

REPUBLIQUE DU CAMEROUN

Paix – Travail – Patrie

INSTITUT NATIONAL
DE LA STATISTIQUE



REPUBLIC OF CAMEROON

Peace – Work – Fatherland

NATIONAL INSTITUTE
OF STATISTICS

FIRST NATIONAL SURVEY ON ACCESS TO ENERGY (ENACE 1)

HOUSEHOLD QUESTIONNAIRE

CONFIDENTIAL AND NOT FOR TAX PURPOSES

Information collected during this survey is strictly confidential under Law N0. 91-023 of 16 December 1991, on Census and Statistical Surveys which mentions in its article 5 that “individual information related to economic or financial situation recorded in any statistical survey form should never be used for control or economical repression”.

April 2019

SECTION 01 : CHARACTERISTICS OF HOUSEHOLD MEMBERS

01.L. <small>COMPOSITION OF HOUSEHOLD</small>	Names and firstnames of household members																	
	<i>Make an exhaustive list of all household members, starting with the household head and ask the following questions for each member.</i>																	
S1Q1	Serial number	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
S1Q2	Of which sex is (Name)? 1= Male 2= Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1Q3	What is (Name)'s relationship with the household head ? <i>SEE CODES</i>	0 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1Q4	How old is (Name)? Record the age in complete years. (95 for age >= 95 and 98 for DK) (IF AGE < 10 YEARS, go to S1Q6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1Q5	What is (Name)'s marital status ? <i>SEE CODES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1Q6	What is (Name)'s nationality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1Q7a	Does (Name) usually live in this household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1Q7b	Did (Name) spend last night in this household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For persons aged 3 years or above																		
S1Q8	Has (Name) ever been to school? 1=Yes 2=No if No, move to next person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1Q9	N. What is (Name)'s highest level of study? C. What is the last class completed with success by (Name) at that level? <i>SEE CODES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1Q10	What is (Name)'s highest certificate? <i>SEE CODES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NB: Verify that all the members of the household have been recorded and tick this box

Codes S1Q3			Codes S1Q5		Code S1Q6		
01 = Household head 02 = Spouse of the household Head 03 = Son or daughter 04 = Son in law or daughter in law 05 = Grandson/Grand daughter 06 =Father/Mother	07 = Parent in law 08 = Brother/Sister 09 = Direct Nephew/Niece 10= Nephew/Niece by marriage 11= Adopted/fostered/Child of one of the spouses	12= Domestic servant 13= Other relative 14= With no relationship 98= DK	1 = Single 2 = Married monogamous 3 = Married polygamous	4 = Widow/widower 5 = Divorced/Separated 6 = In free union	1= Cameroun 3= Nigeria 7= China	2= Other CEMAC country 4= Rest of Africa 8= Rest of Asia	5= France 6= Rest of Europe 9=Rest of the world
Codes S1Q10		Codes S1Q9					
1 = No CERTIFICATE 2 = CEP/CEPE/FSLC 3 = BEPC/CAP/GCEOL 4 = PROBATOIRE/BP 5 = BAC/GCEAL/BEP/BT 6 = BTS/DUT/DEUG 7 = LICENCE 8 = MAITRISE/MASTER/DEA 9 = DOCTORAT/PHD	LEVEL	PRESCOLAR OR NEVER BEEN TO SCHOOL=0	PRIMARY = 1	SECONDARY 1st Cycle = 2	SECONDAIRE 2nd Cycle = 3	HIGHER = 4	DK = 8
	CLASS	1	0= Less than 1 year 1= SIL/Class1 2= CP/CPS/class2 3= CE1/Class3 4= CE2/Class4 5= CM1/Class5 6= CM2/Class6/7 8= DK	0= Less than 1 year 1= 6è/1ère A.T/Form 1 2= 5è/2è A.T./Form 2 3= 4è/3è A.T./Form 3 4= 3è/4è A.T./Form4 8= DK	0= Less than 1 year 1= 2nde G ou T/Form 5 2= 1ère G ou T/Lower 6 3= Terminale G ou T/Upper 6 8= DK	0= Less than 1 year 1= 1 st year 2= 2 nd year 3= 3rd year 4= 4th or 5th year 5= 6 th year or + 8= DK	

