

# HOUSEHOLD SURVEYS DURING MULTIPLE CRISES

**MODIFYING QUESTIONNAIRES TO ASSESS THE IMPACT OF SHOCKS**

Ivette Contreras, Gbemisola Oseni, Amparo Palacios-Lopez and Raka Banerjee

May 2023



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May 2023

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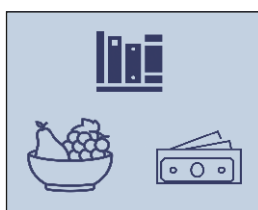
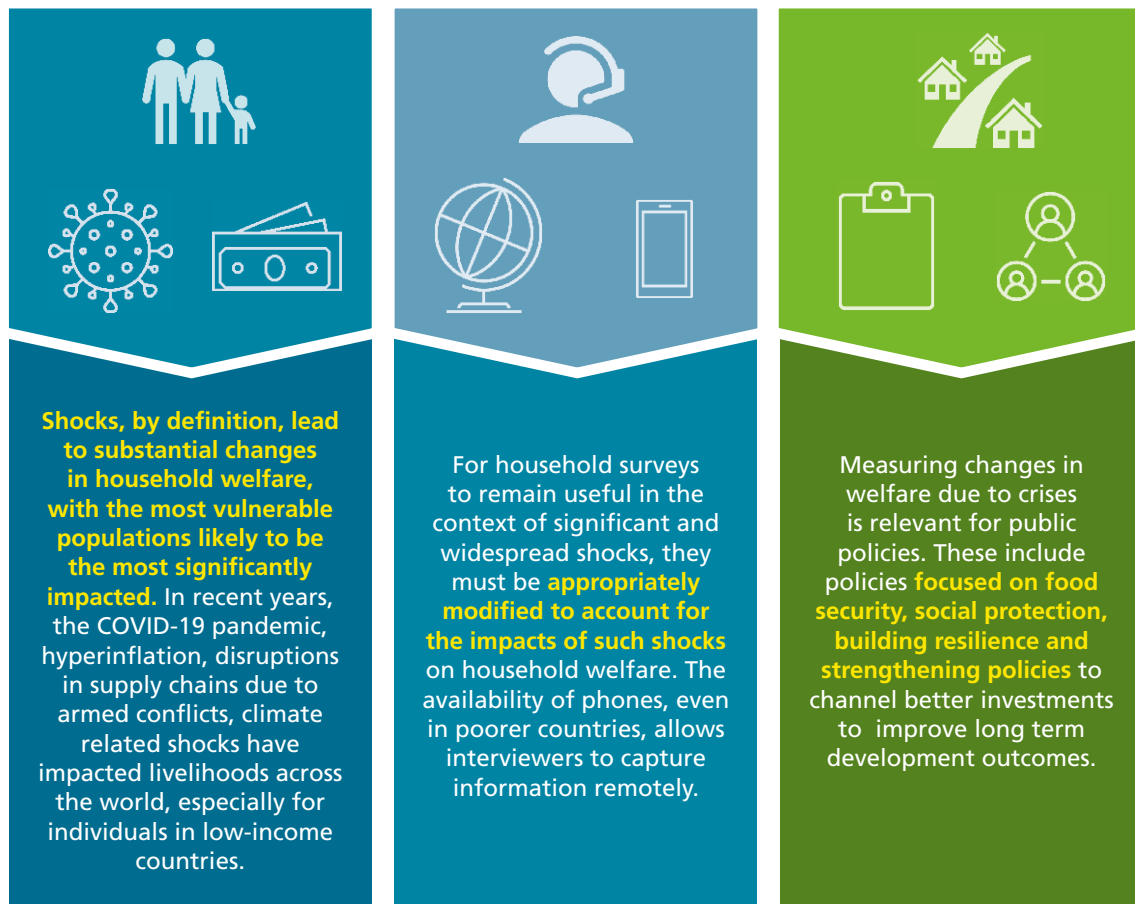
## **PART A**

# **Introduction**

Beyond the COVID-19 pandemic, the world has experienced multiple global crises in the last few years. As countries adapt to a new normal, multi-topic household surveys should also be adapted to account for the impacts of shocks on household welfare. By reviewing the standard household survey questionnaires included in the guidebook, [Capturing What Matters: Essential Guidelines for Designing Household Surveys](#), we provide technical guidance on issues to consider when reviewing, designing, or updating questionnaires for household surveys during or after a major shock – relying on lessons learned from the World Bank’s Living Standards Measurement Study program.



**Figure 1. Modifying Household Surveys to Assess the Impact of Shocks**



**Welfare is a complex, multidimensional concept that is best measured through household surveys.**

Understanding welfare can go beyond collecting simple measurements of household income or consumption, to understanding other dimensions, such as, a household’s level of education, food consumption, health, household enterprises, agricultural production, nutrition, asset ownership, and climate change mitigation strategies, and much more. To this end, multi-topic household surveys may incorporate an extensive range of customizable modules collecting data on common topic areas, such as, demographics, education, and health, alongside a host of other specialized issues, such as, migration, climate change, disability, and conflict. Furthermore, household surveys rely on sampling strategies that facilitate data collection on a wide variety of populations, allowing for the collection of information that is representative at the national level and for multiple sub-populations of interest.

**Shocks, by definition, lead to substantial changes in household welfare, with the most vulnerable populations likely to be the most significantly impacted.** As of this writing, the COVID-19 pandemic – one of the most significant global shocks seen in the last century – has affected the lives and livelihoods of people across the globe. No household, sector, or nation has remained untouched by the pandemic and for many households, especially those in low-income countries, the impact has been dire. The pandemic led to a cascade of shocks for households. Deaths in the family, school closures, and job losses have severely disrupted household conditions since the onset of the pandemic. Many households experienced loss of income, others were forced to adapt by adding members to the labor force to increase income or by reducing their consumption of basic goods (The World Bank Group - UNICEF, 2022). In addition, crucial social services have been disrupted or rendered more difficult to access, and gender-based violence has been on the rise (Shalini & Tushar, 2020; The World Bank, 2020; De Paz Nieves, Gaddis, & Muller, 2021).



**The global community has experienced multiple global crises in recent years.** In addition to the pandemic, the war in Ukraine, inflation at levels not seen since the 1970s, and natural disasters have all disrupted the global supply chain and altered the state of household welfare around the world (The World Bank Group, 2022). All these have served to exacerbate the situation in several countries that regularly experience shocks (Hoogeveen, Rossi, & Sansone, 2017). While at any given time, individual households may experience shocks such as job loss, bereavement, or a health emergency, shocks on a larger scale could have severe consequences for the welfare of a community, country and even the world (Heltberg, Oviedo, & Talukdar, 2015).

**For household surveys to remain useful in the context of significant and widespread shocks, they must be appropriately modified to account for the impacts of such shocks on household welfare.** Adapting household surveys to account for significant shocks requires changes and additions to how the questions are asked, the possible response options, and even the mode of data collection. For example, to minimize disruptions to data collection during the COVID-19 pandemic, many countries changed their mode of data collection from face-to-face surveys to phone surveys, allowing for a more direct and timely analysis of developments in dynamic, rapidly changing situations. In addition, different shocks can be transmitted to households through multiple channels, therefore, when designing questionnaires to capture the impacts of shocks, it is important to understand the transmission mechanisms. Furthermore, the design of specific questions about a recent shock should be worded with consideration given that household members may still be suffering from the consequences of the shock.

**Phone Surveys elicit real-time information remotely, at low cost and are particularly well-suited for data collection purposes during shocks.** The relative ubiquity of mobile phones, even in poorer countries, is such that it is generally possible to collect data from a representative sample of the population<sup>1</sup>. A major downside of this method is the time constraint: a phone interview can last up to 30 minutes at best before fatigue sets in for the respondent, while face-to-face surveys can last 90 minutes or more. The recommended time limit in phone surveys, to prevent respondent fatigue, only allows for the administration of a limited number of questions and therefore adversely impacts comprehensive data collection.



**Face-to-face household survey data collection remains the best approach for high quality welfare data, especially for low- and middle-income countries.**<sup>2</sup> While phone surveys are useful in the absence of the former, this method has a few additional disadvantages when compared to face-to-face surveys. Beyond time constraints, phone surveys also run the risk of selection bias driven by the segment of the population that owns a phone. In addition, phone surveys prevent the interviewer from ascertaining whether the respondent is the targeted participant, and unlike with face-to-face data collection, interviewers conducting phone surveys are unable to observe the respondent's body language and other visual cues that may indicate the respondent's understanding of the question. They are also unable to ask complex and detailed questions or use probe mechanisms, as is common in face-to-face surveys (Zezza, McGee, Wollburg, Assefa, & Gourlay, 2022; Gourlay, Kilic, Martuscelli, Wollburg, & Zezza, 2021).

**Measuring changes in welfare due to a crisis is relevant for public policies.** The first step in customizing responses is assessing the differentiated impacts of a shock, and this technical note is a guide on how to adapt household surveys to better account for the impacts of different crises. This note is aligned with the [World Bank Group's Global Crises Response Framework](#) that includes 4 pillars:

- i. *Responding to Food Insecurity* through immediate crisis response to provide urgent support and avoid long-term derailment of development prospects;
- ii. *Protecting People and Preserving Jobs* to help mitigate the medium- to long-term impact of crises;

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<sup>1</sup> For more information see The World Bank (2023) Guidelines on Conducting Emergency Phone Surveys – Pacific Observatory.

<sup>2</sup> Standard questionnaires and guidelines about household surveys can be found in Capturing What Matters: Essential Guidelines for Designing Household Surveys (World Bank 2021)

- iii. *Strengthening Resilience* to be better prepared for future crises and challenges; and
- iv. *Strengthening Policies, Institutions and Investments for Rebuilding Better* to utilize the opportunities the crises provide to improve long term development outcomes (The World Bank Group, 2022).

Indicators related to these four pillars can be measured using household surveys, which can be designed to collect information during a crisis, assess how the crisis is affecting livelihoods and how the households cope when faced with different shocks.

**This note offers guidance on how household surveys can be modified to account for the impacts of major shocks.** We provide technical guidance on issues to consider when reviewing, designing, or updating questionnaires for household surveys during or after a major shock, relying on lessons learned from four decades of household survey expertise through the World Bank's Living Standards Measurement Study program. This note takes into consideration the standard questionnaires and guidelines included in the guidebook [Capturing What Matters: Essential Guidelines for Designing Household Surveys](#) and provides guidance on how to modify the survey modules to better assess crises impacts.

**Improving survey implementation to account for shocks should not be only a priority when a shock hits a country.** During non-crisis times, survey practitioners can invest in improving crisis readiness via the adaptability of household survey operations. For example, ensuring that the household database is regularly updated with current phone numbers and other relevant information for when the need arises (as seen during the pandemic when phone surveys became the most feasible approach to collecting information on household welfare).

The remainder of this note is organized as follows: Section B describes modifications to core household survey modules and Section C presents additional modules that should be considered for incorporation as appropriate, depending on the shock and the analytical needs.





## **PART B**

# **Modifications to core household survey modules: incorporating questions and response options related to shocks into standard questionnaires**

This section discusses additional questions or response options that can capture changes in household conditions following the occurrence of a major shock, such as, a public health emergency (for example COVID-19 and Ebola emergencies), armed conflict, inflation, a natural disaster, inter alia. The recently released publication [Capturing What Matters: Essential Guidelines for Designing Household Surveys](#) presents a recommended household survey questionnaire format based on the core questionnaire modules from the World Bank's Household Survey Protocol. Using the same list of modules, Table 1 below provides a summary of the proposed changes, which are presented in detail in the text that follows.

**Table 1.** Suggested modifications to core questionnaire modules for household surveys

Section Number	Module	Modifications?	Shock-related topics/indicators to be included	Pillar in the WBG Global Crises Response Framework
0.	Household Identification	No	No changes	
1.	Household Roster	Yes	<ul style="list-style-type: none"> <li>Members that joined or left the household for reasons related to the shock</li> </ul>	Pillar 2 Protecting People and Preserving Jobs
2.	Education	Yes	<ul style="list-style-type: none"> <li>School-age members not attending school due to school closures related to the shock</li> <li>School dropouts</li> <li>Classes missed</li> <li>Additional questions regarding internet use</li> </ul>	Pillar 2 Protecting People and Preserving Jobs
3.	Health and Disability	Yes	<ul style="list-style-type: none"> <li>Illness related to the shock</li> <li>Access to health services</li> <li>Stress and mental health</li> </ul>	Pillar 3 Strengthening Resilience
4.	Labor/ Employment	Yes	<ul style="list-style-type: none"> <li>Household members that stopped working, lost jobs, or changed jobs due to the shock</li> </ul>	Pillar 2 Protecting People and Preserving Jobs
5.	Household Enterprises	Yes	<ul style="list-style-type: none"> <li>Non-farm enterprises that stopped, slowed, or changed focus due to the shock</li> </ul>	Pillar 2 Protecting People and Preserving Jobs
6.	Non-Labor Income	No	No changes	
7.	Durable Goods/Assets <sup>3</sup>	No	No changes	Pillar 3 Strengthening Resilience
8.	Credit/Savings	Yes	<ul style="list-style-type: none"> <li>Reasons for applying for new loans that are related to the shock</li> </ul>	Pillar 4 Strengthening Policies, Institutions and Investments for Rebuilding Better
9.	Food Consumption	No	No changes	Pillar 1 Responding to Food Insecurity
10.	Non-Food Expenditures	No	No changes	Pillar 1 Responding to Food Insecurity



<sup>3</sup> Changes in assets are captured in the shocks' module.

