

SECTION 5. PART B. SECONDARY JOB DURING THE PAST 12 MONTHS

1	How, I would like to talk about your secondary job during the past 12 months, that is, the work on which you spent most time after your main job (since.....). What did this work consist of?	2	What kind of trade, industry, or business is it connected with?	3	Is this work the same as your main or secondary job during the past 7 days? YES SAME AS MAIN...1 (IF 40 OR MORE HOURS PER WEEK) YES SAME AS SECONDARY...2 (IF 40 OR MORE HOURS PER WEEK) NO DIFFERENT WORK...3	4	For how many weeks during the past 12 months did you do this work? YES...1 NO...2	5	Is this work seasonal? YES...1 NO...2	6	During these weeks, how many days a week did you work? DAYS PER WEEK	7	How many hours a day did you work? HOURS PER DAY	8	How long have you been doing this work? YRS. MO. WKS.	9	Have you received or will you receive money for this work? YES...1 NO...2	10	How much money? How often? AMOUNT TIME UNIT	11	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

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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 6. SECONDARY JOB DURING THE PAST 12 MONTHS (END)

12	Who did you work for?	13	Are taxes already deducted from the payment you receive for this work?	14	Do you also receive remuneration in goods or services?	15	What is the value of these goods and services?	16	Have you used tools, equipment, supplies or other materials of your own in this work?	17	If you wanted to sell these tools, equipment or materials that belong to you, how much could you receive from the sale?
	READ TO THE RESPONDENT: The Government or the army?...1 A state-owned company?.....2 A private company or enterprise?...3		YES...1 NO....2		YES...1 NO....2 (616)		YES...1 NO (616) 2		YES...1 NO (616) 2		
						AMOUNT	TIME UNIT				AMOUNT

18	Have you done other work during the past 12 months?	19	How much have you received or will you receive for this other work, including payment in the form of goods and services?
	YES....1 NO (PART 6) 2		(PART 6) YES....1 NO (PART 6) 2
			AMOUNT
			TIME UNIT

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1	2	3	4	5	6	7	8
During the last 7 days, have you worked in your home, for example, cleaning the house, preparing meals for your family, washing the family's clothes, buying food or clothes, fetching water or wood for cooking?	For how many days have you done this work during the past 7 days (since)?	For how many hours each day?	Have you been without paid work on one or more occasions during the past 12 months (since...)?	Have you looked for work during the past 12 months?	For how many different periods were you without paid work during the past 12 months?	For how many weeks altogether were you without paid work during the past 12 months (since...)?	During the past 12 months, have you lost paid employment because of the end of the agricultural season?
YES...1 NO.....2 (b4)		(b5)	YES...1 NO...2 (b) NEXT PERSON	YES...1 NO...2 (b) NEXT PERSON			YES...1 NO.....2 NEXT PERSON
	DAYS	HOURS			PERIODS	WEEKS	

01							
02							
03							

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SECTION 6. MIGRATION

**TO BE ASKED OF ALL HOUSEHOLD
MEMBERS AGED 15 YEARS OR OLDER.**

SECTION 6. MIGRATION

1	2	3	4	5	6	7	8	9	10
Were you born in (PRESENT PLACE OF RESIDENCE)??	Have you lived anywhere else?	At the time of your birth, was your birth place... A city...2 A town...2 A large village...3 A small village...4 A camp...5 Other...6	How old were you when you left your place of birth for the first time to live somewhere else?	Why did you leave your place of birth? WORK OF RESPONDENT OR HIS/HER FAMILY.1 MARRIAGE...2 SCHOOL...4 OTHER...4	How long have you lived in (PRESENT PLACE OF RESIDENCE)?	Why did you come to (PRESENT PLACE OF RESIDENCE)? WORK OF RESPONDENT OR HIS/HER FAMILY.1 MARRIAGE...2 SCHOOL...4 OTHER...4	From which Department or country were you coming from? DEPARTMENT IF IN IVORY COAST COUNTRY IF ABROAD.	Was the place where you were living before coming here... A city...1 A town...2 A large village...3 A small village...4 A camp...5 Other...6	How many times in your life have you changed your place of residence? NEXT PERSON
YES...1 NO...2	YES...1 NO...2 (NEXT PERSON)		YEARS		YEARS		DEPARTMENT OFFICE CODE		TIMES

01									
02									
03									
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SECTION 7. RESPONDENTS FOR ROUND TWO

RESPONDENT: THE PERSON BEST INFORMED OF THE ACTIVITIES OF THE HOUSEHOLD MEMBERS

NAME OF THE RESPONDENT: _____ ID CODE:

1. During the past 12 months, has any member of your household worked as an independent farmer or family worker on a farm belonging to the household, or raised animals belonging to the household, such as poultry, cattle, sheep, pigs or other animals?

VERIFY WITH SECTION 5.

YES.....1
 NO.....2 (P 3)

2. Who is the person who knows most about all the agricultural and livestock activities of the members of your household?

NAME: _____ ID CODE:

3. During the past 12 months, has any member of your household worked for himself other than on a farm or raising animals? For example, has anyone operated his/her own business, trade or industry, engaged in an independent profession, or worked as an independent fisherman or artisan?

VERIFY WITH SECTION 5.

YES.....1
 NO.....2 (P 8 NEXT PAGE)

NO.	4	5	ID CODE
	What different trades, businesses, industries, services or professions, were owned or managed by members of your family during the past 12 months (since....)? MAKE A COMPLETE LIST BEFORE GOING TO 5.	Who is the person who knows most about the expenses and income of ...[NAME OF BUSINESS, ENTERPRISE, ETC....]? NAME	
1			
2			
3			
4			
5			

6. ARE THERE MORE THAN 3 BUSINESSES, ENTERPRISES, ETC?

YES.....1 (P 7 NEXT PAGE)
 NO.....2 (P 8 NEXT PAGE)

7. Among these trades, industries, and businesses, which are the most important for the household?

WRITE THE ORDER NUMBER OF THE THREE MOST IMPORTANT.

Three empty boxes for writing order numbers.

8. Who shops for the food for your household?

NAME: _____ ID CODE:

9. Who in your household knows most about the other expenses, income and savings of the members of your household?

NAME: _____ ID CODE:

10. TO CHOOSE A WOMAN AT RANDOM TO ANSWER THE QUESTIONS ON FERTILITY IN THE SECOND ROUND OF THE SURVEY:

READ THE FIRST LINE OF THE STICKER BELOW UNTIL YOU COME TO THE ID CODE OF A WOMAN BELONGING TO THE HOUSEHOLD AND AGED 15 OR OLDER IN THE HOUSEHOLD ROSTER. CROSS OUT EACH REJECTED ID CODE ON THE STICKER. IF THERE IS NO VALID ID CODE IN THE FIRST LINE, GO TO THE SECOND. WHEN A VALID ID CODE IS FOUND, CIRCLE IT.

STICKER

WRITE THE NAME AND ID CODE OF THE WOMAN SELECTED:

NAME: _____ ID CODE:

SECTION 8

SECTION 8. CHARACTERISTICS OF HOUSING

Now I would like to measure the perimeter of your dwelling, including all the different buildings or apartments occupied by your household.

1 MAKE A DETAILED SKETCH OF ALL THE BUILDINGS, APARTMENTS AND ROOMS OCCUPIED BY THE HOUSEHOLD, MEASURE THE PERIMETER AND INDICATE ALL THE DIMENSIONS ON THE SKETCH.

DO NOT MEASURE TERRACES OR BALCONIES.

2 HOW WAS THE AREA MEASURED?

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

3 MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS:

MUD/MUD BRICK.....1
MUD/PLASTER.....2
CALVANIZED IRON PLANKS.....3
STONE/BRICK.....4
CEMENT.....5
OTHER.....6
(SPECIFY:)

4 MAIN FLOORING MATERIAL:

EARTH.....1
WOOD (PLANKS).....2
STONE/BRICK.....3
CEMENT.....4
TILE.....5
BARBOO.....6
OTHER.....7
(SPECIFY:)

5 MAIN MATERIAL ROOF IS MADE OF:

STRAW, THATCH, GRASS.....1
EARTH/MUD.....2
WOOD PLANKS.....3
CALVANIZED IRON.....4
CONCRETE, CEMENT.....5
OTHER.....6
(SPECIFY:)

6 THE WINDOWS ARE FITTED WITH (CHECK THE FIRST THAT APPLIES)

GLASS.....1
SCREENS.....2
SHUTTERS.....3
CURTAINS.....4
NO COVERING.....5
NO WINDOWS.....6

SUPERVISOR: _____

AREA: M²

END OF ROUND ONE

ROUND TWO

**EXPLAIN AGAIN THE OBJECTIVES OF THE SURVEY AND
THE CONFIDENTIALITY OF THE DATA.**

READ THE LIST OF HOUSEHOLD MEMBERS.

SECTION 9. AGRO-PASTORAL ACTIVITIES

SUPERVISOR

RESPONDENT: ID CODE: []

INTERVIEWER

IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO....2 []

PART A. LAND

1. During the last 12 months (since ...) has any member of your household worked fields or a garden belonging to the household? YES.....1 NO.....2 (PART F) []

Now I would like to ask you some questions about all of the land that is for the exclusive use of your household for growing crops or for pasture.

