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Q U I B B

Questionnaire des Indicateurs de Base du Bien-être

REPUBLIQUE DU NIGER
Direction de la Statistique et des Comptes Nationaux
ENCVM 2005

Noircir les bulles comme ceci --> ●
Mais pas comme ceux ci --> ⊗ ⊙

A - INFORMATIONS SUR LE QUESTIONNAIRE

| | |
|---------------------------------|--|
| O.1 NOM DE L'ENQUÊTEUR | |
| O.2 NOM DU CHEF DE MÉNAGE | |
| Q.3 NOM DE LA LOCALITE | |
| Q.4 NOM DE ZONE DE DENOMBREMENT | |

| A.1 ZD | A.2 MÉNAGE | A.3 ENQUÊTEUR | A.4 DATE | A.5 HEURE | A.6 ENQUÊTÉ | A.7 ORDRE |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | Jour Mois Année | Heure Minute | N° de membre | N° de Quest. |
| <input type="text"/> |
| 0 0 0 | 0 0 0 | 0 0 0 | 0 0 0 | 0 0 0 0 | 0 0 | 1 |
| 1 1 1 | 1 1 1 | 1 1 1 | 1 1 1 | 1 1 1 1 | 1 1 | 2 |
| 2 2 2 | 2 2 2 | 2 2 2 | 2 2 2 | 2 2 2 2 | 2 2 | 3 |
| 3 3 3 | 3 3 3 | 3 3 3 | 3 3 3 | 3 3 3 3 | 3 3 | 4 |
| 4 4 4 | 4 4 4 | 4 4 4 | 4 4 4 | 4 4 4 4 | 4 4 | 5 |
| 5 5 5 | 5 5 5 | 5 5 5 | 5 5 5 | 5 5 5 5 | 5 5 | 6 |
| 6 6 6 | 6 6 6 | 6 6 6 | 6 6 6 | 6 6 6 6 | 6 6 | 7 |
| 7 7 7 | 7 7 7 | 7 7 7 | 7 7 7 | 7 7 7 7 | 7 7 | 8 |
| 8 8 8 | 8 8 8 | 8 8 8 | 8 8 8 | 8 8 8 8 | 8 8 | 9 |
| 9 9 9 | 9 9 9 | 9 9 9 | 9 9 9 | 9 9 9 9 | 9 9 | |

IMPORTANT

Créez un numéro de référence en combinant les numéros de ZD, de ménage et de questionnaire.
Ecrivez ce numéro MAINTENANT en haut de toutes les pages.

Commentaires

A.8 RÉSULTAT

- ① Rempli avec le ménage sélectionné
- ② Rempli avec remplacement - refus
- ③ Rempli avec remplacement - non trouvé
- ④ Incomplet

A.9 FIN DE L'ENTRETIEN

Heure Minute

- | | | | |
|---|---|---|---|
| 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

