

REPUBLIC OF IVORY COAST
MINISTRY OF THE ECONOMY AND FINANCE
STATISTICS DEPARTMENT

PERMANENT HOUSEHOLD SURVEY
HOUSEHOLD QUESTIONNAIRE

WORLD BANK
LIVING STANDARDS MEASUREMENT STUDY

STRICTLY CONFIDENTIAL

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SURVEY INFORMATION

CLUSTER: HOUSEHOLD: ROSTER:

END OF HOUSEHOLD: _____

ADDRESS: _____

FIRST ROUND OF SURVEY

INTERVIEWER: _____ DATE:

ADDRESS FOUND? YES..1 NO...2 (SUPERVISOR) IS THE HEAD OF HOUSEHOLD THE SAME? YES..1 NO...2 (SUPERVISOR)

NAME OF NEW HEAD: _____

ETHNIC GROUP OF HEAD: _____ OFFICE CODE:

LANGUAGE OF INTERVIEW FRENCH....1 (END) OTHER.....2 SPECIFY THE LANGUAGE: _____ INTER-PREFER? YES..1 NO...2

REMARKS: _____

VERIFICATION OF THE QUESTIONNAIRE, ROUND ONE

SUPERVISOR: _____ DATE:

REMARKS: _____

RE-INTERVIEW? YES..1 NO...2

THIS HOUSEHOLD REPLACES HOUSEHOLD NO: THIS HOUSEHOLD WILL BE REPLACED BY NO: REASON: NOT FOUND.....1 REFUSAL.....2

DATA ENTRY, ROUND ONE

OPERATOR: _____ DATE:

REMARKS: _____

SUPERVISION OF PRINTOUTS, ROUND ONE

SUPERVISOR: _____ DATE:

REMARKS: _____

SECOND ROUND OF SURVEY

PROPOSED DATE:

INTERVIEWER: _____ DATE:

REMARKS: _____

VERIFICATION OF QUESTIONNAIRE, ROUND TWO

SUPERVISOR: _____ DATE:

REMARKS: _____

HAS INTERVIEW MONITORED? YES..1 NO...2

DATA ENTRY, ROUND TWO

OPERATOR: _____ DATE:

REMARKS: _____

SUPERVISION OF PRINTOUTS, ROUND TWO

SUPERVISOR: _____ DATE:

REMARKS: _____

SUMMARY OF SURVEY RESULTS

SECTION	INTERVIEWER								SUPERVISOR				
	FIRST VISIT				SECOND VISIT				INTERVIEWER	OPERATOR			
	DATE			RESULT	DATE			RESULT	SATISFACTORY...:1	SATISFACTORY...:1			
	DAY	MONTH	YEAR	COMPLETE.....:1 PARTIAL.....:2 NOT APPLICABLE...:3	DAY	MONTH	YEAR	COMPLETE.....:1 PARTIAL.....:2	TO BE COMPLETED: 2	TO BE REDONE.....:3	CORRECTED IN OFFICE..:1	CORRECTED IN THE SECOND ROUND.....:2	NOT CORRECTED.....:3
FIRST ROUND	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
SECOND ROUND	9												
	10												
	11												
	12												
	13												
	14												
	15												

SECTION 1. PART A. HOUSEHOLD ROSTER

PERSON INTERVIEWED: PREFERABLY THE HEAD OF HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A "PRINCIPAL RESPONDENT" TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

INTERVIEWER: _____

RESPONDENT: _____ ID CODE:

1-3. I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.

- * First, I would like to have the names of all the members of your immediate family, including the head of the household, his wife or wives (or her husband) and his/her children in order of age, who normally live and eat their meals together in this dwelling.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN IN ORDER OF AGE. IF THERE IS MORE THAN ONE WIFE, START WITH THE FIRST WIFE, FOLLOWED BY HER CHILDREN IN ORDER OF AGE, THEN THE SECOND WIFE AND HER CHILDREN IN ORDER OF AGE, AND SO ON.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

- * Please give me the names of any other persons related to the head of the household or to his/her wife/husband, together with their families, who normally live and eat their meals here.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

- * Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals here. For instance, tenants or servants or other persons who are not relatives.

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

- * Are there any other persons not now present but who normally live and eat their meals here? For example, any person studying somewhere else or who is on vacation or who is visiting other people.

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

- * Are there any other persons who slept here last night but who do not normally live here?

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-13 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.14. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

4-13. Now I would like to have some information about each of the persons you mentioned.

IF THE RESPONDENT HAS ANY DIFFICULTY WITH HIS AGE OR DATE OF BIRTH (QUESTION 6), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

14. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

LOOK AT THE ANSWER TO QUESTION 13.

- * ALL PERSONS FOR WHOM THE ANSWER IS 9 MONTHS OR LESS ARE CLASSED AS HOUSEHOLD MEMBERS EXCEPT:
 - SERVANTS AND THEIR RELATIVES (SEE QUESTION 3)
 - TENANTS AND THEIR RELATIVES (QUESTION 3)
 - DECEASED PERSONS
- * IF THE ANSWER IS MORE THAN 9 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:
 - THE HEAD OF HOUSEHOLD
 - INFANTS LESS THAN 3 MONTHS OLD (EXCLUDING CHILDREN OF SERVANTS AND TENANTS)
- * ALL OTHER PERSONS FOR WHOM THE ANSWER IS MORE THAN 9 MONTHS ARE NOT HOUSEHOLD MEMBERS.