Section Number	Module	Modifications?	Shock-related topics/indicators to be included	Pillar in the WBG Global Crises Response Framework
11.	Housing	Yes	<ul style="list-style-type: none"> <li>Additional questions regarding internet access</li> </ul>	Pillar 4 Strengthening Policies, Institutions and Investments for Rebuilding Better
12.	Food Security	No	No changes	
13.	Social Protection Programs	Yes	<ul style="list-style-type: none"> <li>Household eligibility for and use of programs designed to mitigate impacts of the shock</li> </ul>	Pillar 1 Responding to Food Insecurity
14.	Shocks and Coping Strategies	Yes	<ul style="list-style-type: none"> <li>Inclusion of the current or past shock(s) of relevance</li> </ul>	Pillar 3 Strengthening Resilience
15.	Land Tenure	No	No changes	

These additional questions and/or changes by module are described in detail in the following subsections and incorporated into the modules included in Annex 1 of this technical note. The modules build on the different sections included in the [Essential Guidelines](#). Please note that the reference number of the questions match the ones presented in Annex 1. The modules are also available in an excel version available online. As detailed in the Essential Guidelines, all text written in UPPERCASE (capital) letters are either instructions to the interviewer or response options and codes and these should not be read to the respondent. Text written in lowercase (small) letters should be read directly to the respondent. Note that this includes all response options that are written in lowercase letters.



## Module 1: Household Roster



The household roster collects information about household composition and the demographics of household members. See Annex 1 for the recommended location within the questionnaire of the suggested questions.

**Proposed Modification 1A:** To collect information about shock-related reasons for moving to the current place of residence, as shown in question 23b.

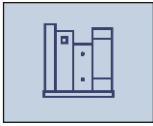
Depending on the context and the focus of the survey, there could be multiple shock-related reasons of interest included, such as “INFLATION”, “COVID-19 PANDEMIC RESTRICTIONS”, “ARMED CONFLICT”, “FOOD PRICE INCREASES”, inter alia. This question should be asked to all household members that have moved to the current household location in recent years. While the most common time frame is five years, survey designers should adapt this period to match their data needs. The shock-related option(s) should be only enabled/valid for household members that moved to the current place of residence since the shock(s) began.

If there is a need to identify household members that moved into the household since the crisis/shock started, consider including question 23c, which captures whether the household member joined the household due to the specific shock at the time of the survey adjustment (referred to here as [SHOCK]).

23b.	
What was [NAME]’s main reason for moving to the current place of residence in the last 5 years?	
TO LOOK FOR WORK .....	1
OTHER INCOME REASONS .....	2
DROUGHT, FLOOD, OR OTHER WEATHER-RELATED REASON .....	3
EVICTION .....	4
OTHER LAND-RELATED PROBLEM .....	5
ILLNESS, INJURY .....	6
DISABILITY .....	7
EDUCATION .....	8
MARRIAGE .....	9
DIVORCE .....	10
TO ESCAPE INSECURITY .....	11
RETURN HOME FROM DISPLACEMENT .....	12
FOLLOW/JOIN FAMILY .....	13
[INSERT ADDITIONAL SHOCK-RELATED REASON] .....	14
OTHER, SPECIFY .....	15

23c.	
Did [NAME] join the household since the beginning of the [SHOCK]	
YES .....	1
NO .....	2

## Module 2: Education



The education module collects information about literacy, educational attainment, and school attendance of household members.

**Proposed Modification 2A:** To capture information on school-age household members that have never attended or are not currently attending school due to the shock (questions 6 and 12). The education module usually captures information for all household members 5 years and older.

The shock-related options in question 6 (response options 14 and 15) should only be enabled/valid for household members that should have started school for the first time during the shock, based on the relevant age threshold for the country in which the survey is being conducted.

6. What was the main reason [NAME] never attended school?	12. Why is [NAME] not currently attending school?
TOO YOUNG ..... 1	HAD ENOUGH/COMPLETED SCHOOLING..... 1
TOO FAR AWAY ..... 2	AWAITING ADMISSION ..... 2
TOO EXPENSIVE..... 3	NO SCHOOL/LACK OF TEACHERS ..... 3
WORKING (HOME OR JOB)..... 4	NO TIME ..... 4
LACK OF MONEY..... 5	NO INTEREST..... 5
DEATH OF PARENT(S)..... 6	LACK OF MONEY ..... 6
SEPARATION OF PARENTS..... 7	MARITAL OBLIGATION ..... 7
DID NOT HAVE INTEREST..... 8	SICKNESS..... 8
PARENTS DO NOT THINK IT IS IMPORTANT ..... 9	DISABILITY ..... 9
PARENTS OPPOSED TO SCHOOL..... 10	SEPARATION OF PARENTS..... 10
ILLNESS..... 11	DEATH OF PARENTS ..... 11
DISABILITY ..... 12	TOO OLD TO ATTEND ..... 12
CONFLICT (MILITANCY/ INSURGENCY) ..... 13	DOMESTIC OBLIGATION..... 13
SCHOOL CLOSED DUE TO [SHOCK] ..... 14	CONFLICT (MILITANCY/INSURGENCY) ..... 14
WORRIED ABOUT RISK OF [SHOCK]..... 15	PREGNANCY ..... 15
OTHER (SPECIFY)..... 96	TOO YOUNG ..... 16
	SCHOOL CLOSED DUE TO [SHOCK] ..... 17
	WORRIED ABOUT RISK OF [SHOCK]..... 18
	OTHER, SPECIFY..... 96



**Proposed Modification 2B:**

To confirm whether school-age household members were attending school before the shock occurred (9b). For global shocks, the onset month may vary across countries. This question is applicable for all household members 5 years and older that have ever attended school.

9b. Was [NAME] attending school in person before [MAJOR SHOCK ONSET MONTH/YEAR]?
YES ..... 1 NO ..... 2

**Proposed Modification 2C:** To capture the number of classes missed during the last week and to identify the main reason for this. Please note that question 13b should be asked to all household members 5 years and older currently attending school.

13b. During the last week [MONDAY-SUNDAY] that school was open for lessons, either in-person or virtual, how many days did [NAME] miss?	13c. Why did [NAME] miss the lessons?
CAPI/INTERVIEWER: CHECK THAT NUMBER OF DAYS <= MAXIMUM NUMBER OF DAYS PER WEEK WITH LESSONS	NO SCHOOL OPEN NEARBY/LACK OF TEACHERS..... 1 SICK .....2 NO TIME/NO INTEREST .....3 LACK OF MONEY .....4 GOT MARRIED/MARITAL OBLIGATION.....5 DEATH OF PARENTS .....6 DOMESTIC OBLIGATIONS.....7 CONFLICT (MILITANCY/INSURGENCY) .....8 GOT JOB/WAS WORKING.....9 NATURAL DISASTER .....10 NO INTERNET FOR VIRTUAL LESSONS.....11 OTHER [SHOCKS] .....12 OTHER (SPECIFY) .....96

**Proposed modification 2D:** To understand why household members do not have access to the internet at home. This question is recommended to be included in Section 2b that captures information on technology access.

8. Why does [NAME] not have access to the internet at home?
SELECT ALL APPLICABLE  COST OF HAVING A DEVICE TO ACCESS THE INTERNET IS TOO HIGH .....1 COST OF INTERNET ACCESS/DATA PACKAGES IS TOO HIGH .....2 LACK OF KNOWLEDGE OR SKILLS TO USE INTERNET/PHONES .....3 PRIVACY OR SECURITY CONCERNS .....4 QUALITY OF ACCESS IS TOO LOW.....5 NO COVERAGE .....6 NOT INTERESTED .....7 OTHER, SPECIFY .....96

**Proposed modification 2E:** To capture information about the frequency of internet use, as well as the limitations to accessing the internet more frequently. Questions 10 and 11 are collected for individuals that previously answered that they have access to the internet.

<p>10. How often does [NAME] use the internet?</p>	<p>11. What limitations prevent [NAME] from using the internet more frequently?</p>
<p>Every day..... 1 A few times a week.....2 A few times a month .....3 Less than once a month.....4 Never .....5</p>	<p>SELECT ALL APPLICABLE</p> <p>NOTHING, NO LIMITATION .....1 HIGH COST OF INTERNET .....2 ISSUES WITH MY PHONE, TABLET OR COMPUTER.....3 WORRIED ABOUT GETTING A VIRUS/MALWARE.....4 WORRIED ABOUT GETTING TRACKED/SURVEILLED .....5 I FIND IT DIFFICULT TO USE.....6 NOT ALLOWED TO USE IT MORE (FAMILY, SPOUSE, PARENTS) .....7 LACK OF CONTENT IN MY LANGUAGE .....8 OTHER, SPECIFY .....96</p>

## Module 3: Health



The health and disability module collects information on health conditions, expenditures on health care, barriers to health care access and disabilities.

**Proposed Modification 3A:** To determine whether the household members needed health services or medical treatment but were not able to access them. Questions 2b-2d are collected at the individual level.

<p>2b. Has [NAME] needed health services/medical treatment since the beginning of the [SHOCK]?</p> <p>YES ..... 1 NO .....2 ▶ Q3</p>	<p>2c. Was [NAME] able to access the health services/ medical treatment the last time [NAME] needed it?</p> <p>YES ..... 1 ▶ Q3 NO ..... 2</p>	<p>2d. What was the main reason why [NAME] was not able to access the health services or medical treatment needed?</p> <p>LACK OF MONEY ..... 1 NO MEDICAL PERSONNEL AVAILABLE ..... 2 TURNED AWAY BECAUSE FACILITY WAS FULL ..... 3 DUE TO MOVEMENT RESTRICTIONS ..4 WORRIED ABOUT RISK OF [SHOCK]...5 OTHER (SPECIFY) .....96</p>
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**Proposed Modification 3B:** To account for the specific shock-related illness suffered by household members (Question 6). The health module collects information for all household members.

Question 6 should be posed only to household members that have reported an illness or injury in the last 4 weeks. Here, we include COVID-19 as an example; however, any relevant illness related to the shock of interest should also be included.

<p>6. What type of illness/injury did [NAME] suffer most during the last 4 weeks?</p> <p>SELECT UP TO TWO IN ORDER OF SEVERITY</p>	
<p>MALARIA ..... 1 TB .....2 YELLOW FEVER.....3 TYPHOID .....4 CHOLERA .....5 DIARRHEA.....6 MENINGITIS.....7 CHICKEN POX .....8 PNEUMONIA .....9 COMMON COLD ..... 10 COVID-19 ..... 11 INJURY .....12 HYPERTENSION.....13 OTHER (SPECIFY) .....96</p>	<p>FLU ..... 14 CATARRH..... 15 COUGH..... 16 HEADACHE ..... 17 DIABETES ..... 18 GUINEA WORM ..... 19 DYSENTERY.....20 SCABIES.....21 RINGWORM .....22 HEPATITIS B .....23 ULCER/STOMACH PAIN ..... 24 EYE PROBLEM.....25 TOOTH PROBLEM.....26 BODY PAINS.....27</p>
1ST	2ND

**Proposed Modification 3C:** To measure mental health issues after a relevant shock. We propose including the module below to assess the mental health of the household member using a version of the Center for Epidemiological Studies- Depression or CES-D test.<sup>4</sup> This module has been included as module S3B in Annex 1.

CODE	Now I want to ask you about some of the ways you may have felt or behaved in the last 7 days.	
	During the last 7 days, how many days [...]	Days (0-7)
1	... Were you disturbed by things that don't normally bother you?	
2	... Did you have trouble concentrating on what you were doing?	
3	... Did you feel depressed?	
4	... Did you feel that everything you did was a burden?	
5	... Were you hopeful about the future?	
6	... Did you feel afraid?	
7	... Was your sleep restless?	
8	... Were you happy?	
9	... Did you feel lonely?	
10	... Did you feel like not getting up in the morning?	

<sup>4</sup> Jamison *et al.* (2018) discusses an application of this test in Nigeria.

## Module 4: Labor

The labor module captures information about the labor activities of the household members.

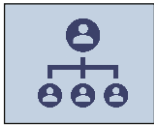


**Proposed Modification 4A:** To identify whether the household members lost their job or stopped working due to the major shock, as well as the months in which they did not work. Note that for global shocks, the month of onset will vary across countries. The list of months in Question 5 should be adapted by country based on the onset of the shock. Question 6 ascertains whether the household member had to reduce their usual working hours due to the shock. These questions have been included as module S4C in Annex 1.

<p>4. Did you lose your job or stop working due to [SHOCK] that started in [MAJOR SHOCK ONSET MONTH/YEAR]?</p>	<p>5. In which month(s) did you not work due to [SHOCK]? (if D1=1)</p>	<p>6. Did you have to reduce your usual working hours due to [SHOCK] that started in [MAJOR SHOCK ONSET MONTH/YEAR]?</p>
<p>YES ..... 1 NO ..... 2 ▶ Q6</p>	<p>March 2020 ..... 1 April 2020 ..... 2 May 2020 ..... 3 June 2020 ..... 4 July 2020 ..... 5 August 2020 ..... 6 September 2020 ..... 7 October 2020 ..... 8 November 2020 ..... 9 December 2020 ..... 10 January 2021 ..... 11 February 2021 ..... 12 March 2021 ..... 13 April 2021 ..... 14</p>	<p>YES ..... 1 NO ..... 2</p>

## Module 5: Household Enterprises

This module captures the characteristics of household enterprises.



