



IDENTIFICATION OF THE HOUSEHOLD						
Wave	Cluster number			Household Number		Household extension
2						0

REPUBLIC OF NIGER
 Fraternity - Work - Progress
 Ministry of the Economy and Finances
 National Institute of Statistics

**NATIONAL SURVEY ON HOUSEHOLD LIVING
 CONDITIONS AND AGRICULTURE 2011**

**HOUSEHOLD QUESTIONNAIRE
 SECOND WAVE**

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STRICTLY CONFIDENTIAL

The information contained in this questionnaire is confidential and is only to be used for statistical purposes as explained under law N° 2004-011 of 30 March 2004.

GPS Coordinates of the household

Latitude

Longitude

Last name & name of household head: _____

Address of household head: _____

This English version is provided for convenience only. The official version is the French version which was administered by the INS. The French version should be used when analyzing the data collected in the survey. PUBLIC DISCLOSURE AUTHORIZED.

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SECTION 0: CONTROL INFORMATION

A. Information on the collection of data

1.-	Team number			
2.-	Interviewer	LAST NAME & NAME		CODE:

RESULT CODES
 1 Completed with the selected household
 2 Completed with a replacement household because of refusal
 3 Completed with replacement household because of absence
 4 Refusal
 5 Absent

		Date	Hour	Result Code
3.-	Start of the collection	□□/□□/□□	□□ □□	
4.-	End of the collection	□□/□□/□□	□□ □□	
5.-	Result for household questionnaire			
6.-	Completion of household questionnaire			

7.-	Date of correction in the field	DD/MM/YY	□□	□□	/	□□	□□	/	□□	□□
8.-	Controller	LAST NAME & NAME:							CODE:	
9.-	Date of final control in the field	DD/MM/YY	□□	□□	/	□□	□□	/	□□	□□

B. Household Identification (from the household listing)

10.-	Region	NAME:		CODE:	
11.-	Department	NAME:		CODE:	
12.-	Commune/canton	NAME:		CODE:	
13.-	Village/Quartier	NAME:			
14.-	Number of ZD	NAME:		CODE:	
15.-	Location	1. Urban community	2. Urban	3. Rural	CODE:
16.-	Number of the household on the listing of the ZD				CODE:
17.-	Lifestyle	1 Sedentary	2 Nomad		CODE:
18.-	Last name & name of household head				
19.-	Cell phone number of household head				
20.-	Address of the household				
21.-	GPS CODE:	LATITUDE	N	□□	□□
		LONGITUDE	E	□□	□□

C.- Summary of the household

22.-	Total number of people in the household		
23.-	Number of women aged 12 to 49 years		
24.-	Name and ID code of the principal respondent to Section 1		
25.-	Name and ID code of the principal respondent to Section 9		
26.-	Name and ID code of the principal respondent to Section 13		
27.-	Number of household questionnaires used		
28.-	Number of questionnaire used in this household		

D.- Contact information for the household

29.-	Last name and name of other member of household	ID Code:	
30.-	Cell phone number		
31.-	Last name and name of other member of household	ID Code:	
32.-	Cell phone number		
33.-	Last name and name of other member of household	ID Code:	
34.-	Cell phone number		
35.-	Last name and name of other member of household	ID Code:	
36.-	Cell phone number		

Information on the first reference person from outside the household

37.-	Name and last name	
38.-	Relationship to household head	
39.-	Cell phone number	
40.-	Region	
41.-	Department	
42.-	Commune/canton	
43.-	Village/Quartier	
44.-	Number of ZD	

Information on the second reference person from outside the household

45.-	Name and last name	
46.-	Relationship to household head	
47.-	Cell phone number	
48.-	Region	
49.-	Department	
50.-	Commune/canton	
51.-	Village/Quartier	
52.-	Number of ZD	

Information on the third reference person from outside the household

53.-	Name and last name	
54.-	Relationship to household head	
55.-	Cell phone number	
56.-	Region	
57.-	Department	
58.-	Commune/canton	
59.-	Village/Quartier	
60.-	Number of ZD	

E - Complementary information for the second visit

61.-	Does the household live in the same dwelling as the first visit 1=Yes ► (0.64) 2=No	
62.-	Does the household reside in the same grappe as the first visit 1=Yes 2=No	
63.-	New address of the household (City and district):	
64.-	Is the head of household the same as in the first visit 1=Yes ► (Section 1) 2=No	
65.-	Why has the head of household changed? 1=Assignment, schooling 2=Divorce, separation 3=Death 4=Other	
66.-	ID Code of the new head of household (using the list of household members)	

LIST OF MEMBERS - FLAP

ID CODE	RECORDING ORDER Record the list of all people present during the first visit and add those who arrived in the household since then	SEX	AGE	
	1 HEAD OF HOUSEHOLD 2 CHILDREN OF HEAD WHOSE MOTHER IS NOT A MEMBER OF THE HOUSEHOLD 3 FIRST SPOUSE FOLLOWED BY HER CHILDREN (FROM YOUNGEST TO ...) 4 2ND, 3RD...WIFE AND THEIR CHILDREN 5 BROTHERS & SISTERS OF HEAD 6 FATHER & MOTHER OF HEAD 7 GRANDCHILDREN OF HEAD 8 OTHER RELATIVES OF HEAD &/OR SPOUSES 9 OTHER NON RELATIVES IF MORE THAN 15 MEMBERS, USE ANOTHER QUESTIONNAIRE	COPY FROM 1 Masculine 2 Feminine	COPY FROM (1.06)	
	NAMES AND LAST NAMES	CODE	YEAR	MONTH
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SECTION 1 : SOCIODEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

ID CODE	(1.00a) Did [NAME] live in this household during the first visit?	(1.00b) Was [NAME] interviewed during the first visit?	(1.00c) Has [NAME] always lived in this household?	(1.00d) Why does [NAME] no longer live in the household?
	1 Yes 2 No ▶ (1.01)	1 Yes 2 No ▶ (1.01)	1 Yes ▶ Next person 2 No	1 Was visitor 2 Marriage 3 Divorce 4 Death 5 Other (Assignment, migration for education, etc.) ▶ ▶ Next person
	CODE	CODE	CODE	CODE
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SECTION 1 : SOCIODEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

ID CODE	(1.01) SEX	(1.02) Relationship with household head?	(1.03) Does [NAME] have a birth certificate?	(1.04) Is the birth certificate available?	(1.05) IF Q (1.04) =1 COPY BIRTH DATE, BUT ASK IF THIS IS THE CORRECT DATE IF (1.04)=2 ASK THE QUESTION What is your birth date ?			(1.06) How old was [NAME] on his/her last birthday? For children less than 5 years old (0 -59 months) write age in months and years. For people older than 5 years old, age in years at the last birthday. (As of the date of the interview)		(1.07) Does the father of [NAME] live in the household?	(1.08) WRITE THE ID CODE OF [NAME's] FATHER ▶▶ (1.10)	(1.09) Is the father of [NAME] alive?
	1 Male 2 Female	01 Household head 02 Spouse 03 Child 04 Parent 05 Grandchild 06 Grandparent 07 Sibling 08 Step child 09 Nephew, niece 10 Cousin 11 Brother-in-law, sister-in-law 12 Father-in-law, mother-in-law 13 Other relative of head or spouse 14 Other non related person (not related) 15 Domestic or relative of domestic	1 Yes 2 No ▶ (1.06)	1 Yes 2 No	DK 98 98 9998			YEAR	MONTH	1 Yes 2 No ▶ (1.09)		1 Yes 2 No
	CODE	CODE	CODE	CODE	DAY	MONTH	YEAR	YEAR	MONTH	CODE	ID CODE	CODE
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SECTION 1 : SOCIODEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