ENTER CODE 1 FOR EACH HOUSEHOLD MEMBER AND CODE 2 FOR ALL OTHER PERSONS. GO ON TO THE NEXT PERSON LISTED.

COLUMNS A AND B

COLUMN A. ON THE LEFT SIDE OF THE FORM, PUT A CROSS IN COLUMN A NEXT TO THE NAMES OF ALL PERSONS WITH CODE 1 IN QUESTION 14.

COLUMN B. ENTER THE AGE IN COMPLETED YEARS (SEE QUESTION 6) OF ALL PERSONS WITH CODE 1 IN QUESTION 14. THAT IS, FOR AGE 4 YEARS 8 MONTHS, ENTER 4. FOR AGE 9 MONTHS, ENTER 0.

FILLING-IN THE HOUSEHOLD CARD

WRITE THE NAMES OF ALL PERSONS WITH CODE 1 IN QUESTION 14 ON THE HOUSEHOLD CARD.

From now on, I would like you to talk about these persons when I ask you questions about the members of your household.

READ OUT THE NAMES AND GIVE THE CARD TO THE RESPONDENT.

▶ PART B

PART D

TO BE COMPLETED FOR ALL HOUSEHOLD
MEMBERS

SECTION 1. PART B. INFORMATION ON PARENTS OF HOUSEHOLD MEMBERS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Is the father (NAME) living in this household?	COPY THE (BEST) COPY FOR THE FATHER	Is the father (NAME) still alive?	Did the father (NAME) attend school?	What was the highest grade he completed?	What was the highest diploma or degree obtained by the father of... (NAME)...	What kind of work did the father of... (NAME)... do for most of his life?	IF >10 YEARS ASK: When (NAME) was 10 years old, did he/she live with his/her father? YES...1 NO...2	Is the natural mother of (NAME) living in this household?	COPY THE (BEST) COPY FOR THE MOTHER	Is the mother of (NAME) still alive?	Did the mother (NAME) attend school?	What was the highest grade she completed?	What was the highest diploma or degree obtained by... (NAME)...	What kind of work did... (NAME) do for most of her life?	IF >10 YEARS ASK: When (NAME) was 10 years old, did he/she live with his/her father? YES...1 NO...2
YES...1 NO...2		YES...1 NO...2	YES...1 NO...2	GRADE NONE IF C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 C27 C28 C29 C30 C31 C32 C33 C34 C35 C36 C37 C38 C39 C40 C41 C42 C43 C44 C45 C46 C47 C48 C49 C50 C51 C52 C53 C54 C55 C56 C57 C58 C59 C60 C61 C62 C63 C64 C65 C66 C67 C68 C69 C70 C71 C72 C73 C74 C75 C76 C77 C78 C79 C80 C81 C82 C83 C84 C85 C86 C87 C88 C89 C90 C91 C92 C93 C94 C95 C96 C97 C98 C99 C100 C101 C102 C103 C104 C105 C106 C107 C108 C109 C110 C111 C112 C113 C114 C115 C116 C117 C118 C119 C120 C121 C122 C123 C124 C125 C126 C127 C128 C129 C130 C131 C132 C133 C134 C135 C136 C137 C138 C139 C140 C141 C142 C143 C144 C145 C146 C147 C148 C149 C150 C151 C152 C153 C154 C155 C156 C157 C158 C159 C160 C161 C162 C163 C164 C165 C166 C167 C168 C169 C170 C171 C172 C173 C174 C175 C176 C177 C178 C179 C180 C181 C182 C183 C184 C185 C186 C187 C188 C189 C190 C191 C192 C193 C194 C195 C196 C197 C198 C199 C200 C201 C202 C203 C204 C205 C206 C207 C208 C209 C210 C211 C212 C213 C214 C215 C216 C217 C218 C219 C220 C221 C222 C223 C224 C225 C226 C227 C228 C229 C230 C231 C232 C233 C234 C235 C236 C237 C238 C239 C240 C241 C242 C243 C244 C245 C246 C247 C248 C249 C250 C251 C252 C253 C254 C255 C256 C257 C258 C259 C260 C261 C262 C263 C264 C265 C266 C267 C268 C269 C270 C271 C272 C273 C274 C275 C276 C277 C278 C279 C280 C281 C282 C283 C284 C285 C286 C287 C288 C289 C290 C291 C292 C293 C294 C295 C296 C297 C298 C299 C300 C301 C302 C303 C304 C305 C306 C307 C308 C309 C310 C311 C312 C313 C314 C315 C316 C317 C318 C319 C320 C321 C322 C323 C324 C325 C326 C327 C328 C329 C330 C331 C332 C333 C334 C335 C336 C337 C338 C339 C340 C341 C342 C343 C344 C345 C346 C347 C348 C349 C350 C351 C352 C353 C354 C355 C356 C357 C358 C359 C360 C361 C362 C363 C364 C365 C366 C367 C368 C369 C370 C371 C372 C373 C374 C375 C376 C377 C378 C379 C380 C381 C382 C383 C384 C385 C386 C387 C388 C389 C390 C391 C392 C393 C394 C395 C396 C397 C398 C399 C400 C401 C402 C403 C404 C405 C406 C407 C408 C409 C410 C411 C412 C413 C414 C415 C416 C417 C418 C419 C420 C421 C422 C423 C424 C425 C426 C427 C428 C429 C430 C431 C432 C433 C434 C435 C436 C437 C438 C439 C440 C441 C442 C443 C444 C445 C446 C447 C448 C449 C450 C451 C452 C453 C454 C455 C456 C457 C458 C459 C460 C461 C462 C463 C464 C465 C466 C467 C468 C469 C470 C471 C472 C473 C474 C475 C476 C477 C478 C479 C480 C481 C482 C483 C484 C485 C486 C487 C488 C489 C490 C491 C492 C493 C494 C495 C496 C497 C498 C499 C500 C501 C502 C503 C504 C505 C506 C507 C508 C509 C510 C511 C512 C513 C514 C515 C516 C517 C518 C519 C520 C521 C522 C523 C524 C525 C526 C527 C528 C529 C530 C531 C532 C533 C534 C535 C536 C537 C538 C539 C540 C541 C542 C543 C544 C545 C546 C547 C548 C549 C550 C551 C552 C553 C554 C555 C556 C557 C558 C559 C560 C561 C562 C563 C564 C565 C566 C567 C568 C569 C570 C571 C572 C573 C574 C575 C576 C577 C578 C579 C580 C581 C582 C583 C584 C585 C586 C587 C588 C589 C590 C591 C592 C593 C594 C595 C596 C597 C598 C599 C600 C601 C602 C603 C604 C605 C606 C607 C608 C609 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C810 C811 C812 C813 C814 C815 C816 C817 C818 C819 C820 C821 C822 C823 C824 C825 C826 C827 C828 C829 C830 C831 C832 C833 C834 C835 C836 