Section 02 : ECONOMIC ACTIVITY AND OUT-OF-EMPLOYMENT INCOME OF HOUSEHOLD MEMBERS (For persons aged 10 years or more)

ECONOMIC ACTIVITY						
S2Q1	Did (Name) exercise any paid or unpaid economic activity during the past 7 days or is name having an employment? 1= Yes 2= No if Yes, go to S2Q1a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S2Q1a	Although (Name) declares that he/she did not work during the last 7 days and that he/she does not have any employment, did he/she carry out one of the following activities during the last 7 days, at home or elsewhere? 01 = Working in a private business 02 = Making a product for sale 03 = Working at home for an income 04 = Rendering a service for an income 05 = Helping in a family business 06 = As an apprentice, paid or not 07 = As a student who does a job 08= Working for another household 09 = Any other activity for an income 10 = No such activity → go to S2Q7					
S2Q2	What is the socioprofessional category of (Name) in this employment or in this activity ? Is (Name)a : 01 = Senior executive, engineer and assimilate 02 = Medium executive, foreman 03 = Qualified employee/Skilled labourer 04 = Semi-skilled employee/ Semi-skilled labourer 05 = Labourer 06 = Employer (Boss) 07 = Own account Worker 08 = Family Aid 09 = Paid or non paid apprentice, intern 10 = Unclassifiable (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S2Q3	The enterprise in which (Name) exercises his/her main employment (or that he/she manages) is : 1 = A public administration 2 = Public or parapublic enterprise syndicate., etc.. 3 = Non agricultural private enterprise 4 = Agricultural exploitation (plantation, farm, rearing, fishing, ...) 5 = International Organization 6 = Associative enterprise (cooperative, NGO, 7 = Household (house worker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S2Q4	Does the structure in which (Name) exercise his/her main employment (or that he/she manages) have a taxpayer's number 1= Yes 2= No 3= Does Not Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S2Q5	Does the enterprise in which (Name) exercise his main employment (or that he/she manages) keep formal accounts? 1= STR or formal accounts 2= Non detailed accounts 3= No (No accounts) 4 Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S2Q6	Check if (Name) owns or not an informal production unit (IPU) where he/she exercises his/her main employment 1= Yes (If [S2Q2= 06 or 07] and [S2Q4= 2 or 3]) and [S2Q5= 2 or 3 or 4]) 2= No (if other combination of answer for S2Q2, S2Q4 and S2Q5) GO to S2Q7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
S2Q6a	Does this IPU use one of the following forms of energy in its activities? 1= Yes 2= No A) Electricity (hydraulic, solar, wind, etc.) B) Domestic Gas (GPL) C) Super D) Gasoil E) Biogaz F) Charcoal G) Firewood H) Kerosene I) Candle J) Batteries K) Car batteries L) Agricultural residues M) Animal wastes N) Wood wastes O) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
S2Q6b	Can you, for at least one of these forms of energy used by the IPU, quantify distinctively the share used for the household needs from the one used for the activities of the IPU? 1= Yes 2= No																				
S2Q7	How much does (Name) estimate his/her income for that work, including advantages in cash or in kind? 01= Monthly evaluation, the amount is given 02 = Yearly evaluation the amount is given	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
	<table border="1"> <tr> <td>Monthly income interval</td> <td>Yearly income interval</td> </tr> <tr> <td>10=Less than 36 270 Fcfa</td> <td>20= Less than 200 000 Fcfa</td> </tr> <tr> <td>11= [36 270, 50 000[</td> <td>21= [200 000, 400 000 [</td> </tr> <tr> <td>12= [50 000, 100 000 [</td> <td>22= [400 000, 800 000 [</td> </tr> <tr> <td>13= [100 000, 200 000 [</td> <td>23= [800 000, 1 500 000 [</td> </tr> <tr> <td>14= [200 000, 400 000 [</td> <td>24= [1 500 000, 3 000 000 [</td> </tr> <tr> <td>15 = [400 000, 800 000 [</td> <td>25= [3 000 000, 5 000 000 [</td> </tr> <tr> <td>16 = 800 000 Fcfa or more</td> <td>26. 5 000 000 Fcfa or more</td> </tr> </table>	Monthly income interval	Yearly income interval	10=Less than 36 270 Fcfa	20= Less than 200 000 Fcfa	11= [36 270, 50 000[21= [200 000, 400 000 [12= [50 000, 100 000 [22= [400 000, 800 000 [13= [100 000, 200 000 [23= [800 000, 1 500 000 [14= [200 000, 400 000 [24= [1 500 000, 3 000 000 [15 = [400 000, 800 000 [25= [3 000 000, 5 000 000 [16 = 800 000 Fcfa or more	26. 5 000 000 Fcfa or more	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly income interval	Yearly income interval																				
10=Less than 36 270 Fcfa	20= Less than 200 000 Fcfa																				
11= [36 270, 50 000[21= [200 000, 400 000 [
12= [50 000, 100 000 [22= [400 000, 800 000 [
13= [100 000, 200 000 [23= [800 000, 1 500 000 [
14= [200 000, 400 000 [24= [1 500 000, 3 000 000 [
15 = [400 000, 800 000 [25= [3 000 000, 5 000 000 [
16 = 800 000 Fcfa or more	26. 5 000 000 Fcfa or more																				
S2Q8	Is (Name) having at least a secondary employment? 1= Yes 2= No If No, go to the next section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
S2Q9	What is the socio Professional category of (Name) in his/her most important secondary employment? 01 = Senior executive, engineer and assimilate 02 = Medium executive, foreman 03 =Skilled labourer/employee 04 = Semi-skilled employee/labourer 05 = Labourer 06 = Employer (Boss) 07 = Own account Worker 08 = Family Aid 09 = Paid or non paid apprentice, intern 10 = Unclassifiable (Specify) ____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
S2Q10	Does the enterprise in which (Name) exercises his/her most important secondary employment have a tax payer's number? 1= Yes 2= No 3= Does not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