2. How many hectares altogether have the members of your household used during the past 12 months. (Since ...) including the area of all parcels of all the members of your household? HECTARES: []

3. How many hectares of fallow land are available for use by the members of your household? HECTARES: []

4. How many hectares of the land available to your household are part of a land development scheme?

HECTARES:

5. How many hectares belong to a cooperative? (including BVC)

HECTARES:

6. Do the members of your household have the right to sell all or part of this land if they wish?

YES.....1

NO.....2 (→10)

7. Have they sold any land during the past 12 months? (Since ...)

YES.....1

NO.....2 (→10)

8. How many hectares did they sell?

HECTARES:

9. How much did they receive from the sale?

AMOUNT:

10. For how much could you sell land exactly like that used by your household during the past 12 months?

AMOUNT:

11. Have the members of your household the right to cede or transfer all or part of the land they are using?

YES.....1

NO.....2 (p15)

12. Have any members of your household ceded or transferred land to someone who is not a member of the household in the past 12 months? (Since ...)

YES.....1

NO.....2 (p15)

13. How many hectares did they cede or transfer?

HECTARES:

14. How much have the members of your household received for the right of use of this land? (INCLUDING THE VALUE OF GOODS)

AMOUNT:

15. Have the members of your household bought land during the past 12 months?

YES.....1

NO.....2 (p 18)

16. How many hectares did they buy?

HECTARES:

17. How much did they pay for the land?

AMOUNT:

18. Have the members of your household paid for rights of use of land during the past 12 months? (Since ...)

YES.....1

NO.....2 (p 21)

19. On how many hectares have they paid for rights of use?

HECTARES:

20. How much did they pay?

AMOUNT:

21. Have the members of your household received land as a gift, inheritance, dowry or grant from the government during the past 12 months? (Since ...)

YES.....1

NO.....2 (▶ 23)

22. How many hectares did they receive in this way?

HECTARES:

23. Have the members of your household given land to anyone who is not a member of the household as a gift, dowry or another reason in the past 12 months? (Since ...)

YES.....1

NO.....2 (▶ PART B)

24. How many hectares did they give in this way?

HECTARES:

▶ P A R T B

1 Have the members of your household grown the following crops during the past 12 months? (Since...) PUT A CROSS IN THE APPROPRIATE BOX BELOW. ASK QUESTION 1 FOR ALL CROPS BEFORE GOING TO 2-11.	2 How many hectares of ... were harvested during the past 12 months? (Since...) HECTARES	3 How many hectares of ... are not yet in production? HECTARES	4 How much ... was sold during the past 12 months? IF NOTHING, WRITE ZERO AND %		5 How much was the harvest of of ... sold for? AMOUNT UNIT		6 Did you keep part of the crop for seed? YES...1 NO...2		7 How much would the same quantity of seed cost in the market? AMOUNT		8 Did you give part of the harvest of ... in return for labor, or as a gift, or for cornmeal and molasses? YES...1 NO...2		9 How much would the same quantity of ... cost in the market? AMOUNT		10 Did you grow other crops in the same field at the same time as ...? YES...1 NO...2		11 Which other crops? CODE FOR 1ST CROP CODE FOR 2ND CROP	
			QUANTITY UNIT	AMOUNT UNIT	NO...2 (10)	AMOUNT	NO...2 (10)	AMOUNT	YES...1 NO...2 (NEXT CROP)	CODE FOR 1ST CROP	CODE FOR 2ND CROP							

Cocoa	YES →	01															
	← NO																
Coffee	YES →	02															
	← NO																
Rubber	YES →	03						-----→	-----→	-----→							
	← NO																
Coconut palm	YES →	04															
	← NO																
Oil palm	YES →	05															
	← NO																
Plantains or bananas	YES →	06						-----→	-----→	-----→							
	← NO																
Fruit trees	YES →	07															
	← NO																
Wood	YES →	08						-----→	-----→	-----→							
	← NO																
Cola nut	YES →	09															
	← NO																
Cotton	YES →	11						-----→	-----→	-----→							
	← NO																
Peanut	YES →	12						-----→	-----→	-----→							
	← NO																
Tobacco	YES →	13						-----→	-----→	-----→							
	← NO																
Pineapple	YES →	14						-----→	-----→	-----→							
	← NO																
Sugarcane	YES →	15						-----→	-----→	-----→							
	← NO																

- UNIT CODES:
- KILOGRAM...1
 - TON...2
 - HECTARE...3
 - HECTARE...4
 - HECTARE...5
 - HECTARE...6
 - HECTARE...7
 - HECTARE...8
 - HECTARE...9
 - LITER...10
 - LITER...11
 - LITER...12
 - LITER...13
 - LITER...14
 - LITER...15
 - PILE...16
 - PILE...17

- CROP CODES:
- COCOA...1
 - COFFEE...2
 - RUBBER...3
 - OIL PALM...4
 - BANANA TREES...5
 - FRUIT TREES...6
 - COLA NUT...7
 - COTTON...8
 - PEANUT...9
 - SUGARCANE...10
 - CASSAVA...11
 - POTATOES...12
 - WHITE...13
 - RICE...14
 - BANANA...15
 - EGG...16
 - OTHER CROPS...17

Have the members of your household grown the following crops during the past 12 months? (Since...)	2 How many hectares of... were harvested during the past 12 months? (Since....)	3 How many hectares of... are not yet in production?	4 How much... was sold during the past 12 months?		5 How much was the harvest of... sold for?		6 Did you keep part of the crop for seed?	7 How much would the same quantity of seed cost in the market?	8 Did you give part of the harvest of... in return for labor, or as a gift, or for cereponigs and fetishes?	9 How much would the same quantity of... cost in the market?	10 Did you grow other crops in the same field at the same time as...?	11 Which other crops?	
			QUANTITY	UNIT	AMOUNT	UNIT						CODE FOR 1ST	CODE FOR 2ND
Cassava	YES →	→ → → →											
	← NO	16											
Yam	YES →	→ → → →											
	← NO	17											
Taro	YES →	→ → → →											
	← NO	18											
Sweet potato	YES →	→ → → →											
	← NO	19											
Maize	YES →	→ → → →											
	← NO	20											
Rice	YES →	→ → → →											
	← NO	21											
Millet/Sorghum/fofio	YES →	→ → → →											
	← NO	22											
Vegetables (tomatoes, eggplant, okra, onion, planto, etc)	YES →	→ → → →											
	← NO	23											
Other crops? Specify:	YES →	→ → → →											
	← NO	24											

ASK QUESTION 1 FOR ALL CROPS BEFORE GOING TO 2-11.

PUT A CROSS IN THE APPROPRIATE BOX BELOW.

X

UNIT CODES:

KILOGRAM	1
TON	2
BAG	3
WAGBET	4
...	5
...	6
...	7
...	8
...	9
LITER	10
...	11
...	12
...	13
...	14
...	15
...	16
...	17
...	18
...	19

CROP CODES:

...	1
...	2
...	3
...	4
...	5
...	6
...	7
...	8
...	9
...	10
...	11
...	12
...	13
...	14
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...	16
...	17
...	18
...	19
...	20
...	21
...	22
...	23
...	24

PART C

1 INTERVIEWER: HAS THIS HOUSEHOLD PLANTED TREE CROPS SUCH AS COFFEE, COCOA, RUBBER, OIL PALM, BANANAS, FRUIT TREES, TREES FOR WOOD, OR COLA NUT?

YES.....1
NO.....2 (▶ PART D)

2 LIST ALL THE TREE CROPS GROWN BY THE HOUSEHOLD WITH THEIR CODES.	3 What proportion of your ... [] ... plantings is too young to produce?	4 What proportion of your ... [] ... plantings is in full production?	5 What proportion is near the end of its productive life?
CODE	GIVE THE PROPORTION AS A FRACTION OF THE NUMBER OF PLANTINGS, FOR EXAMPLE 1/3, 3/4, ETC. IF NONE, WRITE 0/0. IF ALL, WRITE 1/1.		
	/	/	/
	/	/	/
	/	/	/

▶ NEXT CROP

CODES:

COFFEE	.....
COCOA	.....
RUBBER	.....
OIL PALM	.....
BANANAS	.....
FRUIT TREES	.....
TREES FOR WOOD	.....
COLA NUT	.....