C837 C838 C839 C840 C841 C842 C843 C844 C845 C846 C847 C848 C849 C850 C851 C852 C853 C854 C855 C856 C857 C858 C859 C860 C861 C862 C863 C864 C865 C866 C867 C868 C869 C870 C871 C872 C873 C874 C875 C876 C877 C878 C879 C880 C881 C882 C883 C884 C885 C886 C887 C888 C889 C890 C891 C892 C893 C894 C895 C896 C897 C898 C899 C900 C901 C902 C903 C904 C905 C906 C907 C908 C909 C910 C911 C912 C913 C914 C915 C916 C917 C918 C919 C920 C921 C922 C923 C924 C925 C926 C927 C928 C929 C930 C931 C932 C933 C934 C935 C936 C937 C938 C939 C940 C941 C942 C943 C944 C945 C946 C947 C948 C949 C950 C951 C952 C953 C954 C955 C956 C957 C958 C959 C960 C961 C962 C963 C964 C965 C966 C967 C968 C969 C970 C971 C972 C973 C974 C975 C976 C977 C978 C979 C980 C981 C982 C983 C984 C985 C986 C987 C988 C989 C990 C991 C992 C993 C994 C995 C996 C997 C998 C999 C1000 C1001 C1002 C1003 C1004 C1005 C1006 C1007 C1008 C1009 C1010 C1011 C1012 C1013 C1014 C1015 C1016 C1017 C1018 C1019 C1020 C1021 C1022 C1023 C1024 C1025 C1026 C1027 C1028 C1029 C1030 C1031 C1032 C1033 C1034 C1035 C1036 C1037 C1038 C1039 C1040 C1041 C1042 C1043 C1044 C1045 C1046 C1047 C1048 C1049 C1050 C1051 C1052 C1053 C1054 C1055 C1056 C1057 C1058 C1059 C1060 C1061 C1062 C1063 C1064 C1065 C1066 C1067 C1068 C1069 C1070 C1071 C1072 C1073 C1074 C1075 C1076 C1077 C1078 C1079 C1080 C1081 C1082 C1083 C1084 C1085 C1086 C1087 C1088 C1089 C1090 C1091 C1092 C1093 C1094 C1095 C1096 C1097 C1098 C1099 C1100 C1101 C1102 C1103 C1104 C1105 C1106 C1107 C1108 C1109 C1110 C1111 C1112 C1113 C1114 C1115 C1116 C1117 C1118 C1119 C1120 C1121 C1122 C1123 C1124 C1125 C1126 C1127 C1128 C1129 C1130 C1131 C1132 C1133 C1134 C1135 C1136 C1137 C1138 C1139 C1140 C1141 C1142 C1143 C1144 C1145 C1146 C1147 C1148 C1149 C1150 C1151 C1152 C1153 C1154 C1155 C1156 C1157 C1158 C1159 C1160 C1161 C1162 C1163 C1164 C1165 C1166 C1167 C1168 C1169 C1170 C1171 C1172 C1173 C1174 C1175 C1176 C1177 C1178 C1179 C1180 C1181 C1182 C1183 C1184 C1185 C1186 C1187 C1188 C1189 C1190 C1191 C1192 C1193 C1194 C1195 C1196 C1197 C1198 C1199 C1200 C1201 C1202 C1203 C1204 C1205 C1206 C1207 C1208 C1209 C1210 C1211 C1212 C1213 C1214 C1215 C1216 C1217 C1218 C1219 C1220 C1221 C1222 C1223 C1224 C1225 C1226 C1227 C1228 C1229 C1230 C1231 C1232 C1233 C1234 C1235 C1236 C1237 C1238 C1239 C1240 C1241 C1242 C1243 C1244 C1245 C1246 C1247 C1248 C1249 C1250 C1251 C1252 C1253 C1254 C1255 C1256 C1257 C1258 C1259 C1260 C1261 C1262 C1263 C1264 C1265 C1266 C1267 C1268 C1269 C1270 C1271 C1272 C1273 C1274 C1275 C1276 C1277 C1278 C1279 C1280 C1281 C1282 C1283 C1284 C1285 C1286 C1287 C1288 C1289 C1290 C1291 C1292 C1293 C1294 C1295 C1296 C1297 C1298 C1299 C1300 C1301 C1302 C1303 C1304 C1305 C1306 C1307 C1308 C1309 C1310 C1311 C1312 C1313 C1314 C1315 C1316 C1317 C1318 C1319 C1320 C1321 C1322 C1323 C1324 C1325 C1326 C1327 C1328 C1329 C1330 C1331 C1332 C1333 C1334 C1335 C1336 C1337 C1338 C1339 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C2004 C2005 C2006 C2007 C2008 C2009 C2010 C2011 C2012 C2013 C2014 C2015 C2016 C2017 C2018 C2019 C2020 C2021 C2022 C2023 C2024 C2025 C2026 C2027 C2028 C2029 C2030 C2031 C2032 C2033 C2034 C2035 C2036 C2037 C2038 C2039 C2040 C2041 C2042 C2043 C2044 C2045 C2046 C2047 C2048 C2049 C2050 C2051 C2052 C2053 C2054 C2055 C2056 C2057 C2058 C2059 C2060 C2061 C2062 C2063 C2064 C2065 C2066 C2067 C2068 C2069 C2070 C2071 C2072 C2073 C2074 C2075 C2076 C2077 C2078 C2079 C2080 C2081 C2082 C2083 C2084 C2085 C2086 C2087 C2088 C2089 C2090 C2091 C2092 C2093 C2094 C2095 C2096 C2097 C2098 C2099 C2100 C2101 C2102 C2103 C2104 C2105 C2106 C2107 C2108 C2109 C2110 C2111 C2112 C2113 C2114 C2115 C2116 C2117 C2118 C2119 C2120 C2121 C2122 C2123 C2124 C2125 C2126 C2127 C2128 C2129 C2130 C2131 C2132 C2133 C2134 C2135 C2136 C2137 C2138 C2139 C2140 C2141 C2142 C2143 C2144 C2145 C2146 C2147 C2148 C2149 C2150 C2151 C2152 C2153 C2154 C2155 C2156 C2157 C2158 C2159 C2160 C2161 C2162 C2163 C2164 C2165 C2166 C2167 C2168 C2169 C2170 C2171 C2172 C2173 C2174 C2175 C2176 C2177 C2178 C2179 C2180 C2181 C2182 C2183 C2184 C2185 C2186 C2187 C2188 C2189 C2190 C2191 C2192 C2193 C2194 C2195 C2196 C2197 C2198 C2199 C2200 C2201 C2202 C2203 C2204 C2205 C2206 C2207 C2208 C2209 C2210 C2211 C2212 C2213 C2214 C2215 C2216 C2217 C2218 C2219 C2220 C2221 C2222 C2223 C2224 C2225 C2226 C2227 C2228 C2229 C2230 C2231 C2232 C2233 C2234 C2235 C2236 C2237 C2238 C2239 C2240 C2241 C2242 C2243 C2244 C2245 C2246 C2247 C2248 C2249 C2250 C2251 C2252 C2253 C2254 C2255 C2256 C2257 C2258 C2259 C2260 C2261 C2262 C2263 C2264 C2265 C2266 C2267 C2268 C2269 C2270 C2271 C2272 C2273 C2274 C2275 C2276 C2277 C2278 C2279 C2280 C2281 C2282 C2283 C2284 C2285 C2286 C2287 C2288 C2289 C2290 C2291 C2292 C2293 C2294 C2295 C2296 C2297 C2298 C2299 C2300 C2301 C2302 C2303 C2304 C2305 C2306 C2307 C2308 C2309 C2310 C2311 C2312 C2313 C2314 C2315 C2316 C2317 C2318 C2319 C2320 C2321 C2322 C2323 C2324 C2325 C2326 C2327 C2328 C2329 C2330 C2331 C2332 C2333 C2334 C2335 C23											

