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CEPED

CENTRE FRANÇAIS DE DÉMOCRATISATION DE LA POPULATION  
 ET DE RECHERCHES DÉMOGRAPHIQUES  
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**D2** DEMOGRAPHIC SAMPLE SURVEY

**DETAILED INFORMATION ON WOMEN**

Native Authority ..... Clan or Group ..... Village or Town .....  
 Strata ..... Agent ..... House ..... Questionnaire n° .....  
 Woman n° ..... Name ..... Number of marriages ..... Age at first marriage .....

|            |    |    |               |   |    |    |     |
|------------|----|----|---------------|---|----|----|-----|
|            | S  | Vi | Questionnaire |   |    |    |     |
| Woman n°   | EG | AG | MS            | R | LE | NM | ATM |
| Husband n° | EG | AG | NW            | O | R  |    |     |

**INFORMATION ON MARRIAGES**

| Number                 | Duration | Nature | Dowry | Dissolu-<br>tion | NUMBER OF CHILDREN |   |           |   |      |   | DM | N  | DO | MD | LB |
|------------------------|----------|--------|-------|------------------|--------------------|---|-----------|---|------|---|----|----|----|----|----|
|                        |          |        |       |                  | Live-born          |   | Surviving |   | Dead |   |    |    |    |    |    |
|                        |          |        |       |                  | B                  | G | B         | G | B    | G |    |    |    |    |    |
| 1                      |          |        |       |                  |                    |   |           |   |      |   |    |    |    |    |    |
| 2                      |          |        |       |                  |                    |   |           |   |      |   |    |    |    |    |    |
| 3                      |          |        |       |                  |                    |   |           |   |      |   |    |    |    |    |    |
| 4                      |          |        |       |                  |                    |   |           |   |      |   |    |    |    |    |    |
| Out of wedlock . . . . |          |        |       |                  |                    |   |           |   |      |   |    | LB |    | SV |    |
| TOTAL . . . .          |          |        |       |                  |                    |   |           |   |      |   |    | B  | G  | B  | G  |

**EVENTS WHICH OCCURRED DURING THE LAST TWELVE MONTHS**

| LIVE-BORN CHILDREN |      |     |   |           |   |            | NB                     | NG |  |
|--------------------|------|-----|---|-----------|---|------------|------------------------|----|--|
| Number             | Name | Sex |   | Birthdate |   | Dead since | If dead, date of death |    |  |
|                    |      | B   | G | M         | Y |            |                        |    |  |
| 1                  |      |     |   |           |   |            |                        |    |  |
| 2                  |      |     |   |           |   |            |                        |    |  |
| 3                  |      |     |   |           |   |            |                        |    |  |
| Total              |      |     |   |           |   |            |                        |    |  |

**DEATHS OF CHILDREN DURING THE LAST TWELVE MONTHS**

| Number | Name | Sex |   | Y | Age |   | Date of death | Observations | DB  | DG  |
|--------|------|-----|---|---|-----|---|---------------|--------------|-----|-----|
|        |      | B   | G |   | M   | D |               |              | AB1 | AB2 |
| 1      |      |     |   |   |     |   |               |              |     |     |
| 2      |      |     |   |   |     |   |               |              |     |     |
| 3      |      |     |   |   |     |   |               |              |     |     |

Control :

DEMOGRAPHIC SAMPLE SURVEY IN WEST CAMEROON

APPENDIX TO FORM D 8

CLASSIFICATION OF THE CAUSES OF DEATH

- Is the death due to: Code No
- an accident ? \_\_\_\_\_ I
  - an aggression by an animal, venomous or not? \_\_\_\_\_ 2
  - an injury caused by someone else (manslaughter)? \_\_\_\_\_ 3
  - a suicide? \_\_\_\_\_ 4
  - a sudden death (a death that is not due to any of the above causes, but which was not preceded by a disease)? \_\_\_\_\_ II
  - a disease? If so:
    - does it concern a woman who died in child-bed? 5
    - had the patient stomach-ache ?
      - If so, with diarrhoea ? \_\_\_\_\_ 6
      - If so, without diarrhoea ? \_\_\_\_\_ 7
    - If not,
    - Was the patient breathless ?
      - If so, without coughing, but with swollen legs legs ? \_\_\_\_\_ IO
      - If so, with coughing and after a short illness ? \_\_\_\_\_ 8
      - If so, with coughing and after a long illness? 9
    - Was it difficult for the patient to urinate or did he suffer when urinating ? \_\_\_\_\_ I2
    - was the white of his or her eyes yellow ?
      - If so, after a short illness ? \_\_\_\_\_ I3
      - If so, after a long illness ? \_\_\_\_\_ I4
    - Was the patient swollen in one or several SPOTS on or inside his body? \_\_\_\_\_ I5
    - Was the patient feverish ?
      - If so, with coughing and a short illness ? \_\_\_\_\_ 8
      - If so, with coughing and a long illness ? \_\_\_\_\_ 9
      - If so, with a rash on his skin ? \_\_\_\_\_ I6
      - If so, with an extremely strong and prolonged headache and stiffness of his neck ? \_\_\_\_\_ I7

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