that he/she is does habitually? <i>Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</i></p> <p>1=Has no difficulty 3=Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>
<p>M70. Compared to the children/persons of the same age, is (NAME) having difficulties incontrolling his/her behaviour? <i>Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</i></p> <p>1=Has no difficulty 3=Has much difficulties 2= Has some difficulties 4= Is completely unable</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"/>

M. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

<i>M1. Sequential number</i>	1	2	3	4	5	6	7	8	9	10
<p><i>M71. Is (NAME) having difficulties in making friends ?</i> <i>Would you say that (NAME) : has no difficulty, some difficulties, much difficulties, or is completely unable ?</i></p> <p>1=Has no difficulty 3=Has much difficulties 2= Has some difficulties 4= Is completely unable</p>	□	□	□	□	□	□	□	□	□	□
<p><i>M72. How often does (NAME) seem too anxious, nervous or worried?</i> <i>Would you say that (NAME) seem too anxious, nervous or worried: Every day, Every week, Every month, Sometimes in the course of the year or never?</i></p> <p>1= Every day 4= Sometimes in the course of the year 2= Every week 5= Never 3= Every month</p>	□	□	□	□	□	□	□	□	□	□
<p><i>M73. How often does (NAME) seem very sad or depressed?</i> <i>Would you say that (NAME) : seem very sad or depressed: Every day, Every week, Every month, Sometimes in the course of the year or Never?</i></p> <p>1= Every day 4= Sometimes in the course of the year 2= Every week 5= Never 3= Every month</p>	□	□	□	□	□	□	□	□	□	□

H. CHARACTERISTICS OF THE HABITAT

H1. Type of habitat	H2. Main material of the wall	H3. Main material of the roof	H4. Main material of the floor
01= Slot/hut/Tent 02= Isolated house 03= House with several lodgings 04= Modern villa/Duplex/Mansion 05= Building with apartments 06= Compound or sare 96= Other (Specify) _____	01= Concrete, Blocks, Backed mud bricks 02= Cut stones 03= simple stones (uncut) 04= Plank 05= Carabot 06= Simple mud bricks 07= Pisé/clay/beaten earth 08= Mats, stubble, leaves 96= Other (Specify) _____	1= Cement 2= Zinc, roof tiles 3= Mats/Stubble/Leaves 4= Ground 6= Other (Specify) _____	1 = Cement/concrete 2 = Tiles/Marbles 3 = Wood 4 = Ground 6 = Other _____ (Specify) _____
H5. What is the Occupancy status of your lodging?	H6. Total number of rooms in the lodging H6a. Total number of sleeping rooms in the lodging	H7. What is your main mode of drinking water supply? H7a. How much time does it take for a household member to go fetch water and return home? (in min)	H8A. What type of toilet facility do your household members usually use H8B- Number of co-users of toilets
01= Owner with land title and with building license/building authorization/ implantation title 02= Owner with land title and without building license/building authorization 03= Owner without land title and with building license/building authorization/ implantation title 04= Owner without land title and with building authorization/ implantation title 05= Hire purchase 06= Simple hiring 07= Lodged by the employer 08= Lodged by a relative or friend 96= Other (Specify) _____	NB: Here, only the main rooms (bedrooms, dining rooms, living rooms, offices, etc.) are considered for the total number of rooms of the lodging. Secondary rooms like kitchens, bathrooms, antechambers, corridors etc. are not considered as rooms. Secondary rooms are considered as rooms in case they are frequently used by household members for sleeping. H6 : Total : _____ H6a : Sleeping _____	01= Individual tap SNEC/CAMWATER/CDE 02= Collective tap SNEC/CAMWATER/CDE (main user) 03= Collective tap SNEC/CAMWATER/CDE without divisional meter 04= Collective tap SNEC/CAMWATER/CDE with divisional meter 05= Reseller of tap water SNEC/CAMWATER/CDE 06= Other Individual tap 07= Public water distribution point 08= Other collective tap 09= Sinking well 10= Well pump 11= Harnessed Well 12= Non harnessed Well 13= Protected source 14= Non protected source 15= Rain water 16= Truck-tanker 17= Cart with a small tank/drum 18= Surface water (river, stream, dam, lake, flac water, irrigation channel) 19= Bottle (mineral) water 20= Sachet water 96= Other (Specify) _____ H7: Type : _____ If code 1 to 4,19,20 go to H8 H7a: Time spent to Go, fetch water and To Come back (in min): _____ <i>000 if on the same spot</i>	A- What type of toilet facility do your household members usually use? <i>Flushing toilet with or without water tank</i> 01= Connected to a sewage system 02= Connected to a septic tank 03= Linked to latrines 04= Linked to something else 05= Linked to unknown place/not /DK Pit/latrines 06= Improved Ventilated Latrines (LAV) 07= Pit latrines with a slab 08= Pit latrines with no slab/open pit 09= Composting toilets 10= Bucket 11= Suspended toilets/latrines 12= No toilet/bush/farm 96= Other (Specify) <i>(If 12, then go to H9)</i> _____ B- With how many households do you share these toilets? _____ <i>IF THE HOUSEHOLD DOES NOT SHARE TOILET WRITE 00</i>
H9. What is the main lighting source of your household	H10. In your household what type of energy for cooking do you mainly use ?	H11. How do you get rid of your Household refuse ?	H12. How do you get rid of Waste water?
01= Kerosene 02= Individual meter AES-SONEL/ENEO 03= Collective meter (main user) AES-SONEL/ENEO 04= Collective meter AES-SONEL/ENEO without divisional meter 05= Collective meter AES-SONEL/ENEO with divisional meter 06= AES-SONEL/ENEO without meter (direct) 07= Generator 08= Gas 09= Solar energy 10= Solar Lamp 96= Other (Specify) _____	01= Electricity 02= Liquefied Petroleum Gas (LPG) 03= Natural Gas 04= Biogas 05= Kerosene /paraffin 06= Charcoal/lignite 07= Coal 08= Bought firewood 09= Wood picked/received 10= Straws/branches/grass 11= Cow-dung 12= Agric waste 13= No food cooked inside the household 14= Sawdust, wood chips 96= Other (Specify) _____	1 = Picked up by lorry/Refuse vat/Private collection 2 = Thrown into nature 3 = Buried, burnt 4 = Recycled 6 = Other(Specify) _____ _____	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 5 = Poured in the nature 6 = Other _____ (Specify) _____