▶ PART D

6. Has your household bought seeds or plants during the past 12 months?

YES....1

NO.....2 (P7)

2 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 3-6.	3 How much was spent for seeds or young plants for ... during the past 12 months? AMOUNT	4 Have you already harvested the fields for which you bought these seeds/plants? YES...1 NO....2	5 How did you obtain the seeds or plants? PRIVATELY...1 SODEPALN...2 SATRACI...3 SOSB...4 SAPH...5 CIDT...6 MND...7 COOPERATIVE...8 OTHER PUBLIC AGENCY...9	6 Did you obtain the seeds or plants on credit? YES..1 NO...2
CODE	AMOUNT	YES...1 NO....2	PRIVATELY...1 SODEPALN...2 SATRACI...3 SOSB...4 SAPH...5 CIDT...6 MND...7 COOPERATIVE...8 OTHER PUBLIC AGENCY...9	YES..1 NO...2
	01			
	02			
	03			
	04			

▶ NEXT CROP

7. Has your household used fertilizer during the past 12 months?

YES....1

NO.....2 (P13)

8 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 9-12.	9 How much was spent for fertilizer for ... during the last 12 months? IF NOTHING, WRITE ZERO AMOUNT	10 Have you already harvested the fields on which you used fertilizer? YES...1 NO....2	11 How did you obtain the fertilizer? PRIVATELY...1 SODEPALN...2 SATRACI...3 SOSB...4 SAPH...5 CIDT...6 MND...7 COOPERATIVE...8 OTHER PUBLIC AGENCY...9	12 Did you get the fertilizer on credit? YES..1 NO...2
CODE	AMOUNT	YES...1 NO....2	PRIVATELY...1 SODEPALN...2 SATRACI...3 SOSB...4 SAPH...5 CIDT...6 MND...7 COOPERATIVE...8 OTHER PUBLIC AGENCY...9	YES..1 NO...2
	01			
	02			
	03			
	04			

▶ NEXT CROP

CROP CODES:	
COCOA	1
COFFEE	2
RUBBER	3
COCONUT	4
OIL PALM	5
BANANA	6
FRUIT TREES	7
MND	8
COLA NUT	9
COTTON	11
PEANUT	12
TOBACCO	13
PINEAPPLE	14
SUGARCANE	15
CASSAVA	16
YAM	17
YARD	18
SWEET POTATO	19
RAIZE	20
RICE	21
MILLET FORIO	22
SORGHUM	23
VEGETABLES	24
OTHER CROPS	25
ALTOGETHER	26

13. Has your household used organic manure during the past 12 months?

YES....1

NO.....2 (P18)

14 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 15-17.	15 How much was spent for organic manure for ... during the past 12 months? IF NOTHING, WRITE ZERO. AMOUNT	16 Have you already harvested the fields on which you used the manure? YES...1 NO....2	17 Where did you obtain the manure? PRIVATELY...1 SODEPALN...2 SATRACI...3 SOSB...4 SAPH...5 CIDT...6 MND...7 COOPERATIVE...8 OTHER PUBLIC AGENCY...9
CODE	AMOUNT	YES...1 NO....2	PRIVATELY...1 SODEPALN...2 SATRACI...3 SOSB...4 SAPH...5 CIDT...6 MND...7 COOPERATIVE...8 OTHER PUBLIC AGENCY...9
	01		
	02		
	03		
	04		

▶ NEXT CROP

▶ 18, NEXT PAGE

18: Has your household used insecticides during the past 12 months?

YES....1
NO.....2 (P24)

19 On which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 5-6.	20 How much was spent on insecticides for ... in the past 12 months? IF NOTHING, WRITE ZERO.	21 Have you already harvested the fields on which the insecticides were used? YES...1 NO....2	22 How did you obtain the insecticides? PRIVATELY...1 SODEPALM...2 SATRACI...3 SOSP...4 SAPH...5 CIDT.....6 BND...7 COOPERATIVE...8 OTHER PUBLIC AGENCY...9	23 Did you obtain the insecticides on credit? YES...1 NO...2
CODE	AMOUNT			
	01			
	02			
	03			
	04			

▶ NEXT CROP

24: Has your household had expenses for transporting crops during the past 12 months?

YES....1
NO.....2 (P28)

25 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 26-27.	26 How much was spent for transport of ... in the past 12 months? AMOUNT	27 How did you arrange for the transport? PRIVATELY...1 SODEPALM...2 SATRACI...3 SOSP...4 SAPH...5 CIDT.....6 BND...7 COOPERATIVE...8 OTHER PUBLIC AGENCY...9
CODE	AMOUNT	
	01	
	02	
	03	
	04	

▶ NEXT PAGE

CROP CODES:	
COCOA	1
COFFEE	2
RUBBER	3
COCONUT	4
OIL PALM	5
BANANA	6
FRUIT TREES	7
WOOD	8
COLA NUT	9
COTTON	11
PEANUT	12
TOBACCO	13
PINEAPPLE	14
SUGARCANE	15
CASSAVA	16
YAM	17
TARO	18
SWEET POTATO	19
WATZE	20
RICE	21
MILLET FONIO	22
SORGHUM	23
VEGETABLES	24
OTHER CROPS	25
ALTOGETHER	25

28: Has your household bought sacks, twine or containers for its crops during the past 12 months?

YES....1
NO.....2 (P34)

29 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 30-33.	30 How much was spent for sacks, twine or containers for ... in the past 12 months? AMOUNT	31 Have you already harvested the crops for which you bought these items? YES...1 NO....2	32 How did you obtain the sacks, twine and containers? PRIVATELY...1 SODEPALM...2 SATRACI...3 SOSP...4 SAPH...5 CIDT.....6 BND...7 COOPERATIVE...8 OTHER PUBLIC AGENCY...9	33 Did you obtain the sacks, twine and containers on credit? YES...1 NO....2
CODE	AMOUNT			
	01			
	02			
	03			
	04			

▶ NEXT CROP

▶ 34, NEXT PAGE

SECTION 9. PART D. FARM INPUTS (CONT.)

34. Has your household had expenses for storage in the past 12 months?

YES.....1
NO.....2 (P38)

35 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 36-37.		36 How much was spent for storage of during the past 12 months? AMOUNT	37 How did you arrange for storage? PRIVATELY...1 SOMEONE...2 CONTRACT...3 SOWN...4 SAPN...5 GOVT...6 COOPERATIVE...7 OTHER PUBLIC AGENCY...9
CODE	AMOUNT		
	01		
	02		
	03		
	04		

▶ NEXT CROP

38. Has your household had expenses for labor during the past 12 months?

YES.....1
NO.....2 (P40)

39. How much was spent for paid labor during the past 12 months? (Since....)

AMOUNT:

40. Has your household had other production expenses during the past 12 months, such as for renting animals, equipment or machinery, for maintenance and repair of buildings or machines, irrigation charges, fuel oil, electricity, other fuel, etc?

YES.....1
NO.....2 (P42)

41. How much was spent for all these other farm inputs during the past 12 months?

AMOUNT:

42. During the past 12 months, have members of your household taken part in any exchange of unpaid labor?

YES.....1
NO.....2 (P44)

43. How many man hours of labor has the household received in this way in the last 12 months?

MAN HOURS:

CROP CODES:	
COCOA	1
COFFEE	2
RUBBER	3
COCONUT	4
OIL PALM	5
BANANAS	6
FRUIT TREES	7
WOOD	8
COLA NUT	9
COTTON	11
PEANUT	12
TOBACCO	13
SYRAPPLE	14
SUGARCANE	15
CASSAVA	16
YAM	17
TARO	18
SWEET POTATO	19
KATZE	20
RICE	21
MILLET FORNO	22
SORGHUM	23
VEGETABLES	24
OTHER CROPS	25
ALTOGETHER	26

14. During the past 12 months, has your household worked land as sharecroppers?

YES.....1
NO.....2 (P48)

45 What crops were grown? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 46-47.	46 How many hectares of ...[]... were worked by sharecropping?	47 What proportion of the harvest of ...[]... did you or will you give to the landowner? CODES: 1/4 2/3 1/3 3/4 1/2 Other (Specify)
CODE	HECTARES	
	01	
	02	
	03	
	04	

▶ NEXT CROP

48. During the past 12 months, has your household leased land to sharecroppers?

YES.....1
NO.....2 (P32)

49 What crops were grown? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 50-51.	50 How many hectares of ...[]... were leased to sharecroppers during the past 12 months?	51 What proportion of the harvest was given to the sharecroppers? CODES: 1/4 2/3 1/3 3/4 1/2 OTHER (Specify)
CODE	HECTARES	
	01	
	02	
	03	
	04	

▶ NEXT CROP

CROP CODES:

COCOA.....	1
COFFEE.....	2
RUBBER.....	3
COCONUT.....	4
OIL PALM.....	5
BANANA.....	6
FRUIT TREES.....	7
WOOD.....	8
COLA NUT.....	9
COTTON.....	11
PEANUT.....	12
TOBACCO.....	13
PINEAPPLE.....	14
SUGARCANE.....	15
CASSAVA.....	16
YAM.....	17
TARO.....	18
SWEET POTATO.....	19
MATIZO.....	20
RICE.....	21
WATERMELON.....	22
SWEET POTATO.....	23
VEGETABLES.....	24
OTHER CROPS.....	25
ALTOGETHER.....	26

52. Are you storing some of your crops, at the present time for consumption by your household?

YES.....1
NO.....2 (P35)

53 Which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 54.	54 For how long will the quantity now stored satisfy your household's needs?
CODE	WEEKS
	01
	02
	03
	04

▶ NEXT CROP

35. Has your household had any contact with an agricultural extension agent during the past 12 months?

YES.....1
 NO.....2 (PART E)

36 For which crops? LIST THE CROPS WITH THEIR CODES. LIST ALL CROPS BEFORE GOING TO 57-58.	37 How many times in the past 12 months were these agents consulted about ...? 1...?	38 What was the reason for the last consultation about ...? 1...? SEEDS.....1 INSECTICIDES.....2 FERTILIZERS.....3 PRESERVATION.....4 OTHER (Specify).....5
CODE		
	01	
	02	
	03	
	04	

▶ NEXT CROP

▶ PART E

CROP CODES:	
COCOA.....	1
COFFEE.....	2
ROBBER.....	3
CACAO.....	4
GYL PALM.....	5
BANANA	
FRUIT TREES.....	6
MUG.....	7
COLA NOT.....	8
COTTON	
SEAM.....	9
LONG.....	10
SYNAPLE.....	11
SUBARANE.....	12
CASAVA	
.....	14
.....	15
SWEET POTATO.....	16
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RICE	
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SECTION 9. PART E. TRANSFORMATION OF HOME-GROWN CROPS

How I would like to ask you some questions about the processing by your household of their crops to make products for sale?