ID CODE	(1.10) Does the mother of [NAME] live in the household ?	(1.11) WRITE THE ID CODE OF [NAME's] MOTHER	(1.12) Is the mother of [NAME] alive?	(1.13) What department was [NAME] born in ?	(1.14) Does [NAME] live in the same village/town where s/he was born?	(1.15) What is [NAME's] marital status?	(1.16) Does [NAME's] spouse live in the household?	(1.17) WRITE THE ID CODES FOR THE SPOUSE(S)				
	1 Yes 2 No ▶ (1.12)	▶▶ (1.13)	1 Yes 2 No	88 IN A FOREIGN COUNTRY	1 Yes 2 No	1 Never married ▶ (1.18) 2 Monogamous marriage 3 Polygamous marriage 4 Widow(er) ▶ (1.18) 5 Divorced ▶ (1.18) 6 Separated ▶ (1.18)	1 Yes 2 No ▶ (1.18)	ID CODE	ID CODE	ID CODE	ID CODE	
	CODE	ID CODE	CODE	DEPARTMENT	CODE	CODE	CODE	CODE	ID CODE	ID CODE	ID CODE	ID CODE
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SECTION 1 : SOCIODEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

ID CODE	(1.18) Is [NAME] present at the time of the interview?	(1.19) During the last 12 months, how many months did [NAME] live in this household?	(1.20) Does [NAME] intend to stay in the household at least 6 months?	(1.21) During the last 12 months, how long was [NAME] absent from the household?	(1.22) What is the principal reason for [NAME's] absence?	(1.23) Where did [NAME] go for this trip?	(1.24) What is [NAME's] ethnicity?
	1 Present & seen 2 Present, but not seen 3 Absent	WRITE 0 FOR LESS THAN 1 MONTH IF THE PERSON HAS BEEN IN THE HOUSEHOLD AT LEAST 6 MONTHS ► (1.21)	1 Yes 2 No	IF NOT ABSENT, WRITE 0 IF 0 ► (1.24) CODES UNITE 1 Day 2 Month	01 Seasonal work 02 Travel for work 03 Military service 04 Attend a ceremony (marriage, death, baptism, etc.) 05 Other family reasons/vacation 06 Health reasons 07 Temporarily called to help a household member 08 Pilgrimage/Mouloud/Religious reasons 09 Trip with animals to search for pasturage, water 10 Attending school outside of the area 11 Other	1 Same region 2 Other region in Niger 3 Neighboring country (Nigeria, Burkina, Tchad, Mali, Cameroun, Bénin) 4 Other African country 5 Foreign country (outside Africa)	01 Arab 02 Djerma/Songhai 03 Gourmantche 04 Haoussa 05 Kanouri-Manga 06 Peul 07 Touareg 08 Toubou 09 Other Nigerien ethnicity 10 Foreigner (non Nigerien)
	CODE	NUMBER	CODE	NUMBER	UNIT	CODE	CODE
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**SECTION 2: EDUCATION ET ACCES TO ITC
PART A: EDUCATION (INDIVIDUALS 4 YEARS AND OLDER)**

ID CODE	ID CODE of the respondent	(2.00)	(2.01)	(2.02)	(2.03)	(2.04)	(2.05)	(2.06)	(2.07)	(2.08)	(2.09)	(2.10)
		Can [NAME] read a short text any language ?	Can [NAME] write a letter in any language ?	Can [NAME] do a calculation in any language ?	Has [NAME] ever studied in a school or in a private course?	What is the principal reason [NAME] has never studied in a formal school? PERSONAL REASONS 01 The classes were too difficult, drop out 02 The content of the education was not adapted 03 Work; studies finished/ 04 Marriage/ 05 Wants to be self-taught 06 Sickness disabled / 07 Couldn't understand the language 08 Too young to go to school/ 09 Too old to go to school FAMILY REASONS 10 The child must work/ 11 Studies are not productive 12 School fees too high 13 Lack of financial means/ 14 Family refusal 15 Pastoralism/ 16 Migration ENVIRONMENTAL REASONS 17 School is too far away 18 There is no teacher/ 19 There is no school 20 school is closed 21 Lack of guardian 22 Other ▶▶ (2.26)	How old was [NAME] when s/he entered school?	Did [NAME] attend a school during the 2009/10 school year?	Who managed the school that [NAME] attended during the 2009/10 school year ? 1 Government 2 Religious Organization 3 Private 4 Community 5 Other (specify)	What result did [NAME] achieve during school year 2009/10? 1 Diploma, finished studies 2 Passed to the next class 3 Failed 4 Drop out	Did [NAME] attend school during the 2010/11 school year? 1 Yes ▶ (2.12) 2 No	
		1 Yes 2 No ▶ (2.04)	1 Yes 2 No ▶ (2.04)	1 Yes 2 No	1 Formal school ▶ (2.06) 2 Koranic school 3 Literacy course 4 No				1 Yes 2 No ▶ (2.10)			
		CODE	CODE	CODE	CODE		CODE	YEARS	CODE	CODE	CODE	CODE
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**SECTION 2: EDUCATION AND ACCESS TO ITC
PART A: EDUCATION (INDIVIDUALS 4 YEARS AND OLDER)**

ID CODE	(2.11) What was the principal reason you did not attend school in 2010/11? PERSONAL REASONS 01 The classes were too difficult, drop out 02 The content of the education was not adapted 03 Work; studies finished/ 04 Marriage/ 05 Wants to be self-taught 06 Sickness disabled / 07 Couldn't understand the language 08 Too young to go to school/ 09 Too old to go to school FAMILY REASONS 10 The child must work/ 11 Studies are not productive 12 School fees too high 13 Lack of financial means/ 14 Family refusal 15 Pastoralism/ 16 Migration ENVIRONMENTAL REASONS 17 School is too far away 18 There is no teacher/ 19 There is no school 20 school is closed 21 Lack of tutor 22 Other ▶▶ (2.23)	(2.12) What is the instruction level that [NAME] attended in 2010/11? 1 Preschool 2 Primary 3 Secondary first cycle - general 4 Secondary first cycle technical & professional 5 Secondary second cycle general 6 Secondary second cycle technical & professional 7 Superior	(2.13) How many years did [NAME] study in this cycle? DO NOT COUNT REPEATED YEARS	(2.14) Is [NAME] satisfied with the service received at school? 1 Very satisfied 2 Satisfied 3 A little satisfied 4 Not at all satisfied	(2.15) As part of his/her schooling did [NAME] encounter any of the following problems? <i>Write 1 for YES or 2 for NON</i> <i>In the appropriate boxes</i> A B C D E F G Lack of books/supplies Mediocre teaching Overcrowded classrooms Lack of teachers Lack of toilets Frequency of fee demands Classroom in a bad state	(2.16) Who manages the school that [NAME] attends? 1 Government 2 Religious Organization 3 Private 4 The community 5 Other (specify)
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SECTION 2: EDUCATION AND ACCESS TO ITC
PART B: ACCESS TO ITC (INDIVIDUALS 15 YEARS OLD AND OLDER)

