

3ème RECENSEMENT GENERAL DE LA POPULATION ET DE L'HABITAT 2003 Décret N° 2001/251 du 13 septembre 2001
3rd GENERAL POPULATION AND HOUSING CENSUS 2003

The information contained in this document is confidential under the terms of law no 91/023 OF 16 December 1991 dealing with Census and Statistical surveys, which stipulates under article 5 that << in no circumstances can individual economic or financial information appearing in any statistical survey be used with the object of control of economic repression >> and under article 9

HOUSEHOLD QUESTIONNAIRE

INSTRUCTIONS :

I IDENTIFICATION AND LOCATION OF HOUSEHOLD									
Province	Division	Subdivision	Canton	Village / Neighbourhood	Locality/ Bloc	Enumeration area	Structure N°	Household N°	

2		
Questionnaire	N°	Of

Total of de facto population	
Total of the jure population	

3 SUMMARY TABLE					
Residents present		Residents absent		Visitors	
M	F	M	F	M	F
Total		Total		Total	

4	<p>Enumerator : Name & Signature</p> <p>.....</p> <p>Date</p> <p>Team leader : Name & Signature</p> <p>.....</p> <p>Date</p> <p>Identification of Locality/Bloc non codified</p> <p>Canton :</p> <p>Village/Neighbourhood :</p> <p>Locality/Bloc :</p>
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5 DEMOGRAPHIC INFORMATION FOR ALL PERSONS						
Names		Sex	Relationship in the household			
		M F	Person 1	Person 2	Person 3	Person 4
		M F				
		M F				
		M F				
		M F				
		M F				
		M F				

See code list

DEMOGRAPHIC INFORMATION FOR ALL PERSONS

Serial number						
6	Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of birth	Day <input type="text"/> Mth <input type="text"/> Year <input type="text"/>	Day <input type="text"/> Mth <input type="text"/> Year <input type="text"/>	Day <input type="text"/> Mth <input type="text"/> Year <input type="text"/>	Day <input type="text"/> Mth <input type="text"/> Year <input type="text"/>	Day <input type="text"/> Mth <input type="text"/> Year <input type="text"/>
7	Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	In which subdivision/district/ country was each person born?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1						
2						
3						
4						
5						
6						
	See code list					
8	Marital Statut	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	See code list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Residential Statut	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1- Resident present 2- Resident absent 3- Visitor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Usual place of residence (visitors)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	What is each visitor usual residence?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1						
2						
3						
4						
5						
6						
	See code list					
11	Place of residence in 2000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Where was your main place of residence in 2000?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1						
2						
3						
4						
5						
6						
	See code list					

DEMOGRAPHIC INFORMATION FOR ALL PERSONS

Serial number						
12 Former place of residence Where was Living before setting in the current place of residence (usual place)? 1 2 3 4 5 6 See code list	Urban <input type="checkbox"/> Rural <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	Urban <input type="checkbox"/> Rural <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	Urban <input type="checkbox"/> Rural <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	Urban <input type="checkbox"/> Rural <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	Urban <input type="checkbox"/> Rural <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	Urban <input type="checkbox"/> Rural <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>
13 Length of time spent at usual place of residence For how many years has each person been living in this subdivision ? 1 2 3 4 5 6 See code list	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<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 Nationality What is each person's nationality ? 1 2 3 4 5 6 See code list	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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 Religious denomination What is each person's religious denomination? 1- Catholic 2- Orthodox 3- Protestant 4- Other christians 5- Muslim 6- Animist 7- Other religion 8- Free thinker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Chronic disease, handicap Has the person any chronic disease ? Has the person any predominant handicap ? 1 2 3 4 5 6 See code list	<input type="text"/> <input type="text"/> Chronic disease <input type="text"/> <input type="text"/> <input type="text"/> Handicap	<input type="text"/> <input type="text"/> Chronic disease <input type="text"/> <input type="text"/> <input type="text"/> Handicap	<input type="text"/> <input type="text"/> Chronic disease <input type="text"/> <input type="text"/> <input type="text"/> Handicap	<input type="text"/> <input type="text"/> Chronic disease <input type="text"/> <input type="text"/> <input type="text"/> Handicap	<input type="text"/> <input type="text"/> Chronic disease <input type="text"/> <input type="text"/> <input type="text"/> Handicap	<input type="text"/> <input type="text"/> Chronic disease <input type="text"/> <input type="text"/> <input type="text"/> Handicap
17 Survival of the father Is the father still alive ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Survival of the mother Is the mother still alive ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR ALL PERSONS AGED 12 AND ABOVE