1. Has any member of your household, during the past 12 months, processed any of his/her crops for sale? For example, by making palm, peanut or coconut oil, or palm wine, or attiéké or any other product from crops grown by your household?

YES.....1

NO.....2 (▶ PART F)

2 During the past 12 months, has any member of your household made the following products from his/her crops for sale? PUT A CROSS IN THE APPROPRIATE BOX FOR EACH PRODUCT. ASK QUESTION 2 FOR ALL PRODUCTS BEFORE GOING TO 3-7.	3 For how many months in the past 12 months have members of your household made ...? for sale? MONTHS	4 During these months, how many times did they sell ...? ..? TIMES TIME UNIT		5 And how much money did they usually receive each time? AMOUNT	6 Did they have to spend money for production of ...? For example, to buy tools, containers, transport, labor, etc. YES...1 NO.....2 (▶ NEXT PRODUCT)	7 How much did they spend in the past 12 months? ▶ NEXT PRODUCT AMOUNT
Attiéké?	YES-▶ ←-NO	601				
Peanut, palm or coconut oil?	YES-▶ ←-NO	602				
Palm wine?	YES-▶ ←-NO	603				
Millet, corn or cassava flour?	YES-▶ ←-NO	604				
Bari and tapioca?	YES-▶ ←-NO	605				
Awdon?	YES-▶ ←-NO	606				
Dried fruits or vegetables?	YES-▶ ←-NO	607				
Shea butter?	YES-▶ ←-NO	608				
Peanut butter?	YES-▶ ←-NO	609				
Other products made from your crops? Specify:	YES-▶ ←-NO	610				

▶3-7

▶ PART F

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

1 Has any member of your household raised livestock or poultry during the past 12 months. (Since....)?

YES.....1

NO.....2 (▶ PART J)

IF THE ANSWER TO 2 IS YES, ASK QUESTIONS 3-4.

2	3	4	5	6	7	8	9	10	11	12	13	14
During the past 12 months, has any member of your household raised?	Are any members of your household raising ... at the present time?	How many ... do you have now?	If they wanted to sell all these ... today, how much money would they receive altogether?	During the past 12 months, have members of your household sold any ...?	How many ... have they sold?	How much ... altogether have they received from sales of ... during the past 12 months?	Have any members of your household bought any ... during the past 12 months (since...)?	How many ... did they buy?	How much did they pay altogether for all the ... they bought during the past 12 months?	How many ... were born or received as gifts during the past 12 months?	How many ... were eaten by the members of your household in the past 12 months?	How many ... were lost or stolen, given as gifts or sacrificed during the past 12 months?
ASK QUESTIONS 2 FOR ALL ANIMALS BEFORE GOING TO 3-14.	YES...1 NO...2 (▶)	NUMBER AT THIS TIME	AMOUNT	YES...1 NO...2 (▶)	NUMBER SOLD	AMOUNT	YES...1 NO...2 (▶)	NUMBER BOUGHT	AMOUNT	NUMBER BORN OR RECEIVED	NUMBER EATEN	NUMBER LOST, STOLEN OR SACRIFICED
Cattle, including cows?	YES→ ←NO	01										
Sheep?	YES→ ←NO	02										
Goats?	YES→ ←NO	03										
Chickens?	YES→ ←NO	04										
Pigs?	YES→ ←NO	05										
Ducks, turkeys, guinea fowl, pigeons or other poultry?	YES→ ←NO	06										
Rabbits?	YES→ ←NO	07										
Other animals? Specify:	YES→ ←NO	08										

▶ NEXT ANIMAL

PART G. ANIMAL PRODUCTS

1 During the past 12 months (since.....) have any members of your household sold any products obtained from their animals? For example, milk, yoghurt, eggs or tanned skins?

YES.....1

NO.....2 (PART H)

<p>2 During the past 12 months, have they sold any..... from their animals?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX BELOW ASK 2 FOR ALL PRODUCTS BEFORE GOING TO 3.</p> <p style="text-align: center;">X</p>	<p>3 How much has your household received from the sale of..... in the past 12 months? (Since.....)</p> <p style="text-align: center;">▶ NEXT PRODUCT</p> <p style="text-align: center;">AMOUNT</p>
--	---

Milk?	YES-▶	01	
	←-NO		

Yoghurt, dégué, cheese?	YES-▶	02	
	←-NO		

Eggs?	YES-▶	03	
	←-NO		

Tanned skins?	YES-▶	04	
	←-NO		

Other animal products? Specify:	YES-▶	05	
	←-NO		

▶ 3

▶ PART H

PART H. MUTUAL AID FOR LIVESTOCK

1 Have the members of your household taken part in an exchange of unpaid labor for raising livestock in the past 12 months (since.....)?

YES....1

NO.....2 (P3)

2 How many sandays of labor has your household received in this way in the last 12 months?

MANDAYS:

3 Has a member of your household had any contact with an agent of SODEPRA or any other livestock extension agency during the past 12 months (since...)?

YES....1

NO.....2 (PART I)

4 How many meetings have you had in the past 12 months?

▶ PART I

NUMBER OF MEETINGS:

PART I. LIVESTOCK EXPENDITURES

<p>1 In the past 12 months (since.....) has a member of your household spent money on the following items in order to raise livestock?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX. ASK 1 FOR ALL ITEMS BEFORE GOING TO 2-3.</p> <p style="text-align: center;">X</p>	<p>IF THE ANSWER TO 2 IS YES, ASK 2-3I.</p>	
<p>2 How much money have all the members of your household spent on in the past 12 months? (Since.....)</p> <p style="text-align: center;">AMOUNT</p>	<p>3 Where did they obtain this?</p> <p>PRIVATE MARKET.....1 SOPEPRA.....2 COOPERATIVE.....3 OTHER PUBLIC AGENCY.....4 OTHER PUBLIC SOURCE.....5</p> <p style="text-align: center;">▶ NEXT EXPENDITURE</p>	

Paid labor for herding?	YES-▶	01	
	←-NO		

Buildings and maintenance of pens and fences?	YES-▶	02	
	←-NO		

Feed, including salt?	YES-▶	03	
	←-NO		

Veterinary services?	YES-▶	04	
	←-NO		

Inoculations, medicines and chemical products?	YES-▶	05	
	←-NO		

Transport of animals, feed, or supplies?	YES-▶	06	
	←-NO		

Commissions on the sale of animals?	YES-▶	07	
	←-NO		

Compensation for damage caused by animals?	YES-▶	08	
	←-NO		

Packaging of animal and poultry products?	YES-▶	09	
	←-NO		

Other expenses for raising livestock and poultry? Specify:	YES-▶	10	
	←-NO		

▶ PART J

SECTION 9. PART J. HAND TOOLS

How many of the following tools are owned by members of your household?

1 Hoes: 3 Hachetes: 5 Shovels:
 2 Axes: 4 Picks: 6 Wheel-barrow:

WRITE THE NUMBER FOR EACH TOOL IN THE BOX.

▶ PART K

SECTION 9. PART K. FARMING EQUIPMENT

IF THE ANSWER TO 1 IS YES, ASK QUESTIONS 2-11.

1	2	3	4	5	6	7	8	9	10	11
During the past 12 months (since ...), has any member of your household owned a ...?	Does any member of your household own a ... now?	How many (.....) do the members of your household own altogether?	What price could they sell all these ... for?	Has any member of your household bought a ... in the past 12 months?	How many ... have they bought altogether?	How much did they pay altogether for these ...?	Has any member of your household sold a ... in the past 12 months?	How many (.....) have the members of your household sold altogether?	How much did they receive altogether for the sale of all of these ...?	How much money did your household earn by leasing ... during the last 12 months?
PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL EQUIPMENT BEFORE GOING TO 2-11.	YES...1 NO (15) 2	NUMBER OWNED	AMOUNT	YES...1 NO (15) 2	NUMBER BOUGHT	AMOUNT	YES...1 NO (11) 2	NUMBER SOLD	AMOUNT	▶ NETT EQUIPMENT AMOUNT
Tractor?	YES → ← NO	01								
Plough?	YES → ← NO	02								
Other tractor or animal drawn implement?	YES → ← NO	03								
Cart?	YES → ← NO	04								
Fermentation tank?	YES → ← NO	05								
Sprayer and/or fogger?	YES → ← NO	06								
Vehicle for farm use?	YES → ← NO	07								
Draft bullock?	YES → ← NO	08								
Other equipment or implements?	YES → ← NO	09								

▶ 12-11

▶ END OF SECTION

SECTION 10. NON-FARM SELF-EMPLOYMENT

Now I would like some information about the trades, businesses, industries, professional services and other self-employed activities of the members of your household. Let us begin with ... (NAME OF ENTERPRISE) ..., managed or owned by ... (NAME OF BEST-INFORMED PERSON) ... IS HE/SHE AVAILABLE TO ANSWER QUESTIONS?