ID CODE	(2.26) Does [NAME] own a mobile telephone?	(2.27) Even if [NAME] doesn't own a mobile telephone, has s/he used a mobile telephone in the last 30 days?	(2.28) In what location or whose mobile telephone did [NAME] borrow?	(2.29) Has [NAME] used a computer during the last 12 months?	(2.30) Has [NAME] used the internet (regardless of connection method) during the last 12 months?	(2.31) Why hasn't [NAME] used the internet?	(2.32) Where has [NAME] used the internet? Write 1 for YES and 2 for NO				(2.33) How often has [NAME] used the internet during the last 12 months?
	1 Yes ► (2.29) 2 No	1 Yes 2 No ► (2.29)	1 Telephone of a household member 2 Someone who is not a household member 3 Phone box 4 Other	1 Yes 2 No	1 Yes ► (2.32) 2 No	1 Doesn't understand the internet 2 No internet where s/he lives 3 Costs too much 4 No need for the service ►► NEXT SECTION	A	B	C	D	1 At least once a day 2 At least once a week 3 At least once a month 4 On average less than once a month
	CODE	CODE	CODE	CODE	CODE	CODE	At home/External wireless adapter	In the workplace	Cybercafe	Other	CODE
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**SECTION 3: HEALTH
PART A: GENERAL HEALTH**

ID CODE	ID CODE of respondent	(3.00)	(3.01)	(3.02)	(3.03)	(3.04)	(3.05)	(3.06)	(3.07)	(3.08)	(3.09)
		Has [NAME] had a health problem, sickness or accident during the last 4 weeks ?	What was the principal problem that [NAME] had ? 1 Fever/Malaria 2 Diarrhea 3 Accident/Wound 4 Dental problem 5 Skin problem 6 Eye illness 7 Blood pressure problem 8 Typhoid fever 9 Ulcer 10 Ear/nose/throat 11 Diabetes 12 Meningitis 13 Other	Did the health problem prevent [NAME] from his/her normal activities? 1 Yes 2 No ▶ (3.05)	How long did the problem keep [NAME] from his/her normal activities? 1 Less than one week 2 Between one and two weeks 3 More than two weeks	Did [NAME] consult a health service, a healer or a faith healer during the last 4 weeks for this health problem ? 1 Yes ▶ (3.07) 2 No	What is the principal reason that [NAME] didn't consult anyone? 1 Not necessary 2 Too expensive 3 Too far away 4 Self-medicated 5 No time/too occupied 6 Fear of the results 7 Family member refused 8 Lack of money 9 Other (specify) ▶▶ (3.21)	Where did [NAME] consult for the first time for this health problem ? Public 1 National Hospital or Regional Hospital 2 District Hospital 3 Maternity Center 4 Integrated Health Center 5 Health post Private 6 Private clinic 7 Private Christian Clinic/NGO 8 Pharmacy 9 Other	Who did [NAME] consult the first time for this health problem ? 1 Doctor 2 Nurse 3 Midwife 4 Community Health Worker 5 Pharmacist 6 Other modern method 7 Healer/faith healer	Was [NAME] satisfied with the service provided at this first consultation? 1 Very satisfied 2 Satisfied 3 A little satisfied 4 Not at all satisfied	
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**SECTION 3: HEALTH
PART A: GENERAL HEALTH**

ID CODE	(3.10) Did [NAME] have any of the following problems during the course of his/her visit? <i>Write 1 for YES and 2 for NO</i>								(3.11) How far from the dwelling did [NAME] travel to the location of this first consultation?	(3.12) How much did [NAME] pay for the consultation for this health problem in the last 4 weeks?	(3.13) Does [NAME] have health insurance or medical care that covers this kind of medical benefits?	(3.14) Did the consultant fee declared in 3.12 cover the entire consultation fee or only the amount not covered by insurance?	(3.15) What was the amount for medical examination fees for this health problem during the last 4 weeks?	(3.16) Does [NAME] have health insurance or medical care that covers this kind of medical benefits?
	A	B	C	D	E	F	G	H	1 Less than 1 Km 2 1 to 5 Km 3 5 to 10 Km 4 10 to 15 Km 5 15 Km or more	If the consultation was free, write 00 If 0, ► (3.15)	1 Yes 2 No ► (3.15)	1 The total cost 2 The amount not covered by insurance	If the examination was free, write 00 If 0, ► (3.18)	1 Yes 2 No ► (3.18)
	ESTABLISHMENT NOT CLEAN	LONG WAIT	UNQUALIFIED PERSONNEL	TOO EXPENSIVE	NO MEDICINES	INEFFECTIVE TREATMENT	UNPLEASANT ATTITUDES	OTHER	CODE	AMOUNT IN FCFA	CODE	CODE	AMOUNT IN FCFA	CODE
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SECTION 3: HEALTH
PART A: GENERAL HEALTH

ID CODE	(3.17) Did the examination fees declared in 3.15, cover the entire cost or only the amount not covered by insurance?	(3.18) How much was spent for medicine for this health problem during the last 4 weeks? If the medicine was received for free, write 00 If 0, ► (3.21)	(3.19) Does [NAME] have health insurance or medical care that covers this kind of medical benefits?	(3.20) Did the medicine costs declared in 3.18 cover the the entire cost or only the amount not covered by insurance?	(3.21) Was [NAME] hospitalized for this health problem or for any other health problem during the last 12 months?	(3.22) What was the amount paid for hospitalization during the last 12 months? If the hospitalization was free, write 00	(3.23) Does [NAME] have health insurance or medical care that covers this kind of medical benefits?	(3.24) Did the hospital fees declared in 3.22 cover the entire cost or only the amount not covered by insurance?	(3.25) Did [NAME] receive assistance from family or friends for this hospitalization?	(3.26) How much assistance was received from relatives or friends?	(3.27) Did [NAME] have any other health expenses (self-medication, preventive care, purchase of preventive medicines, circumcision fees, etc) during the last 12 months? 1 Yes 2 No ► (3.29)
	CODE	AMOUNT IN FCFA	CODE	CODE	CODE	AMOUNT IN FCFA	CODE	CODE	CODE	AMOUNT IN FCFA	CODE
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SECTION 3: HEALTH
PART A: GENERAL HEALTH