SECTION E: HOUSEHOLD DURABLE EQUIPEMENTS/ GOODSAND PATRIMONY

E. HOUSEHOLD DURABLE EQUIPEMENTS/ GOODS

E0. 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 digit space if the household does not have that equipment

E1. Vehicle/truck Number? <input type="checkbox"/>	E2. Motorbike / mobylette Number? <input type="checkbox"/>	E3. Bicycle Number? <input type="checkbox"/>	E4. Radio set Number? <input type="checkbox"/>
E5. Television set Number? <input type="checkbox"/>	E6. Cooker Number? <input type="checkbox"/>	E7. Kerosene/paraffin stove Number? <input type="checkbox"/>	E8. Gas Cooker Number? <input type="checkbox"/>
E9. Fan Number? <input type="checkbox"/>	E10. Air conditioner Number? <input type="checkbox"/>	E11. Frigo/Refrigerator Number? <input type="checkbox"/>	E12. Freezer Number? <input type="checkbox"/>
E13. Fixe Telephone / CT fixe phone Number of lines? <input type="checkbox"/>	E14. Cell phone/ Portable CT phone Number? <input type="checkbox"/>	E15. Computer Number? <input type="checkbox"/>	E16. Musical set Number? <input type="checkbox"/>
E17. Tricycle Number <input type="checkbox"/>	E18. Fax / Telecopier Number? <input type="checkbox"/>	E19. Washing machine/tumble drier Number? <input type="checkbox"/>	E20. Sport equipment Number? <input type="checkbox"/>
E21. Parabolic /digital antenna Number? <input type="checkbox"/>	E22. CD/DVD/VCD reader Number? <input type="checkbox"/>	E23. Electric iron Number? <input type="checkbox"/>	E24. Blender/mincer Number? <input type="checkbox"/>
E25. Cupboard/Bufets/ filing cabinet Number? <input type="checkbox"/>	E26. Eating room/Palour (tables, chairs) Number? <input type="checkbox"/>	E27. Beds Number? <input type="checkbox"/>	E28. Generator Number? <input type="checkbox"/>

