

ATTENTION: Les information contenues dans ce document sont confidentielles au terme de la loi No.91/023 du 16 décembre 1991 sur les Recensements et Enquêtes Statistiques qui stipule en son article 5 que << les renseignements individuels d'ordre économique ou financier figurant sur tout questionnaire d'enquête statistique ne peuvent en aucun cas être utilisés à des fins de contrôle ou de répression économique >>

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

QUESTIONNAIRE MENAGE ORDINAIRE/ORDINARY HOUSEHOLD QUESTIONNAIRE

INSTRUCTIONS: Mark like this — . DO NOT USE RED INK. All codes can be found on a separate sheet.

IDENTIFICATION ET LOCALISATION DU MENAGE/ IDENTIFICATION AND LOCATION OF HOUSEHOLD

Province	Dept	Arrond-issement	Canton/Customary court area	Ville/Town	Localité	Ville	Quartier	Bloc
c0 c0 c0 c1 c1 c1 c2 c2 c2 c3 c3 c3 c4 c4 c4 c5 c5 c5 c6 c6 c6 c7 c7 c7 c8 c8 c8 c9 c9 c9	c0 c0 c0 c1 c1 c1 c2 c2 c2 c3 c3 c3 c4 c4 c4 c5 c5 c5 c6 c6 c6 c7 c7 c7 c8 c8 c8 c9 c9 c9	c0 c0 c0 c0 c1 c1 c1 c1 c2 c2 c2 c2 c3 c3 c3 c3 c4 c4 c4 c4 c5 c5 c5 c5 c6 c6 c6 c6 c7 c7 c7 c7 c8 c8 c8 c8 c9 c9 c9 c9	c0 c0 c0 c0 c0 c1 c1 c1 c1 c1 c2 c2 c2 c2 c2 c3 c3 c3 c3 c3 c4 c4 c4 c4 c4 c5 c5 c5 c5 c5 c6 c6 c6 c6 c6 c7 c7 c7 c7 c7 c8 c8 c8 c8 c8 c9 c9 c9 c9 c9	c0 c0 c0 c0 c0 c0 c1 c1 c1 c1 c1 c1 c2 c2 c2 c2 c2 c2 c3 c3 c3 c3 c3 c3 c4 c4 c4 c4 c4 c4 c5 c5 c5 c5 c5 c5 c6 c6 c6 c6 c6 c6 c7 c7 c7 c7 c7 c7 c8 c8 c8 c8 c8 c8 c9 c9 c9 c9 c9 c9	c0 c0 c0 c0 c0 c0 c0 c1 c1 c1 c1 c1 c1 c1 c2 c2 c2 c2 c2 c2 c2 c3 c3 c3 c3 c3 c3 c3 c4 c4 c4 c4 c4 c4 c4 c5 c5 c5 c5 c5 c5 c5 c6 c6 c6 c6 c6 c6 c6 c7 c7 c7 c7 c7 c7 c7 c8 c8 c8 c8 c8 c8 c8 c9 c9 c9 c9 c9 c9 c9	c0 c0 c0 c0 c0 c1 c1 c1 c1 c1 c2 c2 c2 c2 c2 c3 c3 c3 c3 c3 c4 c4 c4 c4 c4 c5 c5 c5 c5 c5 c6 c6 c6 c6 c6 c7 c7 c7 c7 c7 c8 c8 c8 c8 c8 c9 c9 c9 c9 c9	c0 c0 c0 c0 c0 c0 c1 c1 c1 c1 c1 c1 c2 c2 c2 c2 c2 c2 c3 c3 c3 c3 c3 c3 c4 c4 c4 c4 c4 c4 c5 c5 c5 c5 c5 c5 c6 c6 c6 c6 c6 c6 c7 c7 c7 c7 c7 c7 c8 c8 c8 c8 c8 c8 c9 c9 c9 c9 c9 c9	c0 c0 c0 c0 c0 c0 c0 c1 c1 c1 c1 c1 c1 c1 c2 c2 c2 c2 c2 c2 c2 c3 c3 c3 c3 c3 c3 c3 c4 c4 c4 c4 c4 c4 c4 c5 c5 c5 c5 c5 c5 c5 c6 c6 c6 c6 c6 c6 c6 c7 c7 c7 c7 c7 c7 c7 c8 c8 c8 c8 c8 c8 c8 c9 c9 c9 c9 c9 c9 c9