SECTION 2. HOUSING

Now I would like to ask you some questions about your dwelling. By dwelling I mean all the rooms and all the separate buildings used by the members of your household.

PART A: TYPE OF DWELLING

Which buildings and rooms does your household occupy?

1. MAIN TYPE OF DWELLING

- SINGLE-FAMILY HOME1
- SEVERAL HUTS OR HOUSES2 (→3)
- APARTMENT, ROOM, EFFICIENCY ...3 (→5)
- MORE THAN ONE APARTMENT4 (→6)

2. IS THE HOUSE PART OF A COMPOUND?

- YES.....1
- NO2 (→8)

3. HOW MANY BUILDINGS ALTOGETHER ARE THERE IN THE COMPOUND, INCLUDING THOSE OCCUPIED BY THIS HOUSEHOLD AND THOSE OCCUPIED BY OTHER HOUSEHOLDS?

4. HOW MANY BUILDINGS DOES THIS HOUSEHOLD OCCUPY?

5. IS THE APARTMENT PART OF A COURTYARD OR COMPOUND?

- YES.....1
- NO.....2 (→8)

6. HOW MANY OUTSIDE DOORS ARE THERE ALTOGETHER IN THE COURTYARD OR COMPOUND, INCLUDING THOSE FOR THIS HOUSEHOLD AND THOSE FOR OTHER HOUSEHOLDS?

7. HOW MANY OUTSIDE DOORS ARE FOR THIS HOUSEHOLD?

8. How many rooms does the household occupy, including bedrooms and living rooms?

DO NOT COUNT BATHROOMS, TOILETS OR KITCHENS.

9. Is the dwelling occupied by your household also used for a family business or trade?

- YES.....1
- NO.....2 (→PART B)

10. How much of the dwelling is used for business?

- LESS THAN ONE QUARTER....1
- A QUARTER TO A HALF.....2
- MORE THAN HALF.....3

▶ PART B

SECTION 2.

