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INSTITUT NATIONAL  
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REPUBLIC OF CAMEROON

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# **FIRST NATIONAL SURVEY ON ACCESS TO ENERGY (ENACE 1)**

## **HOUSEHOLD QUESTIONNAIRE**

### **CONFIDENTIAL AND NOT FOR TAX PURPOSES**

*Information collected during this survey is strictly confidential under Law N0. 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”.*

**April 2019**

## SECTION 00 : GENERAL INFORMATION

### A – HOUSEHOLD IDENTIFICATION

<b>S0Q1</b>	SURVEY REGION: _____	____
<b>S0Q2</b>	CLUSTER SERIAL NUMBER : _____	____
<b>S0Q3</b>	STRUCTURE NUMBER INSIDE THE CLUSTER : _____	____
<b>S0Q4</b>	SERIAL NUMBER OF THE SAMPLE HOUSEHOLD : _____	____

### B – HOUSEHOLD INFORMATION

<b>S0Q5</b>	DIVISION : _____	____
<b>S0Q6</b>	SUBDIVISION /COUNCIL: _____	____
<b>S0Q7</b>	VILLAGE/QUARTER OF TOWN : _____	
<b>S0Q8</b>	STRATUM OF RESIDENCE : _____	____
	1 = Urban Stratum      2 = Semi urban stratum      3 = Rural stratum	
<b>S0Q9</b>	NAME OF HOUSEHOLD HEAD: _____	
<b>S0Q10a</b>	Phone contact?      1 = Yes      2 = No      (If No, go to Q11)	____
<b>S0Q10b</b>	If Yes, 1 <sup>st</sup> phone N° : ____ ____ ____ ____ ____	
	2 <sup>nd</sup> phone N° : ____ ____ ____ ____ ____	
	3 <sup>rd</sup> phone N° : ____ ____ ____ ____ ____	
<b>S0Q11</b>	GPS coordinates: Longitude : _____. _____ latitude : _____. _____ Altitude : _____. _____	
<b>S0Q12</b>	NUMBER OF PERSONS IN THE HOUSEHOLD (Including visitors)	____

### C – DATA COLLECTION INFORMATION

<b>S0Q13</b>	INTERVIEWER : _____	____
<b>S0Q14</b>	CONTROLLER : _____	____
<b>S0Q15</b>	SUPERVISOR : _____	____
<b>SQ16</b>	SURVEY DATE : _____	____ ____ ____ ____ ____ ____
<b>S0Q17a</b>	Starting hour _____ ____ h ____ mn	
	hour _____ ____ h ____ mn	
<b>S0Q17b</b>	Ending	
<b>SQ18</b>	DATA COLLECTION RESULT: _____	____
	01 = Complete survey      05 = Empty/destroyed lodging	
	02 = Incomplete survey      06 = Refusal	
	03 = Absence      96 = Other (Specify)	
	04 = Long term travel	
<b>S0Q19</b>	JUDGEMENT OVER THE QUALITY OF THE SURVEY	
	1=Very good      2=Good      3=Average      4=Bad      5=Very bad	____
<b>S0Q20</b>	NAME AND SERIAL NUMBER OF THE MAIN RESPONDENT: _____	____

## SECTION 01 : CHARACTERISTICS OF HOUSEHOLD MEMBERS

<b>01.1.</b> COMPOSITION OF HOUSEHOLD	Names and firstnames of household members																	
	<i>Make an exhaustive list of all household members, starting with the household head and ask the following questions for each member.</i>																	
<b>S1Q1</b>	Serial number	<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>	<b>05</b>	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>
<b>S1Q2</b>	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"/>
<b>S1Q3</b>	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"/>
<b>S1Q4</b>	How old is (Name)? Record <i>the age in complete years. (95 for age &gt;= 95 and 98 for DK)</i> <b>(IF AGE &lt; 10 YEARS, go to S1Q6)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S1Q5</b>	What is (Name)'s marital status ? <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"/>
<b>S1Q6</b>	What is (Name)'s nationality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S1Q7a</b>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S1Q7b</b>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>For persons aged 3 years or above</b>																		
<b>S1Q8</b>	<i>Has (Name) ever been to school?</i> 1=Yes 2=No <b>if No, move to next person</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S1Q9</b>	N. What is (Name)'s highest level of study?  C. What is the last class completed with success by (Name) at that level? <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"/>
<b>S1Q10</b>	What is (Name)'s highest certificate? <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"/>