No de la ZD	No de la structure	No du ménage
c0 c0 c0 c1 c1 c1 c2 c2 c2 c3 c3 c3 c4 c4 c4 c5 c5 c5 c6 c6 c6 c7 c7 c7 c8 c8 c8 c9 c9 c9	c0 c0 c0 c0 c1 c1 c1 c1 c2 c2 c2 c2 c3 c3 c3 c3 c4 c4 c4 c4 c5 c5 c5 c5 c6 c6 c6 c6 c7 c7 c7 c7 c8 c8 c8 c8 c9 c9 c9 c9	c0 c0 c1 c1 c2 c2 c3 c3 c4 c4 c5 c5 c6 c6 c7 c7 c8 c8 c9 c9

**TABLEAU RECAPITULATIF/
SUMMARY TABLE**

résidents présents		résidents absents		visiteurs	
mas	fém	mas	fém	mas	fém
c0 c0 c0 c1 c1 c1 c2 c2 c2 c3 c3 c3 c4 c4 c4 c5 c5 c5 c6 c6 c6 c7 c7 c7 c8 c8 c8 c9 c9 c9	c0 c0 c0 c1 c1 c1 c2 c2 c2 c3 c3 c3 c4 c4 c4 c5 c5 c5 c6 c6 c6 c7 c7 c7 c8 c8 c8 c9 c9 c9	c0 c0 c0 c1 c1 c1 c2 c2 c2 c3 c3 c3 c4 c4 c4 c5 c5 c5 c6 c6 c6 c7 c7 c7 c8 c8 c8 c9 c9 c9	c0 c0 c0 c1 c1 c1 c2 c2 c2 c3 c3 c3 c4 c4 c4 c5 c5 c5 c6 c6 c6 c7 c7 c7 c8 c8 c8 c9 c9 c9	c0 c0 c0 c1 c1 c1 c2 c2 c2 c3 c3 c3 c4 c4 c4 c5 c5 c5 c6 c6 c6 c7 c7 c7 c8 c8 c8 c9 c9 c9	c0 c0 c0 c1 c1 c1 c2 c2 c2 c3 c3 c3 c4 c4 c4 c5 c5 c5 c6 c6 c6 c7 c7 c7 c8 c8 c8 c9 c9 c9

**TYPE DE STRUCTURE/
DWELLING STRUCTURE**

Maison Isolée/Isolated House

Villa moderne/Modern Villa

Maison a plusieurs logements/multiple dwelling

Immeuble a appartement/appartment

Concession saré/compound or saré

Autre/Other

**Nom et Signature de contrôleur/
Name and signature of controller**

.....

.....

Date

**Nom et Signature d'agent recenseur/
Name and signature of enumerator**

.....

.....

Date

**Nom et Signature de chef d'équipe/
Name and signature of team leader**

.....

.....

Date

Questionnaire No	de/ of
c0 c0 c1 c1 c2 c2 c3 c3 c4 c4 c5 c5 c6 c6 c7 c7 c8 c8 c9 c9	c0 c0 c1 c1 c2 c2 c3 c3 c4 c4 c5 c5 c6 c6 c7 c7 c8 c8 c9 c9

INFORMATION DEMOGRAPHIQUE POUR TOUS PERSONNES/DEMOGRAPHIC INFORMATION FOR ALL PERSONS

Lien de parenté avec no 1/Each persons relationship to person 1?