**Proposed Modification 5A:** To determine whether the household had a non-farm enterprise that shut down due to the shock. The household enterprises module has two sections, one at the household level and the other at the enterprise level. The module at the household level works as a screener to determine if there is any household enterprise with any activity in the last 12 months. The module at the enterprise level collects information for all the businesses done by all household members in the last 12 months. We propose two ways to achieve this goal:

- ▶ Adjusting the reference period to start from before the onset of the shock and capturing the list of enterprises that the household had administered since the shock began, even if these activities are not currently ongoing. For example, for the case of the COVID-19 pandemic, the recommended reference time was January 2020.
- ▶ Keeping the enterprise-level module using a reference period of 12 months and including a question to determine whether the household had any enterprise before the shock and. If there is a yes in any line (lines 14-21), then questions 22 and 23 should be asked to understand if any of the activities stopped since the start of the shock and the main reason for that. Question 24 seeks to quantify any changes in the revenue from sales compared to a month before the shock.

		Since [REFERENCE MONTH BEFORE THE SHOCK], has anyone in your household... YES ..... 1 NO ..... 2
14.	... owned a non-agricultural business or provided a non-agricultural service, either from home or from a household-owned shop? Examples include owning a carwash, metal worker, mechanic, carpenter, tailor, barber, etc.	
15.	... sold any <i>processed products derived from PURCHASED</i> crops, livestock, fishing, or forest products? This means raw materials that were not grown, raised, fished, or foraged/collected by your household, but instead were purchased by your household and then processed for sale. Examples include flour, juice, beer, jam, oil, seed, fish filets, cured meats, wicker baskets, etc.	
16.	... owned a trading business on a street or in a market?	
17.	... offered any service or hawked/sold anything on a street or in a market? Includes firewood, home-made charcoal, curios, construction timber, traditional medicine, mats, bricks, furniture, weave baskets, thatch grass, etc.?	
18.	... offered professional services, from home or from an office, as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc.?	





		Since [REFERENCE MONTH BEFORE THE SHOCK], has anyone in your household... YES ..... 1 NO ..... 2
19.	... offered transportation or moving services as a driver of a household-owned or rented taxi, motorbike, or truck?	
20.	... owned a bar, restaurant, or food stand?	
21.	...owned any other non-agricultural business, even if it is a small activity run from home or on a street?	

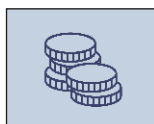
22. Did the household stop any of these activities since [major shock] that started in [MAJOR SHOCK ONSET MONTH/YEAR]? (IF THERE IS ANY YES RESPONSE IN LINES 2-9 IN E1)	23. Why did the household stop any of these activities? (IF E2=1) (MULTIPLE RESPONSES MAY APPLY)	24. Compared to [REFERENCE TIME BEFORE THE SHOCK] are the revenue from sales from the non-farm family business... READ OPTIONS
YES ..... 1 NO ..... 2 ▶ Q14	LEGAL PROBLEMS..... 1 COULD NOT OBTAIN INPUTS ..... 2 LACK OF DEMAND ..... 3 LOW PROFITS..... 4 COULD NOT OBTAIN CREDIT ..... 5 TOO MUCH DEBT ..... 6 SECURITY ISSUES ..... 7 DEATH/SICKNESS OF OWNER..... 8 CONFLICT (MILITANCY/INSURGENCY) ..... 9 ADDITIONAL [SHOCK]-RELATED REASON ..... 10 OTHER, SPECIFY ..... 96	Higher ..... 1 The same..... 2 Less ..... 3 No revenue ..... 4

**Proposed Modification 5B:** To assess the specific challenges that non-farm enterprises face due to the shock. We recommend including question 11b to shed light on the most relevant challenges that enterprises are currently facing.

11b Has the activity you or your household operate faced any of the following challenges due to the [major shock]? READ OUT OPTIONS AND RECORD Y/N RESPONSE YES ..... 1 NO ..... 2						
Difficulty buying and receiving supplies and inputs to run the business	Difficulty raising money for the business	Difficulty repaying loans or other debt obligations	Difficulty paying rent for business location	Difficulty paying workers	Difficulty selling goods or services to customers	Other difficulty (SPECIFY)

## Module 8: Savings and Credit

This section collects savings and credit information at the individual level, allowing for intra-household analysis.



### Proposed Modification 8A:

To identify whether new loan applications are motivated by shock-related income loss. This question is intended to be included in the credit module at the loan level.

14.	What was the main reason for applying for this loan?
	PURCHASE LAND .....1
	PURCHASE INPUTS FOR FOOD CROP.....2
	PURCHASE INPUTS FOR CASH CROP .....3
	PURCHASE LIVESTOCK .....4
	CEREMONIES (MARRIAGE, BURIAL, OTHER SOCIAL FUNCTIONS).....5
	EDUCATION .....6
	MOTOR VEHICLE PURCHASE .....7
	HOME PURCHASE OR CONSTRUCTION.....8
	OTHER HOUSEHOLD CONSUMPTION.....9
	HEALTH EXPENSES.....10
	COPING WITH INCOME LOSS DUE TO [SHOCK].....11
	OTHER, SPECIFY.....96

## Module 11: Housing

The housing module collects information on access to electricity, drinking water source and the type of dwelling.



**Proposed Modification 11A:** To include more detailed questions about internet access. Shocks can often affect mobility and thereby, internet access. In the [Essential Guidelines](#), questions related to internet or mobile

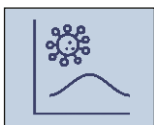
phone access are collected at the individual level in the education and technologies section. We recommend also including this set of questions (28b and 28c) at the household level in the housing module.

<p>28b Do you have internet (WiFi) in the household? DO NOT INCLUDE ACCESS TO THE INTERNET USING MOBILE PHONES</p> <p>YES ..... 1 NO ..... 2</p>	<p>28c How much does your household typically pay for internet (WiFi)?</p> <p>TIME UNIT</p> <p>DAILY ..... 1 WEEKLY ..... 2 FORTNIGHTLY ..... 3 MONTHLY ..... 4 QUARTERLY ..... 5 YEARLY ..... 6</p>
	<p>AMOUNT</p> <p>UNIT</p>

---

## Module 14: Shocks and Coping Strategies

This standard module assesses whether the household experienced shocks over a specified time period and what their coping mechanisms were.



**Proposed Modification 14A:** To identify whether the household has been directly affected by the major shock of interest (COVID-19, armed conflict, inflation, among others). The standard shocks and coping strategies module captures information on the various shocks a household may have experienced in the last 12 months. We suggest changing the reference period to the month and year of the relevant major shock and to incorporate two additional shocks: increase in price of oil and fuel and disruptions in farming/livestock activities.



## **PART C**

# **Additional modules to be considered**

In addition to the core questionnaire modules discussed in Section B, the following modules are also recommended to be considered for household surveys. These additional modules are included in Annex 1 of this guidebook and are also available in an excel version available online.

**Table 2.** Additional modules

Section Number	Module	Description	Pillar in the WBG Global Crises Response Framework
1B.	Absentees	This module creates a roster of former household members and their reasons for leaving the household	Pillar 2 Protecting People and Preserving Jobs
16.	Access to Essential Goods	This module collects information about the availability of essential goods and the main reasons why a household has not been able to get the item	Pillar 1 Responding to Food Insecurity
17.	Climate shocks	This module provides in-depth information about shocks related to climate and households' expectations about future shocks	Pillar 3 Strengthening Resilience
18.	Economic Sentiments	The module captures information on the economic situation of the household, the economic situation of the country, consumer prices, major household purchases and extreme weather shocks	Pillar 4 Strengthening Policies, Institutions and Investments for Rebuilding Better
19.	Food prices	This is a module to capture changes in key food items that are usually consumed by households	Pillar 1 Responding to Food Insecurity
20.	Government responses to [SHOCK]	This module collects information about satisfaction regarding government responses to different shocks	Pillar 4 Strengthening Policies, Institutions and Investments for Rebuilding Better
21.	COVID-19 vaccine history, hesitancy, and information sources	This module captures information on COVID-19 vaccination for household members 5 years and older. It includes questions about the motivations of those who made the decision to get vaccinated, as understanding this motivation is as important as understanding vaccine hesitancy when considering how to improve future vaccine rollouts and uptake.	Pillar 3 Strengthening Resilience
22.	Subjective Well-being	The module captures perceptions regarding the adequacy of the household's food consumption, housing, clothing, and health care.	Pillar 4 Strengthening Policies, Institutions and Investments for Rebuilding Better

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# Appendices

## Appendix A. Model household survey questionnaire

### Using this questionnaire

This questionnaire is designed in accordance with the LSMS Guidebook, “General Guidelines for Designing Household Surveys”. This overview is a supplement to the guidebook and focuses on the design and layout of the questionnaire content; it does not summarize or replace the contents of the guidebook, which should be referred to for detailed guidance [link: [LSMS General Guidelines](#)]. The questionnaire content can be tailored to meet the specific survey’s needs, but comparability should be maintained to the greatest extent possible.

In addition to the guidance provided here, the model questionnaire includes notes for survey designers (that is, those deciding the context and content of the survey) as well as programmers (that is, those formatting and preparing the questionnaire for implementation, whether on paper or in CAPI). These notes should be taken into consideration during the planning process and removed before the questionnaire is shared with enumerators and used in the field.

### General edits throughout the questionnaire

**Selecting questions.** As questions are often interdependent from the perspective of survey analysis, adding and/or removing questions should be based on careful review of the survey analysis requirements. Any changes should also be carefully reviewed in the context of the flow of the entire section, ensuring that skip patterns and references are also updated. The sample module is based on the recommendations in the General Guidelines. In some cases, optional questions are provided that may allow for further analysis and more context on the section topics.



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These optional questions are sorted into two types:

- ▶ **Strongly encouraged:** These are questions that are beyond the minimum requirement for the analysis and calculations detailed in the guidebook, but are nevertheless common and allow for greater understanding of the collected data. Throughout the model questionnaire, these are coded in lavender and labeled E/O (strongly encouraged, but optional).
- ▶ **Optional, per survey demands:** These are questions that are often included and may be of interest depending on the needs of the survey and the country context. Throughout the model questionnaire, these are coded in light orange and labeled OCC (optional, depending on country/survey context).

The following notes apply to all questionnaire sections:

- ▶ **Item lists.** All item lists – other income sources, assets, food items, social assistance types, and so on – include example items and must be tailored to the country and survey needs in consultation with experts.
- ▶ **Currency.** Replace all occurrences of CURRENCY with the name of the local currency (such as NAIRA, DOLLAR, PESO, etc.).
- ▶ **Household members as response options.** Several questions ask the respondent to identify household members that conduct or are responsible for specific activities. For these questions, when using paper-and-pen interviewing (PAPI), allow space to report at least three possible household members per question. When using CAPI, the best option is to revise the question instruction to “List all” and design the response as a multi-select drop-down menu of all (age-appropriate) household members, from which the interviewer can select each household member reported by the respondent.
- ▶ **Page formatting.** Pages are formatted for reviewing the document. However, if the survey will be implemented using PAPI, the font size as well as space for writing responses should be increased.

## Section 2 – Education

**Reference period.** In most cases, the appropriate reference period will be the current school year, although there are potential exceptions. The goal for this section is to collect consistent schooling data across all households (that is, all households are asked about the same reference period) while minimizing the household reporting burden.

- ▶ If the survey is taking place at the **beginning of a new school year**, it may be better to ask detailed information on the previous school year, as the respondent will likely have a better understanding of the details and costs of a complete year that has recently ended relative to one just beginning. In this case, we recommend the following question structure:
  - ▶ Q10 – Q13: Ask as written in the model questionnaire.
  - ▶ ADD A NEW QUESTION: Did NAME attend school during the previous [20XX/20XX] school year?
  - ▶ Change all subsequent questions to refer to the recently completed school year instead of the current one.
- ▶ Likewise, if the survey is taking place **between school years**, information should be collected on the recently completed school year. In this case, the same questions can be revised as follows:
  - ▶ Q10. Did NAME attend school during the [20XX/20XX] school year?
  - ▶ Q12. Why did NAME not attend school?
  - ▶ Q13. In what level was NAME enrolled during the recent [20XX/20XX] school year?
  - ▶ Change all subsequent questions to refer to the recently completed school year instead of the current one.
- ▶ Consistency matters. If the survey will span different phases of the school year, survey designers should weigh their options regarding reference period and must agree on ONE reference period to be used throughout the survey.

**Education expenditures** should be reported for each item individually, or at least by grouping categories of expenses.

- ▶ Collecting data at the item-level is strongly recommended. To do so, for Q21 & Q22, ask individually about items labeled A through T. Items A through M as well as O are highly recommended. Delete the row of item groupings labeled i through xii.
- ▶ For surveys that will ask about expense by grouping categories, for Q21 & Q22, ask about each grouping labeled i through xii. In this case, delete the row of items labeled A through T.

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## Section 3 – Health

**Labor impact.** While not central to health and wellness calculations, Q7, Q8, and Q28 are highly encouraged for calculations regarding labor impact.

**Treated bednets.** Q29 – Q32 are strongly recommended for countries where malaria is a common health risk. They are only labeled as optional because malaria is not prevalent in some regions.