COMPLETE THE WHOLE SECTION FOR EACH ENTERPRISE BEFORE GOING TO THE NEXT.

IF THE RESPONDENT IS NOT AVAILABLE, ASK ABOUT THE SECOND AND THEN THE THIRD ENTERPRISE.

MAKE NEW APPOINTMENTS TO SEE ALL THE RESPONDENTS NOT AVAILABLE.

PART A: INFORMATION

SUPERVISOR			
1	2	3	4
NAME OF THE ENTERPRISE	NAME OF THE BEST-INFORMED PERSON		
		CODE	CODE
1			
2			
3			

INTERVIEWER

3

IS THIS THE PERSON ACTUALLY INTERVIEWED?

YES...1

NO...2

▶ 4, NEXT PAGE

4 How long has this enterprise (etc., seen in existence?	5 Do you or the members of your household own all of this enterprise?	6 What percentage is owned by you and the members of your household?	7 During the past 12 months (since), how many persons altogether have worked or helped in this enterprise, including yourself, household members and others, paid or not?	8 During the past 12 months has this enterprise paid anyone in cash or in kind, to work here? Including members of your household?	9 How many workers were paid during the past 12 months? IF FEWER THAN 6 PERSONS ▶ 16	10 Is there a union in this enterprise?	11 Does this enterprise give its employees paid leave?	12 Does it give them paid sick leave?	13 Does it pay its employees retirement pensions?	14 Does this enterprise pay the legal minimum wage rate (SM16)?	15 When the employees of this enterprise started work, did they sign a contract specifically stating wages and working conditions?
YEARS MOB.	YES...1 (▶7) NO...2	PERCENTAGE	PERSONS	YES...1 NO...2 (▶16)	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

1											
2											
3											

16 Does the enterprise occupy fixed premises or does it move frequently? FIXED.....1 ITINERANT....2	17 For how many months during the past 12 months (since.....) was the enterprise in operation? IF 12 MOS. ▶ 19 MONTHS	18 Has this enterprise been operating since my last visit? YES...1 NO...2 (▶25)	19 Since my last visit, how much has the enterprise received from the sale of its products, goods or services? AMOUNT	20 Since my last visit, has this enterprise also received payments in the form of goods or services? YES...1 NO...2 (▶22)	21 What was the value of these payments since my last visit? AMOUNT	22 Since my last visit, have any of this enterprise's products or services been consumed or used by your household instead of being sold? YES...1 NO...2 (▶24)	23 What was the value of the products consumed or used by your household since my last visit? AMOUNT	24 Has your enterprise made more sales or fewer sales since my last visit than in the two weeks before that visit? MORE SINCE...1 FEWER SINCE...2 ▶ PART B	25 How much did your enterprise take from the sale of goods or services during the last 4 weeks it was in operation, including the value of payments in kind? ▶ PART B AMOUNT
--	--	--	---	--	---	---	--	--	--

1									
2									
3									

FIRST ENTERPRISE

1 During the past 12 months, did your enterprise (trade, industry, profession, etc.) make any expenditures for the following? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-4.	2 The last time you paid for ... J. how much did you spend? INCLUDING THE VALUE OF PAYMENTS IN KIND.	3 How often do you pay for ...? J...? TINES TIME ONLY	4 Do your household or other businesses belonging to the household use this ...? J...? YES...1 NO...2 NEXT EXPENDIT.
--	--	---	---

Wages or other remuneration?	YES- ←NO	01			
------------------------------	-------------	----	--	--	--

Raw materials?	YES- ←NO	02			
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Articles for resale?	YES- ←NO	03			
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Purchase of equipment, buildings, land, vehicles, machinery?	YES- ←NO	04			
--	-------------	----	--	--	--

Rental of equipment, buildings, land, vehicles, machinery?	YES- ←NO	05			
--	-------------	----	--	--	--

Maintenance and repairs?	YES- ←NO	06			
--------------------------	-------------	----	--	--	--

Transport?	YES- ←NO	07			
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Fuel?	YES- ←NO	08			
-------	-------------	----	--	--	--

Electricity?	YES- ←NO	09			
--------------	-------------	----	--	--	--

Water?	YES- ←NO	10			
--------	-------------	----	--	--	--

Daily taxes?	YES- ←NO	11			
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Annual taxes?	YES- ←NO	12			
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Other expenses? (Specify)	YES- ←NO	13			
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▶ 2-4

▶ NEXT PAGE

SECOND ENTERPRISE

1 During the past 12 months, did your enterprise (trade, industry, profession, etc.) make expenditures for the following? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-4.	2 The last time you paid for ... J... how much did you spend? INCLUDING THE VALUE OF PAYMENTS IN KIND.	3 How often do you pay for ...? J...? TINES TIME ONLY	4 Do your household or other businesses belonging to the household use this ...? J...? YES...1 NO...2 NEXT EXPENDIT.
--	--	---	---

Wages or other remuneration?	YES- ←NO	01			
------------------------------	-------------	----	--	--	--

Raw materials?	YES- ←NO	02			
----------------	-------------	----	--	--	--

Articles for resale?	YES- ←NO	03			
----------------------	-------------	----	--	--	--

Purchase of equipment, buildings, land, vehicles, machinery?	YES- ←NO	04			
--	-------------	----	--	--	--

Rental of equipment, buildings, land, vehicles, machinery?	YES- ←NO	05			
--	-------------	----	--	--	--

Maintenance and repairs?	YES- ←NO	06			
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Transport?	YES- ←NO	07			
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Fuel?	YES- ←NO	08			
-------	-------------	----	--	--	--

Electricity?	YES- ←NO	09			
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Water?	YES- ←NO	10			
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Daily taxes?	YES- ←NO	11			
--------------	-------------	----	--	--	--

Annual taxes?	YES- ←NO	12			
---------------	-------------	----	--	--	--

Other expenses? (Specify)	YES- ←NO	13			
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▶ 2-4

▶ NEXT PAGE

THIRD ENTERPRISE

1 During the past 12 months, did your enterprise (trade, industry, profession, etc.) make expenditures for the following? PUT CROSS IN THE APPROPRIATE BOX. COMPLETE 1 FOR ALL ITEMS BEFORE GOING TO 2-4.	2 The last time you paid for ... J. how much did you spend? INCLUDING THE VALUE OF PAYMENTS IN KIND.	3 How often do you pay for ...? J...? TINES TIME ONLY	4 Do your household or other businesses belonging to the household use this ...? J...? YES...1 NO...2 NEXT EXPENDIT.
--	--	---	---

Wages or other remuneration?	YES- ←NO	01			
------------------------------	-------------	----	--	--	--

Raw materials?	YES- ←NO	02			
----------------	-------------	----	--	--	--

Articles for resale?	YES- ←NO	03			
----------------------	-------------	----	--	--	--

Purchase of equipment, buildings, land, vehicles, machinery?	YES- ←NO	04			
--	-------------	----	--	--	--

Rental of equipment, buildings, land, vehicles, machinery?	YES- ←NO	05			
--	-------------	----	--	--	--

Maintenance and repairs?	YES- ←NO	06			
--------------------------	-------------	----	--	--	--

Transport?	YES- ←NO	07			
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Fuel?	YES- ←NO	08			
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Electricity?	YES- ←NO	09			
--------------	-------------	----	--	--	--

Water?	YES- ←NO	10			
--------	-------------	----	--	--	--

Daily taxes?	YES- ←NO	11			
--------------	-------------	----	--	--	--

Annual taxes?	YES- ←NO	12			
---------------	-------------	----	--	--	--

Other expenses? (Specify)	YES- ←NO	13			
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▶ 2-4

▶ NEXT PAGE

FIRST ENTERPRISE

<p>1 Does your enterprise (trade, industry, profession, etc.) own the following items?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX.</p> <p>COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.</p>	<p>2 What price could you sell this ...? ... for today?</p> <p style="text-align: center;">X</p> <p style="text-align: center;">▶ NEXT ITEM</p> <p style="text-align: center;">AMOUNT</p>
---	---

Goods not yet sold?	YES → NO ←	14 _____ _____
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Buildings and land?	YES → NO ←	15 _____ _____
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Vehicles (autos, trucks, bicycles, scooters, other)?	YES → NO ←	16 _____ _____
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Tools, equipment, machinery?	YES → NO ←	17 _____ _____
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Other durable goods for running your enterprise (etc.)?	YES → NO ←	18 _____ _____
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▶ 2 ▶ NEXT ENTERPRISE

SECOND ENTERPRISE

<p>1 Does your enterprise (trade, industry, profession, etc.) own the following items at this time?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX.</p> <p>COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.</p>	<p>2 What price could you sell all these ...? ... for today?</p> <p style="text-align: center;">X</p> <p style="text-align: center;">▶ NEXT ITEM</p> <p style="text-align: center;">AMOUNT</p>
--	--

Goods not yet sold?	YES → NO ←	14 _____ _____
---------------------	---------------	----------------------