Person 1 - Nom/Name	Person 2 - Nom/Name	Person 3 - Nom/Name	Person 4 - Nom/Name	Person 5 - Nom/Name	Person 6 - Nom/Name
<p>Sexe/ Sex Mas <input type="checkbox"/> Fém <input type="checkbox"/></p>					
c0 c0 c1 c1 c2 c2 c3 c3 c4 c4 c5 c5 c6 c6 c7 c7 c8 c8 c9 c9	c0 c0 c1 c1 c2 c2 c3 c3 c4 c4 c5 c5 c6 c6 c7 c7 c8 c8 c9 c9	c0 c0 c1 c1 c2 c2 c3 c3 c4 c4 c5 c5 c6 c6 c7 c7 c8 c8 c9 c9	c0 c0 c1 c1 c2 c2 c3 c3 c4 c4 c5 c5 c6 c6 c7 c7 c8 c8 c9 c9	c0 c0 c1 c1 c2 c2 c3 c3 c4 c4 c5 c5 c6 c6 c7 c7 c8 c8 c9 c9	c0 c0 c1 c1 c2 c2 c3 c3 c4 c4 c5 c5 c6 c6 c7 c7 c8 c8 c9 c9

INFORMATION DEMOGRAPHIQUE POUR TOUS PERSONNES/DEMOGRAPHIC INFORMATION FOR ALL PERSONS

3	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
<p>Write age in here</p> <p>Date de naissance/ Date of birth</p>	<p>Person 1</p> <p>Jour Mois Année</p> <p>00 00 00 01 01 01 02 02 02 03 03 03 04 04 04 05 05 05 06 06 06 07 07 07 08 08 08 09 09 09 10 11 12</p>	<p>Person 2</p> <p>Jour Mois Année</p> <p>00 00 00 01 01 01 02 02 02 03 03 03 04 04 04 05 05 05 06 06 06 07 07 07 08 08 08 09 09 09 10 11 12</p>	<p>Person 3</p> <p>Jour Mois Année</p> <p>00 00 00 01 01 01 02 02 02 03 03 03 04 04 04 05 05 05 06 06 06 07 07 07 08 08 08 09 09 09 10 11 12</p>	<p>Person 4</p> <p>Jour Mois Année</p> <p>00 00 00 01 01 01 02 02 02 03 03 03 04 04 04 05 05 05 06 06 06 07 07 07 08 08 08 09 09 09 10 11 12</p>	<p>Person 5</p> <p>Jour Mois Année</p> <p>00 00 00 01 01 01 02 02 02 03 03 03 04 04 04 05 05 05 06 06 06 07 07 07 08 08 08 09 09 09 10 11 12</p>	<p>Person 6</p> <p>Jour Mois Année</p> <p>00 00 00 01 01 01 02 02 02 03 03 03 04 04 04 05 05 05 06 06 06 07 07 07 08 08 08 09 09 09 10 11 12</p>
<p>4</p> <p>Situation de residence/ Residential Status</p> <p>Residents presents <input type="checkbox"/></p> <p>Residents absents <input type="checkbox"/></p> <p>Visiteurs <input type="checkbox"/></p>						
<p>5</p> <p>Etat matrimonial/ Marital Status</p> <p>1 2 3 4 5 6</p>	<p>1 2 3 4 5 6</p>	<p>1 2 3 4 5 6</p>	<p>1 2 3 4 5 6</p>	<p>1 2 3 4 5 6</p>	<p>1 2 3 4 5 6</p>	<p>1 2 3 4 5 6</p>
<p>6</p> <p>Ou habitez-vous habituellement?/ What is each person's usual address?</p> <p>Voir code/See code list</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>
<p>7</p> <p>Ou habitiez-vous il y a 5 ans c a d en 1997? What was each person's usual address 5 years ago (1997)?</p> <p>Voir code/See code list</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>
<p>8</p> <p>Ou habitiez-vous au dernier recensement c a d en 1987? What was each person's usual address at the 1987 census?</p> <p>Voir code/See code list</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>	<p>urbain rural</p> <p>00 00 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09</p>