**Anthropometry.** Q33 – Q39 are a sample of an extremely brief child anthropometry module. For more details on this topic and for more detailed questionnaire examples, see <http://mics.unicef.org/tools>,

## Section 4B – Own-use production of goods

The International Labor Organization recommends collecting data on all forms of work, including own-use production of goods (which is not classified as employment under current guidelines). Section 4B is an example of how such data may be collected. The questions can be asked as an extension of Section 4 or as a separate section (as shown here).

## Sections 5A & 5B – Household enterprises

Section 5A contains filter questions used to establish whether any of the activities conducted by the household qualify as non-farm enterprises (commonly known as household or family enterprises) for the purpose of this survey. Any households that report Yes to any of the activities in Q2 through Q9 will complete Section 5B for each activity.

## Section 7 – Assets

The item list for this section should be tailored to the country where the survey is being conducted. If the item list will be used to calculate the overall asset wealth of households, expand the list to include the most commonly owned assets as well as any high-priced assets (even if not commonly owned) to allow for ranking households by assets. Alternatively, the list can be used to create an asset index to rank households by quintiles or deciles, for example. In this case, the item list does not need to be an exhaustive list of all potential household assets – rather, it should include key items across

all price ranges to help rank household wealth. Allowing for up to two additional items to be reported at the household's discretion (using an "Other, specify" response option) will help capture any significant items that may be overlooked. Items frequently reported as "Other, specify" should be evaluated for inclusion in future iterations of the survey.

## Sections 8 & 8B – Savings & credit and credit detail

Section 8 collects savings and credit information at the individual level, allowing for intra-household analysis. Section 8 Q9 through Q14 ask about loans at the individual level (that is, each person is asked about the loans for which they applied) with details collected on one loan per person. Section 8B collects additional details specifically on loans at the loan level (that is, information is collected about each loan taken out by the household, identifying the household members who were applicants). Section 8B provides more detailed loan information and should be used if such information is explicitly requested by stakeholders. **IMPORTANT NOTE:** Data on loans should not be collected using both modules. When implementing Section 8B, the last question asked in S8 (which will become S8A) will be Q11.

## Section 12 – Food security

This section is based on FAO's Food Insecurity Experience Scale (FIES), which requires that the set of questions are asked in their entirety. They can be asked at the overall household level (as shown here) or at the individual level, asked once for each adult household member. It is important that this section is NOT asked directly before or after the food consumption sections. There are two recommended options for the reference period for FIES:

- ▶ For SDG monitoring, a 12-month reference period is recommended, as it controls for possible seasonal changes in food security, thus improving comparability across countries and/or national regions with different environmental and climatic zones.
- ▶ A 30-day reference period can be used if the survey is conducted continuously across the year and time stratified, or if the intent is to collect FIES scores only during one specific month.

For further guidance, see <http://www.fao.org/in-action/voices-of-the-hungry/en/>.

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color code for questions that are E/O: STRONGLY ENCOURAGED BUT OPTIONAL
color code for questions that are OCC: OPTIONAL, DEPENDS ON COUNTRY/SURVEY CONTEXT
color code for questions that are ASR: ADDITIONAL SHOCK-RELATED QUESTIONS

<b>BRIEF DEFINITION OF A HOUSEHOLD:</b>
<p>1. A household is a group of people who have usually slept in the same dwelling and share their meals together. Examples of households are:</p> <ul style="list-style-type: none"> <li>• A man and his wife and children, father/mother, nephew, and other relatives.</li> <li>• A single person.</li> <li>• A couple or several couples living together, with or without children.</li> </ul>
<p>2. All listed persons that have been away from the household for more than six months are not considered to be household members except:</p> <p>The person identified as the head of household even if he or she has not been with the household for more than 6 months</p> <ul style="list-style-type: none"> <li>• Newly born (or newly adopted) children</li> <li>• Students and seasonal workers who have not been living in or as part of another household</li> <li>• New spouses</li> </ul>

[SPACE FOR SURVEY HEADER]

**SECTION 0: COVER PAGE**

*[Adjust to reflect country-specific listing information]*  
**Household Questionnaire**

*THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.*

	<b>CODE</b>	<b>NAME</b>
1. DISTRICT:	<input type="text"/>	.....
2. ENUMERATION AREA:	<input type="text"/>	.....
3. PLACE / VILLAGE NAME:		.....
4. HOUSEHOLD ID (FROM LIST):	<input type="text"/>	
5. NAME OF HOUSEHOLD HEAD:		.....
6. ENUMERATOR CODE:	<input type="text"/>	
7. ENUMERATOR NAME:	.....	
8. INTERVIEW DATE AND TIME:	<b>DATE</b>	<b>START</b>
	<b>END</b>	
Attempt 1	<input type="text"/>	<input type="text"/>
Attempt 2	<input type="text"/>	<input type="text"/>
Attempt 3	<input type="text"/>	<input type="text"/>
	HH MM	HH MM
9. Did a household member give consent to be interviewed?	YES ..... 1	<input type="text"/>
	NO ..... 2 ▶ 11	
10. Name of member that gave consent:	.....	
11. Is it possible to start the interview?	YES ..... 1 ▶ 13	<input type="text"/>
	NO ..... 2	
12. Reason why the household cannot be interviewed.	<input type="text"/>	▶ END OF INTERVIEW
13. GPS COORDINATES OF THE DWELLING (to be collected outside the dwelling):		
LATITUDE (N)	<input type="text"/>	LONGITUDE (E)
	<input type="text"/>	<input type="text"/>

**ENUMERATOR:** IF YOU FIND THE HOUSEHOLD AND SOMEONE IS ANSWERING THE DOOR, INTRODUCE YOURSELF AND ATTEMPT TO SEEK OUT A COMPETENT RESPONDENT. A COMPETENT RESPONDENT MUST BE X YEARS OF AGE OR OLDER AND MUST HAVE KNOWLEDGE OF THE HOUSEHOLD AND ITS ACTIVITIES.

TO CONFIRM CONSENT TO BEGIN THE INTERVIEW, READ THE FOLLOWING TEXT.

*Country-specific text. Mention the following:*

- i) Institution responsible for the survey*
- ii) Survey objectives and household selection protocol*
- iii) Confidentiality of the information collected during the interview*
- iv) Profile of the most appropriate respondent for this survey*
- v) Request explicit oral consent to be interviewed, noting that this does not obligate them to answer any or all of the questions (though it would be very appreciated if they do).*

**CODES FOR Q 12**

REFUSED.....	1
NO COMPETENT RESPONDENT AT TIME OF THE VISIT .....	2
NONE AT HOME FOR AN EXTENDED AMOUNT OF TIME .....	3
HOUSEHOLD MOVED TO ANOTHER VILLAGE/TOWN/DISTRICT .....	4
HOUSEHOLD MOVED TO A NEIGHBORING COUNTRY .....	5
HOUSEHOLD MOVED TO UNKNOWN LOCATION .....	6
HOUSEHOLD NOT FOUND .....	7
DWELLING DESTROYED .....	8
OTHER (SPECIFY) .....	96

SECTION 1A: HOUSEHOLD ROSTER												
ID CODE	1.	2.	3.	4.		CODED E/O	6.	CODED OCC				
	NAME  MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.  (CONFIRM THAT HOUSEHOLD HEAD HERE IS THE SAME AS HOUSEHOLD HEAD LISTED ON COVER.)"	What is the sex of [NAME]?  MALE.....1 FEMALE.....2	What is [NAME]'s relationship to the head of household?  HEAD..... 1 WIFE/HUSBAND ..... 2 CHILD/ADOPTED CHILD..... 3 GRANDCHILD..... 4 NIECE/NEPHEW..... 5 MOTHER/FATHER..... 6 SISTER/BROTHER..... 7 SON/DAUGHTER-IN-LAW ..... 8 BROTHER/SISTER-IN-LAW ..... 9 GRANDFATHER/MOTHER ..... 10 FATHER/MOTHER-IN-LAW ..... 11 OTHER RELATIVE ..... 12 SERVANT OR SERVANT'S RELATIVE ..... 13 LODGER/LODGER'S RELATIVE ..... 14 OTHER NON-RELATIVE..... 15	How old is [NAME]?  IF 5 YEARS AND OVER, RECORD YEARS ONLY.  IF LESS THAN 5 YEARS IN AGE, RECORD YEARS AND MONTHS.	YEARS	MONTHS	In what year was [NAME] born?  CHECK CONSISTENCY WITH AGE IN Q4.	YEAR (YYYY)	During the past 12 months (since MONTH/ YEAR), how many months has [NAME] been away from this household?	CUMULATIVE MONTHS	How many days did [NAME] eat in this household in the past 7 days?	NUMBER OF DAYS
1												
2												
3												
4												
5												
6												
7												
8												

FOR A COMPLETE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:

First, give me the names of all the members of your **immediate family** who normally live and eat their meals together here. WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HH HEAD. LIST THE HOUSEHOLD HEAD ON LINE 1.

Next, give me the names of any **other persons related to you or other household members** who normally live and eat their meals together here.

Are there any other people not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling?

Next, give me the names of any **other persons not related to you or other household members**, but who normally live and eat their meals together here, such as servants, lodgers, or others who are not relatives.

**DO NOT LIST SERVANTS WHO HAVE A HOUSEHOLD ELSEWHERE, AND GUESTS WHO ARE VISITING TEMPORARILY AND HAVE A HOUSEHOLD ELSEWHERE.**

*USE A SECOND QUESTIONNAIRE IF NEEDED TO COLLECT ALL NAMES.*



**SECTION 1A: HOUSEHOLD ROSTER**

		CODED E/O	CODED OCC						CODED E/O	CODED E/O	
ID CODE	8.	9.	10.	10 alternate						11.	12.
	CAPI/ENUMERATOR CHECK: IS THIS PERSON 12 YEARS OR OLDER?  YES ..... 1 NO ..... 2	What is [NAME]'s present marital status?  MONOGAMOUS/MARRIED .... 1 POLYGAMOUS/MARRIED ..... 2 NON-FORMAL UNION ..... 3 SEPARATED ..... 4 DIVORCED ..... 5 WIDOW OR WIDOWER ..... 6 NEVER MARRIED ..... 7	Is the spouse of [NAME] living in the household? If so, write the ID Code of the spouse.  IF NOT LIVING IN THE HH, USE CODE 00	Is the spouse of [NAME] living in the household? WRITE ID CODE OF ALL CURRENT SPOUSES. IF SPOUSE DOES NOT LIVE IN HH, USE CODE 00 In what year did [NAME] get married to [SPOUSE]? IF RESPONDENT DOES NOT KNOW, CALCULATE USING AGE OF SPOUSE AT MARRIAGE						Does the biological father of [NAME] live in the household?  YES ..... 1 NO ..... 2 ▶ Q13	What is the PID of [NAME]'s biological father?  ▶ Q16
				FIRST SPOUSE		SECOND SPOUSE		THIRD SPOUSE			
		CODE	ID CODE	ID CODE	YEAR	ID CODE	YEAR	ID CODE	YEAR		COPY ID FROM ROSTER
1											
2											
3											
4											
5											
6											
7											
8											

SECTION 1A: HOUSEHOLD ROSTER							
	CODED OCC	CODED OCC	CODED OCC	CODED E/O	CODED E/O	CODED OCC	CODED OCC
	13.	14.	15.	16.	17.	18.	19.
<b>ID CODE</b>	Is [NAME]'s biological father alive?  YES ..... 1 NO ..... 2	What was the highest educational level completed by [NAME'S] biological father?  [INSERT HERE COUNTRY-SPECIFIC EDUCATION CODES FROM PRESENT AND PAST.]	What was/is the industry of occupation of [NAME'S] biological father? AGRICULTURE .....1 MINING .....2 MANUFACTURING .....3 PROFESSIONAL, SCIENTIFIC, TECHNICAL ACTIVITIES .....4 ELECTRICITY .....5 CONSTRUCTION .....6 TRANSPORTATION .....7 BUYING AND SELLING .....8 FINANCIAL SERVICES .....9 PERSONAL SERVICES .....10 EDUCATION .....11 HEALTH .....12 PUBLIC ADMINISTRATION .....13 OTHER, SPECIFY .....14 NEVER WORKED .....15	Does the biological mother of [NAME] live in the household?  YES ..... 1 NO ..... 2 ▶ Q18	What is the ID of [NAME]'s biological mother?  ▶ Q22	Is [NAME]'s biological mother alive?  YES ..... 1 NO ..... 2	What was the highest educational level completed by [NAME'S] biological mother?  [INSERT HERE COUNTRY-SPECIFIC EDUCATION CODES FROM PRESENT AND PAST.]  CODE
		ID CODE			COPY ID FROM ROSTER		
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							

**SECTION 1A: HOUSEHOLD ROSTER**

	CODED OCC	CODED OCC	CODED E/O	CODED E/O	CODED ASR	CODED ASR	CODED ASR
	20.	21.	22.	23.	23a	23b	23c
<b>ID CODE</b>	What was/is the industry of occupation of [NAME]'s biological mother?	What is [NAME]'s main religion? CHRISTIAN..... 1 ISLAM..... 2 HINDU..... 3 FOLK RELIGION..... 4 LOCAL RELIGION..... 5 ATHEIST/NOT RELIGIOUS... 6 OTHER(SPECIFY)..... 7	In which district/ country was [NAME] born?  INSERT NATIONAL DISTRICT CODES AS WELL AS A CODE FOR "IN ANOTHER COUNTRY". INCLUDE CODES FOR A FEW SPECIFIC OTHER COUNTRIES IF OF INTEREST.	How many years has [NAME] lived in this place/village?  REFERS TO CURRENT HH LOCATION.  IF LESS THAN ONE YEAR, RECORD 00.  IF HERE SINCE BIRTH, RECORD 100 ▶ <b>NEXT PERSON</b>	CAPI/ENUMERATOR: IS Q23 IS 5 YEARS OR LESS?  YES..... 1 NO..... 2 ▶ Q24	What was [NAME]'s the main reason for moving to the current place of residence in the last 5 years?  TO LOOK FOR WORK..... 1 OTHER INCOME REASONS..... 2 DROUGHT, FLOOD, OR OTHER WEATHER-RELATED REASON.... 3 EVICTION..... 4 OTHER LAND-RELATED PROBLEM..... 5 ILLNESS, INJURY..... 6 DISABILITY..... 7 EDUCATION..... 8 MARRIAGE..... 9 DIVORCE..... 10 TO ESCAPE INSECURITY..... 11 RETURN HOME FROM DISPLACEMENT..... 12 FOLLOW/JOIN FAMILY..... 13 [INSERT ADDITIONAL SHOCK-RELATED REASON]..... 14 OTHER, SPECIFY..... 15	Did [NAME] join the household since the beginning of the [SHOCK]  YES..... 1 NO..... 2
	<b>1</b>						
	<b>2</b>						
	<b>3</b>						
	<b>4</b>						
	<b>5</b>						
	<b>6</b>						
	<b>7</b>						
	<b>8</b>						

**Designer Note:**  
Q22-Q25 can be used to collect migration data when a more extensive migration section is not included.