ID CODE	(3.28)	(3.29)	(3.30)	(3.31)	(3.32)	(3.33)	(3.34)	(3.35)
	How much was spent for these expenses?	Did [NAME] have any non-conventional health expenses (pay for a hospital bed, unexpected consultation fees, gifts in cash or in-kind for services, etc.) during the last 12 months?	How much was spent for non-conventional health expenses?	Does [NAME] a mosquito net?	Did [NAME] sleep under a mosquito net last night?	What type of mosquito net?	Is [NAME] 15 years old or younger?	What did [NAME] have for breakfast yesterday?
AMOUNT IN FCFA	1 Yes 2 No ► (3.31)	AMOUNT IN FCFA	1 Yes 2 No ► (3.34)	1 Yes 2 No ► (3.34) 8 DK ► (3.34)	1 Simple 2 Dipped 8 Don't know	1 Yes 2 No ► (3.36)	00 No breakfast 01 Bean beignet (Awara) 02 Porridge 03 Millet pancake 04 Wheat beignet 05 Café au lait/Milk and bread 06 Millet beignet (Saala) 07 Cowpea rice 08 Dan waké 09 Bean bread & beignet 10 Fresh milk/sour milk/yogurt 11 Yogurt + bread 12 Fried rice 13 Rice plus sauce 14 Paste of cereal and sauce 15 Pasta 16 Boiled tubers	17 Tuber ragout 18 Cereal Couscous/Dambou 19 Eggs 20 Gari with sugar and milk 21 Gari with sugar 22 Gari prepared with oil & other condiments 23 Soup made with vegetables & meat 24 Plate of beans 25 Boule 26 Green leaves (Kopto) 27 Pancakes made from other cereals 28 Breastmilk 29 Other ► ► (3.38)
CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE
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SECTION 3: HEALTH
PART B: TOBACCO CONSUMPTION
INDIVIDUALS AGE 15 OR OLDER

SECTION 3: HEALTH
PART C: REPRODUCTIVE HEALTH (WOMEN FROM 12 TO 49 YEARS)

ID CODE	(3.36)	(3.37)	(3.38)	(3.39)	(3.40)	(3.41)	(3.42)	(3.43)	(3.44)	(3.45)
	Does [NAME] currently smoke cigarettes?	How often does [NAME] smoke cigarettes?	Has [NAME] had at least one live birth during her life?	How old was [NAME] when she gave birth to her first child?	Has [NAME] had at least one pregnancy during the last 12 months?	Did [NAME] receive pre-natal care during this pregnancy ?	Who provided [NAME] with the pre-natal care during the pregnancy?	Where did [NAME] receive her pre-natal care during this pregnancy?	What is the cost of the pre-natal care for [NAME] during this pregnancy?	Did the pregnancy that [NAME] had during the last 12 months result in a live birth?
	1 Yes 2 No ► (3.38)	1 Several times a day 2 Once a day 3 Occasionally 4 Don't know	1 Yes 2 No ► (3.40)		1 Yes 2 No ► (3.49)	1 Yes 2 No ► (3.44)	1 Doctor 2 Nurse 3 Midwife 4 Trained traditional birth attendant/Matron 5 Untrained traditional birth attendant 6 Other	Public 1 National Hospital or Regional Hospital 2 District Hospital 3 Maternity center 4 Integrated Health Center 5 Health post Private 6 Private clinic 7 Religious private clinic/NGO 8 Other		1 Yes 2 No 3 Currently pregnant ► Next section
	CODE	CODE	CODE	AGE	CODE	CODE	CODE	CODE	AMOUNT	CODE
01										
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SECTION 3: HEALTH
PART C: REPRODUCTIVE HEALTH (WOMEN FROM 12 TO 49 YEARS)

CODE ID	(3.46) Who attended [NAME] during her last childbirth/abortion?	(3.47) Where did [NAME] have her last childbirth or abortion?	(3.48) How much did [NAME] pay for her last childbirth/abortion?	(3.49) Does [NAME] or her husband currently use a contraception method to avoid a pregnancy?	(3.50) What is the principal method used by [NAME] or her husband?	(3.51) What is the principal reason that [NAME] or her husband do not use contraception?
	1 Doctor 2 Nurse 3 Midwife 4 Trained traditional birth attendant/Matron 5 Untrained traditional birth attendant 6 Other	Public 1 National Hospital or Regional Hospital 2 District Hospital 3 Maternity Center 4 Integrated Health Center 5 Health post Private 6 Private clinic 7 Religious private clinic/NGO 8 Home 9 Other		1 Yes 2 No ► (3.51)	01 Female sterilization 02 Male sterilization 03 Pills 04 Intrauterine Device 05 Injections 06 Implants 07 Condoms 08 Breastfeeding 09 Periodic abstinence 10 Withdrawal 11 Traditional methods 12 Other ►► Next section	1 Not married, widowed, divorced 2 Wants to have children 3 Partner doesn't want to 4 Forbidden by religion 5 Don't know modern methods 6 Too expensive 7 Not accessible 8 Other
	CODE	CODE	AMOUNT IN FCFA	CODE	CODE	CODE
01						
02						
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SECTION 4: EMPLOYMENT

PART A: REPORTED ACTIVITIES (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.00)	(4.01)	(4.02)	(4.03)	(4.04)	(4.05)	(4.06)	(4.07)	(4.08)	(4.09)	(4.10)	(4.11)
	Write the ID CODE of the respondent	During the last 30 days, did [NAME] work at least one hour for an enterprise, for the state, for an employer or other person who is not a member of the household?	And during the last 12 months?	During the last 30 days, did [NAME] work at least one hour, with or without pay, in a field or garden that belongs to him/her or belongs to another member of the household? Or did [NAME] raise livestock?	And during the last 12 months?	During the last 30 days, did [NAME] work for at least one hour, with or without pay, in a business, processing activities, provide service for his own business or for the business of another household member? For example as an artisan, businessman, or independent fisherman, lawyer, doctor or other independent work?	And during the last 12 months?	During the last 30 days, did [NAME] work at least one hour as an occasional worker or part time?	And during the last 12 months?	During the last 30 days, did [NAME] work at least one hour as an apprentice with or without pay?	And during the last 12 months?	Among the responses to questions 4.01, 4.03, 4.05, 4.07 et 4.09 are there any affirmative responses (CODE 1)?
CODE ID	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE
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SECTION 4: EMPLOYMENT