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C - EDUCATION

| NUMERO DE MEMBRE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | SI L'ENQUETÉ A | | | | | | | | | | | |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|--|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 00 Aucun 01 École maternelle 02 École coranique 03 Alphabétisation 11 CI 12 CP 13 CE1 14 CE2 15 CM1 16 CM2 21 6 ^{ème} 22 5 ^{ème} 23 4 ^{ème} 24 3 ^{ème} 25 2 ^{nde} 26 1 ^{ère} 27 Terminale 31 Enseignement professionnel 32 Enseignement technique 33 Enseignement supérieur | C.1 Est-ce que [NOM] sait lire et écrire? | | | | | | | | | | MOINS DE 15 ANS, ALLEZ A C2. | | | | | | | | | | | |
| | Oui | <input type="radio"/> | | <input type="radio"/> | Non | <input type="radio"/> |
| | C.2 Est-ce que [NOM] est déjà allé à l'école? | | | | | | | | | | SI NON, PASSEZ À LA PERSONNE SUIVANTE. | | | | | | | | | | | |
| | Oui | <input type="radio"/> | | <input type="radio"/> | Non | <input type="radio"/> |
| | C.3 Quel est la plus haute classe que [NOM] a achevée? | | | | | | | | | | SI NON ALLEZ À C9. | | | | | | | | | | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | |
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| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
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| C.4 Est-ce que [NOM] est allé à l'école l'année dernière? | | | | | | | | | | | | | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Non | <input type="radio"/> | |
| C.5 Est-ce que [NOM] fréquente actuellement l'école? | | | | | | | | | | | | | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Non | <input type="radio"/> | |
| 01 École maternelle 02 École coranique 03 Alphabétisation 11 CI 12 CP 13 CE1 14 CE2 15 CM1 16 CM2 21 6 ^{ème} 22 5 ^{ème} 23 4 ^{ème} 24 3 ^{ème} 25 2 ^{nde} 26 1 ^{ère} 27 Terminale 31 Enseignement professionnel 32 Enseignement technique 33 Enseignement supérieur | C.6 Dans quelle classe est actuellement [NOM]? | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="text"/> | | <input type="text"/> | | | | | | | | | | |
| | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| C.7 Qui gère l'école que fréquente [NOM]? | | | | | | | | | | VOUS POUVEZ ENREGISTRER PLUS D'UNE RÉPONSE. | | | | | | | | | | | | |
| Le gouvernement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Une organisation religieuse | <input type="radio"/> | |
| Le privé | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | La communauté | <input type="radio"/> | |
| La communauté | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Autre | <input type="radio"/> | |
| Autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> | |
| C.8 Quelles sont les causes d'insatisfaction avec l'école de [NOM]? | | | | | | | | | | PASSEZ À LA PERSONNE SUIVANTE. | | | | | | | | | | | | |
| Aucun problème (satisfait) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Manque de livres/fournitures | <input type="radio"/> | |
| Enseignement médiocre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Manque d'enseignants | <input type="radio"/> | |
| Établissement en mauvais état | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Autre problème | <input type="radio"/> | |
| Autre problème | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> | |
| C.9 Pourquoi [NOM] ne va-t-il pas actuellement à l'école? | | | | | | | | | | VOUS POUVEZ ENREGISTRER PLUS D'UNE RÉPONSE. | | | | | | | | | | | | |
| Trop âgé/A fini l'école | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Trop éloigné | <input type="radio"/> | |
| Trop cher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Travaille à la maison/un travail | <input type="radio"/> | |
| Inutile/aucun intérêt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Maladie/handicap | <input type="radio"/> | |
| Maladie/handicap | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | A échoué à l'examen | <input type="radio"/> | |
| A échoué à l'examen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Enceinte/S'est marié | <input type="radio"/> | |
| Enceinte/S'est marié | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | Autre | <input type="radio"/> | |