S2Q11	Does the enterprise in which (Name) exercises his/her most important secondary employment keep accounts? 1= STR or formal accounts 2= Undetailed accounts 3= No (No accounts) 4 Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S2Q11a	The enterprise in which (Name) exercises his/her main employment (or that he/she manages) is: 1 = A public administration 5 = International Organization 2 = Public or parapublic enterprise 6 = Associative enterprise (cooperative, NGO, syndicate, etc.) 3 = Non-agricultural private enterprise 7 = Household (House worker) 4 = Agricultural exploitation (plantation, farm, rearing, fishing, ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S2Q12	Check : If (Name) has or not an informal production unit (IPU) where he/she exercises his/her most important secondary employment. 1= Yes (if ([S2Q8= 06 or 07] and ([S2Q9= 2 or 3]) or [S2Q10= 2 or 3 or 4])) 2= No (if other combination of answers for S2Q8, S2Q9 and S2Q10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S2Q12a	Does this IPU use one of the following form of energy in its activities? 1= Yes 2= No A) Electricity (hydraulic, solar, wind, etc.) B) Domestic Gas (GPL) C) Super D) Gazoil E) Biogaz F) Charcoal G) Cooking firewood H) Kerosene I) Candle J) Bateries K) Car batteries L) Farm residus M) Animal excretas N) Wood waste O) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S2Q12b	Can you, for (at least) one of these forms of energy used by the IPU, quantify distinctively the share used for the household needs from the one used for the activities of the IPU ? 1= Yes 2= No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S2Q13	How much can they estimate the monthly income from all the secondary employments of (Name), including the advantages in cash and in kind? 01= Monthly evaluation: the amount is given 02 = Annual evaluation: the amount is given	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<table border="1"> <tr> <td>Monthly income interval 10=less than 36 270 Fcfa 11= [36 270, 50 000[12= [50 000, 100 000 [13= [100 000, 200 000 [14= [200 000, 400 000 [15 = [400 000, 800 000 [16 = 800 000 Fcfa or more</td> <td>Annual income interval 20= less than 200 000 Fcfa 21= [200 000, 400 000 [22= [400 000, 800 000 [23= [800 000, 1 500 000 [24= [1 500 000, 3 000 000 [25= [3 000 000, 5 000 000 [26. 5 000 000 Fcfa or more</td> </tr> </table>	Monthly income interval 10=less than 36 270 Fcfa 11= [36 270, 50 000[12= [50 000, 100 000 [13= [100 000, 200 000 [14= [200 000, 400 000 [15 = [400 000, 800 000 [16 = 800 000 Fcfa or more	Annual income interval 20= less than 200 000 Fcfa 21= [200 000, 400 000 [22= [400 000, 800 000 [23= [800 000, 1 500 000 [24= [1 500 000, 3 000 000 [25= [3 000 000, 5 000 000 [26. 5 000 000 Fcfa or more	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly income interval 10=less than 36 270 Fcfa 11= [36 270, 50 000[12= [50 000, 100 000 [13= [100 000, 200 000 [14= [200 000, 400 000 [15 = [400 000, 800 000 [16 = 800 000 Fcfa or more	Annual income interval 20= less than 200 000 Fcfa 21= [200 000, 400 000 [22= [400 000, 800 000 [23= [800 000, 1 500 000 [24= [1 500 000, 3 000 000 [25= [3 000 000, 5 000 000 [26. 5 000 000 Fcfa or more						
OUT-OF-EMPLOYMENT INCOME							