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

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Codes S1Q3			Codes S1Q5		Code S1Q6		
01 = Household head 02 = Spouse of the household Head 03 = Son or daughter 04 = Son in law or daughter in law 05 = Grandson/Grand daughter 06 =Father/Mother	07 = Parent in law 08 = Brother/Sister 09 = Direct Nephew/Niece 10= Nephew/Niece by marriage 11= Adopted/fostered/Child of one of the spouses	12= Domestic servant 13= Other relative 14= With no relationship 98= DK	1 = Single 2 = Married monogamous 3 = Married polygamous	4 = Widow/widower 5 = Divorced/Separated 6 = In free union	1= Cameroun    2= Other CEMAC country 3= Nigeria    4= Rest of Africa    5= France    6= Rest of Europe 7= China    8= Rest of Asia    9=Rest of the world		
Codes S1Q10	Codes S1Q9						
1 = No CERTIFICATE 2 = CEP/CEPE/FSLC 3 = BEPC/CAP/GCEOL 4 = PROBATOIRE/BP 5 = BAC/GCEAL/BEP/BT 6 = BTS/DUT/DEUG 7 = LICENCE 8 = MAITRISE/MASTER/DEA 9 = DOCTORAT/PHD		PRESCOLAR OR NEVER BEEN TO SCHOOL=0	PRIMARY = 1	SECONDARY 1st Cycle = 2	SECONDAIRE 2nd 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 ou T/Form 5 2= 1ère G ou T/Lower 6 3= Terminale G ou T/Upper 6 8= DK	0= Less than 1 year 1= 1 <sup>st</sup> year 2= 2 <sup>nd</sup> year 3= 3rd year 4= 4th or 5th year 5= 6 <sup>th</sup> year or + 8= DK	

## Section 02 : ECONOMIC ACTIVITY AND OUT-OF-EMPLOYMENT INCOME OF HOUSEHOLD MEMBERS (For persons aged 10 years or more)

ECONOMIC ACTIVITY						
<b>S2Q1</b>	Did (Name) exercise any paid or unpaid economic activity during the past 7 days or is name having an employment? 1= Yes 2= No <b>if Yes, go to S2Q1a</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>S2Q1a</b>	Although (Name) declares that he/she did not work during the last 7 days and that he/she does not have any employment, did he/she carry out one of the following activities during the last 7 days, at home or elsewhere? 01 = Working in a private business 02 = Making a product for sale 03 = Working at home for an income 04 = Rendering a service for an income 05 = Helping in a family business 06 = As an apprentice, paid or not 07 = As a student who does a job 08= Working for another household 09 = Any other activity for an income 10 = No such activity → <b>go to S2Q7</b>					
<b>S2Q2</b>	What is the socioprofessional category of (Name) in this employment or in this activity ? <i>Is (Name)a :</i> 01 = Senior executive, engineer and assimilate 02 = Medium executive, foreman 03 = Qualified employee/Skilled labourer 04 = Semi-skilled employee/ Semi-skilled labourer 05 = Labourer 06 = Employer (Boss) 07 = Own account Worker 08 = Family Aid 09 = Paid or non paid apprentice, intern 10 = Unclassifiable (Describe)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>S2Q3</b>	The enterprise in which (Name) exercises his/her main employment (or that he/she manages) is : 1 = A public administration 2 = Public or parapublic enterprise syndicate.,etc.. 3 = Non agricultural private enterprise 4 = Agricultural exploitation (plantation, farm, rearing, fishing, ...) 5 = International Organization 6 = Associative enterprise (cooperative, NGO, 7 = Household (house worker)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>S2Q4</b>	Does the structure in which (Name) exercise his/her main employment (or that he/she manages) have a taxpayer's number 1= Yes 2= No 3= Does Not Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>S2Q5</b>	<b>Does the enterprise in which (Name) exercise his main employment (or that he/she manages) keep formal accounts?</b> 1= STR or formal accounts 2= Non detailed accounts 3= No ( <b>No accounts</b> ) <b>4 Other (Specify)</b> _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>S2Q6</b>	<i>Check if (Name) owns or not an informal production unit (IPU) where he/she exercises his/her main employment</i> <i>1= Yes (If [S2Q2= 06 or 07] <b>and</b> [S2Q4= 2 or 3]) <b>and</b> [S2Q5= 2 or 3 or 4])</i> <i>2= No (if other combination of answer for S2Q2, S2Q4 and S2Q5) <b>GO to S2Q7</b></i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S2Q6a</b>	Does this IPU use one of the following forms of energy in its activities? 1= Yes 2= No  A) Electricity (hydraulic, solar, wind, etc.) B) Domestic Gas (GPL) C) Super D) Gasoil E) Biogaz F) Charcoal G) Firewood H) Kerosene I) Candle J) Batteries K) Car batteries L) Agricultural residues M) Animal wastes N) Wood wastes O) Other (specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S2Q6b</b>	<b>Can you, for at least one of these forms of energy used by the IPU, quantify distinctively the share used for the household needs from the one used for the activities of the IPU?</b> 1= Yes 2= No						
<b>S2Q7</b>	How much does (Name) estimate his/her income for that work, including advantages in cash or in kind?  <b>01= Monthly evaluation, the amount is given 02 = Yearly evaluation the amount is given</b>		<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>Monthly income interval</b> 10=Less than 36 270 Fcfa 11= [36 270, 50 000[ 12= [50 000, 100 000 [ 13= [100 000, 200 000 [ 14= [200 000, 400 000 [ 15 = [400 000, 800 000 [ 16 = 800 000 Fcfa or more	<b>Yearly income interval</b> 20= Less than 200 000 Fcfa 21= [200 000, 400 000 [ 22= [400 000, 800 000 [ 23= [800 000, 1 500 000 [ 24= [1 500 000, 3 000 000 [ 25= [3 000 000, 5 000 000 [ 26. 5 000 000 Fcfa or more					
<b>S2Q8</b>	Is (Name) having at least a secondary employment? 1= Yes 2= No <b>If No, go to the next section</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S2Q9</b>	What is the socio Professional category of (Name) in his/her most important secondary employment? 01 = Senior executive, engineer and assimilate 02 = Medium executive, foreman 03 =Skilled labourer/employee 04 = Semi-skilled employee/labourer 05 = Labourer 06 = Employer (Boss) 07 = Own account Worker 08 = Family Aid 09 = Paid or non paid apprentice, intern 10 = Unclassifiable (Specify) ____		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>S2Q10</b>	Does the enterprise in which (Name) exercises his/her most important secondary employment have a tax payer's number? <b>1= Yes 2= No 3= Does not know</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









