

RÉPUBLIQUE DU CAMEROUN

Paix – Travail – Patrie

MINISTÈRE DE L'AGRICULTURE ET DU  
DÉVELOPPEMENT RURAL

SECRETARIAT GENERAL

DIRECTION DU DEVELOPPEMENT DE L'AGRICULTURE

PROGRAMME NATIONAL DE  
DÉVELOPPEMENT DES RACINES ET  
TUBERCULES  
PNDRT



BP : 15308 – YAOUNDE

Tél. : 222 73 25

931 96 51

Fax : 222 74 16 -

email : racines&tubercules@yahoo.fr

REPUBLIC OF CAMEROON

Peace - Work - Fatherland.

MINISTRY OF AGRICULTURE AND  
RURAL DEVELOPMENT

GENERAL SECRETARY

DEPARTMENT OF AGRICULTURAL DEVELOPMENT

NATIONAL PROGRAMME FOR ROOTS  
AND TUBERS DEVELOPMENT  
NPRTD

## SYGRI Reference Survey in the intervention areas of the National Program for the Development of Roots and Tubers (PNDRT)

### QUESTIONNAIRE

#### STRICTLY CONFIDENTIAL AND NOT AIMED FOR TAXES

Information collected during this survey are strictly confidential following law N° 91/023 of 16<sup>th</sup> December 1991 on statistical censuses and 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"



Study carried out by the National Institute of Statistics  
PO Box 134 Yaounde,  
Tel : (237) 22 22 04 45,  
Fax: (237) 22 23 24 37  
Web Site: [www.statistics-cameroon.org](http://www.statistics-cameroon.org)

July 2011

## SECTION 00 : GENERAL INFORMATION

### IDENTIFICATION

Q1 : INTERVIEWER : _____	_ _
Q2: SUPERVISOR : _____	_ _ _
Q3: ANTENNA : _____	_
Q4: REGION : _____	_ _
Q5: CLUSTER : _____	_ _ _
Q6: HOUSEHOLD NUMBER : _____	_ _ _ _  /  _ _ _ _  /  _ _
Q7: DATE _____	_ _  /  _ _  /  _ _ _ _
Q8: RESULT OF THE SURVEY : 1: Totally filled 2: Partially filled _____	_

## SECTION 1: DEMOGRAPHY OF THE HOUSEHOLD

Please tell me the first name of each person who usually lives here, starting with the Head of the Household.  
List adult members of the household first beginning with the household head, then list children.

No.	Q9: FIRST NAME:	Q10: SEX: Male = 1 Female = 2		Q11: AGE How old was (name) on his/her last birthday?	Q12: LITERACY Can he/she read a newspaper or letter? 1:EASILY ; 2:WITH DIFFICULTY; 3:NOT AT ALL; 9:DOESN'T KNOW			
		M	F	AGE	EASY	WITH DIFF	NOT AT ALL	DK
01		1	2	_ _ _	1	2	3	9
02		1	2	_ _ _	1	2	3	9
03		1	2	_ _ _	1	2	3	9
04		1	2	_ _ _	1	2	3	9
05		1	2	_ _ _	1	2	3	9
06		1	2	_ _ _	1	2	3	9
07		1	2	_ _ _	1	2	3	9
08		1	2	_ _ _	1	2	3	9

09		1	2	□□□□	1	2	3	9
10		1	2	□□□□	1	2	3	9
11		1	2	□□□□	1	2	3	9
12		1	2	□□□□	1	2	3	9

## SECTION 2: SURVEY

NO.	QUESTIONS	ANSWERS	CODE
Q13.a	<p><b><u>Type of lodging</u></b></p> <p>What is the main material of the floor of the lodging?</p>	<p><b><u>NATURAL FLOOR</u></b>                      1= EARTH/SAND                      2= DUNG</p> <p><b><u>RUDIMENTARY FLOOR</u></b>                      3= WOOD PLANKS                      4=PALM LEAVES/BAMBOO</p> <p><b><u>FINISHED FLOOR</u></b>                      5= POLISHED WOOD.....                      6= VINYL OR ASPHALT STRIPS.....                      7= CERAMIC TILES.....                      8=CEMENT.....                      9= CARPET.....                      96= OTHER (SPÉCIFY)                      _____</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
Q13.b	<p>What is the number of sleeping rooms in the dwelling?</p>		<p><input type="text"/> <input type="text"/> <input type="text"/></p>
Q14	<p><b><u>Drinking Water Source</u></b></p> <p>What is the main source of drinking water for your household?</p>	<p>1= PIPED INTO HOUSE                      2= PIPED INTO YARD OR PLOT                      3= PUBLIC TAP                      4= TUBEWELL/BOREHOLE WITH PUMP                      5= PROTECTED DUG WELL                      6= PROTECTED SPRING                      7= RAINWATER COLLECTION                      8= BOTTLED WATER                      9= UNPROTECTED DUG WELL                      10= UNPROTECTED SPRING                      11= POND, RIVER OR STREAM                      12= TANKER-TRUCK, VENDOR                      96= OTHER (SPÉCIFY)                      _____</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
Q15.a	<p><b><u>Type of toilet</u></b></p> <p>What kind of toilet facility does your household use?</p>	<p>1= NO FACILITY/ BUSH/ FIELD                      2= OPEN PIT/TRADITIONAL PIT LATRINE                      3= IMPROVED PIT LATRINE                      4= POUR FLUSH LATRINE                      5= FLUSH TOILET                      96=OTHER (SPÉCIFY)                      _____</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
Q15.b	<p>Is this toilet facility located within your dwelling, or yard or compound?</p>	<p>1=YES                      2=NO</p>	<p><input type="checkbox"/></p>
Q16.a	<p><b><u>Food Security.</u></b></p> <p>In the past 12 months, did your household experience a food shortage season?</p> <p><b>[The hungry season means the number of months a household does not have enough food because their own stores are depleted and they do not have money to buy food.]</b></p>	<p>1=YES                      2=NO</p> <p style="text-align: center;">If 2 go to Q.5</p>	<p><input type="checkbox"/></p>