PART B: HOUSING EXPENSES

1. Does this dwelling belong to a member of your household?

YES.....1
NO.....2

2. Is this dwelling rented in exchange for goods, services or money?

YES.....1
NO.....2 (P7)

3. From whom is the dwelling rented? Is it from a relative, a private employer of a member of the household, a public agency (e.g. SOGEFIHA), SICOB1 or a private individual or agency?

RELATIVE.....1
PRIVATE EMPLOYER.....2
SICOB1.....3
SOGEFIHA/OTHER PUBLIC AGENCY....4
PRIVATE INDIVIDUAL/AGENCY.....5
DON'T KNOW.....6

4. How much money does your household pay in rent for this dwelling?

AMOUNT:

IF NO MONEY PAYMENT, ENTER ZERO.

TIME UNIT:

5. Does your household also supply goods or services in exchange for this dwelling?

YES.....1
NO.....2 (P7)

6. What is the approximate value of these goods and services provided by your household?

AMOUNT:

TIME UNIT:

7. Is part or all of the rent paid by someone who is not a member of your household? For example, by relative, a private employer, a government agency (like SOGEFIHA), SICOB1 or other public agency, or a private individual or agency?

YES.....1
NO.....2 (P12)

8. Who pays all or part of the rent?

RELATIVE.....1 (P12)
PRIVATE EMPLOYER.....2 (P12)
SICOB1.....3 (P12)
SOGEFIHA/OTHER PUBLIC AGENCY....4 (P12)
PRIVATE INDIVIDUAL/AGENCY.....5 (P12)
DON'T KNOW.....6 (P12)

TIME UNIT: DAY.....3 MONTH.....5 SEMESTER..7
WEEK.....4 QUARTER...6 YEAR.....8

9. Do you make mortgage payments on this dwelling?

YES.....1
NO.....2 (P12)

10. How much was your last payment?
AMOUNT:

11. How often do you make these payments?
NO. OF TIMES:
TIME UNIT:

12. What is the source of drinking water for your household?

INDOOR FAUCET.....	1
WATER VENDOR.....	2 (P14)
OUTSIDE FAUCET.....	3
WELL WITH PUMP.....	4 (P16)
WELL WITHOUT PUMP.....	5 (P16)
RIVER, LAKE, SPRING, MARSH.....	6 (P17)
RAIN WATER.....	7 (P18)
WATER TRUCK.....	8 (P14)
OTHER (SPECIFY:.....)	9 (P17)

13. Have you a joint or individual meter?

JOINT.....1
INDIVIDUAL...2

14. How much was your household's last water bill?
AMOUNT:

15. What amount of time was covered by that bill?
NUMBER:
TIME UNIT:
(P20)

16. Is this [SUPPLY SOURCE IN 12] used by your household only or shared with others?

THIS HOUSEHOLD ONLY.....1
SHARED.....2

17. How many meters is this [SUPPLY SOURCE IN 12] from your dwelling?
METERS:

18. What is your household's main source of water for laundry and bathing?

- OUTSIDE FAUCET.....1
- WELL WITH PUMP.....2
- WELL WITHOUT PUMP.....3
- RIVER, LAKE, SPRING, MARSH.....4 (P20)
- RAIN WATER.....5 (P20)
- WATER TRUCK.....6 (P20)
- OTHER (SPECIFY:.....).7

19. Is this [SOURCE OF WATER FOR LAUNDRY AND BATHING] used only by your household or by other households also?

- THIS HOUSEHOLD ONLY.....1
- SHARED.....2

20. How does your household dispose of most of its garbage?

- COLLECTED BY A GARBAGE TRUCK.....1
- DUMPED.....2
- BURNED.....3
- BURIED.....4

21. What type of toilet is available for your household?

- FLUSH TOILET.....1
- PIT LATRINE.....2
- NO TOILET.....3 (P24)
- OTHER (SPECIFY:.....).4

22. Is this toilet used only by your household, or do other households use it?

- THIS HOUSEHOLD ONLY.....1
- SHARED.....2

23. Is the toilet inside or outside the dwelling?

- INSIDE.....1
- OUTSIDE.....2

24. What is the main source of lighting for your dwelling?

- ELECTRICITY.....1
- GAS.....2 (P28)
- CANDLES, FLASHLIGHTS, GAS OR OIL LAMPS.....3 (P28)
- NONE.....4 (P28)

25. Have you a joint or individual meter?

- JOINT.....1
- INDIVIDUAL...2

26. How much was the last electric bill for your household?

(IF NOTHING, WRITE ZERO) AMOUNT:

27. How many months consumption was covered by this bill?

MONTHS:

TIME UNIT:	DAY.....3	MONTH.....5	SEMESTER..7
	WEEK.....4	QUARTER...6	YEAR.....8

28. What kind of fuel is most often used by your household to prepare meals?

- WOOD.....1
- CHARCOAL.....2 (▷ SECTION 3)
- BAG.....3 (▷ SECTION 3)
- ELECTRICITY.....4 (▷ SECTION 3)
- OTHER (SPECIFY:.....).5 (▷ SECTION 3)

29. How does the household usually get its wood? By

- collecting/gathering.....1
- purchase?.....2 (▷ SECTION 3)

30. How far must you go to fetch wood?

KILOMETERS:

31. How long does it take to get there?

HOURS:

MINUTES:

32. How often must wood be fetched?

TIMES:

TIME UNIT:

▷ SECTION 3

TIME UNIT:	DAY.....3	MONTH.....5	SEMESTER..7
	WEEK.....4	QUARTER...6	YEAR.....8

SECTION 3. EDUCATION

**TO BE COMPLETED FOR ALL HOUSEHOLD
MEMBERS 5 YEARS OR OLDER.**

SECTION 3. PART A (END)

18							19	20	21	22	23			
How much has your household spent during the past 12 months on ...[NAME'S]...education for... IF NOTHING WAS SPENT, WRITE ZERO. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE UP _____ IN THE RELEVANT COLUMNS AND THE TOTAL AMOUNT IN COLUMN 18							Did ...[NAME]... have a scholarship for the past 12 months?	What was the value of the scholarship for the past 12 months?	Has any other person, who is not a member of your household, paid any other school expenses for ...[NAME]?	How far is ...[NAME]... school from here?	How long does ...[NAME]... take to go to school from here?			
A.	B.	C.	D.	E.	F.	G.	YES...1	AMOUNT	YES...1	NO....2	KH	TIME ONE WAY		
Contributions to parents' associations?	Uniforms and sports clothes?	Books and school supplies?	Transportation to school?	Cafeteria, board and lodging?	Tuition and registration fees?	Other? (Clubs, etc.)	NO...2					NETT PERSON	HRB	HIN
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SECTION 3. PART B. EDUCATION OF CHILDREN RESIDING ELSEWHERE

1. Does any member of your household have children under 30 years of age not living here in this household?

YES.....1

NO.....2 (▶ SECTION 4)

FOR EACH CHILD LISTED IN QUESTION 2, ASK QUESTIONS 4-11.

2	3	4	5	6	7	8	9	10	11
What are their names? LIST ALL THE CHILDREN UNDER 30 YEARS OF AGE WHO DO NOT LIVE IN THIS HOUSEHOLD. COMPLETE THE LIST BEFORE GOING TO 4-10.	Sex? B...1 F...2	How old is ..(NAME)... now? YEARS	Does the father of ..(NAME)... live in this household? YES..1 NO...2 (▶)	COPY THE FATHER'S ID CODE.	Does the natural mother of ..(NAME)... live in this household? YES..1 NO...2 (▶)	COPY THE MOTHER'S ID CODE.	Has ..(NAME)... attended school? YES....1 NO...2 (▶ NEIL CHILD)	Is ..(NAME)... attending school now? YES....1 NO.....2	What is the highest grade completed by ..(NAME)...? GRADE
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CODES: NONE JE CP1
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CE2 CE 3E 4S
OT 02 03 04 05
06 07 08

▶ NEIL CHILD

▶ SECTION 4

SECTION 4. HEALTH

**TO BE ASKED OF EACH HOUSEHOLD
MEMBER. FOR CHILDREN, ASK THE
QUESTIONS OF THEIR PARENTS.**

SECTION 4. HEALTH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
Have you had any illness or injury during the past 4 weeks? For example, have you had a cough, a cold, diarrhea, an injury due to an accident, or any other illness?	For how many days during the past 4 weeks did you suffer from this illness or injury?	For how many days during the past 4 weeks were you unable to carry on your usual activities because of this illness or injury?	Has a doctor, nurse, pharmacist, healer, midwife, or other health practitioner or home consultant for this illness or injury during the past 4 weeks?	Who was consulted first?	Where did the consultation take place?	Is this a public or private establishment?	How long did it take you to go to this consultation?	How far was this consultation from here?	How many times did you consult this person for this illness during the past 4 weeks?	How much did you have to pay for all the consultations during the past 4 weeks?	Did you have to spend a night in a hospital or other establishment during the past 4 weeks because of this illness?	How many nights during the past 4 weeks?	How much have you paid or will you pay altogether for this hospital stay?	Have you also had to pay medicines for this illness during the past 4 weeks?	How much has been spent altogether for medicines for this illness during the past 4 weeks?	In the past 12 months, have you had any vaccinations, maternal & child care (MCC) consultations or other preventive consultations?	How much have you paid or will you pay altogether for these consultations during the past 12 months?		
YES...1 NO...2 (619)	DAYS	DAYS	YES...1 NO...2 (619)	DOCTOR...1 NURSE...2 PHARMACIST...3 HEALER...4 MIDWIFE...5 OTHER...6 (Specify)	HOSPITAL...1 PRIVATE...2 PUBLIC...3 PHARMACY...4 HEALTH CENTER...5 A CHILD CARE...6 THE HOME OF THE...7 SICK PERSON...8 OTHER...9 (Specify)	PUBLIC...1 PRIVATE...2	TIME ONE ONLY	HRS MIN	KM	TIMES	AMOUNT	YES...1 NO...2 (619)	NIGHTS	AMOUNT	YES...1 NO...2 (619)	AMOUNT	AMOUNT	YES...1 NO...2 (PERSON)	AMOUNT

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SECTION 9. ECONOMIC ACTIVITIES