S2Q14	Apart from employment income, does (Name) receive the following types of income?					
A- Work pension (Retirement pension, invalidity pension due to an industrial)	1 = Yes 2 = No <i>If no (code 2) =>□□□□ type of income</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Annual amount (in Fcfa)					
B- Other pensions(food pension, pension to widows or to orphans)	1 = Yes 2 = No <i>If no (code 2) =>Next type of income</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Annual amount (in Fcfa)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C- Scholarship for studies (Incomes received by some students for their school fees)	1 = Yes 2 = No <i>If no (code 2) =>Next type of income</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Annual amount (in Fcfa)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D- Land or estate incomes (Income from the letting of buildings or unbuilt lands)	1 = Yes 2 = No <i>If no (code 2) =>Next type of income</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Annual amount (in Fcfa)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E- Income from transferable properties(Income from shares, bonds or liabilities that the respondent has in an enterprise or on the State, income from financial investment (savings), resale of shares , etc .)	1 = Yes 2 = No <i>If no (code 2) =>Next type of income</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Annual amount (in Fcfa)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F- Exceptional and occasional incomes in cash or in kind (Gain from lottery, money found or picked, refunds received fom insurance companies, sales of lands and houses)	1 = Yes 2 = No <i>If no (code 2) =>Next type of income</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Annual amount (in Fcfa)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 03 : CHARACTERISTICS OF THE HABITAT