## SECTION 4 – HABITS AND ENERGY PRACTICE IN HOUSEHOLDS

### 4.1 FUELS USED

N° de ligne	Energy sources  <i>First ask question A1 for all energy sources before coming back for each energy source used in the household, from question A2 to A8</i>	A1. During the past 30 days, has your household used the <b>(Name of fuel)</b> 1= Yes 2= <b>No</b> <b>Go to the next line.</b>	A2. What is the place of supply for (Name of fuel) 1= Market 2= Shop 3= Warehouse 4= Station 4= Hawker seller 5= Collection/Picked-up 6= Auto produced 9= Other (specify)	A3. How many persons in the household have taken responsibility to supply the household with <b>(Name of fuel)</b> during the past 30 days ?		A4. Who supplied your household with <b>(Name of fuel)</b> the very last time? <i>Person's name and code</i>	A5. How long did it take the person who supplied the household last time with <b>(Name of fuel)</b> ?		A6. How far from your household is the nearest point of supply for <b>(Name of fuel)</b>		A7. How appreciate the accessibility to <b>(Name of fuel)</b> 1= Easy 2= Difficult	A8. What are the security measures put in place by your household in using <b>(Name of fuel)</b> <b>CF Codes</b>	A9. Has your household ever suffered damage as a result of using <b>(Name of fuel)</b> ?  1= Yes 2= <b>No</b>
				Man	Woman		Time unit 1= Minute 2= Hour	Number	Unit of measurement 1= m 2= Km	Number			
1	Domestic Gas (LPG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Super	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Biogaz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Charcoal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Firewood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Candle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Car batterie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Agric residues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Animal wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Wood wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Other (specify)  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4.2 : CONSUMPTION OF DOMESTIC FUELS