PART A: REPORTED ACTIVITIES (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.12) Even if [NAME] didn't work during the last 30 days, does [NAME] have a job s/he would have worked during the last 30 days?	(4.13) Why didn't [NAME] work during the last 30 days? 1 Holiday, vacation 2 Maternity leave 3 Temporary stop for his/her own reasons 4 Sick leave 5 Strike 6 Temporary suspension 7 En training 8 Other (specify) ▶▶ PART B	(4.14) Did [NAME] look for paid work during the last 30 days?	(4.15) When is [NAME] available to work? 1 Immediately ▶ (4.17) 2 In less than a month ▶ (4.17) 3 More than a month	(4.16) What is the principal reason [NAME] did not look for work during the last 30 days or cannot work immediately? 01 Does not want to work 02 Student 03 Too young 04 Sickness/handicap 05 Housework 06 Too old/retired 07 Waiting to start own business 08 Waiting response to employment demand 09 Lack of employment 10 Don't know how to look 11 Seasonal unemployment 12 Other (specify) ▶▶ (4.22)	(4.17) How many months has [NAME] been unemployed?	(4.18) How many months has [NAME] been looking for work?
	CODE	CODE	CODE	CODE	CODE	MONTHS	MONTHS
01							
02							
03							
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ID CODE	(4.18) Why is [NAME] looking for work?	(4.19) What methods has [NAME] used to look for work?							(4.20) What does [NAME] do to subsidize his/her needs?	(4.21) At any time during the last 12 months, did [NAME] have paid work for a salary (for the state, a local collective or an enterprise) or work in his/her field or his/her garden, or for his own account or for another member of the household in a business, processing activities, a service? (For example, as an artisan, businessman, or independent fisherman, lawyer, doctor or other independent worker, excluding occasional work)
	1 Loss of previous job 2 In search of a first job	Personal relationships, family	Competitive exams, Requests to employers	Small announcements, Internet	ANPE	Employment office	Create own work	Other	1 Receives a pension 2 Receives rents 3 Receives grant/transfers 4 Lives on savings 5 Lives on the products from the last harvest 6 Receives free transfers 7 The family takes care of him/her 8 Begging 9 Other (specify)	1 Yes ► PART B 2 No ► PART E
	CODE								CODE	CODE
01										
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SECTION 4: EMPLOYMENT

PART B: PRINCIPAL EMPLOYMENT DURING THE LAST 12 MONTHS (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.23) I would like to ask some questions on the principal employment that you have had during the last 12 months (or that you usually do, for the people on holiday, for example). Please describe the occupation or profession that [NAME] has done during the last 12 months. What is it that you do as part of this employment? (In the column on the left, write the description of the employment or the profession; in the column on the right, write the corresponding code after the interview. The codes for employment/profession are found in the annex of the Interviewer Manual.)		(4.24) What is the activity of the enterprise in which [NAME] worked or what products (services) are made or furnished by it? (In the column on the left write the description of the activity; in the column on the right write the corresponding code after the interview. The codes for the activities are found in the annex of the Interviewer Manual.)		(4.25) What is [NAME's] socio-professional category in this employment? Salaried 1 Superior executive 2 Middle executive or Master Agent 3 Qualified worker or employee 4 Non qualified worker or employee 5 Laborer Non Salaried 6 Owner 7 Self employed worker 8 Family aide 9 Trainee or apprentice		(4.26) What is [NAME's] principal employer in this job? <i>READ ALL THE RESPONSES</i> 1 State/Local Collective ► (4.28) 2 Public enterprise 3 Large private enterprise 4 Individual enterprise 5 Business associations 6 Household ► (4.28) 7 International organization/Embassy ► (4.28)		(4.27) How many people work in the business (include the boss of the business)? 1 1 2 2 to 3 3 4 to 10 4 11 to 20 5 21 to 50 6 51 to 100 7 101 to 200 8 More than 200		(4.28) What is [NAME's] status in this employment? 1 Permanent 2 For a specific period 3 Temporary (Seasonal)	
	EMPLOYMENT/PROFESSION	CODE	ACTIVITY	CODE	CODE	CODE	CODE	CODE	CODE	CODE		
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SECTION 4: EMPLOYMENT

PART B: PRINCIPAL EMPLOYMENT DURING THE LAST 12 MONTHS (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.29) How many months has [NAME] done this work during the last 12 months?	(4.30) How many hours per day does [NAME] usually devote to this work?	(4.31) How many days per week does [NAME] usually devote to this work?	(4.32) What has been [NAME's] remuneration for this work during the last 12 months? <u>TIME UNIT</u> 1 DAY 2 WEEK 3 MONTH 4 YEAR For self-employed, calculate the operating surplus by subtracting the amount of sales	(4.33) Does [NAME] receive at least one of the following benefits (other than meals) with this employment? <i>Write 1 for YES and 2 for NO</i> If all are 2 "No" ► (4.35)									(4.34) What is the value that you would give to these benefits (only those not included in the salary)? If DK write 999998 If the benefits are all included in the salary, write 0	
	MONTHS	HOURS	DAYS	AMOUNT IN FCFA	TIME UNIT	Housing compensation	Clothing compensation	Fuel or transport compensation	Domestic worker compensation	Communication compensation	Water-Electricity compensation	School fee compensation	Family grants or other benefits	AMOUNT IN FCFA	TIME UNIT
01															
02															
03															
04															
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SECTION 4: EMPLOYMENT

PART B: PRINCIPAL EMPLOYMENT DURING THE LAST 12 MONTHS (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.35) Do you receive meals as part of this employment?	(4.36) What is the value that you would give to these meals? IF DK WRITE 99998 TIME UNIT CODE 1 DAY 2 WEEK 3 MONTH 4 YEAR		(4.37) Did [NAME] work in the same enterprise 12 months ago?	(4.38) Did [NAME] have the same occupation 12 months ago?	(4.39) How has [NAME's] income changed since 12 months ago? (not including the benefits)	(4.40) Are the taxes already taken from the income that [NAME] received?	(4.41) Does [NAME] benefit from retirement as part of this employment?	(4.42) Does [NAME] benefit from vacation as part of this employment?	(4.43) Does [NAME] benefit from sick leave as part of this employment?	(4.44) Does [NAME] benefit from health insurance as part of this employment?	(4.45) Does [NAME] benefit from free or subsidized medical care as part of this employment?	(4.46) Does [NAME] have a contract (where the salary is detailed) as part of this employment?	(4.47) Is there a union in the place where [NAME] works?	(4.48) Does [NAME] belong to the union?	(4.49) Is [NAME's] principal employment as just described the same as the work that [NAME] has done for the last 30 days?	(4.50) Did [NAME] have another job during the last 12 months, a job with a salary in a enterprise, agricultural salary, shopkeeper, artisan, independent or all activities generating income?	
	CODE	AMOUNT IN FCFA	TIME UNIT	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE
01																		
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SECTION 4: EMPLOYMENT

PART C: SECONDARY EMPLOYMENT DURING THE LAST 12 MONTHS (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.51) I would like to ask some questions on the secondary employment that you have had during the last 12 months (or that you usually do, for the people on holiday, for example). Please describe the occupation or profession that [NAME] has done during the last 12 months. What is it that you do as part of this employment? (In the column on the left, write the description of the employment or the profession; in the column on the right, write the corresponding code after the interview. The codes for employment/profession are found in the annex of the Interviewer Manual.)		(4.52) What is the activity of the enterprise in which [NAME] worked or what products (services) are made or furnished by it? (In the column on the left write the description of the activity; in the column on the right write the corresponding code after the interview. The codes for the activities are found in the annex of the Interviewer Manual.)		(4.53) What is [NAME's] socio-professional category in this employment? Salaried 1 Superior executive 2 Middle executive or Master Agent 3 Qualified worker or employee 4 Non qualified worker or employee 5 Laborer Non Salaried 6 Owner 7 Self employed worker 8 Family aide 9 Trainee or apprentice	(4.54) What is [NAME's] principal employer in this job? 1 State/Local Collective 2 Public enterprise 3 Large private enterprise 4 Individual enterprise 5 Business association 6 Household 7 International organization/Embassy	(4.55) How many months has [NAME] done this work during the last 12 months?	(4.56) How many hours per day does [NAME] usually devote to this work?	(4.57) How many days per week does [NAME] usually devote to this work?	(4.58) What income does [NAME] earn in this employment (and include the income from benefits and services) TIME UNIT 1 DAY 2 WEEK 3 MONTH 4 YEAR	
	EMPLOYMENT/PROFESSION	CODE	ACTIVITY	CODE	CODE	CODE	MONTHS	HOURS	DAYS	AMOUNT IN FCFA	TIME UNIT
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02											
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SECTION 4: EMPLOYMENT