S3Q1. Type of lodging	S3Q2. Main walls material			S3Q3. Main roof material of the lodging		
01=Tent/Hut 02= Isolated house 03= House with several lodgings 04= Modern villa 05=Duplex 06=Mansion 07= Building with appartments 08= Compound/Saré <input type="text"/>	NATURAL MATÉRIAL 01=No wall 02= Bamboo/cane/palms/trunk 03= Ground <input type="text"/>	RUDIMENTARY MATERIAL 04= Bamboo with mud 05=Stones with mud 06= Adobe not covered 07= Plywood 08= Cartoon 09= Recovered wood <input type="text"/>	IMPROVED MATERIAL 10=Cement 11=Stones with cement/limestone 12=Bricks 13=Blocks of cement 14=Covered Adobe 15=Wooden board/shingles 16=Other (specify)	NATURAL MATÉRIAL 01=No roof 02= thatch/fins/leaves 03= mounds of soil	RUDIMENTARY MATERIAL 04= Wooden boards 05=mat 06=Palms/bamboo 07= Carton/tarp	IMPROVED MATÉRIAL 08=Metal sheet 09=Wood 10=Zinc/cement fibre 11=Cement 12=shingles 13= Other (specify) <input type="text"/>
S3Q4. Main floor material			S3Q5. What is in m ² , the surface area of your lodging?		S3Q6. What is the occupancy status of your dwelling	
NATURAL MATÉRIAL 01=Ground/sand 02= Dung <input type="text"/>			RUDIMENTARY MATERIAL 03= Wooden boards 04=Palms/bamboo <input type="text"/>		IMPROVED MATÉRIAL 05=Flooring or waxed wood 06=Vinyl/Asphalt Strips 07=Tile/marble 08=Cement	
			(write 950 if 950 m ² or more)		1= Owner 2= co-owner 3= Tenant	

SECTION 4 – HABITS AND ENERGY PRACTICE IN HOUSEHOLDS

4.1 FUELS USED

N° de ligne	Energy sources <i>First ask question A1 for all energy sources before coming back for each energy source used in the household, from question A2 to A8</i>	A1. During the past 30 days, has your household used the (Name of fuel) 1= Yes 2= No Go to the next line.	A2. What is the place of supply for (Name of fuel) 1= Market 2= Shop 3= Warehouse 4= Station 4= Hawker seller 5= Collection/Picked-up 6= Auto produced 9= Other (specify)	A3. How many persons in the household have taken responsibility to supply the household with (Name of fuel) during the past 30 days ?		A4. Who supplied your household with (Name of fuel) the very last time? <i>Person's name and code</i>	A5. How long did it take the person who supplied the household last time with (Name of fuel) ?		A6. How far from your household is the nearest point of supply for (Name of fuel)		A7. How appreciate the accessibility to (Name of fuel) 1= Easy 2= Difficult	A8. What are the security measures put in place by your household in using (Name of fuel) CF Codes	A9. Has your household ever suffered damage as a result of using (Name of fuel) ? 1= Yes 2= No
				Man	Woman		Time unit 1= Minute 2= Hour	Number	Unit of measurement 1= m 2= Km	Number			
1	Domestic Gas (LPG)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Super	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Gas	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Biogaz	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Charcoal	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Firewood	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Candle	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Batteries	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Car batterie	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Agric residues	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Animal wastes	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Wood wastes	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2 : CONSUMPTION OF DOMESTIC FUELS