Serial number							
19	National literacy languages In which national language can the interviewee read and write best?						
1							
2							
3							
4							
5							
6							
See code list							
20	Official languages Can each person read, write and speak one of the official languages ?						
		R W S	R W S	R W S	R W S	R W S	R W S
	English	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	French	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PERSONS OVER 3 YEARS OF AGE							
21	School attendance Has the person been to school ?						
	If No, go to 27	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	English	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	French	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
22	Present school attendance Is the person attending a school ?						
	If No, go to 25	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	English	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	French	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
23	Type of educational institution What type of educational institution is the person attending?						
1							
2							
3							
4							
5							
6							
See code list							
24	Sector of educational institution What sector of education institution is the person attending?						
	1- Public						
	2- Denominational						
	3- Private non-denominational						
25	Last class attended Which is the last class you/ Attended?						
1							
2							
3							
4							
5							
6							
See code list							
26	Highest certificate What is the highest qualification that person ever obtained?						
1							
2							
3							
4							
5							
6							
See code list							

ECONOMIC ACTIVITY FOR PERSONS AGED 6 YEARS ABOVE

Serial number						
27 Profession What is his profession ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1						
2						
3						
4						
5						
6						
See code list						
28 Labour status During the last seven days preceding the census, what was the person's activity ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1						
2						
3						
4						
5						
6						
If code greater than 02 go to question 34						
See code list						
29 Employment status In the main job held the last seven days was the person ... 1- A permanent wage (salary earner) 2- A temporal wage (salary earner) 3- An employer 4- An independent, self-employed worker 5- A family helper 6- A wage earning apprentice 7- A non-wage earning apprentice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30 Occupation What is the person's main status in the work being done?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31 Type of employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32 Sector of employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33 Ligne of business In what industry, business or service is th person working?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1						
2						
3						
4						
5						
6						
See code list						

FEMALES TWELVE AND ABOVE

Serial number	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; padding: 5px;"> 34 How many live births has she ever had ? </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>
<div style="border: 1px solid black; padding: 5px;"> 35 How many are still living ? </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>
<div style="border: 1px solid black; padding: 5px;"> 36 How many livebirths did you have within the last 12 months? </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">F</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">F</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">F</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">F</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">F</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">F</div> </div>

DEATHS IN THE LAST 12 MONTHS

	Death 1	Death 2	Death 3	Death 4	Death 5	Death 6
<div style="border: 1px solid black; padding: 5px;"> 37 Nom of the deceased Sex Date of death </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="width: 15px; text-align: center;">M</div> <div style="width: 15px; text-align: center;">F</div> </div>
	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Day</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Mth</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Year</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Day</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Mth</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Year</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Day</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Mth</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Year</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Day</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Mth</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Year</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Day</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Mth</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Year</div> </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Day</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Mth</div> <div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">Year</div> </div>

DEATHS IN THE LAST 12 MONTHS Continued

38 Name of the deceased Age at death	Death 1	Death 2	Death 3	Death 4	Death 5	Death 6
	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
39 Cause of death 1 2 3 4 5 6 See code list	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
40 Did anyone in this household who was ill to perform thier duties for 3 months die in the pas 12 months 1 = Yes 2 = No	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>					
41 Have you ever heard of HIV/AIDS? 1 = Yes 2 = No	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
42 What ways of transmission of HIV di you know? 01- Sexual intercourse 02- Contact with infected blood 04- From mother to infant (child) 08- Use of stained objects 16- Don't know	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

DEPARTURE FROM CAMEROUN IN LAST 5 YEARS

43 Name of the emigrant Sex Year of departure	Departure 1	Departure 2	Departure 3	Departure 4	Departure 5	Departure 6
	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
	1-M <input type="checkbox"/> 2-F <input type="checkbox"/>	1-M <input type="checkbox"/> 2-F <input type="checkbox"/>	1-M <input type="checkbox"/> 2-F <input type="checkbox"/>	1-M <input type="checkbox"/> 2-F <input type="checkbox"/>	1-M <input type="checkbox"/> 2-F <input type="checkbox"/>	1-M <input type="checkbox"/> 2-F <input type="checkbox"/>
	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
44 Age at the time the emigrant left	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

DEPARTURE FROM CAMEROUN IN LAST 5 YEARS

45	Departure 1	Departure 2	Departure 3	Departure 4	Departure 5	Departure 6
Name of the emigrant						
Country of destination						
1						
2						
3						
4						
5						
6						
See code list						
46 Main reason for emigration						
1- Studies						
2- Looking for work						
3- Work						
4- Marriage						
5- Joining family						
6- Health reason						
7- Family conflict						
8- Other						
9- Don't know						