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D - SANTE

SI HOMME OU SI
FEMME MOINS DE 12
ANS OU PLUS DE 49 ANS
ALLEZ A D3

| NUMERO DE MEMBRE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|---------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| | D.1 Est-ce que [NOM] est actuellement enceinte? | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Non | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SI NON, ALLEZ À D3. |
| | D.2 Qui a assisté [NOM] pendant la période prénatale ? | | | | | | | | | | |
| Medecin | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Infirmière/sage femme | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Accoucheuse trad. formée | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Accouch. trad. non formée | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Pas d'assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Parent, amie ou autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | D.3 Est-ce que [NOM] est mentalement ou physiquement handicapé ou infirme? | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Non | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | NE PRENDRE EN COMPTE LA PERSONNE QUE SI SON HANDICAP L'EMPECHE D'AVOIR UNE ACTIVITE SOUTENUE OU DE SUIVRE UNE SCOLARITE. |
| | D.4 Est-ce que [NOM] a été malade ou blessé durant les 4 dernières semaines? | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Non | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SI NON, ALLEZ À D7. |
| | D.5 De quel genre de maladie/blessure [NOM] a-t-il/elle souffert? | | | | | | | | | | |
| Fièvre/Paludisme | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Ventre/Diarrhée | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Accident | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Problème dentaire | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Problème de peau | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Problème d'œil | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Problème d'oreille/nez/gorge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | VOUS POUVEZ ENREGISTRER PLUS D'UNE RÉPONSE. |
| | D.6 Combien de jours [NOM] a-t-il/elle manqué le travail/école du fait de la maladie/blessure? | | | | | | | | | | |
| Aucun | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 1 semaine ou moins | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Plus de 1 à 2 semaines | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Plus de 2 semaines | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | D.7 Est-ce que [NOM] a consulté un service/du personnel de santé ou un guérisseur traditionnel pour une raison quelconque au cours des 4 dernières semaines? | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Non | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SI NON, ALLEZ À D11. |
| | D.8 Quel genre de service/de personnel de santé [NOM] a-t-il/elle consulté? | | | | | | | | | | |
| Dispensaire privé | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Dispensaire public | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Clinique privées | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Case ou Centre santé communaut. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Médecin/dentiste privé | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Guérisseur traditionnel | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Hôpital du district | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Hôpital régional | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Hopital Nationale | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Pharmacie/Pharmacien | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | D.9 Combien de fois [NOM] a-t-il/elle eu recours à ce service au cours des 4 dernières semaines? | | | | | | | | | | |
| 1 à 3 fois | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4 à 6 fois | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Plus de 6 fois | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | D.10 Est-ce que [NOM] a eu des problèmes au moment de sa visite? | | | | | | | | | | |
| Aucun problème (satisfait) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Établissement pas propre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Temps d'attente trop long | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Pas de personnel formé | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Trop cher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Pas de médicaments disponibles | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Traitement inefficace | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Comport. inadquat des agents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | VOUS POUVEZ ENREGISTRER PLUS D'UNE RÉPONSE. |
| | D.11 Pourquoi [NOM] n'a-t-il/elle pas utilisé de service médical au cours des 4 dernières semaines? | | | | | | | | | | |
| Pas nécessaire | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Trop cher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Trop éloigné | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | VOUS POUVEZ ENREGISTRER PLUS D'UNE RÉPONSE. |

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SI HOMME OU SI FEMME MOINS DE 12 ANS OU PLUS DE 49 ANS PERSONNE SUIVANTE

D - SANTÉ (Suite) : Santé Reproductive - femmes (12-49 ans)