INFORMATION DEMOGRAPHIQUE POUR TOUS PERSONNES/DEMOGRAPHIC INFORMATION FOR ALL PERSONS

<p>9 Donnez les lieu de naissances de chaque'un/ Where was each person born?</p>	<p>urbain rural <input type="checkbox"/> <input type="checkbox"/></p>	<p>urbain rural <input type="checkbox"/> <input type="checkbox"/></p>	<p>urbain rural <input type="checkbox"/> <input type="checkbox"/></p>	<p>urbain rural <input type="checkbox"/> <input type="checkbox"/></p>	<p>urbain rural <input type="checkbox"/> <input type="checkbox"/></p>	<p>urbain rural <input type="checkbox"/> <input type="checkbox"/></p>
<p>10 Donnez leur nationalité de chqu'un/ What is each person's nationality?</p>						
<p>11 Quand est-il arrive ici?/ When did the person first arrive at present address?</p>	<p>Mois Année</p>	<p>Mois Année</p>	<p>Mois Année</p>	<p>Mois Année</p>	<p>Mois Année</p>	<p>Mois Année</p>
<p>12 Quelle est la religion de chaque'un?/ What is each person's religious denomination?</p>	<p>Catholique/Catholic Protestant/Protestant Autres chrétiens Musulmans/Muslim Animiste/Atheist Autre/Other Religions Sans religion</p>					
<p>13 Quelle langue apart le Français, l'anglais et l'arabe parle-t-ils?/ What language other than, English, French and/or Arabic does the person speak at home?</p>						
<p>14 Est-ce-que la personne à un handicap dominant?/Has the person any dominant handicap?</p>	<p>Surdité totale/deaf Mutité totale/mute Infirmité des membres supérieurs/upper limb disability Infirmité des membres inférieurs/lower limb disability Déficience mentale/mental deficiency Sourd-muet/deaf mute Cécité/blindness Sans handicap/able bodied Autres/other</p>					

INFORMATION DEMOGRAPHIQUE POUR TOUS PERSONNES/DEMOGRAPHIC INFORMATION FOR ALL PERSONS

<p>15 La pere - est il encore en vie?/ Is father still alive?</p> <p>Père/Father</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>
<p>16 La mère - est elle encore en vie?/ Is the mother still alive?</p> <p>Mère/Mother</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>
<p>17 La personne sait-t-il lire, ecrire et parler un de ses langues?/ Does person speak, read and write any of these languages?</p> <p>Anglais/English Français/French Arabe/Arabic Autre/Other</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>
<p>18 La personne frequent-t-il un etablissement scolaire?/Is the person attending a school or any other educational institution?</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>
<p>19 Quel type d'institution frequent-t-il?/ What type of educational institution is the person attending?</p> <p>Jardin ou maternelle Enseignement Coranique Enseignement primaire Post-primaire (SAR, SM etc) Enseignement secondaire général Enseignement second. Technique Ecole de formation de niveau d'entree CEPE Enseignement supérieur professionnel Enseignement supérieur général</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>
<p>20 Quel est le diplome le plus élevé obtenu par la personne?/ What is the highest qualification that person ever obtained?</p> <p>Sans diplomé CEPE/FSLC BEP/CAP/GCEOL Probatolre/BP BAC/GCEAL/BEP BTS/DUT/DEUG Licence Maîtrise/DEA ou DESS Doctorat/PHD</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>
<p>21 Quelle est la dernière classe suivie?/ What is the last class you attended?</p> <p>Voir code/See code list</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>
<p>22 Quelle est votre profession ou metier?/ What is your profession?</p> <p>Voir code/See code list</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>
<p>23 Durant la semaine de reference, travaillez vous à temps pleine ou mi-temps?/ Last week did the person have a full-time or part-time job of any kind?</p> <p>Oul, temps pleine/Yes, full time Oul, mi-temps/Yes, part time Non/No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>	<p>Oul/ Yes</p> <p>Non/ No</p>