Line N°	Energy sources	C1. During the past 30 days, did you use (Name of fuel) for the following tasks? 1= Yes exclusive 2= Yes main 3= Yes <b>as rescued</b> 4= No If 1, 2 or 3, go to C3	C2. In the past, did you use (Name of fuel) for each of the following tasks? 1= Yes exclusive 2= Yes main 3= Yes <b>as rescued</b> 8= No If 1, 2 or 3, go to C6, if 4 go to C8	C3. What quantity of (Name of fuel) that you usually consume for each of the tasks?				C4. How much do you spend (in FCFA) to get that quantity?	C5. Frequency of using (Name of fuel) for each task 1= Regularly 2= Often 3= Occasionally 4= Scarcely	C6. Which main advantage does the usage of (Name of fuel) have for each task ?  See codes	C7. Which main inconvenience does the usage of (Name of fuel) have for each task ?  See codes	C8. Reasons for non-use/less frequent use (If answer= 4 go to C1 / 3 or 4 to C5) 1= None 2= Difficult to find 3= High cost 4= Not adapted/Not relevant 5= No device 9= Other (specify)	C9. Do you intend to use (Name of fuel) during the next coming 12 months for each task?  1= Yes 2= No
				Time unit 1= Day 2= Week 3= Month 4= Term 5= Semester 6= Year	Unit of measure 1= Kg 2= Fagot 3= Heap 4= Litre 5= Number 6= Not concerned	Quantity in % of the each fuel.	Quantity						
1	Domestic Gas (LPG)	A-Cooking	<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-Warming of food or water		<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-Lighting		<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>T-Total</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	Super	A-Fuel	<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- Electric production		<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-Other		<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>T-Total</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	Gas	A-Fuel	<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- Electric production		<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-Other		<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>T-Total</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	Biogaz	A-Cooking	<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- Warming		<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-Lighting		<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-Other		<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>T-Total</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	Charcoal	A-Cooking	<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-Space warming		<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-Warming of water and food		<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-Lighting		<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"/>	
E- Other		<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>T-Total</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6	Firewood	A-Cooking	<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-Space warming		<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-Warming of water and food		<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-Lighting		<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"/>	
E- Other		<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>T-Total</b>		<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"/>	
7	Kerosene	A-Cooking	<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-Warming of water and food	<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-Lighting	<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- Other v	<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>T-Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Candle	A-Lighting	<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- Other	<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>T-Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Batteries	A-Lighting	<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-Radio	<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>T-Total</b>	<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"/>
10	Car batteries	A-Lighting	<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-Radio/TV	<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>T-Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Agric residues	A- Cooking	<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-Lighting	<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-Space warming	<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-Warming of water and food	<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"/>
		E-Other	<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>T-Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Animal waste	A- Cooking	<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-Lighting	<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-Space warming	<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"/>
		E- Other	<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>T-Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Wood waste	A-Cooking	<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-Lighting	<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-Space warming	<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"/>
		E- Other	<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>T-Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	Other (specify)	A-Cooking	<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-Lighting	<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-Warming	<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"/>
		E-Other	<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>T-Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Code A8		Code for C6		Code de C7
A= I have the fire extinguisher B=		01= Economic 02= Easy to use 03= Less costly 04= Easily accessible/available 05= Does not poluate	06= Less dirty/propre 07= Securing 08= None 09= Less tiring 10= Other (specify)	01=Not economical 02= Hard to use 03= More costly 04= Hardly accessible/unavailable 05= Poluate much 06= More dirtying 07= Odor in food 08= Dangerous/risk of fire 09= None 10= Other (specify)

### 4.3 ELECTRIC AND RENEWABLE ENERGY

Line N°	<b>ELECTRICITY SOURCES</b> <i>Now, i would like to ask you questions on your electricity source(s)</i> .	<b>S01.</b> Did your household use electricity from (Name of electricity source) during the last 30 days?  <i>First ask question S01 for each source Then, go to questions S02 - S05 for each question for which the answer at SE01 was « YES » [1]. Yes...1 No...2=&gt;S06</i>	<b>S02.</b> Of what use is the electricity of (Name of electricity source) in your household? List out up to five usage in order of importance.  1=Lighting 2=TV/Radio 3=Fan/Air conditioner 4=Freezer 5=Cooking 6=Pumping of water 7=Ironing 8=Other small household appliances					<b>S03.</b> On what base do you pay your energy consumption from (Name of electricity source)? 1=Direct meter 2=Individual meter 3= Lump sum 4=Auto-produced 5= Does not pay	<b>S04.</b> What are the quantities (in Kwh) of electricity consumed in your household during the last 3 months?  .  <b>(See light bill if possible)</b>			<b>S05.</b> What is the amount of the electricity bills consumed in your household during the last 3 months?  <b>(See light bill if possible)</b>			
			Code 1 <sup>st</sup> usage	Code 2 <sup>nd</sup> usage	Code 3 <sup>rd</sup> usage	Code 4 <sup>th</sup> usage	Code 5 <sup>th</sup> usage			M1	M2	M3	M1	M2	
1	Electric network (ENEO)	<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"/>
2	Generator	<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"/>
3	Community micro dam	<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"/>
4	Solar energy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Wind energy	<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"/>
6	Other type of energy (biomass, biogas, car battery, etc)	<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"/>