| NUMERO DE MEMBRE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------|
| <p>D.12 Est-ce que [NOM] a eu des naissances vivantes ?</p> <p>Oui <input type="radio"/> Non <input type="radio"/></p> | <input type="radio"/> | SI NON ALLER A D17 |
| <p>D.13 Est-ce que [NOM] a eu une naissance vivante durant les 12 derniers mois ?</p> <p>Oui <input type="radio"/> Non <input type="radio"/></p> | <input type="radio"/> | |
| <p>D.14 Est-ce que [NOM] a reçu des soins prénatales pendant sa dernière grossesse ?</p> <p>Oui <input type="radio"/> Non <input type="radio"/></p> | <input type="radio"/> | SI NON ALLER A D16 |
| <p>D.15 Qui a assisté [NOM] pendant la période prénatale avant son dernier accouchement ?</p> <p>Medecin <input type="radio"/> Infirmière/sage femme <input type="radio"/> Accoucheuse trad. formée <input type="radio"/> Accouch. trad. non formée <input type="radio"/> Pas d'assistance <input type="radio"/> Parent, amie ou autre <input type="radio"/></p> | <input type="radio"/> | |
| <p>D.16 Qui a assisté [NOM] à son dernier accouchement?</p> <p>Medecin <input type="radio"/> Infirmière/sage femme <input type="radio"/> <input type="radio"/> Accoucheuse trad. formée <input type="radio"/> <input type="radio"/> Accouch. trad. non formée <input type="radio"/> <input type="radio"/> Pas d'assistance <input type="radio"/> <input type="radio"/> Parent, amie ou autre <input type="radio"/> <input type="radio"/></p> | <input type="radio"/> | |
| <p>D.17 Est-ce que [NOM] ou son conjoint utilise une méthode contraceptive pour retarder ou éviter une grossesse?</p> <p>Oui <input type="radio"/> Non <input type="radio"/></p> | <input type="radio"/> | SI NON ALLER A D19 |
| <p>D.18 Quelles méthodes utilise [NOM] ou son conjoint ?</p> <p>Stérilisation féminine <input type="radio"/> Stérilisation masculine <input type="radio"/> Pilule <input type="radio"/> Dispositif Intra-Uterine <input type="radio"/> Injections <input type="radio"/> Implants <input type="radio"/> Preservatifs <input type="radio"/> Allaitement <input type="radio"/> Abstinence périodique <input type="radio"/> Retrait <input type="radio"/> Gris gris/Meth tradit. <input type="radio"/> Autre <input type="radio"/></p> | <input type="radio"/> | ALLER A D20 |
| <p>D.19 Quelle est la raison principale qui fait que [NOM] ou son conjoint n'utilise pas de méthode contraceptive?</p> <p>Non mariée, veuve, divorcée <input type="radio"/> Veux avoir des enfants <input type="radio"/> Partenaire ne veut pas <input type="radio"/> Interdit par ma religion <input type="radio"/> Ignore existence méthodes <input type="radio"/> Méthodes trop chères <input type="radio"/> Inaccessibilité <input type="radio"/> Autre raison <input type="radio"/></p> | <input type="radio"/> | |
| <p>D.20 Est-ce que [NOM] a demandé de l'aide dans le domaine de la contraception dans un centre de planification familiale ou dans un centre de santé?</p> <p>Oui <input type="radio"/> Non <input type="radio"/></p> | <input type="radio"/> | SI NON ALLER A D 22 |
| <p>D.21 Est-ce que [NOM] est satisfaite de l'aide reçue ?</p> <p>Satisfaite <input type="radio"/> Accueil inadquat <input type="radio"/> Information insuffisante <input type="radio"/> Manque de matériel contraceptif <input type="radio"/> Logistique inadquat <input type="radio"/> Autres <input type="radio"/></p> | <input type="radio"/> | PERSONNE SUIVANTE |
| <p>D.22 Quelle est la raison principale qui fait que [NOM] n'a pas demandé de l'aide dans un centre de planification ou dans un centre de santé</p> <p>Ne veut pas utiliser meth.cont. <input type="radio"/> Je suis déjà informée <input type="radio"/> Centre trop éloigné <input type="radio"/> Centre a mauvaise réputation <input type="radio"/> Pas autorisé à faire telle visite <input type="radio"/> Autres <input type="radio"/></p> | <input type="radio"/> | |