5.2. ELEMENTS OF HOUSEHOLD PATRIMONY

E29. Agric tractor/machine Number? <input type="checkbox"/>	E30. Rickshaw/Cart/wheelbarrow Number? <input type="checkbox"/>	E31. Cows, (downkeys), Horse (s) to plow Number? <input type="checkbox"/>	E32. Unoccupied Living house Number? <input type="checkbox"/>
E33. Exploited land a. Number? <input type="checkbox"/> b. Surface area <input type="checkbox"/> Code Surface area 1= m ² , if < 1 ha 2= ha NB: 1 ha = 10 000 m ²	E34. Unexploited land a. Number? <input type="checkbox"/> b. Surface area <input type="checkbox"/> Code Surface area 1= m ² , if < 1 ha 2= ha NB: 1 ha = 10 000 m ²	E35. House to rent Number? <input type="checkbox"/>	E36. Exploited ponds a. Number? <input type="checkbox"/> b. Surface area <input type="checkbox"/> Code Surface area 1= m ² , if < 1 ha 2= ha NB: 1 ha = 10 000 m ²

E37. Possession of cattle, herd or farm animals ? 1= Yes 2= No

If Yes, specify record the number of each type below here after the type (s), and the Numbers.
If not, go to the next section.

E38. Bovines (Cows) Number? <input type="checkbox"/>	E39. Caprines (goats) Number? <input type="checkbox"/>	E40. Ovines (sheeps) Number? <input type="checkbox"/>	E41. Porcines (Pigs/sores) Number? <input type="checkbox"/>
E42. Equidae (horses/downkeys) Number? <input type="checkbox"/>	E43. Fowls/Chickens Number? <input type="checkbox"/>	E44. Other fowls Number? <input type="checkbox"/>	E45. Rabbits Number? <input type="checkbox"/>
E46. guinea pigs Number? <input type="checkbox"/>			

F. PHONE CONTACT OF HOUSEHOLD HEAD

F1 Is the household head having a phone contact?
1 = Yes 2 = No (If No, thank the respondent and move to the individual questionnaire)

F2 If Yes , 1st phone number.
2nd phone number.
3rd phone number.

Mis en forme : Couleur de police : Automatique

Mis en forme : Police :11 pt, Couleur de police : Automatique

Mis en forme : Centré

GPS questionnaire respondent algorithm

The GPS Module is administered only to one household member aged from 18 years and above, selected from Kish's table. The principle is as follows:

a. Choice of concerned households

If the sequential number of the cluster is even, then the households concerned are those whose sample numbers are even.

On the contrary, If the sequential number of the cluster is odd, then the concerned households are those of odd sample numbers.

b. Choice of the individual to be interviewed

1- There is only one person aged 18 years or above in the household

- This person will be automatically selected for the interview.

2- There are more than one eligible person in the household

- a) Take the last digit of the household sequential number in the sample;
- b) Select the row whose content of the first cell corresponds to this number;
- c) Check the total number of eligible persons in G11a in Section G of the household questionnaire;
- d) Select the column whose content of the first cell corresponds to this number;
- e) Find the cell that corresponds to the intersection of the identified row and column and encircle the number in it;
- f) This figure corresponds to the position of the person to be selected for the GPS questionnaire when the sequential number of eligible persons are written in increasing order: 1st, 2nd, 3rd, etc.
- g) In G15A of Section G, enter the name and row number of that person.

Example:

We are in the cluster with sequential number 002.

The sequential number of the household in the sample is 08: select row 8.

There are 6 eligible people in this household, select column 6.

The cell at the intersection of row "8" and column 6 is 1: the 1st **eligible person** listed in the household table will be selected.

If the sequential numbers of the 6 eligible persons in the household are: '02', '04', '05', '06', '07' and '08', the selected person is the first person listed, i.e. the person whose sequential number in the household is '02'.

Last digit of sequential number of household in the sample	Total number of eligible persons in 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