SECTION 1A: HOUSEHOLD ROSTER				
	CODED E/O	CODED E/O	CODED OCC	CODED OCC
	24.	25.	26.	27.
ID CODE	In which district/country did [NAME] live before moving to the current place of residence?  INSERT NATIONAL DISTRICT CODES AS WELL AS A CODE FOR "IN ANOTHER COUNTRY". INCLUDE CODES FOR A FEW SPECIFIC OTHER COUNTRIES IF OF INTEREST.	What was the main reason for moving to the current place of residence?  TO LOOK FOR WORK ..... 1 OTHER IMCOME REASONS ..... 2 DROUGHT, FLOOD, OR OTHER WEATHER-RELATED REASON..... 3 EVICTION..... 4 OTHER LAND-RELATED PROBLEM..... 5 ILLNESS, INJURY ..... 6 DISABILITY ..... 7 EDUCATION ..... 8 MARRIAGE ..... 9 DIVORCE ..... 10 TO ESCAPE INSECURITY ..... 11 RETURN HOME FROM DISPLACEMENT .... 12 FOLLOW/JOIN FAMILY..... 13 OTHER, SPECIFY ..... 14	In which district/country did [NAME] live <b>5 years ago</b> ?  INSERT NATIONAL DISTRICT CODES AS WELL AS A CODE FOR "IN ANOTHER COUNTRY". INCLUDE CODES FOR A FEW SPECIFIC OTHER COUNTRIES IF OF INTEREST.	In how many places such as another village, town, or country, did [NAME] live during <b>the last 5 years</b> ?  IF Q22 AND 26 REFER TO THE SAME VILLAGE AND RESPONDENT LIVED IN NO OTHER PLACES, RECORD 1
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			

**Designer Note:**

Q22-Q25 can be used to collect migration data when a more extensive migration section is not included.

**SECTION 1B: ABSENTEE ROSTER (NON-HOUSEHOLD MEMBERS THAT WERE PART OF THE HOUSEHOLD BEFORE)**

0a. Has any person that was part of the household moved away (to another state, city, country) in the last 10 years (NOT A CURRENT HH MEMBER)?  
 (e.g. move to another State for a job, got married and moved to a different city, moved to another country to study)

YES ..... 1  
 NO ..... 2 ▶ NEXT SECTION

Please list the names of all the persons who moved away (to another state, city, country) in the last 10 years.

MIGRANT ID	1.	2.	3.	4.	5.
	NAME  PLEASE LIST THE NAMES OF ALL HOUSEHOLD MEMBERS WHO NO LONGER LIVE IN THIS HH.	What is [NAME]'s sex?	What is [NAME]'s current age (IN COMPLETED YEARS)?  IF LESS THAN 1 YEAR, RECORD "0"	What is [NAME]'s relationship to the current household head?  DO NOT READ OPTIONS SPOUSE .....02 OWN CHILD .....03 STEP CHILD .....04 ADOPTED CHILD .....05 GRANDCHILD .....06 BROTHER/SISTER .....07 NIECE/NEPHEW .....08 SON-IN-LAW/DAUGHTER-INLAW.....16 BROTHER/SISTER-IN-LAW .....09 PARENT .....10 PARENT-IN-LAW .....11 DOMESTIC HELP (RESIDENT) .....12 OTHER RELATION (SPECIFY ) .....14 OTHER NON-RELATION (SPECIFY) .....15 FORMER SPOUSE .....17	When did [NAME] leave this household?
			YEARS		YEAR (YYYY)

**SECTION 1B: ABSENTEE ROSTER (NON-HOUSEHOLD MEMBERS THAT WERE PART OF THE HOUSEHOLD BEFORE)**

	6.	7.	8.	9.
<b>MIGRANT ID</b>	Where does [NAME] currently live?	In which country is [NAME] currently living?	In which STATE is [NAME] currently living?	Why did [NAME] leave the household?
	ELSEWHERE WITHIN THE SAME STATE .....2 ▶ Q9	SELECT COUNTRY NAME FROM THE LIST OF COUNTRIES	SELECT STATE NAME FROM THE LIST OF STATES	VISIT/MOVED TO LIVE WITH RELATIVES/FRIENDS ..... 1
	IN ANOTHER STATE BUT IN THE SAME COUNTRY .....3 ▶ Q8	UNITED KINGDOM ..... 1		GO TO STUDY ..... 2
	ABROAD (OUTSIDE THE COUNTRY) .....4	GERMANY ..... 2		MARRIAGE ..... 3
	DOES NOT KNOW .....99 ▶ Q9	HOLLAND ..... 3		FAMILY QUARREL ..... 4
		ITALY ..... 4		DIVORCE ..... 5
	UNITED STATES OF AMERICA ..... 5		SEASONAL WORK ..... 6	
	CANADA ..... 6		LOOK FOR/START NEW JOB OR BUSINESS ..... 7	
	SOUTH AFRICA ..... 7		LOOK FOR NEW/BETTER LAND TO FARM ..... 8	
	CAMEROON ..... 8		TO RECEIVE HEALTH CARE ..... 9	
	NIGER ..... 9		ARMED CONFLICT ..... 10	
	BENIN ..... 10		GENERAL VIOLENCE, HUMAN RIGHTS VIOLATION ..... 11	
	GHANA ..... 11		ENVIRONMENTAL/NATURAL DISASTER (E.G. FLOOD, DROUGHT, HURRICANE, EARTHQUAKE) ... 12	
	CHINA ..... 12		HUMAN-MADE DISASTER (E.G. FIRE, CHEMICAL OR NUCLEAR DISASTER) ..... 13	
	JAPAN ..... 13		HEALTH CRISIS (E.G. EBOLA, MARBURG DISEASE, COVID-19) ..... 14	
	SAUDI ARABIA ..... 14		OTHER (SPECIFY) ..... 96	
	EGYPT ..... 15			
	AUSTRALIA ..... 16			
	OTHER (SPECIFY) ..... 96			
	▶ Q9			

**SECTION 2A: EDUCATION**

**FOR ALL HOUSEHOLD MEMBERS 5 YEARS OLD OR OLDER, PLEASE ASK THE INDIVIDUAL THE FOLLOWING QUESTIONS.**

		CODED E/O				CODED E/O	
1.		2.		3.		4.	
5.		6.		7.			
<b>INDIVIDUAL ID</b>	CAPI/ENUMERATOR: IS THIS PERSON 5 YEARS OLD OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE PROXY RESPONDENT	Can [NAME] read or write in any language?	Has [NAME] ever attended school?	What was the main reason [NAME] never attended school?	At what age did [NAME] start school?
	YES ..... 1 NO ..... 2 ▶ NEXT PERSON	YES ..... 1 ▶ Q4 NO ..... 2		YES ..... 1 NO ..... 2	YES ..... 1 if age<20 ▶ Q7 if age>=20 ▶ Q8 NO ..... 2 ▶ Q6	TOO YOUNG ..... 1 TOO FAR AWAY ..... 2 TOO EXPENSIVE ..... 3 WORKING (HOME OR JOB)..... 4 LACK OF MONEY ..... 5 DEATH OF PARENT(S) ..... 6 SEPARATION OF PARENTS ..... 7 DID NOT HAVE INTEREST ..... 8 PARENTS DO NOT THINK IT IS IMPORTANT ... 9 PARENTS OPPOSED TO SCHOOL ..... 10 ILLNESS ..... 11 DISABILITY ..... 12 CONFLICT (MILITANCY//INSURGENCY) ..... 13 SCHOOL CLOSED DUE TO [SHOCK] ..... 14 WORRIED ABOUT RISK OF [SHOCK] ..... 15 OTHER (SPECIFY) ..... 14  ALL RESPONSES ▶ NEXT PERSON	
			ID CODE				AGE
	1						
	2						
	3						
	4						
	5						
6							
7							

SECTION 2A: EDUCATION					
	CODED E/O			CURRENT SCHOOL YEAR	
	8.	9.	9b	10.	11.
	What is the highest level [NAME] has completed?	What is [NAME]'s highest qualification attained?	Was [NAME] attending school in person before [MAJOR SHOCK ONSET MONTH/YEAR]?	Is [NAME] currently attending school (the 20xx/20xx school year)?	CAPI/ENUMERATOR: IS THE RESPONDENT [XX] YEARS OR YOUNGER?
	PRESCHOOL .....01    UNIV.1 .....31	NONE.....1	YES ..... 1	IF SCHOOL IS ON A REGULARLY SCHEDULED BREAK, BUT [NAME] WAS ATTENDING PRIOR TO THE BREAK, RECORD YES.	YES ..... 1
	P1.....11    UNIV.2 .....32	FSLC.....2	NO ..... 2		NO ..... 2 ▶ NEXT PERSON
	P2.....12    UNIV.3 .....33	MSLC .....3			
	P3.....13    UNIV.4 .....34	JSS .....5			
	P4.....14    UNIV.5+ .....35	SSS 'O LEVEL' .....6			
	P5.....15	A LEVEL.....7		YES ..... 1 ▶ Q13	
	P6.....16    TRAINING COLLEGE	VOC/COMM CERTIFICATE.....8		NO ..... 2	
	JS1 .....21    TC YR.1.....41	VOC/COMM DIPLOMA .....9			
	JS2 .....22    TC YR.2.....42	NCE/OND NURSING .....10			
	JS3 .....23    TC YR.3.....43	BA/BSC/HND .....11			
	SS1 .....24    TC YR.4.....44	PHD/MASTERS.....12			
	SS2 .....25	DOCTORATE.....13			
	SS3 .....26	OTHER (SPECIFY) .....14			
1					
2					
3					
4					
5					
6					
7					

**Designer Note:**  
For Q11, Replace XX with the upper age limit for expected secondary schooling age in the survey country (for example, 14 or 16, etc.).



**SECTION 2A: EDUCATION**

INDIVIDUAL ID	12.	13.	13b	13c
		Why is [NAME] not attending school this school year?  HAD ENOUGH/COMPLETED SCHOOLING..... 1 AWAITING ADMISSION ..... 2 NO SCHOOL/LACK OF TEACHERS ..... 3 NO TIME ..... 4 NO INTEREST..... 5 LACK OF MONEY ..... 6 MARITAL OBLIGATION ..... 7 SICKNESS..... 8 DISABILITY ..... 9 SEPARATION OF PARENTS..... 10 DEATH OF PARENTS ..... 11 TOO OLD TO ATTEND ..... 12 DOMESTIC OBLIGATION ..... 13 CONFLICT (MILITANCY/INSURGENCY) ..... 14 PREGNANCY ..... 15 TOO YOUNG..... 16 SCHOOL CLOSED DUE TO [SHOCK] ..... 17 WORRIED ABOUT RISK OF [SHOCK]..... 18 OTHER, SPECIFY..... 96  ANSWER THEN ▶ Q25	In what level is [NAME] enrolled this 20XX/20XX school year?  INSERT NEW CODES	During the last week [MONDAY-SUNDAY] that school was open for lessons, either in-person or virtual, how many days did [NAME] miss?  CAPI CHECK that number of days <= maximum number of days per week with lessons  DAYS=0 ▶ Q14
		LEVEL	DAYS	
1				
2				
3				
4				
5				
6				
7				