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E - EMPLOI

| NUMÉRO DE MEMBRE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | SI MOINS DE 5 ANS, PASSEZ À LA PERSONNE SUIVANTE SI OUI, ALLEZ À E5. |
|-------------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| | E.1 Est-ce que [NOM] a travaillé au cours des 7 derniers jours? | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Non | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | E.2 Est-ce que [NOM] a été absent du travail habituel au cours des 7 derniers jours? | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Non | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SI OUI, ALLEZ À E5. |
| | E.3 Est-ce que [NOM] cherchait du travail et était prêt à travailler au cours des 4 dernières semaines? | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Non | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | E.4 Quelle est la raison principale pour laquelle [NOM] ne travaillait pas au cours de 7 derniers jours? | | | | | | | | | | |
| Pas de travail disponible | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Inactivité saisonnière | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Étudiant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Obligations familiales/du ménage | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Trop âgé/trop jeune | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Infirmité | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PASSEZ À LA PERSONNE SUIVANTE. |
| | E.5 Combien d'emplois a eu [NOM] dans les 7 derniers jours? | | | | | | | | | | |
| Un | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Deux | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Plus de deux | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | E.6 Quel est le statut de [NOM] dans son travail principal? | | | | | | | | | | |
| Employeur | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Travail à son propre compte | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Salarié (e) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Employé(e) de maison | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Apprenti(e) non payé(e) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | E.7 Pour qui [NOM] travaillait-il/elle principalement? | | | | | | | | | | |
| Gouvernement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Para-public | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Entreprise privée | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Individu ou ménage privé | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | E.8 Quelle est l'activité principale de l'endroit où [NOM] travaille principalement? | | | | | | | | | | |
| Agriculture | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Mines/carrières | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Production/transformation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Construction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Transport | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Commerce/vente | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Éducation/santé | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Administration | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | E.9 Est-ce [NOM] a cherché à augmenter ses revenus au cours des 7 dernier jours? | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Non | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SI NON, PASSEZ À LA PERSONNE SUIVANTE. |
| | E.10 Comment [NOM] a-t-il/elle cherché à augmenter ses revenus au cours des 7 derniers jours? | | | | | | | | | | |
| Plus d'heures dans activité actuel. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Plus d'heures dans autre activité | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| En changeant d'activité | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | E.11 Est-ce que [NOM] est prêt(e) à prendre du travail supplémentaire dans les 4 prochaines semaines? | | | | | | | | | | |
| Oui | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Non | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

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F - BIENS DU MÉNAGE ET SITUATION ECONOMIQUE

F.1 Combien de champs le ménage possède t-il?

F.2 Comment la superficie des champs possédés est-elle par rapport à ceux possédés il y a un an?

Plus petite 1
 Identique 2
 Plus grande 3
 Ne sait pas 4

F.3 Comment la superficie des champs possédés est-elle par rapport à ceux possédés il y a 10 ans?

Plus petite 1
 Identique 2
 Plus grande 3
 Ne sait pas 4

F.4 Le ménage utilise- t- il des champs qu'il ne possèdent pas?

Non 1
 Loue 2
 Métayage 3
 Terre privée gratuite 4
 Terre d'accès libre 5
 Hypothèque 6

F.5 Combien de champs le ménage utilise mais qu'il ne possède pas?

F.6 Comment la superficie de ces autres champs est-elle par rapport à ceux utilisés il y a un an?

Plus petite 1
 Identique 2
 Plus grande 3
 Ne sait pas 4

F.7 Comment la superficie de ces autres champs est-elle par rapport à ceux utilisés il y a 10 ans?

Plus petite 1
 Identique 2
 Plus grande 3
 Ne sait pas 4

F.8 Combien de têtes de [bétail] le ménage possède-t-il actuellement?

| Bovins | Mouton | Chèvres | Anes | Chevaux | Chameaux |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

F.9 Comment ce nombre de têtes de [bétail] est-il par rapport à il y a un an?

| | Bovins | Mouton | Chèvres | Anes | Chevaux | Chameaux |
|-------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Plus petit <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| Identique <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| Plus grand <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| Ne sait pas <input type="radio"/> 4 | <input type="radio"/> 4 |

F.10 Combien de têtes de [bétail] le ménage possédait-t-il y a 5 ans?

| Bovins | Mouton | Chèvres | Anes | Chevaux | Chameaux |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

Passez au groupe d'animaux suivant

F.11 Est-ce que le ménage possède ou a possédé une des choses suivantes?

| | actuellement | | il y a 5 ans | |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Fer à repasser électrique | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Réfrigérateur | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Téléviseur | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Matelas ou lit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Radio, Radio cassette | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Montre ou réveil | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Machine à laver | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Machine à coudre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Cuisinière à gaz, électrique | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Bicyclette | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Motocyclette | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Voiture ou camion, tracteur | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Charette | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Lecteur CD, DVD | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Ventilateur | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Ne prendre en compte que les biens en état de marche.