PART C: SECONDARY EMPLOYMENT DURING THE LAST 12 MONTHS (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.59) Did [NAME] work in the same enterprise 12 months ago?	(4.60) Did [NAME] have the same occupation 12 months ago?	(4.61) How has [NAME's] income changed since 12 months ago?	(4.62) Are the taxes already taken from the income that [NAME] received?	(4.63) Does [NAME] receive bonuses, commissions, or incentives for this employment?	(4.64) Is there a union in the place where [NAME] works?	(4.65) Does [NAME] belong to this union?	(4.66) Other than the principal and secondary employment, did [NAME] have other employment during the last 12 months?	(4.67) What is the total income that [NAME] has from these other employments? (And include the amounts received in the form of goods and services)	
	1 Yes 2 No ► (4.61) 3 Not applicable ► (4.62)	1 Yes 2 No	1 Lowered 2 Increased 3 Unchanged 4 Not applicable	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No ► (4.66)	1 Yes 2 No	1 Yes 2 No ► PART D	TIME UNIT 1 DAY 2 WEEK 3 MONTH 4 YEAR	
	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	AMOUNT IN FCFA	TIME UNIT
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SECTION 4: EMPLOYMENT

PART D: SEARCH FOR SUPPLEMENTARY EMPLOYMENT (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.68) Has [NAME] looked for paid supplementary employment during the last 30 days? 1 Yes 2 No ► PART E	(4.69) What methods had [NAME] used to search for this employment? <i>Write 1 for YES and for NO in the appropriate box</i>							(4.70) What type of work has [NAME] looked for in the last 30 days?			(4.71) Why did [NAME] look for supplementary work? 1 End of contract 2 Seasonal work 3 Insufficient income 4 Looking for better working conditions 5 Looking for work that corresponds to his/her qualifications 6 Seeking employment to increase revenues 7 Other (specify)
	CODE	Personal relationships, family	Competitive exams, Requests to employers	Small announcements, Internet	ANPE	Employment office	Create own work	Other	Work 1 Independent 2 Salaried 3 Both	In the 1 Private 2 Public 3 Both	Work 1 Agricultural 2 Non agric. 3 Both	CODE
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SECTION 4: EMPLOYMENT

PART E: TIME USE (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.72) During the last 7 days, did [NAME] spend any time gathering firewood for the household? 1=Yes 2=No ▶ 4.75	(4.73) How many days did [NAME] collect firewood during the last 7 days?	(4.74) On average how many MINUTES per day did [NAME] spend collecting firewood during the last 7 days, and include the time taken to go to and return from the place where the wood was collected.	(4.75) During the last 7 days, did [NAME] spend any time fetching water for the household? 1=Yes 2=No ▶ 4.78	(4.76) How many days did [NAME] fetch water during the last 7 days?	(4.77) On average how many MINUTES per day did [NAME] spend fetching water during the last 7 days, and include the time taken to go to and return from the place where the water was collected.	(4.78) During the last 7 days, did [NAME] spend any time cooking for the household? 1=Yes 2=No ▶ 4.81	(4.79) How many days did [NAME] cooking during the last 7 days?	(4.80) On average how many MINUTES per day did [NAME] spend cooking during the last 7 days.
	CODE	DAYS	MINUTES	CODE	DAYS	MINUTES	CODE	DAYS	MINUTES
01									
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SECTION 4: EMPLOYMENT

PART E: TIME USE (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.81) During the last 7 days, did [NAME] spend any time doing the laundry for the household? 1=Yes 2=No ▶ 4.84	(4.82) How many days did [NAME] do laundry during the last 7 days?	(4.83) On average how many MINUTES per day did [NAME] spend doing laundry during the last 7 days.	(4.84) During the last 7 days, did [NAME] spend any time ironing clothes for the household? 1=Yes 2=No ▶ 4.87	(4.85) How many days did [NAME] ironing clothes during the last 7 days?	(4.86) On average how many MINUTES per day did [NAME] spend ironing clothes during the last 7 days.	(4.87) During the last 7 days, did [NAME] spend any time cleaning the household? 1=Yes 2=No ▶ 4.90	(4.88) How many days did [NAME] do the cleaning during the last 7 days?	(4.89) On average how many MINUTES per day did [NAME] spend cleaning during the last 7 days.
	CODE	DAYS	MINUTES	CODE	DAYS	MINUTES	CODE	DAYS	MINUTES
01									
02									
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SECTION 4: EMPLOYMENT
PART E: TIME USE (INDIVIDUALS 5 YEARS OLD AND OLDER)

ID CODE	(4.90) During the last 7 days, did [NAME] spend any time doing the shopping for the household? 1=Yes 2=No ▶ 4.93	(4.91) How many days did [NAME] do the shopping during the last 7 days?	(4.92) On average how many MINUTES per day did [NAME] spend shopping during the last 7 days.	(4.93) During the last 7 days, did [NAME] spend any time studying or reviewing lessons? 1=Yes 2=No ▶ Next person	(4.94) How many days did [NAME] study or review lessons during the last 7 days?	(4.95) On average how many MINUTES per day did [NAME] spend studying or reviewing lessons during the last 7 days.
	CODE	DAYS	MINUTES	CODE	DAYS	MINUTES
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SECTION 9 : RETROSPECTIVE NON FOOD EXPENDITURES
PART A: NON FOOD EXPENDITURES DURING THE LAST 7 DAYS

(9.01)		(9.02)	(9.03)
Product Code	PRODUCT	Has your household purchased [PRODUCT] during the last 7 days?	How much was spent during the last 7 days?
		1. Yes 2 No ► Next product CODE	Amount in FCFA
101	Matches		
102	Firewood for heat		
103	Wood charcoal/Coal		
104	Batteries, candles		
105	Kerosene		
106	Urban transport in taxi, bus, moto		
107	Prepaid telephone cards/Shap Shap for mobile telephone		
108	Newspapers and magazines		
109	Fee to mill grains		