SECTION 2A: EDUCATION							
INDIVIDUAL ID	14.	15.	16.	[EDUCATION EXPENDITURES]		CODED OCC	CODED OCC
	What kind of organization runs the school that [NAME] is currently attending?	What means does [NAME] use to get to school?	How much time does it take [NAME] to get to school? (IN MINUTES) REPORT TIME ONE WAY (NOT ROUND TRIP)  TIME CODE 0-15 ..... 1 16-30 ..... 2 31-45 ..... 3 46-60 ..... 4 61-90 ..... 5 91-120 ..... 6 120+ ..... 7	17.	18.	19.	20.
	FEDERAL GOVT ..... 1 STATE GOVT ..... 2 LOCAL GOVT ..... 3 COMMUNITY ..... 4 RELIGIOUS BODY ..... 5 PRIVATE ..... 6 NGO ..... 7 OTHER(SPECIFY) ..... 8	BOARDING ..... 1 ▶ Q17 WALKING ..... 2 BUS ..... 3 TRAIN ..... 4 BICYCLE ..... 5 MOTORCYCLE ..... 6 CAR ..... 7 OTHER, SPECIFY ..... 9		Does [NAME] have a scholarship for the current school year?  YES ..... 1 NO ..... 2 ▶ Q21	What is the amount of the scholarship [NAME] receives for the current school year?  CURRENCY	How many years does the scholarship cover?  YEARS	From which organization, did [NAME] receive the scholarship for the current school year?  FEDERAL GOVT ..... 1 STATE GOVT ..... 2 LOCAL GOVT ..... 3 COMMUNITY ..... 4 RELIGIOUS BODY ..... 5 PRIVATE ..... 6 NGO ..... 7 OTHER(SPECIFY) ..... 8
1							
2							
3							
4							
5							
6							
7							

**SECTION 2A: EDUCATION**

[EDUCATION EXPENDITURES]					
21.					
How much did your household spend <b>monthly</b> for [NAME] on education during the 2017/2018 school year for each of the following items? RECORD <b>MONTHLY</b> AMOUNTS. IF THERE WAS NO EXPENDITURE, WRITE '0'					
INDIVIDUAL ID	i. Ancillary fees (boarding, canteen, transport, health services)		ii. Other teaching materials	iii. School meals and transport purchased outside educational institutions	
	A. School canteen fees	B. Fees for transport organized by the school	C. Other REQUIRED purchases, NOT TEXTBOOKS OR TEACHING MATERIALS (such as a computer, extra books, athletic equipment, material for arts lessons, or other school-related expenses specific to the country)	D. Transportation to and from school not organized by the school"	E. School meals purchased outside school
1					
2					
3					
4					
5					
6					
7					

**Designer Note:**

For Q21 & Q22, it is strongly recommended to collect data at the level of DETAILED(header labels A through T). However, data should be collected AT LEAST at the GROUP LEVEL(headers i through xii). Delete the row of headers not being used.

**SECTION 2A: EDUCATION**

22.								
During the current school year, how much will your household spend IN TOTAL for [NAME]'s education on the following items? Please include amounts already spent for the current school year as well as those you expect to spend for the rest of this CURRENT school year. IF THERE WAS NO EXPENDITURE FOR A GROUP, WRITE '0' FOR THAT GROUP IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN RECORD THE AGGREGATE EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN COLUMN T OR XII, NOT ALLOCABLE. FIRST, MAKE EVERY EFFORT TO OBTAIN EXPENSES BY CATEGORY. FILL IN ANY CATEGORIES POSSIBLE, AND RECORD ANY AMOUNT THAT CANNOT BE BROKEN DOWN IN COLUMN T OR XII, NOT ALLOCABLE.								
INDIVIDUAL ID	iv. Tuition and other fees (exam, registration, etc)		v. Other contributions to school (PTA, SMC, school fund, in-kind contributions)				vi. Ancillary fees (boarding, canteen, transport, health services)	
	G. Tuition fees	H. Exam, registration and other official fees	I. PTA, SBMC and other association fees	J. Development levy or payment for construction, maintenance or other school funds	F. Gift or donation to teacher (cash or in-kind)?	K. Gift or donation to school (cash or in-kind)?	L. School boarding fees	M. Fees for health services
1								
2								
3								
4								
5								
6								
7								

**Designer Note:**  
 For Q21 & Q22, it is strongly recommended to collect data at the level of DETAILED(header labels A through T). However, data should be collected AT LEAST at the GROUP LEVEL(headers i through xii). Delete the row of headers not being used.

**SECTION 2A: EDUCATION**

		CODED OCC		CODED OCC		
<b>22.</b>						
<p>During the current school year, how much will your household spend IN TOTAL for [NAME]'s education on the following items? Please include amounts already spent for the current school year as well as those you expect to spend for the rest of this CURRENT school year.</p> <p>IF THERE WAS NO EXPENDITURE FOR A GROUP, WRITE '0' FOR THAT GROUP</p> <p>IF THE RESPONDENT CANNOT DIVIDE SCHOOL EXPENSES INTO VARIOUS CATEGORIES, THEN RECORD THE AGGREGATE EDUCATION EXPENDITURE FOR THE INDIVIDUAL IN COLUMN T OR XII, NOT ALLOCABLE. FIRST, MAKE EVERY EFFORT TO OBTAIN EXPENSES BY CATEGORY. FILL IN ANY CATEGORIES POSSIBLE, AND RECORD ANY AMOUNT THAT CANNOT BE BROKEN DOWN IN COLUMN T OR XII, NOT ALLOCABLE.</p>						
<b>INDIVIDUAL ID</b>	vii. Uniforms and other school clothing	viii. Textbooks and other teaching materials (stationery, etc.)	ix. Private tutoring	x. Additional (OPTIONAL) books, computer, or learning software to be used at home in support of formal schooling	xi. Other categories (music and arts lessons, gifts, extra-curricular activities, etc.)	xii. Not Allocable
	N. Uniforms and other school clothing	O. Textbooks and other teaching materials (stationery, etc.)	P. Private tutoring	Q. Additional (OPTIONAL) books, computer, or learning software to be used at home in support of formal schooling	R. Music and arts lessons	S. Extra-curricular activities
1						
2						
3						
4						
5						
6						
7						

**Designer Note:**

For Q21 & Q22, it is strongly recommended to collect data at the level of DETAILED(header labels A through T). However, data should be collected AT LEAST at the GROUP LEVEL(headers i through xii). Delete the row of headers not being used.

**SECTION 2A: EDUCATION**

	CODED E/O	CODED E/O	CODED E/O	CODED OCC	CODED OCC	CODED OCC
	23.	24.	25.	26.	27.	28.
<b>INDIVIDUAL ID</b>	During the current school year (2018/2019) was [NAME] ever absent for a period of 2 weeks or longer?  YES ..... 1 NO ..... 2 ▶ Q25	Why was [NAME] absent for an extended period?  ADD APPROPRIATE CODES FROM NOT ATTENDED SCHOOL	Did [NAME] ever repeat any class during Primary, Junior Secondary, or Senior Secondary?  YES, PRIMARY ONLY ..... 1 YES, SECONDARY ONLY... 2 YES, BOTH ..... 3 NONE ..... 4 ▶ NEXT PERSON	What was the last class [NAME] repeated?  P1 ..... 11 P2 ..... 12 P3 ..... 13 P4 ..... 14 P5 ..... 15 P6 ..... 16 JS1 ..... 21 JS2 ..... 22 JS3 ..... 23 SS1 ..... 24 SS2 ..... 25 SS3 ..... 26	What was [NAME]'S main reason for repeating the grade specified in Q26?  FAILED EXAM ..... 1 PREGNANCY ..... 2 ILLNESS ..... 3 DISABILITY ..... 4 WORK COMMITMENT ..... 5 NO MONEY FOR BOOKS ..... 6 SCHOOL FEES ..... 7 ILLNESS OR INJURY OF OTHER HH MEMBER ..... 8 TOO MANY ABSENCES DUE TO CONFLICT (MILITANCY/INSURGENCY) ..... 9 OTHER (SPECIFY) ..... 96	How many times has [NAME] repeated the class specified in Q26?
1						
2						
3						
4						
5						
6						
7						

**SECTION 2B: TECHNOLOGY ACCESS**

	CODED E/O	CODED E/O	CODED E/O	CODED E/O	CODED E/O	CODED E/O	CODED E/O
	1.	2.	3.	4.	5.	6.	7.
<b>INDIVIDUAL ID</b>	CAPI/ENUMERATOR: IS [NAME] 10 YEARS OLD OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE ID CODE OF THE PROXY RESPONDENT	Does [NAME] have access to a mobile phone?	If [NAME] wanted to make a phone call, whose mobile phone would they use?	Does [NAME] have access to the internet?	If [NAME] wanted to use the internet, how would they access it?
	YES ..... 1 NO ..... 2 ▶ NEXT PERSON	YES ..... 1 ▶ Q4 NO ..... 2		YES ..... 1 NO ..... 2 ▶ Q5	OWN..... 1 HOUSEHOLD MEMBER..... 2 RELATIVE/FRIEND/NEIGHBOR... 3 PAY FOR USE..... 4 OTHER (SPECIFY) ..... 5	YES ..... 1 NO ..... 2 ▶ Q8	PERSONAL DEVICE..... 1 ▶ Q10 OTHER HOUSEHOLD DEVICE ..... 2 ▶ Q10 RELATIVE/FRIEND/NEIGHBOR..... 3 WORKPLACE ..... 4 CYBERCAFE ..... 5 PUBLIC WIFI HOTSPOT ..... 6 OTHER (SPECIFY) ..... 7
			ID CODE				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SECTION 2B: TECHNOLOGY ACCESS				
	8.	9.	10.	11.
INDIVIDUAL ID	Why does [NAME] not have access to internet at home? SELECT ALL APPLICABLE	CAPI/ENUMERATOR: IS Q6==NO?	How often does [NAME] use the internet?	What limitations prevent [NAME] from using the internet more frequently? SELECT ALL APPLICABLE
	COST OF HAVING A DEVICE TO ACCESS THE INTERNET IS TOO HIGH ..... 1	YES ..... 1 ▶ NEXT PERSON NO ..... 2	Every day..... 1	NOTHING, NO LIMITATION ..... 1
	COST OF INTERNET ACCESS/DATA PACKAGES IS TOO HIGH.....2		A few times a week..... 2	HIGH COST OF INTERNET ..... 2
	LACK OF KNOWLEDGE OR SKILLS TO USE INTERNET/PHONES.....3		A few times a month ..... 3	ISSUES WITH MY PHONE, TABLET OR COMPUTER ..... 3
	PRIVACY OR SECURITY CONCERNS .....4		Less than once a month. 4	WORRIED ABOUT GETTING VIRUS/MALWARE ..... 4
	QUALITY OF ACCESS IS TOO LOW.....5		Never ..... 5	WORRIED ABOUT GETTING TRACKED/SURVEILLED ..... 5
	NO COVERAGE .....6			I FIND IT DIFFICULT TO USE..... 6
	NOT INTERESTED.....7			NOT ALLOWED TO USE IT MORE (FAMILY, SPOUSE, PARENTS) ..... 7
	OTHER, SPECIFY.....96			LACK OF CONTENT IN MY LANGUAGE ..... 8
				OTHER, SPECIFY ..... 96
	1			
2				
3				
4				
5				
6				
7				
8				
9				
10				



**SECTION 3A: HEALTH**

**FOR ALL HOUSEHOLD MEMBERS**

INDIVIDUAL ID	1.	2.	2b	2c	2d	3.	4.		
	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?  YES ..... 1 ▶ Q3 NO ..... 2	WRITE THE ID CODE OF THE PROXY RESPONDENT          ID CODE	Has [NAME] needed health services/medical treatment since the beginning of the [SHOCK]?  YES ..... 1 NO ..... 2 ▶ Q3	Was [NAME] able to access the health services/medical treatment the last time [NAME] needed it?  YES ..... 1 ▶ Q3 NO ..... 2	What was the main reason why [NAME] was not able to access the health services or medical treatment needed?  LACK OF MONEY ..... 1 NO MEDICAL PERSONNEL AVAILABLE ..... 2 TURNED AWAY BECAUSE FACILITY WAS FULL ..... 3 DUE TO MOVEMENT RESTRICTIONS ... 4 WORRIED ABOUT RISK OF [SHOCK].... 5 OTHER (SPECIFY) ..... 96	During the past 4 weeks, has [NAME] consulted a health practitioner, dentist, traditional healer, or pharmacist, or visited a health center?  YES ..... 1 NO ..... 2 ▶ Q5	For what reason(s) did [NAME] seek consultation?  LIST UP TO THREE REASONS  ILLNESS ..... 1 ▶ Q6 INJURY ..... 2 ▶ Q6 GENERAL CHECKUP (NOT FOR PREGNANCY) ..... 3 PRE/POSTNATAL CHECKUP ..... 4 GIVING BIRTH ..... 5  REASON 1      REASON 2      REASON 3		
1									
2									
3									
4									
5									
6									
7									

**SECTION 3A: HEALTH**

INDIVIDUAL ID	5.	6.		CODED E/O 7.	CODED E/O 8.	9.			
	During the last 4 weeks, did [NAME] suffer from an illness or injury?  YES ..... 1 NO ..... 2 ▶ Q17	What type of illness/injury did [NAME] suffer most? SELECT UP TO TWO IN ORDER OF SEVERITY		Did [NAME] have to stop his/her usual activities in the past 4 weeks because of this condition?  YES ..... 1 NO ..... 2 ▶ Q9	For how many days did [NAME] have to stop his/her usual activities in the past 4 weeks because of this condition?	Whom did [NAME] consult for this illness or injury in the last 4 weeks?			
		MALARIA ..... 1 TB ..... 2 YELLOW FEVER..... 3 TYPHOID ..... 4 CHOLERA ..... 5 DIARRHEA ..... 6 MENINGITIS..... 7 CHICKEN POX ..... 8 PNEUMONIA ..... 9 COMMON COLD .... 10 COVID-19 ..... 11 INJURY ..... 12 OTHER (SPECIFY) ... 12	HYPERTENSION..... 13 FLU ..... 14 CATARRH..... 15 COUGH..... 16 HEADACHE ..... 17 DIABETES ..... 18 GUINEA WORM .... 19 DYSENTERY..... 20 SCABIES ..... 21 RINGWORM ..... 22 HEPATITIS B..... 23 ULCER/ STOMACH PAIN .... 24 EYE PROBLEM..... 25 TOOTH PROBLEM.. 26 BODY PAINS..... 27			TRADITIONAL HEALER ..... 1 DOCTOR..... 2 DENTIST..... 3 NURSE ..... 4 MEDICAL ASST..... 5 MIDWIFE ..... 6 PHARMACIST ..... 7 CHEMIST..... 8 SPIRITUALIST ..... 10  NO ONE..... 0 (▶ Q17) OTHER (SPECIFY) ..... 13  LIST THE TWO MOST IMPORTANT			
		1ST	2ND		NUMBER OF DAYS	A. 1ST	B. 2ND		
1									
2									
3									
4									
5									
6									
7									