INFORMATION DEMOGRAPHIQUE POUR TOUS PERSONNES/DEMOGRAPHIC INFORMATION FOR ALL PERSONS

<p>24 Cherchiez vous du travail à un moment dans le 4 derniers semaines?/ Did the person actively look for work at any time in the last 4 weeks?</p> <p>Oul/Yes Non/No</p>																																																																																																																																																																																																																																																																														
<p>25 Dans le travail faites durant la semaine de reference, etiez-vous...?/In the main job held last week, was the person...?</p> <p>Salarlé/A wage or salary earner Indépendant/Independent Employeur/Employer Alde-familliale/A helper not receiving salary Apprentis/Apprentice</p>																																																																																																																																																																																																																																																																														
<p>26 Dans le travail faites durant la semaine de reference, quelle était votre occupation/ In the main job held last week, what was the person's occupation?</p> <p>Voir code/ See code list</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>					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	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>					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	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>					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	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>					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	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>					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	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>					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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FEMMES DE 12 ANS ET PLUS/FEMALES 12 AND ABOVE

<p>28 A-t-elle jamais accoucher?/ Has the person ever given birth?</p> <p>Non - sauter cette section/No - skip this section Oul - continuer/Yes - continue</p>																																																																																																																													
<p>29 Combien d'enfants vivantes, a t-elle jamais accoucher?/ How many live births have you ever had?</p>	<table border="1"> <tr><th>mas</th><th>fém</th></tr> <tr><td></td><td></td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>	mas	fém			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><th>mas</th><th>fém</th></tr> <tr><td></td><td></td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>	mas	fém			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><th>mas</th><th>fém</th></tr> <tr><td></td><td></td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>	mas	fém			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><th>mas</th><th>fém</th></tr> <tr><td></td><td></td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>	mas	fém			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1"> <tr><th>mas</th><th>fém</th></tr> <tr><td></td><td></td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>	mas	fém			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
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FEMMES DE 12 ANS ET PLUS/FEMALES TWELVE AND ABOVE continued

30 Combien sont encore vivant?/ How many are still living?	mas	fém	mas	fém	mas	fém	mas	fém	mas	fém	mas	fém
	00	00	00	00	00	00	00	00	00	00	00	00
	01	01	01	01	01	01	01	01	01	01	01	01
	02	02	02	02	02	02	02	02	02	02	02	02
	03	03	03	03	03	03	03	03	03	03	03	03
	04	04	04	04	04	04	04	04	04	04	04	04
	05	05	05	05	05	05	05	05	05	05	05	05
	06	06	06	06	06	06	06	06	06	06	06	06
	07	07	07	07	07	07	07	07	07	07	07	07
	08	08	08	08	08	08	08	08	08	08	08	08
	09	09	09	09	09	09	09	09	09	09	09	09

31 Combien sont mort?/ How many are dead?	mas	fém	mas	fém	mas	fém	mas	fém	mas	fém	mas	fém
	00	00	00	00	00	00	00	00	00	00	00	00
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	02	02	02	02	02	02	02	02	02	02	02	02
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	07	07	07	07	07	07	07	07	07	07	07	07
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	09	09	09	09	09	09	09	09	09	09	09	09

NAISSANCE VIVANTES DES 12 DERNIERS MOIS/BIRTHS LAST 12 MONTHS

32 Naissance/Births Nom/Name Sexe/Sex Date du naissance/ Date of birth																		
	Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>		
	Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>		
	Jour	Mois	Année	Jour	Mois	Année	Jour	Mois	Année	Jour	Mois	Année	Jour	Mois	Année	Jour	Mois	Année
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DECES DES 12 DERNIERS MOIS/DEATHS IN THE LAST 12 MONTHS

33 Deces/Deaths Nom/Name Sexe/Sex Date du décès/ Date of death																		
	Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>			Masculine <input type="checkbox"/>		
	Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>			Féminin <input type="checkbox"/>		
	Jour	Mois	Année	Jour	Mois	Année	Jour	Mois	Année	Jour	Mois	Année	Jour	Mois	Année	Jour	Mois	Année
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DECES DES 12 DERNIERS MOIS/DEATHS IN THE LAST 12 MONTHS