CHARACTERISTICS OF THE DWELLING

47 Type of structure <input type="checkbox"/> 1- Isolated House <input type="checkbox"/> 2- Modern villa <input type="checkbox"/> 3- Multiple dwelling <input type="checkbox"/> 4- Building with many apartments <input type="checkbox"/> 5- Compound or Sare <input type="checkbox"/> 6- Other (specified)	52 Number of rooms in the dwelling <div>0 1 2 3 4 5</div> <div>6 7 8 9 10 11+</div>	57 Waste water disposal provisions <input type="checkbox"/> 1- Septic tank <input type="checkbox"/> 2- Courtyard <input type="checkbox"/> 3- Roadside <input type="checkbox"/> 4- Bush <input type="checkbox"/> 5- River or stream <input type="checkbox"/> 6- Other (specified)
48 Main material of the walls <input type="checkbox"/> 1- Concrete/ Cement block/ Stabilized brick <input type="checkbox"/> 2- stone <input type="checkbox"/> 3- Brick <input type="checkbox"/> 4- Plank <input type="checkbox"/> 5- Mud or straw <input type="checkbox"/> 6- Carabot <input type="checkbox"/> 7- Other (specified)	53 Occupation status of the dwelling <input type="checkbox"/> 1- Proprietor <input type="checkbox"/> 2- Renter <input type="checkbox"/> 3- Hire-purchase <input type="checkbox"/> 4- Lodged by employer <input type="checkbox"/> 5- Lodged by parents or friends <input type="checkbox"/> 6- Other (specified)	58 Household waste disposal system <input type="checkbox"/> 1- Roadside <input type="checkbox"/> 2- Public dustbin <input type="checkbox"/> 3- Bush <input type="checkbox"/> 4- River or stream <input type="checkbox"/> 5- In pits dug for the purpose <input type="checkbox"/> 6- Around the dwelling <input type="checkbox"/> 7- Burning <input type="checkbox"/> 8- Other (specified)
49 Main material of the roof <input type="checkbox"/> 1- Zinc <input type="checkbox"/> 2- Cement or concrete <input type="checkbox"/> 3- Thatch, grass, straw <input type="checkbox"/> 4- Tiles <input type="checkbox"/> 5- Earth <input type="checkbox"/> 6- Other (specified)	54 Main source of energy for lighting <input type="checkbox"/> 1- Electricity <input type="checkbox"/> 2- Gas <input type="checkbox"/> 3- Kerosene <input type="checkbox"/> 4- Saw dust <input type="checkbox"/> 5- Firewood or charcoal <input type="checkbox"/> 6- Other (specified)	59 Location of dwelling <input type="checkbox"/> 1- Developed slope <input type="checkbox"/> 2- Natural slope <input type="checkbox"/> 3- Valley <input type="checkbox"/> 4- Swampy valley <input type="checkbox"/> 5- Flat land <input type="checkbox"/> 6- Hill top or summit <input type="checkbox"/> 7- Surrounding of petrol depots <input type="checkbox"/> 8- Surrounding of pollution factory <input type="checkbox"/> 9- Airport surrounding <input type="checkbox"/> 10- Railway surrounding <input type="checkbox"/> 11- Reclaimed area <input type="checkbox"/> 12- Surrounding mountains or volcanic lakes <input type="checkbox"/> 13- Surrounding high tension pole <input type="checkbox"/> 14- Other (specified)
50 Main material of the floor <input type="checkbox"/> 1- Cement <input type="checkbox"/> 2- Tiles <input type="checkbox"/> 3- Wood <input type="checkbox"/> 4- Earth <input type="checkbox"/> 5- Marbles <input type="checkbox"/> 6- Other (specified)	55 Main source of energy for cooking <input type="checkbox"/> 1- Electricity <input type="checkbox"/> 2- Gas <input type="checkbox"/> 3- Kerosene <input type="checkbox"/> 4- Saw dust <input type="checkbox"/> 5- Firewood or charcoal <input type="checkbox"/> 6- Other (specified)	60 Main accessibility means <input type="checkbox"/> 1- Tarred road <input type="checkbox"/> 2- Earth road <input type="checkbox"/> 3- Track <input type="checkbox"/> 4- Path <input type="checkbox"/> 5- Other (specified)
51 Type of toilet <input type="checkbox"/> 1- Flushing WC inside <input type="checkbox"/> 2- Private flushing WC outside <input type="checkbox"/> 3- Common flushing WC <input type="checkbox"/> 4- Private latrine <input type="checkbox"/> 5- Common latrine <input type="checkbox"/> 6- Nature <input type="checkbox"/> 7- Other (specified)	56 Main source of drinking water <div> <input type="checkbox"/> 1- Interior tap <input type="checkbox"/> 2- Exterior tap <input type="checkbox"/> 3- Constructed well <input type="checkbox"/> 4- Non-constructed well <input type="checkbox"/> 5- Paying public tap <input type="checkbox"/> 6- River or stream <input type="checkbox"/> 7- Borehole </div> <div> <input type="checkbox"/> 8- Mineral water <input type="checkbox"/> 9- Developed spring <input type="checkbox"/> 10- Undeveloped spring <input type="checkbox"/> 11- Lake, pond, marsh <input type="checkbox"/> 12- Other (specified) </div>	