NO.	QUESTIONS	ANSWERS	CODE
<b>Q16.b</b>	In which month did the food shortage season begin?.....		_ _
<b>Q16.c</b>	In which month did the food shortage season end?.....		_ _
<b>Q16.d</b>	During the last 12 months, did your household experience a second food shortage season?.....	1=YES 2=NO	_
		If 2 go to Q.5	
<b>Q16.e</b>	In which month did the second food shortage season begin?.....		_ _
<b>Q16.f</b>	In which month did the second food shortage season end?.....		_ _

NO.	QUESTIONS	ANSWERS	CODE															
Q17	<p><b>General Equipment</b></p> <p>Does your household have?</p> <p><i>[Read each item aloud and record the answer before proceeding to the next item..]</i></p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATORS.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATORS.....	1	2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATORS.....	1	2																
Q18	Does any member of your household own a.....?	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTOCYCLE OR SCOOTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR OR TRUCK...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	BICYCLE.....	1	2	MOTOCYCLE OR SCOOTER.....	1	2	CAR OR TRUCK...	1	2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Yes	No																
BICYCLE.....	1	2																
MOTOCYCLE OR SCOOTER.....	1	2																
CAR OR TRUCK...	1	2																
Q19	What is the main source of energy used for cooking in your household?	1= ELECTRICITY 2= LPG/ NATURAL GAS 3= BIOGAS 4= KEROSENE 5=COAL/LIGNITE 6= CHAR COAL 7= FIREWOOD/STRAW 8= DUNG 96= OTHER (SPECIFY) _____	<input type="checkbox"/> <input type="checkbox"/>															
Q20.a	Are you or is any member of your household involved in cultivating any farmland?	1=YES 2=NO  If 2 go to Q.9	<input type="checkbox"/>															
Q20.b	What is the main tool used in your household to cultivate the land?	1= HAND TOOL (HOE/SPADE) 2= ANIMAL-DRAWN PLOW 3= TRACTOR-DRAWN PLOW 4= POWER TILLER 96= OTHER (SPECIFY) _____	<input type="checkbox"/> <input type="checkbox"/>															
Q21	Does any member of your household own any livestock?  <i>[Read each item aloud and record the answer before proceeding to the next item..]</i>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>CHICKENS OR OTHER POULTRY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHEEP.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GOATS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CATTLE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	CHICKENS OR OTHER POULTRY.....	1	2	SHEEP.....	1	2	GOATS.....	1	2	CATTLE.....	1	2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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CATTLE.....	1	2																



## SECTION 4– USE OF MOSQUITOE NET

QUESTIONS	The youngest child Name _____	The elder of the youngest Name _____	2 <sup>nd</sup> elder from the youngest child Name _____
<b>Q26:</b> Did (Name) sleep last night under a mosquito net? <b>1 = Yes 2 = No 3 = Does not know</b>	<input type="checkbox"/> <b>If 2 or 3 → End of interview</b>	<input type="checkbox"/> <b>If 2 or 3 → End of interview</b>	<input type="checkbox"/> <b>If 2 or 3 → End of interview</b>
<b>Q27:</b> Please, can we see the mosquito net under which (Name) slept last night? <b>1 = Seen 2 = Not seen</b>	<input type="checkbox"/> <b>If 2 go to Q29</b>	<input type="checkbox"/> <b>If 2 go to Q29</b>	<input type="checkbox"/> <b>If 2 go to Q29</b>
<b>Q28:</b> Type of mosquito net.  <b>1 = MILD</b> <b>2 = MILD</b> <b>3 = Unimpregnated mosquitoes net.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q29:</b> Since the day you got this mosquito net, has it ever been soaked up in a liquid in order to drive away mosquitoes or bugs? <b>1 = Yes 2 = No 3 = Does not know</b>	<input type="checkbox"/> <b>If 2 or 3 → End of interview</b>	<input type="checkbox"/> <b>If 2 or 3 → End of interview</b>	<input type="checkbox"/> <b>If 2 or 3 → End of interview</b>
<b>Q30.a:</b> Do you know the number of months elapsed since you last soaked up the mosquitoes net? <b>1 = Yes 2 = No</b>	<input type="checkbox"/> <b>If 2 → End of interview</b>	<input type="checkbox"/> <b>If 2 → End of interview</b>	<input type="checkbox"/> <b>If 2 → End of interview</b>
<b>Q30.b:</b> Number of months elapsed since you last soaked the mosquitoes net?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**NOTES or COMMENTS:** \_\_\_\_\_

**END OF THE INTERVIEW.**  
**THANK YOU FOR YOUR COOPERATION**