**SECTION 3A: HEALTH**

INDIVIDUAL ID	10.	11.	12.	13.	14.	15.	
	Where did [NAME]'s consultation take place?  HOSPITAL ..... 1 DISPENSARY ..... 2 PHARMACY ..... 3 CHEMIST ..... 4 CLINIC ..... 5 MATERNITY HOME ..... 6 CONSULTANT'S HOME ... 8 PATIENT'S HOME ..... 9 ▶ Q16 TRADITIONAL HEALER'S HOME ..... 10 SPIRITUALISTS HOME ... 11 OTHER (SPECIFY) ..... 12	Who ran the establishment where [NAME]'s consultation took place?  FEDERAL GOVT ..... 1 STATE GOVT ..... 2 LOCAL GOVT ..... 3 COMMUNITY ..... 4 RELIGIOUS BODY ..... 5 NGO ..... 6 PRIVATE ..... 7 OTHER (SPECIFY) ..... 8	How much did [NAME] pay for the consultation?  IF MULTIPLE CONSULTATIONS WITH THE SAME PROVIDER, REPORT ON THE FIRST CONSULT	How did [NAME] reach the [CONSULT LOCATION] for the first visit?  NO TRAVEL/AT HOME .....1 ▶ Q16 WALK .....2 ▶ Q15 BICYCLE .....3 BUS/ PUBLIC TRANSPORT .....4 PRIVATE CAR .....5 TAXI .....6 PRIVATE .....7 OTHER (SPECIFY) .....8	How much did [NAME] pay for the first trip (to and from) for consultation (transport costs only)? IF THERE WAS NO COST, WRITE 00	How long did it take to travel (one way) to [NAME]'s first consultation?	
	REFER TO CONSULTATION REPORTED IN Q9A	REFER TO CONSULTATION REPORTED IN Q9A	CURRENCY		CURRENCY	HRS	MIN
1							
2							
3							
4							
5							
6							
7							

SECTION 3A: HEALTH									
INDIVIDUAL ID	CODED OCC			HOSPITAL ADMISSIONS					
	16.		9-16 add'l	17.	18.	19.	20.	21.	E1
	How long did [NAME] have to wait to be attended for this first consultation?		REPEAT Q10-Q16 FOR THE SECOND CONSULTATION, REPORTED IN Q9b.  DESIGN NOTE: INSERT QUESTIONS FOR SECOND VISIT AFTER ALL QUESTIONS ARE ASKED ABOUT FIRST VISIT.	In the past 4 weeks, did [NAME] spend any money for drugs or medicines over the counter or at kiosks or by prescription?  YES ..... 1 NO ..... 2 ▶ Q19	How much did [NAME] pay for these drugs or medicines?  CURRENCY	During the past 12 months, was [NAME] admitted to a hospital or health facility?  INCLUDE TRADITIONAL HEALING CENTERS  YES ..... 1 NO ..... 2 ▶ Q22	During the past 12 months, how many nights did [NAME] stay in a hospital or health facility?  INCLUDE TRADITIONAL HEALING CENTERS  NIGHTS	How much did [NAME] pay in total for staying in a hospital or health facility in the last 12 months?  CURRENCY	CAPI/ ENUMERATOR: IS RESPONDENT 5 YEARS OLD OR OLDER?  IF YES, READ "The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM."  YES ..... 1 NO ..... 2 ▶ Q29
1	HRS	MIN							
2									
3									
4									
5									
6									
7									

**SECTION 3A: HEALTH**

<b>DISABILITY</b>						
	<b>22.</b>	<b>23.</b>	<b>24.</b>	<b>25.</b>	<b>26.</b>	<b>27.</b>
<b>INDIVIDUAL ID</b>	Does [NAME] have difficulty seeing, even if he/she is using glasses? READ RESPONSES  NO, NO DIFFICULTY..... 1 YES, SOME ..... 2 YES, A LOT ..... 3 CANNOT SEE ..... 4	Does [NAME] have difficulty hearing, even if he/she is using a hearing aid? READ RESPONSES  NO, NO DIFFICULTY..... 1 YES, SOME ..... 2 YES, A LOT ..... 3 CANNOT HEAR ..... 4	Does [NAME] have difficulty walking or climbing steps? READ RESPONSES  NO, NO DIFFICULTY ..... 1 YES, SOME ..... 2 YES, A LOT ..... 3 CANNOT DO ..... 4	Does [NAME] have difficulty remembering or concentrating? READ RESPONSES  NO, NO DIFFICULTY ..... 1 YES, SOME ..... 2 YES, A LOT ..... 3 CANNOT DO ..... 4	Does [NAME] have difficulty with self care such as washing all over or dressing? READ RESPONSES  NO, NO DIFFICULTY..... 1 YES, SOME ..... 2 YES, A LOT ..... 3 CANNOT DO ..... 4	Using his/her usual (customary) language, does [NAME] have difficulty communicating, for example understanding or being understood? READ RESPONSES  NO, NO DIFFICULTY ..... 1 YES, SOME ..... 2 YES, A LOT ..... 3 CANNOT DO ..... 4
	<b>1</b>					
	<b>2</b>					
	<b>3</b>					
	<b>4</b>					
	<b>5</b>					
	<b>6</b>					
	<b>7</b>					

**SECTION 3A: HEALTH**

SECTION 3A: HEALTH							
CODED OCC			CODED OCC				
CODED OCC			TREATED BEDNET				
INDIVIDUAL ID	28.			29.	30.	31.	32.
	Does this difficulty reduce the amount of work [NAME] can do at home, at school, or at work?			Did [NAME] sleep under a bednet yesterday?	Was the bednet [NAME] slept under yesterday treated or untreated?	How did the household obtain [NAME]'s bednet?	How much did the household pay for the bednet?
	YES, ALL THE TIME ..... 1 YES, SOMETIMES ..... 2 NO, NOT AT ALL ..... 3 NO, NOT ATTENDING SCHOOL OR WORKING ..... 4			YES ..... 1 NO ..... 2 ▶ Q33	YES, TREATED NET LESS THAN 6 MONTHS OLD ..... 1 YES, TREATED NET MORE THAN 6 MONTHS OLD .... 2 NOT TREATED ..... 3	FREE GIFT ..... 1 ▶ Q33 PURCHASED ..... 2 PURCHASED W/VOUCHER ..... 3	
	AT HOME	AT SCHOOL	AT WORK				CURRENCY
1							
2							
3							
4							
5							
6							
7							

**SECTION 3A: HEALTH**

CODED OCC							
ANTHROPOMETRY SECTION							
INDIVIDUAL ID	33.	34.	35.	36.	37.	38.	39.
	CAPI/INTERVIEWER: IS [NAME] A CHILD AGED LESS THAN 60 MNTHS (LESS THAN 5 YEARS)?  YES ..... 1 NO ..... 2 ▶ NEXT PERSON	INTERVIEWER: WAS [NAME] MEASURED?  YES ..... 1 ▶ Q36 NO ..... 2	INTERVIEWER: WHY WAS [NAME] NOT MEASURED?  NOT AT HOME DURING SURVEY PERIOD.....1 TOO ILL .....2 UNWILLING .....3 OTHER (SPECIFY) .....4  ▶ NEXT PERSON	ENUMERATOR: IS [NAME] ABLE TO STAND ON THE SCALE?  YES ..... 1 NO ..... 2	WEIGHT (up to two decimal places)          KILOGRAMS	LENGTH OR HEIGHT  FOR A CHILD UNDER 2 YRS OLD, MEASURE LENGTH LYING DOWN  FOR A CHILD AGED 2 OR MORE YRS, MEASURE HEIGHT STANDING UP     CENTIMETERS	ENUMERATOR: WAS CHILD MEASURED STANDING UP OR LAYING DOWN?       STANDING UP ..... 1 LAYING DOWN ..... 2
1							
2							
3							
4							
5							
6							
7							

SECTION 3B: MENTAL HEALTH							
INDIVIDUAL ID	1.	2.		3.	4.	5.	6.
	CAPI/ENUMERATOR: IS [NAME] 15 YEARS OLD OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	INTERVIEWER READ: Now I want to ask you some of the ways you may have felt or behaved in the last 7 days.	During the last 7 days, how many days were you disturbed by things that do not normally bother you?	During the last 7 days, how many days did you have trouble concentrating on what you were doing?	During the last 7 days, how many days did you feel depressed?	During the last 7 days, how many days did you feel that everything was a burden?
	YES ..... 1 NO ..... 2 ▶ NEXT PERSON	YES ..... 1 NO ..... 2 ▶ NEXT PERSON		DAYS	DAYS	DAYS	DAYS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							



**SECTION 3B: MENTAL HEALTH**

INDIVIDUAL ID	7.	8.	9.	10.	11.	12.
	During the last 7 days, how many days were you hopeful about the future?	During the last 7 days, how many days did you feel afraid?	During the last 7 days, how many days was your sleep restless?	During the last 7 days, how many days were you happy?	During the last 7 days, how many days did you feel lonely?	During the last 7 days, how many days did you feel like not getting up in the morning?
	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

## SECTION 4A: LABOR

FOR HOUSEHOLD MEMBER 15 YEARS OLD OR OLDER

ENUMERATOR READ: *We would now like to ask you questions regarding the different activities that you and your household members do.*

INDIVIDUAL ID	1.	2.	3.	Wage		NFE		NFE help	
	CAPI/ENUMERATOR: IS THE RESPONDENT 15 YEARS OR OLDER?  YES ..... 1 NO ..... 2 ▶ NEXT PERSON	IS [NAME] REPORTING FOR HIMSELF/ HERSELF?  YES ..... 1 ▶ Q4 NO ..... 2	WHO IS RESPONDING ON BEHALF OF [NAME]?  ID CODE	4. <i>Last week, that is from Monday [DATE] up to Sunday [DATE], did [NAME] do any work for someone else for pay for one or more hours?</i>  INCLUDE PAID APPRENTICESHIPS AND PAID INTERNSHIPS.  YES ..... 1 NO ..... 2 ▶ Q6	5. How many hours did [NAME] do this work last week?  HOURS	6. Last week, did [NAME] work in a non-farm household business that [NAME] operates, for one or more hours?  YES ..... 1 NO ..... 2 ▶ Q8	7. How many hours did [NAME] do this work last week?  HOURS	8. Last week, did [NAME] help in a non-farm household business that is operated by another household member for one or more hours?  YES ..... 1 NO ..... 2 ▶ Q10	9. How many hours did [NAME] do this work last week?  HOURS
1									
2									
3									
4									
5									
6									
7									

**Designer Note:**

See guidebook for guidance on determining age limit for this section.