Buildings and land?	YES → NO ←	15 _____ _____
---------------------	---------------	----------------------

Vehicles (autos, trucks, bicycles, scooters, other)?	YES → NO ←	16 _____ _____
--	---------------	----------------------

Tools, equipment, machinery?	YES → NO ←	17 _____ _____
------------------------------	---------------	----------------------

Other durable goods for running your enterprise (etc.)?	YES → NO ←	18 _____ _____
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▶ 2 ▶ NEXT ENTERPRISE

THIRD ENTERPRISE

<p>1 Does your enterprise (trade, industry, profession, etc.) own the following items at this time?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX.</p> <p>COMPLETE QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.</p>	<p>2 What price could you sell all these ...? ... for today?</p> <p style="text-align: center;">X</p> <p style="text-align: center;">▶ NEXT ITEM</p> <p style="text-align: center;">AMOUNT</p>
--	--

Goods not yet sold?	YES → NO ←	14 _____ _____
---------------------	---------------	----------------------

Buildings and land?	YES → NO ←	15 _____ _____
---------------------	---------------	----------------------

Vehicles (autos, trucks, bicycles, scooters, other)?	YES → NO ←	16 _____ _____
--	---------------	----------------------

Tools, equipment, machinery?	YES → NO ←	17 _____ _____
------------------------------	---------------	----------------------

Other durable goods for running your enterprise (etc.)?	YES → NO ←	18 _____ _____
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▶ 2 ▶ END OF SECTION

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

SECTION 11. EXPENDITURES AND INVENTORY OF DURABLE GOODS

SUPERVISOR

RESPONDENT: _____ ID CODE:

INTERVIEWER

IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO...2

PART A. DAILY EXPENSES

<p>1</p> <p>Since my last visit, have the members of your household spent anything on the following items?</p> <p style="font-size: small;">PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.</p> <p style="text-align: center;"><input type="checkbox"/> I ↓</p>	<p>2</p> <p>How much has your household spent for ... since my last visit?</p> <p style="text-align: center;">AMOUNT</p>
---	--

Food and beverages consumed away from home?	YES- ←NO	-101	<input style="width: 95%;" type="text"/>
Cigarettes, tobacco, cola nuts?	YES- ←NO	-102	<input style="width: 95%;" type="text"/>
Commercial or home-made soap?	YES- ←NO	-103	<input style="width: 95%;" type="text"/>
Other personal care and health products (toothpaste, shampoo, etc.)?	YES- ←NO	-104	<input style="width: 95%;" type="text"/>
Home maintenance products (brboms, detergents, toilet paper, etc.)?	YES- ←NO	-105	<input style="width: 95%;" type="text"/>
Charcoal?	YES- ←NO	-106	<input style="width: 95%;" type="text"/>
Wood?	YES- ←NO	-107	<input style="width: 95%;" type="text"/>
Other fuel for cooking or lighting (gas, kerosene, etc.)?	YES- ←NO	-108	<input style="width: 95%;" type="text"/>
Gasoline and motor oil?	YES- ←NO	-109	<input style="width: 95%;" type="text"/>

FOR CALCULATIONS

▶ PART B

IF THE ANSWER TO QUESTION 1 IS YES, ASK 2-4.

1 Have the members of your household spent money for the following items during the past 12 months PUT A CROSS IN THE APPROPRIATE BOX COMPLETE FOR ALL THE ITEMS BEFORE GOING TO 2-4.	2 Since my last visit have the members of the household spent money on ...? ...? YES...1 NO....2 (P4)	3 How much did they spend? AMOUNT	4 How much did household members spend on ...? ...? IN THE LAST 12 MONTHS? AMOUNT

Shoes for adults? (leather, plastic)	YES→			
	←NO	-115		

Children's shoes? (leather, plastic)	YES→			
	←NO	-116		

Domestic or imported papers?	YES→			
	←NO	-117		

Fabric for adult clothing?	YES→			
	←NO	-118		

Fabric for children's clothes?	YES→			
	←NO	-119		

Adult clothing? (suits, dresses, pyjamas, underclothes, etc.)	YES→			
	←NO	-120		

Children's clothing? (suits, shirts, etc.)	YES→			
	←NO	-121		

Purchase of cars, bicycles, or other means of transport?	YES→			
	←NO	-122		

Repairs and other expenses for vehicles, other than gasoline and oil?	YES→			
	←NO	-123		

Public transport, taxis, etc.?	YES→			
	←NO	-124		

Home repairs, painting, insurance, etc.?	YES→			
	←NO	-125		

Books, notebooks and other school supplies?	YES→			
	←NO	-126		

Other school expenses (tuition, accommodation, etc.)?	YES→			
	←NO	-127		

Medicines (modern and traditional)?	YES→			
	←NO	-128		

Medical services, such as doctor or healer, and other medical expenses?	YES→			
	←NO	-129		

Kitchen equipment (cups, forks, plates, saucepans,	YES→			
	←NO	-130		

IF THE ANSWER TO QUESTION 1 IS YES, ASK 2-4.

1 Have the members of your household spent money for the following items during the past 12 months? PUT A CROSS IN THE APPROPRIATE BOX COMPLETE FOR ALL THE ITEMS BEFORE GOING TO 2-4.	2 Since my last visit have the members of the household spent money on ...? ...? YES...1 NO....2 (P4)	3 How much did they spend? AMOUNT	4 How much did the household members spend on ...? ...? IN THE LAST 12 MONTHS? AMOUNT

Furniture? (beds, tables, cupboards, chairs, rugs, etc.)	YES→			
	←NO	-131		

Linen? (sheets, towels, blankets etc.)	YES→			
	←NO	-132		

Envelopes, writing paper, stamps?	YES→			
	←NO	-133		

Telephone, telegrams, etc.?	YES→			
	←NO	-134		

Domestic services? (maids, houseboys, cooks, etc.)	YES→			
	←NO	-135		

Jewelry, watches?	YES→			
	←NO	-136		

Entertainment? (novels, newspapers, cinema, sports, records, tapes, toys, etc.)	YES→			
	←NO	-137		

Taxes (including PDCI)?	YES→			
	←NO	-138		

Reimbursement of loans and interest to banks or other lenders?	YES→			
	←NO	-139		

Tontine?	YES→			
	←NO	-140		

Weddings and dowries?	YES→			
	←NO	-141		

Funerals?	YES→			
	←NO	-142		

Gifts?	YES→			
	←NO	-143		

Other expenses? Specify:	YES→			
	←NO	-144		

Have the members of your household lost money during the past 12 months?	YES→	Have they lost money since my last visit? YES.1 NO..2(P4)	How much did they lose? AMOUNT	How much did they lose in the past 12 months? AMOUNT

SECTION 11. PART C. INVENTORY OF DURABLE GOODS

INSTRUCTIONS:
 FOR EACH ITEM IN THE LIST BELOW, ASK THE FOLLOWING QUESTION:
 Do the members of your household have (TYPE OF GOOD)?
 PUT A CROSS IN THE APPROPRIATE BOX FOR EACH ITEM. GO TO THE NEXT ITEM. FINALLY, ITEM FOR WHICH THE ANSWER IS YES, ASK QUESTION 1.

Do the members of your household have.....

ITEM	CODE	YES	NO
Sewing machines?	201		
Gas stoves?	202		
Refrigerators?	203		
Air conditioners?	204		
Fans?	205		
Radios?	206		
Radio/cassettes players?	207		
Phonographs?	208		
Stereo equipment?	209		
TV sets?	210		
Bicycles?	211		
Mobylettes?	212		
Cars, other vehicles?	213		

1 Please describe all the ... owned by members of your household.			2 In what year did you acquire this ...?	3 How much did you pay for this ...? ...?	4 If you wanted to sell this ... today, how much would you receive?
ITEM	DESCRIPTION	CODE	YEAR	AMOUNT	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

▶ NEXT ITEM

SECTION 11. PART 9. EXPENSES FOR RENITTANCES

1. During the past 12 months has any member of your household sent money or goods to persons who are not members of your household? For example, children or relatives living elsewhere, or to other persons.

YES.....1

NO.....2 (SECTION 12)

Now I would like to ask you some questions about the persons to whom the members of your household send assistance.

PUT QUESTIONS 3-7 FOR ALL PERSONS LISTED IN 2.					
2	3	4	5	6	7
<p>What are the names of all the persons to whom members of your household have sent assistance during the past 12 months?</p> <p>LIST ALL NAMES BEFORE GOING TO 3-7.</p> <p>IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, NUMBER THE PERSONS.</p>	<p>What is the relationship of ... (NAME) ... to the head of the household?</p> <p>HUSBAND/WIFE.....1 CHILD.....2 FATHER OR MOTHER.....3 SISTER OR BROTHER.....4 NIECE OR NEPHEW.....5 SON/DAUGHTER-IN-LAW.....6 BROTHER/SISTER-IN-LAW.....7 PARENTS-IN-LAW.....8 OTHER RELATIVES OF THE HEAD OR SPOUSE.....9 OTHER PERSON, NOT RELATED.....10</p>	<p>Where does he/she live? Is it in.....?</p> <p>READ TO THE RESPONDENT:</p> <p>A city.....1 A town.....2 A large village.....3 A small village.....4 A camp.....5</p>	<p>In what region is this place?</p> <p>SOUTH.....1 SOUTH WEST.....2 CENTER.....3 WEST CENTER.....4 WEST.....5 EAST.....6 NORTH.....7 NA (NA-PASS).....8 BURKINA-FASO.....9 GUINEA.....10 OTHER AFRICA.....11 OTHER.....12 FRANCE.....13 OTHER COUNTRY.....14</p>	<p>How much money have members of the household sent to this person in the past 12 months, including the value of contributions in kind?</p>	<p>Is part of this assistance to be repaid to the members of your household?</p> <p>YES.....1 NO.....2</p> <p><input type="checkbox"/> NEXT PERSON</p>
NAME				AMOUNT	
1					
2					
3					
4					
5					
6					
7					
8					
9					

SECTION 12

PART A. - FOOD EXPENSES

IF THE ANSWER TO A 1 IS YES, ASK 2-6.