PART B: NON FOOD EXPENDITURES DURING THE LAST 30 DAYS

(9.01)		(9.02)	(9.03)
Product Code	PRODUCT	Has your household purchased [PRODUCT] during the last 30 days?	How much was spent during the last 30 days?
		1. Yes 2 No ► Next product CODE	Amount in FCFA
201	Domestic gas		
202	Fuel for vehicles (Gas, gas mix; gas-oil)		
203	Lubricants (motor oil; brake fluid; battery acid; grease; other lubricants n.d.a.)		
204	Repair & maintenance services (oil change, grease, etc.) for personal transportation (cars, motos, bicycles, etc.)		
205	Household soap, powdered detergent, detergents (bleach, etc.)		
206	Insecticide, anti-mosquito twist		
207	Bath soap		
208	Skin cream (glycérine, vaseline, etc.)		
209	Feminine hygiene products, disposable diapers for baby, etc.		
210	Other beauty products (razor, shampoo, cotton balls, etc.)		
211	Expenses for hairdressing for men & women (salon, braiding, hair cut, etc.), manicure, pedicure		
212	Toothpaste		
213	Toothbrush		
214	Toilette paper		
215	Light bulbs		
216	Expenses for postage stamps, money orders, sending faxes, etc.		
217	Expenses for using telephones in a phone box		
218	Fee to use internet in a cybercafé		
219	Legalization fees (preparation) of administrative documents (acts of civil status, degrees, etc.).		
220	Expenses to photocopy documents		
221	Expenses to pick up household garbage		
222	Fee to launder clothing, linens, etc. (Pressing)		
223	Wages for household domestics (guard, boy, driver, etc.)		
224	Transport by boat		
225	Transport in an animal powered vehicle		
226	Inter-urban transport in bus, car, taxi		

SECTION 12: FOOD SECURITY

(12.00) Write the ID CODE of the principal respondent to the section:

<p>(12.01) During the last 7 days, were you worried about having enough to eat?</p> <p>1. Yes 2. Non</p>	<p>(12.02) During the last 7 days, how many days did you or another member of the household have to:</p>					<p>(12.03) How many meals, including breakfast, have been eaten by the household every day during the last 7 days?</p>		<p>(12.04) During the last 12 months, did you face a situation where you did not have sufficient food for the entire household?</p> <p>1. YES 2. NO ► (12.07)</p>
	<p>A. Eat less expensive foods than usual?</p>	<p>B. Reduce the quantities consumed each time?</p>	<p>C. Reduce the number of meals per day?</p>	<p>D. Reduce the quantities consumed by adults to increase that for children?</p>	<p>E. Borrow food, or ask for help from relatives or friends?</p>	<p>A. Adults</p>	<p>B. Children (6-59 months) LEAVE BLANK IF THERE ARE NO CHILDREN IN THE HOUSEHOLD</p>	
	<p>DAYS</p>	<p>DAYS</p>	<p>DAYS</p>	<p>DAYS</p>	<p>DAYS</p>	<p>NUMBER</p>	<p>NUMBER</p>	

<p>(12.05) In which month did you encounter the problem during the last 12 months?</p> <p>PUT 1=YES FOR EACH MONTH WHERE THE HOUSEHOLD DID NOT HAVE SUFFICIENT TO EAT & 2=NO IN THE OTHER CASE</p>						<p>(12.06) What were the causes of the situation?</p> <p>LIST NO MORE THAN 3 CAUSES, IN ORDER OF IMPORTANCE, USING THE CODES TO THE RIGHT.</p>			<p>CODES FOR (12.06)</p> <p>01 Low harvests because of drought 02 Low harvests because of insect attacks 03 Low harvests because of lack of access to cultivatable land 04 Low harvests due to lack of inputs 05 Low harvests due to bad soil 06 High cost of products on the market 07 Difficult access to markets because of high costs of transport 08 Low financial resources 09 Lack of food products in the market 10 Floods 11 Other (specify)</p>					
<p>2010</p>														
July	Aug	Sep	Oct	Nov	Dec									
<p>2011</p>														
Jan	Feb	Mar	April	May	June									
<p>2011</p>						a.	b.	c.						
July	Aug	Sep	Oct	Nov	Dec	1st	2nd	3rd						

SECTION 12: FOOD SECURITY

(12.07)	Do you have grain stocks (constituted from your own production, purchases or other sources) for household consumption?					<input type="checkbox"/>
	1. Yes	2. No				
(12.08)	If Yes, how many days do you think your stock would permit you cover the nutritional needs of the household					
	<input type="text"/>	<input type="text"/>	<input type="text"/>			
(12.09)	Given the state of the income of your household, how do you believe you live?					
	1. Good	2. Good enough	3. Passably	4. With difficulty	5. Don't know	<input type="checkbox"/>
(12.10)	How are you compared to your neighbors in this community?					
	1. Much better	2. A little better	3. The same	4. Less well	5. Don't know	<input type="checkbox"/>
(12.11)	How are you in comparison with people in Niamey?					
	1. Much better	2. A little better	3. The same	4. Less well	5. Don't know	<input type="checkbox"/>
(12.12)	If someone asked you to classify your own household on a scale of well-being between poor to rich, how would you classify your household					
	1. Rich	2. Average	3. Poor	4. Very poor	5. Don't know	<input type="checkbox"/>
(12.13)	Do you think Niger is a poor country?					
	1. Yes	2. No	3. Don't know			<input type="checkbox"/>
(12.14)	In your opinion, what are the three principal causes of household poverty?					
	1. Lack employment	2. No education	3. lack of land	4. Lack of herds	5. Lack of roads	
	6. Lack of water/grazing		7. Frequent droughts/floods	8. Bad management/corruption		
	9. Cost of living	10. Slump in agricultural products	11. Laziness	12. Other		
	Cause 1		Cause 2		Cause 3	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 13: FOOD CONSUMPTION DURING THE LAST 7 DAYS

(13.00) Did at least one member of the household respect the fast during the month of Ramadan? 1=Yes 2=No

(13.01) P r o d u c t C o d e	READ THE NAME OF EACH PRODUCT WRITE THE RESPONSE FOR EACH PRODUCT BEFORE ASKING QUESTIONS 13.02 TO 13.05	(13.02) Did your household consume [PRODUCT] during the last 7 days? 1=Yes 2=No ▶ Next product	(13.03) What was the total quantity and value of [PRODUCT] consumed by the household that was purchased during the last 7 days? 01=Bunch 08=Gram 02=Tia 09=Unit 03=Basket 10=Liter 04=Tongolo 11=Centiliter 05=50Kg sack 12=Sachet 06=100Kg sack 13=Heap 07=Kg 14=Other			(13.04) What was the total quantity and value of [PRODUCT] consumed by the household that was taken from its own production during the last 7 days? 01=Bunch 08=Gram 02=Tia 09=Unit 03=Basket 10=Liter 04=Tongolo 11=Centiliter 05=50Kg sack 12=Sachet 06=100Kg sack 13=Heap 07=Kg 14=Other			(13.05) What is the total quantity and value of [PRODUCT] consumed by the household that was received as a gift, as compensation for work, or as barter during the last 7 days? 01=Bunch 08=Gram 02=Tia 09=Unit 03=Basket 10=Liter 04=Tongolo 11=Centiliter 05=50Kg sack 12=Sachet 06=100Kg sack 13=Heap 07=Kg 14=Other		
			PRODUCT	CODE	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY
701	Corn										
702	Millet										
703	Rice										
704	Wheat flour										
705	Sorghum										
706	Fonio										
707	Other grains										
708	Cornstarch										
709	Cassava flour (attiéké, gari, tapioca, etc.).										
710	Pasta										
711	Bread										
712	Biscuit										
713	Bean fritters										
714	Corn fritters										
715	Cakes										
716	Others pastries (cakes, pastries)										