F.12 Qui contribue le plus au revenu du ménage? (enregistrez le numéro de membre de la section B)

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

Mettre 00 si cette personne n'est pas membre du ménage

F.13 Comment trouvez-vous la situation économique générale du MÉNAGE par rapport à celle d'il y a

| | 1 an | 5 ans |
|-----------------------------------|-------------------------|-------------------------|
| Beaucoup plus mauvaise maintenant | <input type="radio"/> 1 | <input type="radio"/> 1 |
| Un peu plus mauvaise maintenant | <input type="radio"/> 2 | <input type="radio"/> 2 |
| Identique | <input type="radio"/> 3 | <input type="radio"/> 3 |
| Un peu meilleure maintenant | <input type="radio"/> 4 | <input type="radio"/> 4 |
| Beaucoup mieux maintenant | <input type="radio"/> 5 | <input type="radio"/> 5 |
| Ne sait pas | <input type="radio"/> 6 | <input type="radio"/> 6 |

F.14 Comment trouvez-vous la situation économique générale de la COMMUNAUTÉ par rapport à celle d'il y a?

| | 1 an | 5 ans |
|-----------------------------------|-------------------------|-------------------------|
| Beaucoup plus mauvaise maintenant | <input type="radio"/> 1 | <input type="radio"/> 1 |
| Un peu plus mauvaise maintenant | <input type="radio"/> 2 | <input type="radio"/> 2 |
| Identique | <input type="radio"/> 3 | <input type="radio"/> 3 |
| Un peu meilleure maintenant | <input type="radio"/> 4 | <input type="radio"/> 4 |
| Beaucoup mieux maintenant | <input type="radio"/> 5 | <input type="radio"/> 5 |
| Ne sait pas | <input type="radio"/> 6 | <input type="radio"/> 6 |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