1 During the past 12 months, have the members of your household bought any of the following foods? PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL FOODS BEFORE GOING TO 2-6.	2 Have the members of your household bought ... any since my last visit? YES...1 NO...2 (P4)	3 How much did they spend? AMOUNT	4 During how many months in the past 12 months did the members of your household buy ...? MONTHS	5 During these months, how often did they usually buy (.....)?		6 How much did they usually spend each time? NEXT FOOD AMOUNT
				TIMES	TIME UNIT	
Rice?	YES- ←NO	301				
Maize (cob, grain or flour)?	YES- ←NO	302				
Millet, fonio, sorghum (grain or flour)?	YES- ←NO	303				
Bread?	YES- ←NO	304				
Attiché?	YES- ←NO	305				
Cassava, raw or in a form other than attiché?	YES- ←NO	306				
Macaroni?	YES- ←NO	307				
Cookies and cakes?	YES- ←NO	308				
Yam?	YES- ←NO	309				
Plantain (raw or flour)?	YES- ←NO	310				
Taro, sweet potato, potato?	YES- ←NO	311				
Oil palm nuts?	YES- ←NO	312				
Peanuts (roasted, raw or butter)?	YES- ←NO	313				
Other seeds (avocado, coconut, nard, oil seeds, pumpkin, fresh/dried)?	YES- ←NO	314				
Fish and shellfish?	YES- ←NO	315				

... CONTINUED

SUPERVISOR: _____

RESPONDENT: _____

ID CODE:

INTERVIEWER: _____

IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO...2

UNIT OF TIME:

DAY 3

WEEK 4

MONTH 5

QUARTER 6

YEAR 7

During the past 12 months, have the members of your household purchased the following foods?

PUT A CROSS IN THE APPROPRIATE BOX. COMPLETE QUESTION 1 FOR ALL FOODS BEFORE GOING TO 2-B.

YES
 NO

Have the members of your household bought any... since my last visit?

YES..1
NO...2 (04)

How much did they spend?

AMOUNT

During how many months in the last 12 months did the members of your household buy ...?

MONTHS

During these months, how often did they usually buy ...?

TIMES

TIME UNIT

How much did they usually spend each time?

NET FOOD AMOUNT

FOR CALCULATIONS

Food Item	Frequency	Amount	Months	Times	Time Unit	Amount
Game (animals or birds)?	YES-1	-316				
	←NO					
Chicken, duck, pigeon, turkey, or other poultry?	YES-1	-317				
	←NO					
Beef, mutton, goat, pork, other domesticated meat?	OUI-1	-318				
	←NO					
Chicken eggs?	YES-1	-319				
	←NO					
Palm oil and shea butter?	YES-1	-320				
	←NO					
Refined oil (peanut oil, DINOR oil, etc.)?	YES-1	-321				
	←NO					
Butter, margarine?	YES-1	-322				
	←NO					
Fruit (oranges, mangoes, mandarines, papayas, etc.)?	YES-1	-323				
	←NO					
Sugar, candies, honey, sugarcane?	YES-1	-324				
	←NO					
Salt?	YES-1	-325				
	←NO					
Alcoholic beverages?	YES-1	-326				
	←NO					
Non-alcoholic beverages (tea, coffee, soft drinks, etc.)	YES-1	-327				
	←NO					
Bouillon cubes?	YES-1	-328				
	←NO					
Tomato paste?	YES-1	-329				
	←NO					
Leafy and other vegetables (okra, eggplant, pimento, tomatoes, onions, etc.)?	YES-1	-330				
	←NO					
Carry-out dishes, prepared outside the household?	YES-1	-331				
	←NO					
Milk products and other foods? Specify	YES-1	-332				
	←NO					

TIME UNIT:
DAY.....1
WEEK.....2
MONTH.....3
QUARTER.....4
YEAR.....6

PART B

1. During the past 12 months, have the members of your household eaten foods grown or raised by the household?

YES.....1

NO.....2 (P SECTION 13)

2		IF THE ANSWER TO 2 IS YES, ASK 3-5.			
During the past 12 months, have the members of your household eaten ...? ...that was home-produced?		3	4		5
PUT A CROSS IN THE APPROPRIATE.		During how many months in the past 12 months have household members eaten home-produced ...? ...?	How many times during these months did they eat home-produced ...? ...?		How much would it cost to buy the amount they eat each day?
ASK QUESTIONS 2 FOR ALL FOODS BEFORE GOING TO 3.		MONTHS	TIMES	TIME UNIT	AMOUNT
Rice?	YES- ←-NO	301			
Maize (cob, grain or flour)?	YES- ←-NO	302			
Millet, fonio, sorghum (grains or flour)?	YES- ←-NO	303			
Cassava (raw starch, flour or dried)?	YES- ←-NO	306			
Yam	YES- ←-NO	309			
Plantain (raw or flour?)	YES- ←-NO	310			
Taro, sweet potato, potato?	YES- ←-NO	311			
Oil palm nut?	YES- ←-NO	312			
Peanuts (roasted, raw or butter)?	YES- ←-NO	313			
Other (pumpkin, néré, okéoué, beans, avocado, coconut, fresh or dried)	YES- ←-NO	314			

----> CONTINUED

2		IF THE ANSWER TO 2 IS YES, ASK 3-5.			
During the past 12 months, have the members of your household eaten ...? ...that was home-produced?		3	4		5
PUT A CROSS IN THE APPROPRIATE BOX.		During how many months in the past 12 months have the members of the household eaten home-produced ...? ...?	How many times during these months did they eat home-produced ...? ...?		How much would it cost to buy the amount they eat each day?
ASK QUESTION 2 FOR ALL FOODS BEFORE GOING TO 3.		MONTHS	TIMES	TIME UNIT	AMOUNT
Fish and shellfish?	YES- ←-NO	315			
Game (animal or bird)?	YES- ←-NO	316			
Chicken, duck, turkey, pigeon, other poultry?	YES- ←-NO	317			
Beef, mutton, goat, pork, other domesticated meat?	YES- ←-NO	318			
Eggs?	YES- ←-NO	319			
Palm oil and Shea butter?	YES- ←-NO	320			
Fruit (oranges, mangoes, mandarines, papayas, etc.)?	YES- ←-NO	323			
Sugarcane?	YES- ←-NO	324			
Leafy & other vegetables (okra, tomato, pimento, onion, eggplant, etc.)?	YES- ←-NO	330			
Other foods?	YES- ←-NO	332			

TIME UNIT:

DAY	.....1
WEEK	.....7
MONTH	.....30
QUARTER	.....90
SEMESTER	.....180
YEAR	.....360

▶ 3-5

▶ SECTION 13

SECTION 13. FERTILITY

SUPERVISOR _____
 NAME OF THE WOMAN SELECTED: _____ ID CODE:

INTERVIEWER _____
 WAS THIS WOMAN PRESENT DURING THE INTERVIEW? YES...1
 NO....2

I would like to ask you some questions about your pregnancies and all the children you have given birth to.

1. Have you ever been pregnant? Even though the pregnancy lasted only a few weeks or months?
 YES...1
 NO....2 (P22, NEXT PAGE)

2. Have you ever given birth to a child? Even though the child lived only a short time, for example a few minutes or hours?
 YES...1
 NO....2 (P18, NEXT PAGE)

Now I would like to have a complete list of all the children you have given birth to, during your life, starting with the first.

ASK QUESTIONS 3-10 FOR EACH CHILD BORN TO THE RESPONDENT, IN ORDER OF BIRTH.

3 D R B E R NAME	4 In what month and year was this child born?		5 Was it a boy or a girl?	6 Is he/she still living?	7 Is he/she living in your household?	8 CHILD'S ID CODE. (SEE THE HOUSEHOLD ROSTER)	9 How many months or years did he/she live?		10 Have you given birth to other children, even if they lived only a very short time?
	MONTH	YEAR	BOY....1 GIRL....2	YES...1 NO....2 (P9)	YES...1 NO....2 (P10)	<input type="text"/>	MONTHS	YEARS	YES...1 (P3) NO....2 (P11, NEXT PAGE)

01									
02									
03									

04									
05									
06									

07									
08									
09									

10									
11									
12									

13									
14									
15									

11. COUNT ALL THE CHILDREN WHOSE NAMES ARE LISTED IN THE TABLE.

I would like to be sure I have understood correctly. You have given birth to _____ (TOTAL) children. Is this correct?

