Questionnaire

メタデータ	言語: en
	出版者:
	公開日: 2009-04-28
	キーワード (Ja):
	キーワード (En):
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URL	http://hdl.handle.net/10502/1865

8 Questionnaire(質問紙)

Q. 1:	Name:		(Ethnic group:)
Q. 2:	Birth Place:	District	Region	
Q. 3:	How long have you been in this	s village?		

Q. 4: Are you married or single?

Q. 5: If so, number of wives:

Q. 6: When were you married?

Q. 7: Ethnic group your wives:

Q. 8: Was your marriage customary or contracted?

Q. 9: How many people are living in your household?

Q.10: Are you responsible for feeding them?

Family	Name	Sex	Age	Status
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

O.11:	Did	you	go	to	school?

Q.12: If so, how many years did you stay in the school?

Q.13: Which languages do you speak?

Q.14a: What is your occupation?

Q.14b: What is your secondary occupation?

Q.14c: How large is your farm?

Q.15: What are you cultivating now?

1. Yam	2. Cassava	3. Millet	4. Sweet potato
5. Corn	6. Onion	7. Banana	8. Coffee
9. Cocoa	10. Bean	11. Cola	12. Tobacco
13. Oil palms	14. Vegetable		

Q.16:	Besides these cultivated plants, do you utilize any non-cultivated plants as pot herbs								
	1.	2.	3.	4.	5.				
Q.17:	What domestic a	nimals do you	have?						
	1. Cow	2. Goat	3.Sheep	4.Chicken	5. Pig				
	6. Pigeon	7.Other domes	stic animals						
Q.18:	Do you eat any v	vild animals?							
Q.19:	If so, what animals?								
Q.20:	How much cash income do you have in one year?								
Q.21:	How do you earn your cash?								
Q.22:	Whom do you de	epend on when	you have no mo	oney?					
Q.23:	If you have a sic	k person in you	ır family, what o	lo you first?					
	(Self medication	on/buy drug/tra	ditional healer/	modern hospital/Ot	ther (specify)				
Q.24:	Do you use any t	raditional med	icine?						
Q.25:	If you use any tra	aditional medic	ine, tell me the	most useful plants	in treatment?				
	1.	2.		3.					
	4.	5.		6.					
	7.	8.		9.					
	10.								
Q.26:	How much do yo	ou spend for me	edical care for y	our family in a yea	r?				
Q.27:	To which hospita	ıl have you sen	t any of your sid	ck family?					
Q.28:	Which water do	you drink? We	ll/River/Rain wa	ater/Cistern/Pump					
Q.29:	Do you boil water	er before you di	rink it?						
Q.30:	What did you eat	for your lunch	yesterday?						
Q.31:	What did you eat	for your suppe	er last night?						
Q.32:	What did you eat	for your break	fast?						
Q.33:	What do you drin	nk as beverage?	?						
Q.34:	How often do yo	u drink alcohol	lic drink?						
Q.35:	What alcoholic d	rinks do you d	rink? Bear/Wine	e/Palm wine/Others	S				
Q.36:	What is your bes	t food on festiv	e occasions?						
Q.37:	When do you eat	your best food	1?						
Q.38:	Do you use any latrine in the house/community latrine?								
Q.39:	If not, where do you defecate?								
Q.40:	Do you wash your hands after defecation?								
Q.41:	Do you use any soap when you wash your hand?								
0.42:	How often do you have diarrhea in one month?								

- Q.43: Do you have any means of transportation?
- Q.44: Do you have watch?
- Q.45: Do you have radio?
- Q.46: Do you have a tape recorder?
- Q.47: What do you religion?
- Q.48: What do you think is the most terrible disease?
- Q.49: Do you stay with your husband (or wife)?
- Q.50: Do you feed your family?
- Q.51: What is the cost of feeding?
- Q.52: Do you live with your children?
- Q.53: What is your housing arrangement?

 Neolocal or Matrilocal, others (specify)
- Q.54: What type of vegetables do you eat (specify) ?
- Q.55: When you have upset stomach, do you treat your self?
- Q.56: If you treat yourself, specify the herbal plants (medicine)
- Q.57: If you go to a traditional healer, specify the type of herbal plants?
- Q.58: When you have frequent stools, which type of food do you eat?
- Q.59: When you have constipation, which type of food do you eat?