Line N°	ELECTRICITY SOURCES	S06. What was the frequency of power cut from <b>(Name of the source)</b> during the past <b>3 months</b> ? 1= <b>Much less frequent</b> 2= Less frequent 3= Frequent 4= Frequent enough 5= Much frequent 6= No interruption	S07. How many days did your household undergo a power cut from <b>(Name of the source)</b> during the past 7 days? <b>If 0 day, go to</b>	S08. On average, how many hours per day did the power cut last?	S09. According to you, what was the main cause of this power cut from <b>(Name of the source)</b> in your household? 1= Aging of installations 2= Technical failure 3= <b>Rationing</b> /power cut 4= Unpaid bill 8= Does Not Know 9= Other (specify) _____	S10. What security measure do you take in your household in order to avoid or to limit the incidents related to the use of electric energy from <b>(Name of the source)</b> ? <b>SEE code</b>	S11. Was your household ever connected to the electric energy from <b>(Name of the source)</b> in the pass?  1= Yes 2= No	S12. For which main reason do you not/do you no longer use the electric energy from <b>(Name of the source)</b> in your household? 1= Lack of means 2= Not available in the locality 3= High cost 4= Hard maintenance 9= Other (specify)	S13. Do you intend using the electric energy from <b>(Name of the source)</b> during the next 12 months?  1= Yes 2= No	S14. How much did the connection or the acquisition of production appliances of <b>(Name of the source)</b> ?
1	Electric network (ENEO)	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Generator					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Community micro dam	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Solar energy	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Wind energy	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Other type of energy (biomass, biogas, car battery, etc)	<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"/>
	<i>Transcribe the answers of the following questions : S01-5 = <input type="text"/> S01-6 = <input type="text"/> if S01-5= 1 or S01-6=1 then ask S15, if No, go to S16</i>									
S15	What is the source of that energy? 1= Solar/wind power plant built by the council 2= Solar/wind power plant built by the community 9= Other (specify) 3= Solar/wind power plant built by an enterprise/NGO 4= Private device bought									<input type="text"/>
S16	<i>Check S01-1 : If 1 (the household uses ENEO electricity) then go to S16, if not, move to the next section</i>									
S17	Which type of bulbs do you mainly use? 1=Incandescent Bulbs/ High Efficiency Halogen Bulb 2= Fluorescent tube/Neon tube      3= Compact fluorescent bulb/LED bulb									<input type="text"/>
S18	In order to reduce your energy consumption, do you intend replacing your present bulbs with more economic bulbs? 1= Yes      2= No      3= Not concerned									<input type="text"/>
S19	Apart from the freezer and the fridges, do you systematically unplug any other appliances when you are not using them?      1= Yes      2= No									<input type="text"/>
S20	Do you put off the bulbs in the unoccupied spaces of your lodging? 1 = Never    2= Rarely    3= Often    4= Always									<input type="text"/>

## SECTION 05 : HOUSEHOLD ENERGETIC EQUIPMENT

Serial N°	E1. Equipment	E2. Does your household possess ( <b>Equipment name</b> )?  1=Yes 2=No	E3. How many ( <b>Equipment name</b> ) are used in your household?	E4. On average, how many days per week do you use ( <b>Equipment name</b> ) in your household?	E5. On average, how long do use ( <b>Equipment name</b> ) per day it is used?  1= mn   2= hours		E6. What type of energy is mainly used in your household in order to supply ( <b>Equipment name</b> )?  <b>CF CODE</b>	E.7 In which state did you acquire the last <span style="background-color: yellow;">copy</span> of ( <b>Equipment name</b> ) used in your household?  1= New 2= Second hand	E8. Since how long did you acquire the last copy of ( <b>Equipment name</b> )		E9. Do you intend acquiring another ( <b>Equipment name</b> ) in the 12 coming months?  1=Yes   2=No
					Time unit 1= minute 2= hour	Number			Time unit 1= Day   2= Month 3= Year	Number	
1	Car	<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"/>
2	Motorbike / mobylette	<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"/>
3	Radio set	<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"/>
4	TV set	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Parabolic antenna /decoder	<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"/>
6	CD/DVD/VCD reader	<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"/>
7	Musical set	<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"/>
8	Cooker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Kerosene stove	<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"/>
10	Gas stove/plate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Micro-onde/Oven	<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"/>
12	Heating plate	<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"/>
13	Improved fire side	<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"/>
14	Traditionna fire sidel (three stones)	<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"/>
15	Water heater	<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"/>
16	Coffee machine	<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"/>
17	Gas bottle	<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"/>
18	Fan	<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"/>
19	Air conditionner	<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"/>
20	Fridge/Refrigirator	<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"/>
21	Freezer	<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"/>
22	Cell phone	<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"/>