Line N°	Energy sources	C1. During the past 30 days, did you use (Name of fuel) for the following tasks? 1= Yes exclusive 2= Yes main 3= Yes as rescued 4= No If 1, 2 or 3, go to C3	C2. In the past, did you use (Name of fuel) for each of the following tasks? 1= Yes exclusive 2= Yes main 3= Yes as rescued 8= No If 1, 2 or 3, go to C6, if 4 go to C8	C3. What quantity of (Name of fuel) that you usually consume for each of the tasks?				C4. How much do you spend (in FCFA) to get that quantity?	C5. Frequency of using (Name of fuel) for each task 1= Regularly 2= Often 3= Occasionally 4= Scarcely	C6. Which main advantage does the usage of (Name of fuel) have for each task ? See codes	C7. Which main inconvenience does the usage of (Name of fuel) have for each task ? See codes	C8. Reasons for non-use/less frequent use (If answer= 4 go to C1 / 3 or 4 to C5) 1= None 2= Difficult to find 3= High cost 4= Not adapted/Not relevant 5= No device 9= Other (specify)	C9. Do you intend to use (Name of fuel) during the next coming 12 months for each task? 1= Yes 2= No
				Time unit 1= Day 2= Week 3= Month 4= Term 5= Semester 6= Year	Unit of measu Rement 1= Kg 2= Fagot 3= Heap 4= Litre 5= Num ber 6= Not concerned	Quantity in % of the each fuel.	Quantity						
1	Domestic Gas (LPG)	A-Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		B-Warming of food or water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C-Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		T-Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Super	A-Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		B- Electric production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C-Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		T-Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Gas	A-Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		B- Electric production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C-Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		T-Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Biogaz	A-Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		B- Warming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C-Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		D-Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		T-Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Charcoal	A-Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		B-Space warming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C-Warming of water and food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		D-Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		E- Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		T-Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Firewood	A-Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		B-Space warming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C-Warming of water and food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		D-Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		E- Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		T-Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Kerosene	A-Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Line N°	ELECTRICITY SOURCES <i>Now, i would like to ask you questions on your electricity source(s)</i>	S01. Did your household use electricity from (Name of electricity source) during the last 30 days? <i>First ask question S01 for each source Then, go to questions S02 - S05 for each question for which the answer at SE01 was « YES » [1]. Yes...1 No...2=>S06</i>	S02. Of what use is the electricity of (Name of electricity source) in your household? List out up to five usage in order of importance. 1=Lighting 2=TV/Radio 3=Fan/Air conditioner 4=Freezer 5=Cooking 6=Pumping of water 7=Ironing 8=Other small household appliances					S03. On what base do you pay your energy consumption from (Name of electricity source)? 1=Direct meter 2=Individual meter 3= Lump sum 4=Auto-produced 5= Does not pay	S04. What are the quantities (in Kwh) of electricity consumed in your household during the last 3 months? (See light bill if possible)			S05. What is the amount of the electricity bills consumed in your household? (See light bill if possible)		
			Code 1 st usage	Code 2 nd usage	Code 3 rd usage	Code 4 th usage	Code 5 th usage		M1	M2	M3	M1	M2	
1	Electric network (ENEO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Community micro dam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Solar energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Wind energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Other type of energy (biomass, biogas, car battery, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 05 : HOUSEHOLD ENERGETIC EQUIPMENT

Serial N°	E1. Equipment	E2. Does your household possess (Equipment name)? 1=Yes 2=No	E3. How many (Equipment name) are used in your household?	E4. On average, how many days per week do you use (Equipment name) in your household?	E5. On average, how long do use (Equipment name) per day it is used? 1= mn 2= hours		E6. What type of energy is mainly used in your household in order to supply (Equipment name)? CF CODE	E.7 In which state did you acquire the last copy of (Equipment name) used in your household? 1= New 2= Second hand	E8. Since how long did you acquire the last copy of (Equipment name)		E9. Do you intend acquiring another (Equipment name) in the 12 coming months? 1=Yes 2=No
					Time unit 1= minute 2= hour	Number			Time unit 1= Day 2= Month 3= Year	Number	
1	Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Motorbike / mobylette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Radio set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	TV set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Parabolic antenna /decoder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	CD/DVD/VCD reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Musical set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Kerosene stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Gas stove/plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Micro-onde/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Heating plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Improved fire side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Traditionna fire sidel (three stones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Coffee machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Gas bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Air conditionner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Fridge/Refrigrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23	Office computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Internet connexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Printer/Photocopier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Fax / Telecopier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Washing machine/ tumble-dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Electric sport Appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Food-mill /mixer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Suppressor/Water pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Torch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Lamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Other equipment (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Code E5	
01= Electricity/Eneo 02= Electricity from the generator 03= Community microdam electricity 04= Solar energy/plate or solar panel 05= Wind energy 06= Domestic Gas (LPG) 07= Super 08= Gasoil 09= Biogas 10= Charcoal 11= Firewood	12= Kerosene 13= Candle 14= Batteries 15= Car battery 16= Agricultural residues 17= Animal waste 18= Waste of wood 19= Other (specify)