() YES (▶ WRITE THE NUMBER HERE) -----▶

() NO (▶ GO BACK TO QUESTIONS 3-10 AND CORRECT ANY ERRORS AND ADD ANY CHILDREN OMITTED)

WRITE HERE THE NAME OF THE LAST BORN CHILD: _____

12. While you were pregnant with (NAME OF LAST BORN) did you go for prenatal consultations at the PMI or the maternity clinic?

YES.....1

NO.....2 (▶14)

13. How many times?

TIMES:

14. Did you give birth to (NAME OF LAST BORN) in a maternity?

YES.....1 (▶16)

NO.....2

15. Who assisted you at the birth?

DOCTOR.....1

MIDWIFE.....2

MATRON.....3

TRADITIONAL MIDWIFE.....4

RELATIVE OR OTHER.....5

16. Did you breast-feed (NAME OF LAST BORN) ...?

YES.....1

NO.....2 (▶18)

17. How many months did you breast-feed the child? That is, how old was he/she when completely weaned?

MONTHS:

IF SHE IS STILL BREAST-FEEDING THE CHILD, PUT CHILD'S AGE.

18. Have you had any pregnancies that were interrupted before term, through a miscarriage, even though the pregnancy lasted only a few weeks or months, or have you had a stillborn child?

YES.....1
NO.....2 (P20)

19. How many such pregnancies have you had in your life?

NUMBER:

20. Are you pregnant now?

YES.....1
NO.....2 (P22)

21. How many months?

MONTHS:

22. Are you married now, have you been married, or have you already lived with someone?

YES.....1
NO.....2 (PSECTION 14)

23. How old were you when you and your first husband or boyfriend started living together?

AGE:

24. What month and year was it?

MONTH:

YEAR:

SECTION 14. OTHER INCOME

I would like you to tell us about other income received by members of your household during the past 12 months. That is to say, income received by these persons:

READ THE NAMES OF THE HOUSEHOLD CARD TO THE RESPONDENT

PART A. MISCELLANEOUS INCOME

1	2
During the past 12 months, has any member of your household received income in cash or in kind from the following sources? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	What is the value of all income received by the members of your household in cash or in kind from ...? ... during the past 12 months? AMOUNT
National Social Welfare Fund (CNPS)? YES- NO-	401
Other pension or retirement funds? YES- NO-	402
Other unemployment insurance? YES- NO-	403
Other medical or life insurance? YES- NO-	404
Dividends on investments? YES- NO-	405
Interest on savings or other accounts? YES- NO-	406
Income from loan repayments to members of your household? YES- NO-	407
Income from a tontine? YES- NO-	408
Scholarships or other education grants? YES- NO-	409

SUPERVISOR: _____ ID CODE:

NAME: _____

INTERVIEWER: _____

IS THIS THE PERSON ACTUALLY INTERVIEWED? YES...1 NO...2

-----> CONTINUED

1	2
During the past 12 months, has any member of your household received income in cash or in kind from the following sources? PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	What is the value of all income received by the members of your household in cash or in kind from ...? ... during the past 12 months? AMOUNT
Gifts? YES- NO-	410
Dowry or inheritance? YES- NO-	411
Lottery winnings? YES- NO-	412
Income from lease of land, equipment or buildings? (ON BEHALF OF THE HOUSEHOLD OR OF ITS FARMS AND BUSINESSES). YES- NO-	413
Income from the sale of land? (ON BEHALF OF THE HOUSEHOLD OR OF ITS FARMS AND BUSINESSES). YES- NO-	414
Income from the sale of vehicles (cars, trucks, bicycles, etc.)? (ON BEHALF OF THE HOUSEHOLD OR OF ITS FARMS AND BUSINESSES). YES- NO-	415
Income from the sale of buildings? (ON BEHALF OF THE HOUSEHOLD OR OF ITS FARMS AND BUSINESSES). YES- NO-	416
Other income or grants? YES- NO-	417

SECTION 14. PART B. INCOME FROM REMITTANCES

1. During the past 12 months, has any member of your household received money or goods from persons who are not members of your household? For example, assistance sent by relatives working elsewhere, or by children of household members, by friends or by neighbours.

YES.....1

NO.....2 (▶ SECTION 15)

Now I would like to ask you some questions about all the persons who have sent assistance in money or goods to your household.

FOR ALL PERSONS LISTED UNDER 2, PUT QUESTIONS 3-7.

2 What are the names of all the persons who sent money or goods to members of your household during the past 12 months? WRITE DOWN ALL THE NAMES BEFORE GOING TO 3-7. IF THE RESPONDENT DOES NOT WANT TO GIVE NAMES, NUMBER THE PERSONS. NAME	3 What is the relationship of ... (NAME) ... to the head of the household? WIFE/HUSBAND.....1 CHILD.....2 FATHER OR MOTHER.....3 SISTER OR BROTHER.....4 NIECE OR NEPHEW.....5 SON/DAUGHTER-IN-LAW.....6 BROTHER/SISTER-IN-LAW.....7 PARENTS-IN-LAW.....8 OTHER RELATIVES OF THE HEAD OR HIS/HER SPOUSE.....9 OTHER PERSON, NOT A RELATIVE.....10	4 Where does he/she live? Is it in? READ THE ANSWERS TO THE RESPONDENT A city.....1 A town.....2 A large village.....3 A small village.....4 A camp.....5	5 In what region is this place? SOUTH.....1 SOUTH WEST.....2 CENTRE.....3 WEST CENTRE.....4 WEST.....5 EAST.....6 NORTH.....7 NAT.....8 BURKINA-FASO.....9 GUINEA.....10 GUINEA-BISSAU.....11 OTHER AFRICA.....12 FRANCE.....13 OTH. COUNTRY.....14	6 How much money have household members received from this person in the past 12 months, including the value of all payments in kind? AMOUNT	7 Is part of this assistance to be repaid to the sender? YES....1 NO.....2 NEXT PERSON
1					
2					
3					
4					
5					
6					
7					
8					
9					

▶ SECTION 15

SECTION 13. CREDIT AND SAVINGS

PART A. MONEY AND GOODS LENT AND BORROWED

I would like to ask you some questions about any loans by members of your household to other people that have not yet been repaid.

1. Has any member of your household lent money or goods to individuals, farms or businesses that have not been repaid? For example, loans to friends, neighbours, relatives or business partners that have not yet been repaid?

YES....1

NO.....2 (D 3)

2. How much altogether is owed by these persons to members of your household at the present time?

TOTAL AMOUNT:

3. Have any members of your household borrowed money or goods from a bank, a business, a cooperative, a government agency, a moneylender, a relative, a friend or any other individual or institution, that they have not repaid? Including loans of capital or goods for businesses or farms belonging to the household?

YES....1

NO.....2 (D PART C)

4. How much altogether is owed by members of the household to these persons or institutions at the present time?

TOTAL AMOUNT:

D PART B

FOR CALCULATION

I would like to ask you some questions about the loans contracted by members of your household that have not yet been repaid.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
To which banks, business firms, cooperatives, government agencies or other institutions do you or the member of your family owe money or goods? To which individuals (moneylenders, friends, relatives, etc.) does your household owe money or goods? IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, NUMBER THE PERSONS.	CREDITOR CODES PRIVATE INDVI...1 PRIVATE BANK...2 GOVT...3 BANK...3 COOPERA...4 TIVE...4 OTHER...3	How many loans have been contracted from this person or agency? NUMBER ALL LOANS FROM EACH SOURCE.	How much have the members of the household borrowed under this loan? If they borrowed goods, what is their money value? AMOUNT	In what month and year did the household members borrow this money or these goods from ...1 J..?	Was a rate of interest specified for this loan? YES...1 NO...2 (\$8)	What was the annual rate of interest?	Have the household members had to pay or will pay additional money or goods in addition to repaying the loan? YES...1 NO...2 (\$10)	How much did they pay or will they have to pay?	Did the household members have to give something as collateral for this loan?	Do the members of your household make regular repayments to ...1 J?	How much do they pay and how often?	When will they have finished paying off the debt? NO FIXED DATE = DON'T KNOW	If the loan had to be repaid today, what amount would have to be paid?	Why was this money borrowed? FARM...1 BUS/REBB...2 TRADE...3 SCHOOL...3 OTHER...4
01														
02														
03														
04														
05														
06														

▷ 4-15

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

PART C. SAVINGS

1. Does any member of your household have money in some kind of savings account, such as in a Post Office Savings Account (PTT), a bank or cooperative or other savings institution, or other savings in cash elsewhere than in these institutions?

YES...1
 NO...2 (▷ END)

2. Does any member of your household have any of the following accounts?

- A. Post Office Savings Account (PTT)?
- B. Bank savings account?
- C. Housing savings fund?
- D. Rural savings fund (CREP)?
- E. BNDA fund?
- F. Caisse autonome d'amortissement?
- G. Postal checking account?
- H. Other bank accounts?
- I. Bonds?
- J. Stocks (in companies or banks)?

CODES: YES...1
 NO...2

3. What is the total value of all the above accounts and of other savings outside these institutions belonging to all the members of your household?

TOTAL AMOUNT:

END OF SECOND ROUND

PART C