**TO BE ASKED OF ALL HOUSEHOLD
MEMBERS AGED 7 YEARS OR OLDER**

PART A: TIME USE

1	2	3	4	5	6	7	8	9	10	11	12	13					
IS THE HOUSEHOLD MEMBER ASKING THE QUESTIONS (HIMSELF)?	During the past 7 days, have you worked for someone who is not a member of your household, for example, an employer, a firm, the Government or some other person outside your household?	And during the past 12 months?	During the past 7 days, have you worked in a field or garden belonging to yourself or your household, or have you raised livestock?	And during the past 12 months?	During the past 7 days, have you worked in a trade, industry, business, enterprise or profession belonging to yourself or your household? For example, as an independent merchant or fisherman, lawyer, doctor, or other self-employed activity?	And in the past 12 months?	AMONG THE ANSWERS TO QUESTIONS 1 THROUGH 8, IS THERE A "YES" (CODE 1)?	Have you looked for paid work during the past 7 days?	Were you looking for work as a wage earner, as a self-employed worker for any kind of work?	In looking for work, during the past 7 days, have you.....			Why did you not look for work during the past 7 days? (GIVE REASON)	AMONG THE ANSWERS TO QUESTIONS 9 THROUGH 12, IS THERE A "YES" (CODE 1)?			
										Applied to UNCL?	Used family connections?	Used inter-mediations?	Applied in person?	Applied in writing?	Used other methods?	DID NOT WANT TO WORK.....	
YES...1 NO...2	YES...1 (D4) NO...2	YES...1 NO...2	YES...1 (D6) NO...2	YES...1 NO...2	YES...1 (D8) NO...2	YES...1 NO...2	YES...1 (PART B) NO...2 (D4) 2	YES...1 NO...2 (D12)	WAGE EARNER...1 SELF-EMPLOYED...2 ANY WORK...3	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 (PART E) NO...2 (PART F)

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SECTION 3. PART B. MAIN JOB DURING THE PAST 7 DAYS

1	2		3	4	5	6	7	8			9	10		11	12
	DESCRIPTION	CODE						TYPE	CODE	YRS.		MO.	WKS.		
I would like to ask you some questions about the work you have done during the past 7 days. Please describe your main job, that is, the work on which you spent most time during the past 7 days, even if you were not paid for it. What did you do in this work?			Did your father or your mother do or are they doing the same kind of work?	For how many days during the past 7 days did you do this work?	During these days, how many hours per day did you do this work?	For how many weeks during the past 12 months did you do this work? <small>(IF 40 WEEKS OR MORE, >8)</small>	Is this work seasonal?	How long have you been going this work?			Have you received or will you receive money for this work?	How much money? How often?	In this work, were you an independent worker or a family worker on a farm or in a business belonging to your household?	Have you done any other work in the past 7 days?	
			YES...1 NO....2	DAYS	HOURS PER DAY	WEEKS	YES...1 NO....2	YRS. MO. WKS.	NO. (1-1111?)		YES...1 NO (1111?)	YES....1 NO (1111?)	YES...1 NO (1111?)		

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TIME UNIT: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

SECTION 5. PART B. MAIN JOB DURING THE PAST 7 DAYS (CONT.)

13	14	15	16		17		18	19	20	21	AMOUNT	TIME UNIT	
			HRS	MIN	TIMES	TIME UNIT							
For whom did you work? (READ TO THE RESPONDENT) The Government or the army.....1 A state-owned company.....2 A private company or enterprise...3	Is your employer, manager or director related to you? YES...1 NO....2	How far from this dwelling is the place where you did this work? KN	How long does it take you to go there from here?	How often do you go there? For example, twice a day, once a week?	Are taxes already deducted from the payment you receive for your work? YES....1 NO....2	Have you already received or will you receive any bonuses, commissions, tips, allowances or gratuities for this work? YES...1 NO...2 (SEE NEXT PAGE)	Does this payment include bonuses, commissions, tips, allowances or gratuities? YES...1 NO....2	How much do these bonuses, commissions, tips, allowances and gratuities amount to?					

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22	Have you received or will you receive payment for this work in the form of food, crops or animals?	YES..1 NO (1-24)?	23	What is the value of these goods?	AMOUNT	TIME UNIT	24	Have you received or will you receive payment for this work in the form of free or subsidized housing?	YES..1 NO (1-25)?	25	What is the value of this subsidy?	AMOUNT	TIME UNIT	26	Have you received or will you receive payment for this work in the form of clothing?	YES..1 NO (1-26)?	27	What is the value of this clothing?	AMOUNT	TIME UNIT	28	Is your transport to this work free or subsidized?	YES..1 NO (1-30)?	29	What is the value of this transport?	AMOUNT	TIME UNIT	30	Have you received or will you receive payment for this work in any other form?	YES..1 NO (1-32)?	31	What is the value of this other form of payment?	AMOUNT	TIME UNIT	32 NEXT PAGE

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SECTION 5. PART B. MAIN JOB DURING THE PAST 7 DAYS (END)

32	33	34	35	36	37	38	39	40	41	42	43
How many people altogether work at the place where you do this work?	Is there a union at the place where you do this work?	Is your remuneration for this work subject to the legal minimum wage rate?	When you started this work, did you sign a contract in which your salary was specified?	Have you had or will you receive paid holidays in this work?	Have you had or will you receive paid sick leave in this work?	Will you receive a retirement pension in this work?	Are you entitled to free or subsidized medical care in this work?	Have you received or will you receive social security benefits in this work?	Have you used tools, equipment, supplies or other materials of your own in this work?	If you wanted to sell these tools, equipment or materials that belong to you, how much would you receive from the sale?	Have you done any other work during the last 7 days?
PERSONS	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2 (P43)	AMOUNT	YES..1 (PART C) NO...2 (PART D)

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SECTION 5. PART C. SECONDARY JOB DURING THE PAST 7 DAYS

1	2		3	4	5	6	7			8	9		10	11	12
	DESCRIPTION	CODE					TYPE	CODE	YRS.		MO.	WKS.			
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(PART B)