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			PRODUCT	CODE	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY
717	Salad (lettuce)										
718	Fresh onion										
719	Fresh okra										
720	Fresh tomato										
721	Fresh pepper										
722	Eggplant										
723	Carrot										
724	Green bean										
725	Cucumber										
726	Pea										
727	Squash, zucchini										
728	Other vegetables n.e.c.										
729	Dried tomato										
730	Dry Okra										
731	Beans										
732	Dry pea										
733	Bambara groundnut										
734	Others pulses n.e.c.										
735	Maggi Cube										
736	Tomato paste										
737	Peanuts in shell										
738	Shelled peanuts										

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			PRODUCT	CODE	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY
739	Groundnut cake										
740	Soumbala (base of sorrel or deny)										
741	Baobab leaves										
742	Yodo (Foye youto)										
743	Other leafy vegetables										
744	Malahya (Fakkou)										
745	Salt										
746	Pimento										
747	Others spices and seasonings (garlic, ginger, etc.)										
748	Cassava tuber										
749	Yam tuber										
750	Potato										
751	Taro and cocoyam										
752	Sweet potato										
753	Others tubers n.e.c.										
754	Mango										

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(13.01) P r o d u c t C o d e	READ THE NAME OF EACH PRODUCT WRITE THE RESPONSE FOR EACH PRODUCT BEFORE ASKING QUESTIONS 13.02 TO 13.05	(13.02) Did your household consume [PRODUCT] during the last 7 days? 1=Yes 2=No ▶ Next product	(13.03) What was the total quantity and value of [PRODUCT] consumed by the household that was purchased during the last 7 days? 01=Bunch 08=Gram 02=Tia 09=Unit 03=Basket 10=Liter 04=Tongolo 11=Centiliter 05=50Kg sack 12=Sachet 06=100Kg sack 13=Heap 07=Kg 14=Other			(13.04) What was the total quantity and value of [PRODUCT] consumed by the household that was taken from its own production during the last 7 days? 01=Bunch 08=Gram 02=Tia 09=Unit 03=Basket 10=Liter 04=Tongolo 11=Centiliter 05=50Kg sack 12=Sachet 06=100Kg sack 13=Heap 07=Kg 14=Other			(13.05) What is the total quantity and value of [PRODUCT] consumed by the household that was received as a gift, as compensation for work, or as barter during the last 7 days? 01=Bunch 08=Gram 02=Tia 09=Unit 03=Basket 10=Liter 04=Tongolo 11=Centiliter 05=50Kg sack 12=Sachet 06=100Kg sack 13=Heap 07=Kg 14=Other		
			PRODUCT	CODE	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY
755	Pineapple										
756	Orange										
757	Other citrus (mandarin, lemon, grapefruit)										
758	Sweet banana										
759	Watermelon										
760	Dates										
761	Sugar cane										
762	Melon										
763	Palmyra / Doumier (fruit)										
764	Cola nut										
765	Other fruits and pineapple n.e.c.										
766	Beef										
767	Camel meat										
768	Mutton										

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			PRODUCT	CODE	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY
769	Goat meat										
770	Poultry										
771	Giblets										
772	Game										
773	Other meats n.e.c.										
774	Fresh fish										
775	Smoked Fish										
776	Stockfish										
777	Canned fish										
778	Other canned fish products										
779	Palm oil										
780	Peanut oil										
781	Cottonseed oil										
782	Corn oil										
783	Other n.e.c. oils (soy, shea butter, etc.).										
784	Peanut butter										
785	Eggs										

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			PRODUCT	CODE	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY
786	Fresh milk										
787	Curd										
788	Powdered milk										
789	Cheese										
790	Butter										
791	Yogurt / solani										
792	Other dairy products										
793	Sugar										
794	Cocoa / Chocolate										
795	Honey										
796	Confectionery										
797	Others Food										
798	Tobacco (chew, snuff or smoking)										
799	Cigarette										
800	Coffee in cans or bags										
801	Tea bag or package										
802	Other teas and infusions n.e.c.										
803	Fruit juice										
804	Juice powder										
805	Soft Drinks										
806	Mineral water, other soft drinks										

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			PRODUCT	CODE	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY
807	Alcoholic beverages (beer, wine and spirits)										
808	Bowl of millet with milk										
809	Bowl of millet without milk / porridge of millet										
810	Preparation based on millet plus green leaves (no meat, fish)										
811	Preparation of sorghum over green leaves (no meat, fish)										
812	Preparations made from corn over green leaves (no meat, fish)										
813	Others preparations based on millet, sorghum or maize										
814	Boiled Beans										
815	Rice cowpea										
816	Rice with baobab leaf sauce										

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			PRODUCT	CODE	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY	UNIT	AMOUNT IN FCFA	QUANTITY
817	Rice & tomato sauce										
818	Fried rice with fish / chicken										
819	Rice with peanut butter sauce										
820	Pasta, without meat or chicken, or fish										
821	Other meal purchased or eaten outside of										
822	Coffee hot drink										
823	Tea hot drink										
824	Non-alcoholic beverages made outside the home										
825	Alcoholic beverages taken out of home										

SECTION 14: COMPLEMENT TO THE FOOD CONSUMPTION DURING THE LAST 7 DAYS

(14.01) CODE		(14.02)
		Number of Days
01	Cereals and cereal products (products 701 to 711) (Millet/millet flour, sorghum, fonio, maize/maize flour, rice, bread, pasta, wheat flour, etc.)	
02	Tubers & plantains (products 748 to 753) (Potatoes, yams, plantain, manioc, taro, etc.)	
03	Legumes et seeds (products 730 to 734, 737 à 739, 784) (Cowpeas, beans, groundnuts & groundnut paste, etc.)	
04	Vegetables (products 717 to 729) (Lettuce, tomatoes, okra, eggplant, pepper, green beans, cucumber, peas, etc.)	
05	Fish and meat (products 766 to 777) (Beef, lamb, chicken, fresh and dried fish, etc.)	
06	Fruits (products 754 to 763, 765) (mango, orange, lemon, watermelon, melon, pineapple, dates, etc.)	
07	Milk and milk products (products 785 to 788, 791 & 792) (Fresh milk, powdered milk, yogurt, cheese, etc.)	
08	Oil and grease (products 779 to 783, 790) (Butter, palm oil, groundnut oil, etc.)	
09	Sugar (products 793 to 796) (Sugar in powdered form and in cubes, candies, honey)	
10	Spices and condiments (products 735, 740, 745 to 747) (Soubala, pepper, salt, Maggi cubes, garlic, ginger, etc.)	

(14.03)	During the last 7 days, did anyone who is not a member of the household eat at least one meal with the household? (If NO, End of questionnaire)	
	1 YES	2 NO

(14.04)		(14.05)	(14.06)
		Number of Days	Number of Meals
		During how many days was a meal shared with non members of the household?	How many meals were shared with non members of the household ?
01	Children 0-5 years		
02	Children 6-16 years		
03	Adults 16-65 years		
04	Adults older than 65		

OBSERVATIONS