G - CARACTERISTIQUES DU LOGEMENT

| <p>G.1 Est-ce que le ménage ou un membre du ménage est propriétaire d'un lieu d'habitation?</p> <p style="text-align: right;">Propriétaire du logement <input type="radio"/> (1) Loue le logement <input type="radio"/> (2) Occupe sans payer de loyer <input type="radio"/> (3) Nomade ou logement temporaire <input type="radio"/> (4)</p> <p>G.2 Combien de pièces séparées y-a-t-il dans votre logement?</p> <p style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </p> <p>G.3 Est-ce que le ménage a de l'électricité?</p> <p style="text-align: right;">Oui <input type="radio"/> (O) Non <input type="radio"/> (N)</p> <p style="text-align: center;">SI NON, ALLEZ A G7</p> <p>G.4 Depuis quand avez vous de l'électricité?</p> <p style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </p> <p style="text-align: right;">Mois / Année</p> <p>G.5 Avez vous un compteur individuel?</p> <p style="text-align: right;">Oui <input type="radio"/> (O) Non <input type="radio"/> (N)</p> <p style="text-align: center;">SI NON, ALLEZ A G7</p> <p>G.6 Depuis quand avez vous un compteur électrique?</p> <p style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </p> <p style="text-align: right;">Mois / Année</p> | <p>G.7 Quel est le matériau du toit de la maison?</p> <p style="text-align: right;">Terre <input type="radio"/> (1) Paille <input type="radio"/> (2) Bois <input type="radio"/> (3) Tôles en métal <input type="radio"/> (4) Ciment/béton <input type="radio"/> (5) Tuiles <input type="radio"/> (6) Peau <input type="radio"/> (7) Nattes <input type="radio"/> (8) Autre _____ <input type="radio"/> (9)</p> <p>G.8 Quel est le matériau des murs de la maison?</p> <p style="text-align: right;">Terre/briques de terre <input type="radio"/> (1) Pierres <input type="radio"/> (2) Briques cuites <input type="radio"/> (3) Ciment/béton <input type="radio"/> (4) Bois/bambou <input type="radio"/> (5) Tôles en métal <input type="radio"/> (6) Paille <input type="radio"/> (7) Autre _____ <input type="radio"/> (8)</p> <p>G.9 Quelle est la principale source d'approvisionnement en eau utilisée pour boire?</p> <p style="text-align: right;">Robinet dans le logement ou la concession <input type="radio"/> (1) Robinet public extérieur ou forage <input type="radio"/> (2) Puits protégé <input type="radio"/> (3) Puits non protégé, eau de pluie <input type="radio"/> (4) Rivière, lac, mare <input type="radio"/> (5) Vendeur, camion citerne <input type="radio"/> (6) Autre _____ <input type="radio"/> (7)</p> | <p>G.10 Quel type de toilettes utilise le ménage?</p> <p style="text-align: right;">Nature / Brousse <input type="radio"/> (1) Chasse d'eau avec égout <input type="radio"/> (2) Chasse d'eau avec fosse septique <input type="radio"/> (3) Cuvette/seau <input type="radio"/> (4) Latrines couvertes <input type="radio"/> (5) Latrines non couvertes <input type="radio"/> (6) Latrines ventilées améliorées <input type="radio"/> (7) Autre _____ <input type="radio"/> (8)</p> <p>G.11 Quel est le combustible principal utilisé pour faire la cuisine?</p> <p style="text-align: right;">Bois à brûler <input type="radio"/> (1) Charbon de bois <input type="radio"/> (2) Pétrole/huile <input type="radio"/> (3) Gaz <input type="radio"/> (4) Électricité <input type="radio"/> (5) Résidus de moisson/sciure <input type="radio"/> (6) Déchets d'animaux <input type="radio"/> (7) Pas de cuisine <input type="radio"/> (8) Autre _____ <input type="radio"/> (9)</p> <p>G.12 Quel est le combustible principal utilisé pour l'éclairage?</p> <p style="text-align: right;">Pétrole/paraffine <input type="radio"/> (1) Gaz <input type="radio"/> (2) Electricité <input type="radio"/> (3) Energie solaire/Générateur <input type="radio"/> (4) Batteries <input type="radio"/> (5) Bougies <input type="radio"/> (6) Bois à brûler <input type="radio"/> (7) Autre _____ <input type="radio"/> (8)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>G.13 À partir d'ici, combien de minutes/Km faut-il pour atteindre le/la plus proche ...?</p> | <p>G.14 Utilisez vous ... ?</p> | <p>G.15 Quel est votre niveau de satisfaction?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Heures</th> <th style="width: 10%; text-align: center;">: Minutes</th> <th style="width: 20%; text-align: center;">Km</th> </tr> </thead> <tbody> <tr> <td>a. Ecole primaire</td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">:</td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>b. 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| b. Ecole secondaire | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Case ou Centre de santé communautaire | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Clinique Medicale, dispensaire, hôpital | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Service télécomm., courrier, postal | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Service de transport public | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Service pour mouder le grain | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Source d'eau potable | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Marché alimentaire | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Route praticable en toute saison | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Service vétérinaire | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Station de Police | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. Tribunal de première instance | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n. Micro-finance | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o. Autres à préciser | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | : | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> O <input type="radio"/> N | <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Modalités G15: 1. Satisfait, 2. Plutot satisfait, 3. Ni satisfait ni insatisfait, 4. Plutot insatisfait, 5. Insatisfait, 6. Ne sait pas, 7. Non concerné

| | | | | | | | | | |
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H - BIEN-ETRE

| | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|--|
| | H.1 Est ce que le ménage a vécu un ou plusieurs des évènements douloureux ci-dessous durant les 12 derniers mois, affectant sérieusement son bien-être? | Funéraille | Maladie sévère ou chronique | Perte d'emploi | Sécheresse | Inondation | Domage Important Parcelle | Perte produits agricoles | SI NON, PASSEZ A L'EVENEMENT SUIVANT |
| | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | |
| | H.2 Avez vous pu vous en sortir tout seul? | <input type="radio"/> <input type="radio"/> | SI OUI, PASSEZ A L'EVENEMENT SUIVANT |
| | H.3 De quelle aide aviez vous besoin pour vous en sortir? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | VOUS POUVEZ ENREGISTRER PLUS D'UNE REPONSE |
| | Aide alimentaire Vente de produit agricole Vente de materiel agricole Vente de bien de ménage Besoin d'argent Assistance des ONG Assistance Internationale Faire un emprunt Recevoir de l'aide Autres | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PASSEZ A L'EVENEMENT SUIVANT | |
| | H.4 Par rapport au besoin de votre ménage, pensez-vous qu' au cours des 12 derniers mois [poste] de votre ménage était? | Consommation alimentaire | Logement | Habillement des membres | Soins de santé reçus | Education | Revenu | | |
| | Moins que Satisfaisant Satisfaisant Plus que satisfaisant Ne sait pas Non applicable | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | |
| H.5 Par rapport au besoin de votre ménage, pensez-vous qu' il y a 5 ans [poste] de votre ménage était? | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | PASSEZ AU POSTE DE CONSOMMATION SUIVANTE | |
| Moins que Satisfaisant Satisfaisant Plus que satisfaisant Ne sait pas Le ménage n'existait pas | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | |
| H.6 Quel est l'effet de la variation du prix des produits agricoles sur la condition de vie de votre ménage au cours des 5 dernières années? | | | | | | Amélioration <input type="radio"/> Détérioration <input type="radio"/> Aucun changement <input type="radio"/> | | | |
| H.7 Quel est l'effet de la variation du prix des produits manufacturés sur la condition de vie des ménages au cours des 5 dernières années? | | | | | | Amélioration <input type="radio"/> Détérioration <input type="radio"/> Aucun changement <input type="radio"/> | | | |

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I - ENFANTS DE MOINS DE CINQ ANS

I.1 Pour chaque enfant de moins de cinq ans, enregistrez le numéro de membre de l'enfant et de la mère à partir de la liste des membres du ménage. Enregistrez 00 si la mère de l'enfant est décédée ou pas membre du ménage.

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Enfant | Mère | Enfant | Mère | Enfant | Mère | Enfant | Mère |
| <input type="text"/> |
| 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 |
| 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 |
| 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 |
| 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 |
| 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 |
| 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 |
| 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 |
| 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 |
| 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 |
| 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 |

I.2 Enregistrez la date de naissance de l'enfant.

| | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Jour | Mois | Année |
| <input type="text"/> |
| 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 |
| 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 |
| 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 |
| 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 |
| 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 |
| 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 |
| 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 |
| 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 |
| 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 |
| 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 |

I.3 Où a eu lieu la naissance de l'enfant?

| | | | | |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Hôpital/maternité | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| À domicile | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Autre | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

I.4 Qui a assisté l'accouchement?

| | | | | |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Médecin | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Infirmière | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sage-femme | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Accoucheuse trad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Autre/accouché seule | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

I.5 Enregistrez le poids (en kg avec une décimale, par ex. 4,6 kg) et la taille (en cm avec une décimale, par ex. 51,3 cm).

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Poids | Taille | Poids | Taille | Poids | Taille | Poids | Taille |
| <input type="text"/> |
| 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 |
| 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 |
| 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 | 2 2 |
| 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 | 3 3 |
| 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 | 4 4 |
| 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 | 5 5 |
| 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 | 6 6 |
| 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 | 7 7 |
| 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 | 8 8 |
| 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 | 9 9 |

I.6 Est-ce que l'enfant a participé aux programmes suivants?

| | | | | | | | |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Programme nutritionnel | <input type="radio"/> |
| Suivi de la croissance | <input type="radio"/> |
| Vaccination | <input type="radio"/> |