TIME UNITS: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

13 Who did you work for? (READ TO THE RESPONDENT) The Government or the army.....1 A state owned company.....2 A private company or enterprise..3	14 Are taxes already deducted from the payment you receive for this work? YES...1 NO....2	15 Do you also receive remuneration in goods or services? YES...1 NO....2 (117)	16 What is the value of these goods and services?		17 Have you used tools, equipment, supplies or other materials of your own in this work? YES...1 NO....2 (117)		18 If you wanted to sell these tools, equipment or materials that belong to you, how much would you receive for the sale?		19 Have you done any other work during the past 7 days? YES....1 NO....2 (PART 5)	20 How much did you or will you receive for all this other work, including payment in the form of goods and services? (PART D)	
			AMOUNT	TIME UNIT	AMOUNT	TIME UNIT	AMOUNT	TIME UNIT			

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SECTION 5. PART E. MAIN JOB DURING THE PAST 12 MONTHS

1	2	3	4	5	6	7	8	9			10	11		12
								YRS	MO	WKS		AMOUNT	TIME UNIT	
Now I would like to talk about your main work during the past 12 months, that is, the work to which you devoted the most time during the past 12 months (since.....). What did this work consist of?	What kind of trade, industry, or business is it connected with?	In this work the same as your main or secondary job during the past 7 days? YES, SAME AS MAIN JOB.....1 (PARTIAL) YES, SAME AS SECONDARY.....2 (PARTIAL) NO, DIFFERENT WORK.....3	Did your father or mother do or are they doing the same kind of work? YES...1 NO...2	For how many weeks during the past 12 months did you do this work? (IF 40 OR MORE HOURS PER WEEK) WEEKS	Is this work seasonal? YES...1 NO...2	During these weeks, how many days a week did you work? DAYS PER WEEK	How many hours a day did you work? HOURS PER DAY	How long have you been doing this work?			Have you received or will you receive money for this work? YES...1	How much money? How often?		In this work were you an independent worker or a family worker on a farm or in a business belonging to your household? YES (PARTIAL) NO (PARTIAL)
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TIME UNIT: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

SECTION 5. PART E. MAIN JOB DURING THE PAST 12 MONTHS (CONT.)

13 Who did you work for? READ TO THE RESPONDENT: The Government or the army?...1 A state-owned company?.....2 A private company or enterprise?...3	14 Is your employer, manager or director related to you? YES...1 NO....2	15 How far from this dwelling is the place where you did this work? KN	16 How long does it take you to go there from here?		17 How often do you go there? For example, twice a day, once a week, twice a month?		18 Are taxes already deducted from the payment you receive for your work? YES...1 NO.....2	19 Have you received or will you receive any bonuses, commissions, tips, allowances or gratuities for this work? YES...1 NO....2 (SEE NEXT PAGE)	20 Does this payment include bonuses, commissions, tips, allowances or gratuities? YES...1 NO....2	21 How much do these bonuses, commissions, tips, allowances and gratuities amount to? AMOUNT	TIME UNIT
			HRD	MIN	TIMES	TIME UNIT					

22 NEXT PAGE

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22	Have you received or will you receive payment for this work in the form of food, crops or animals?	23		24		25		26		27		28		29		30		31	
		What is the value of these goods?		Have you received or will you receive payment for this work in the form of free or subsidized housing?		What is the value of this subsidy?		Have you received or will you receive payment for this work in the form of clothing?		What is the value of the clothing?		Is your transport to this work free or subsidized?		What is the value of this transport?		Have you received or will you receive payment for this work in any other form?		What is the value of this form of payment?	
YES..1																			
NO (626)		AMOUNT	TIME UNIT	NO (626)	AMOUNT	TIME UNIT	NO (626)	AMOUNT	TIME UNIT	NO (636)	AMOUNT	TIME UNIT	NO (636)	AMOUNT	TIME UNIT	NO (636)	AMOUNT	TIME UNIT	NO (636)

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SECTION 5. PART E. MAIN JOB DURING THE PAST 12 MONTHS (END)

1	32	33	34	35	36	37	38	39	40	41	42
PERSONS	How many people altogether at the place where you do this work?	Is there a union at the place where you do this work?	Is your remuneration for this work subject to the SMW (legal minimum wage rate)?	When you started work, did you sign a contract in which your salary was specified?	Have you had or will you receive paid holidays in this work?	Have you had or will you receive sick leave in this work?	Will you receive a retirement pension in this work?	Are you entitled to free or subsidized medical care in this work?	Have you received or will you receive social security benefits in this work?	Have you used tools, equipment, supplies or other materials of your own in this work?	If you wanted to sell these tools, equipment or materials that belong to you, how much would you receive from the sale?
		YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2 (PART F)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">PART F</div> AMOUNT

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1 EMPLOYER NO. 1 NO. 2 NO. 3	2		3		4		5		6		
	DESCRIPTION	CODE	TYPE	CODE	YES....1 NO.....2	YEARS	MONTHS				
1	What did you do most of the time before starting this work? That is, were you doing other work, studying, or were you unemployed? OTHER WORK.....1 SCHOOL.....2 (P6) UNEMPLOYED.....3 (P6)		Please describe the main work you did before you started your main job during the past 12 months. What did that work consist of?		What kind of business, trade, industry, or profession was it connected with?		In this work were you an independent worker or a family worker on a farm or in a business belonging to your household? YES....1 NO.....2		For how long did you do this work?		During the past 12 months have you done any other work in addition to your main employment? YES (PART G) NO (PART H)
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