23	Office computer	<input type="checkbox"/>	<input type="checkbox"/>	<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	Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<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	Internet connexion	<input type="checkbox"/>	<input type="checkbox"/>	<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	Printer/Photocopier	<input type="checkbox"/>	<input type="checkbox"/>	<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	Fax / Telecopier	<input type="checkbox"/>	<input type="checkbox"/>	<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	Washing machine/ tumble-dryer	<input type="checkbox"/>	<input type="checkbox"/>	<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	Electric sport Appliance	<input type="checkbox"/>	<input type="checkbox"/>	<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	Food-mill /mixer	<input type="checkbox"/>	<input type="checkbox"/>	<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	Generator	<input type="checkbox"/>	<input type="checkbox"/>	<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	Iron	<input type="checkbox"/>	<input type="checkbox"/>	<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	Suppressor/Water pump	<input type="checkbox"/>	<input type="checkbox"/>	<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	Torch	<input type="checkbox"/>	<input type="checkbox"/>	<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	Lamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Other equipment (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Code E5	
	01= Electricity/Eneo 02= Electricity from the generator 03= Community microdam electricity 04= Solar energy/plate or solar panel 05= Wind energy 06= Domestic Gas (LPG) 07= Super 08= Gasoil 09= Biogas 10= Charcoal 11= Firewood	12= Kerosene 13= Candle 14= Batteries 15= Car battery 16= Agricultural residues 17= Animal waste 18= Waste of wood 19= Other (specify)

## SECTION 06 : OTHER ELEMENTS OF THE HOUSEHOLD PTRIMONY

<b>S6Q1. Agric tractor/machine</b> Number ? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q2. Rickshaw /Cart/ Wheelbarrow</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q3. Cow(s), donkey(s), horse (s) for labour</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q4. Unoccupied house</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>S6Q5. Exploited land</b> a. Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b. Surface area <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Surface area code</b> 1= m <sup>2</sup> , if < 1 ha 2= ha NB: 1 ha = 10 000 m <sup>2</sup>	<b>S6Q6. Terre non exploitée</b> a. Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b. Surface area <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Surface area code</b> 1= m <sup>2</sup> , if < 1 ha 2= ha NB: 1 ha = 10 000 m <sup>2</sup>	<b>S6Q7. Maison en location</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q8. Etang exploité</b> a. Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b. Surface area <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Surface area code</b> 1= m <sup>2</sup> , if < 1 ha 2= ha NB: 1 ha = 10 000 m <sup>2</sup>
<b>S6Q9. Possession of cattle, herds or farmed animals?</b> If yes, specify below the type (s) and the number(s). If No, go to the next section. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>1= Yes</b></span> <span><b>2= No</b></span> <span><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></span> </div>			
<b>S6Q10. Cow(s)</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q11. Caprines (goats)</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q12. Ovines (Sheep)</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q13. Pigs)</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>S6Q14. Equideouss (Horses/Donkeys)</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q15. Rabbit</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q16. Guinea pig</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q17. Other farmed animals (specify) _____</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>S6Q18. Fowls</b> Number ? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>S6Q19. Other poultry</b> Number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

## SECTION 07 : HOUSEHOLD EXPENSES

**What is the amount of the household income that you usually spend for the following...?**

N°	Function of expense	Periodicity of expense	Amount per periodicity	Monthly amount	Periodicity code
1	Feeding, café and restaurants	<input type="text"/>	<input type="text"/>	<input type="text"/>	1. Daily 2. Weekly 3. Monthly 4. Annual
2	Dressing	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	Water, electricity, fuels and other energy sources	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6	Rent, equipment and house maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7	Transport (acquisition of a private transportation means)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8	Transport (sare parts, maintenance and repairs, other transport service(s))	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9	Constitution of stocks of household food products	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10	Various goods and services and other money exit	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11	Investment in household lodging	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12	Household feasts and exceptionnal events	<input type="text"/>	<input type="text"/>	<input type="text"/>	