34 Age quand décédé/ Age at death	Resident <input type="checkbox"/> Visiteur <input type="checkbox"/>	Resident <input type="checkbox"/> Visiteur <input type="checkbox"/>	Resident <input type="checkbox"/> Visiteur <input type="checkbox"/>	Resident <input type="checkbox"/> Visiteur <input type="checkbox"/>	Resident <input type="checkbox"/> Visiteur <input type="checkbox"/>	Resident <input type="checkbox"/> Visiteur <input type="checkbox"/>																																																																																																																																																																																																																	
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Départ du Cameroun dans les 5 dernières années/ Departures from Cameroon in last 5 years (since 1997)

(by sex, age at point of departure, country of destination, date of departure, main reason for leaving.)

36 Departures Nom/Name Sexe/Sex Age quand parti/ Age when left	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"></table>																																																																																																																												
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Départ du Cameroun dans les 5 dernières années/ Departures from Cameroon in last 5 years (since 1997) continued

38 Principale motif de départ/Main reason for emigrating						
Etudes/Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recherche d'emploi/looking for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travail/Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marlage/Marrriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regroupement familial/joining family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation sanitaire/health reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflits familiaux/family conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autres/others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39 Pays de destination/ Destination						
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CARACTERISTIQUES DE L'HABITATION/CHARACTERISTICS OF THE DWELLING

40 Combien de chambres à coucher y-a-t-il dans cette maison?/
How many bedrooms are there in this dwelling?

0-1 2 3 4 5+

41 Etes-vous propriétaire de votre logement?/
Is this dwelling.....?

Propriétaire/Owned

Locataire/Rented

Logement de fonction/Provided by employer

Logement par les parents ou amis/Provided by parents or friends

Others/Autres

42 Matériaux de murs/
Material of the walls

Béton, Pavaing, briques cuites/bricks

Pierre de taille/loose stone

Planches/wooden planks

Carabots

Terre/Brique simple/earth

Pisé/Terre battue/mud or straw

43 Matériaux de toit/
Material of the roof

Ciment/Cement

Toile, tuile/Zinc, tiles

Natte, feuille, chaume/Grass, thatch, straw

Autre/Other

44 Matériaux de sol/
Material of the floor

Ciment/Cement

Carreaux/Tiles, Marble

Bois/Wood

Terre/Mud

Autre/Other

45 Principal mode d'éclairage/
Main source of energy for lighting

Electricité/Electricity

Pétrole/Kerosene, Paraffin

Gaz/Gas

Bois/Wood

Autre/Other

46 Principal source d'énergie pour la cuisine/
Main source of energy for cooking

Bois, charbon, capot, sciure/Wood, charcoal, wood shavings

Pétrol/Paraffin

Gaz/Gas

Electricité/Electricity

Autre/Other

47 Source principale d'approvisionnement en eau/
Main source of water supply

Robinet à l'intérieur/Interior tap

Robinet à l'extérieur/Exterior tap

Puits aménagé/Artificial well

Puits non aménagé/Natural well

Borne fontaine/Standpipe

Cours d'eau/River/stream

Autres (à préciser)/others

48 Mode d'évacuation des eaux usées/
Water disposal provisions

Puissard, fosse septique/Septic tanks

Cour/Courtyard

Rue/Road

Broussaille/Bushes

Autre/other

49 Type d'aisance/
Toilet

WC intérieur privé avec chasse eau

WC privé avec chasse eau

WC commun à plusieurs ménages avec chasse eau

Latrines privées

Latrines communes

Nature

Autres

50 Mode d'évacuation d'ordures ménagère/
Household waste disposal system

Rue/Roadside

Bac Public/Public dustbin

Déversement dans la broussaille/In bushes

Rejet dans la cour d'eau/In streams

Enfouissement/In pits dug for the purpose

Autours de la maison/Around the house

Brule/burnt

Autre/other

51 Site d'implantation de la maison/
Where is house situated?

Versant/Slope

Bas fond/Valley

Zonz Plate/Flat land

Sommet/Hilltop

Autre/Other