**SECTION 4A: LABOR**

	Farm	Recovery farm		Filter	Recovery question	
	10.	11.	12.	13.	14.	15.
INDIVIDUAL ID	Last week, did [NAME] work on household farming, livestock, fishing or forestry activities, even if only for one hour?  YES ..... 1 ▶ Q12 NO ..... 2	Last week, did [NAME] help on a household farm, raising livestock, fishing or foraging/ hunting for one or more hours?  YES ..... 1 NO ..... 2 ▶ Q14	How many hours did [NAME] do this work in the last week?          HOURS	Thinking about all the products [NAME] worked on, are they intended...  READ OPTIONS  ONLY FOR SALE .....1 ▶ Q20 MAINLY FOR SALE .....2 ▶ Q20 MAINLY FOR HOUSEHOLD USE .....3 ONLY FOR HOUSEHOLD USE.....4	CAPI/ENUMERATOR: REVIEW QUESTIONS Q4, Q6, Q8, Q10, AND Q11: IS THERE ANY YES?  YES ..... 1 ▶ Q20 IF Q10=1 ▶ Q21 IF Q10=2  NO ..... 2	Last week, did [NAME] run or do any kind of business, farming or other activity to generate income?  READ ONLY IF NEEDED: For example: making things for sale, buying or reselling things, provided paid services, growing products, raising animals, catching fish, hunting or foraging for sale.  YES ..... 1 ▶ Q17 NO ..... 2
	1					

**Programmer Note:**  
For Q14, is auto-calculated when using CAPI  
For Q39, static text in CAPI

**SECTION 4A: LABOR**

Recovery question						
INDIVIDUAL ID	16.	17.	18.	19.	20.	21.
	Or, did [NAME] help with the business, farm or paid job of a household member?  YES ..... 1 NO ..... 2 ▶ Q20	How many hours did [NAME] do this work in the last week?          HOURS	Was [NAME]'s work in HH farming, livestock, fishing, or forestry activities?          YES ..... 1 NO ..... 2 ▶ Q20	Thinking about all the products [NAME] worked on, are they intended...  READ OPTIONS   ONLY FOR SALE ..... 1 MAINLY FOR SALE ..... 2 MAINLY FOR HOUSEHOLD USE .... 3 ONLY FOR HOUSEHOLD USE..... 4	CAPI/ENUMERATOR: IS (Q13==3   Q13==4) OR (Q19==3   Q19==4) ?          YES ..... 1 NO ..... 2	CAPI/ENUMERATOR: ENTER APPROPRIATE CODE  1. NO TYPE OF WORK Q4==Q6==Q8==Q10==2 & Q11==Q15==Q16==2 ENTER 1 ▶ Q22  2. FAMILY FARM ONLY, Q20==1 & Q4==Q6==Q8==2 ENTER 2 ▶ Q28  3. WORKED FARM FOR MARKET, ANY WAGE, OR ANY NFE Q4==1   Q6==1   Q8==1   Q18==2   Q20==2 ENTER 3 ▶ Q39
1						
2						
3						
4						
5						
6						
7						

**SECTION 4A: LABOR**

Temporary Absence						
	22.	23.	24.	25.	26.	27.
INDIVIDUAL ID	Does [NAME] have a job, business or family farm from which he/she was absent last week?  YES ..... 1 NO ..... 2 ▶ Q28	Why did [NAME] not work during the last week?  WAITING TO START NEW JOB OR BUSINESS..... 1 LOW OR OFF-SEASON ..... 2 ▶ Q25 SHIFT WORK, FLEXI TIME, NATURE OF WORK ..... 3 VACATION, HOLIDAYS ..... 4 SICKNESS, ILLNESS, ACCIDENT ..... 5 MATERNITY, PATERNITY LEAVE ..... 6 EDUCATION LEAVE OR TRAINING ..... 7 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES)..... 8 TEMPORARY LAY OFF, NO CLIENTS OR MATERIALS, WORK BREAK ..... 9 BAD WEATHER, NATURAL DISASTER ..... 10 STRIKE OR LABOUR DISPUTE ..... 11 LONG-TERM DISABILITY..... 12 OTHER (SPECIFY) ..... 13	Including the time that [NAME] has already been absent, will [NAME] return to that same job, business or household farm in <u>three months or less</u> ?  YES ..... 1 NO ..... 2 ▶ Q28	During the low or off-season, does [NAME] continue to do some work for that job, business, or household farm?  YES ..... 1 NO ..... 2 ▶ Q28	Was [NAME]'s work in household farming, livestock, fishing or forestry activities?  YES ..... 1 NO ..... 2 ▶ Q38	Thinking about all the products [NAME] worked on, are they intended...  READ OPTIONS  ONLY FOR SALE ..... 1 ▶ Q38 MAINLY FOR SALE ..... 2 ▶ Q38 MAINLY FOR HOUSEHOLD USE ..... 3 ONLY FOR HOUSEHOLD USE..... 4
	1					
	2					
	3					
	4					
	5					
	6					
	7					

SECTION 4A: LABOR						
Job Search						
INDIVIDUAL ID	28.	29.	30.		31.	32.
	During the <i>last four weeks</i> , did [NAME] do anything to find a paid job?  YES ..... 1 NO ..... 2	Or did [NAME] try to start a business?  YES ..... 1 NO ..... 2 ▶ Q32	What did [NAME] mainly do in the last four weeks to find a paid job or start a business?  APPLY TO PROSPECTIVE EMPLOYERS FOR A PAID JOB OR INTERNSHIP ..... 1 PLACE OR ANSWER JOB ADVERTISEMENTS ..... 2 POST/UPDATE RESUME ON PROFESSIONAL/SOCIAL NETWORKING SITES ... 3 REGISTER WITH PUBLIC EMPLOYMENT SERVICE ..... 4 REGISTER WITH A PRIVATE EMPLOYMENT CENTRE/AGENCY ..... 5 TAKE PUBLIC SERVICE EXAM OR INTERVIEW ..... 6 TAKE PRIVATE COMPANY'S EXAM OR INTERVIEW ..... 7 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS ..... 8 CHECK AT FACTORIES, WORK SITES ..... 9 WAIT ON THE STREET TO BE RECRUITED ..... 10 SEEK FINANCIAL HELP TO START A BUSINESS ..... 11 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS ..... 12 DEVELOPED A BUSINESS PLAN ..... 13 APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS ..... 14 OTHER (SPECIFY) ..... 15 NO SECOND ACTIVITY ..... 16		For how long has [NAME] been without work and trying to find a job or start a business?  LESS THAN 1 MONTH ..... 1 1 MONTH TO < 3 MONTHS ..... 2 3 MONTHS TO < 6 MONTHS ..... 3 6 MONTHS TO < 12 MONTHS ..... 4 1 YEAR TO < 2 YEARS ..... 5 2 YEARS OR MORE ..... 6  ALL ▶ Q34	At present does [NAME] want to work?  YES ..... 1 NO ..... 2 ▶ Q37
			Action 1	Action 2		
1						
2						
3						
4						
5						
6						
7						

**SECTION 4A: LABOR**

Job Search					
	33.	34.	35.	36.	37.
INDIVIDUAL ID	What is the main reason [NAME] did not try to find a paid job or start a business in the last 4 weeks?  WAITING FOR RESULTS OF A PREVIOUS SEARCH ..... 1 AWAITING RECALL FROM A PREVIOUS JOB ..... 2 WAITING FOR THE SEASON TO START ..... 3 WAITING TO START NEW JOB OR BUSINESS..... 4 TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA... 5 NO JOBS MATCHING SKILLS, LACKS EXPERIENCE .... 6 CONSIDERED TOO YOUNG/OLD BY EMPLOYERS ..... 7 IN STUDIES, TRAINING..... 8 FAMILY/HOUSEHOLD RESPONSIBILITIES ..... 9 IN AGRICULTURE/FISHING FOR FAMILY USE ..... 10 OWN DISABILITY, INJURY, ILLNESS ..... 11 RETIRED, PENSIONER, OTHER SOURCES OF INCOME ..... 12 OTHER (SPECIFY) ..... 13 OLD AGE ..... 14	If a job or business opportunity had been available, could [NAME] have started working last week?  YES ..... 1 ▶ Q37 NO ..... 2	Or could [NAME] start working within the next 2 weeks?  YES ..... 1 ▶ Q37 NO ..... 2	Why is [NAME] not available to start working?  AWAITING RECALL FROM A PREVIOUS JOB .... 1 WAITING FOR SEASON TO START ..... 2 IN STUDIES, TRAINING..... 3 FAMILY/HOUSEHOLD RESPONSIBILITIES ..... 4 IN FAMILY FARMING/LIVESTOCK/FISHING FOR FAMILY USE..... 5 RETIRED, PENSIONER..... 6 OWN DISABILITY, INJURY, OR ILLNESS ..... 7 OLD AGE ..... 8	Which of the following best describes what [NAME] is mainly doing at present?  PLEASE READ ALL OPTIONS  STUDYING OR TRAINING ..... 1 ENGAGED IN HOUSEHOLD OR FAMILY RESPONSIBILITIES..... 2 HOUSEHOLD FARMING, LIVESTOCK, FISHING, OR FOREST ACTIVITIES FOR HOUSEHOLD USE ..... 3 RETIRED OR PENSIONER..... 4 WITH A LONG-TERM ILLNESS, INJURY OR DISABILITY ..... 5 DOING VOLUNTEERING, COMMUNITY OR CHARITY WORK ..... 6 ENGAGED IN CULTURAL OR LEISURE ACTIVITIES ..... 7 OLD AGE ..... 8  ALL ▶ NEXT SECTION
	1				
	2				
	3				
	4				
	5				
	6				
	7				

**SECTION 4A: LABOR**

Main Job Identification		Main Job				
38.	39.	40.		41.		42.
Last week, that is from Monday [DATE] up to Sunday [DATE], did [NAME] have more than one job or business?  YES ..... 1 NO ..... 2 ▶ Q40	ENUMERATOR READ: I am now going to ask you some questions about [NAME]'s main job. The main job is the one where [NAME] usually works the highest number of hours (even if [NAME] was temporarily absent last week).	What are [NAME]'s main tasks and duties in [NAME]'s main job?		What is the main activity of this business or organization where [NAME] works in this main job?		In [NAME]'s main job, does [NAME] work ...  READ RESPONSES  IN OWN BUSINESS OR FARMING ACTIVITY..... 1 IN A BUSINESS OR FARM OPERATED BY A HOUSEHOLD OR FAMILY MEMBER..... 2 AS AN EMPLOYEE FOR SOMEONE ELSE..... 3 AS AN APPRENTICE, TRAINEE, INTERN..... 4 HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE..... 5
		WRITTEN DESCRIPTION	ISCO CODE	WRITTEN DESCRIPTION	ISIC CODE	
1						
2						
3						
4						
5						
6						
7						

**DESIGNER NOTE:**  
 For Q40-41, determine IN ADVANCE who will code, or how it will be coded/incorporated into CAPI. Applies to Q60-Q61 as well.



**SECTION 4A: LABOR**

Main Job						
INDIVIDUAL ID	43.	44.	45.	46.	47.	
	In the past 12 months, during how many months did [NAME] work this main job?	How many weeks per month does [NAME] usually work in this main job?	How many days per week does [NAME] usually work in this main job?	How many hours per day does [NAME] usually work in this main job?	How much does [NAME] usually earn in this main job? Over what time interval?  FOR HH BUSINESS REPORT PROFIT (IE. NET INCOME AFTER COST DEDUCTIONS)  <b>TIME UNIT</b> HOUR .....1 DAY .....2 WEEK.....3 FORTNIGHT .....4 MONTH .....5 QUARTER .....6 HALF YEAR.....7 YEAR .....8	
	MONTHS	WEEKS	DAYS	HOURS PER DAY	CURRENCY	TIME UNIT
1						
2						
3						
4						
5						
6						
7						

**PROGRAMMER NOTE:**

For Q47, 0 is a valid option if Q26=2or5  
 For Q56-57, in CAPI use Yes/No raidal buttons for each component.  
 Q59 is static text in CAPI  
 For Q67, 0 is a valid option if Q42=2or5

## SECTION 4A: LABOR

Main Job					
INDIVIDUAL ID	48.	49.	50.	51.	52.
	What kind of enterprise/ establishment does [NAME] work for in his/her main job?  GOVERNMENT OR STATE-OWNED ENTERPRISE (FEDERAL, STATE, LOCAL) ..... 1 ▶ Q52 PRIVATE AGRICULTURAL ENTITY ..... 2 PRIVATE NON-AGRICULTURAL ENTITY ..... 3 OTHER HOUSEHOLD(S)/INDIVIDUAL (EX: DOMESTIC WORKER) ..... 4 ▶ Q53 NGO, NON-PROFIT INSTITUTION, OR CHURCH ..... 5 INTERNATIONAL ORG. OR A FOREIGN EMBASSY .... 6	Is the business [NAME] works for incorporated, for example as a [limited company or partnership]?  YES ..... 1 ▶ Q52 NO ..... 2 DON'T KNOW ..... 98	Is the business [NAME] works for registered in the [National Business Register]?  YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	What kind of accounts or records does this business keep?  READ ALL OPTIONS  COMPLETE WRITTEN ACCOUNTS FOR TAX PURPOSES ..... 1 SIMPLIFIED WRITTEN ACCOUNTS, NOT FOR TAX PURPOSES ..... 2 INFORMAL RECORDS OF ORDERS, SALES, PURCHASES ..... 3 NO RECORDS KEPT ..... 4 DON'T KNOW ..... 98	CAPI/ENUMERATOR: IS Q42==3 OR 4?  YES ..... 1 NO ..... 2 ▶ Q58
1					
2					
3					
4					
5					
6					
7					

**SECTION 4A: LABOR**

Employees & Interns only												
INDIVIDUAL ID	53.	54.	55.	56a	b	c	d	e	f	g	h	i
	Including [NAME], how many people work at his/her place of work?	What is the status of [NAME]'s contract/ agreement in his/her main job?  PERMANENT/PENSIONABLE/JOB .... 1 CONTRACT, LESS THAN 1 YEAR ..... 2 CONTRACT, 1-5 YEARS ..... 3 CONTRACT, MORE THAN 5 YEARS... 4 WITHOUT ANY CONTRACT ..... 5 OTHER (SPECIFY) ..... 6 DON'T KNOW ..... 98	Is [NAME]'s employer responsible for deducting any taxes on [NAME]'s income, or is that [NAME]'s responsibility?  EMPLOYER RESPONSIBLE ..... 1 [NAME] RESPONSIBLE ..... 2 NOT APPLICABLE ..... 3	Does [NAME]'s main job employer pay/provide the following benefits? READ ALL THE OPTIONS TO THE RESPONDENT, AND MARK ALL THAT APPLY WITH "X"								
				Paid annual leave or vacation	Paid maternity or parental leave	Paid medical/ sick leave	Health insurance benefits	Pension/ retirement	Disability pension	Paid/ subsidized meals at work	Transport subsidy	Other benefits
1												
2												
3												
4												
5												
6												
7												

SECTION 4A: LABOR											
INDIVIDUAL ID	Optional (gender-focus)					Second job					
	57a	b	c	d	e	58.	59.	60.		61.	
	Has [NAME] experienced any of the following difficulties in [NAME]'s main job?  READ ALL THE OPTIONS TO THE RESPONDENT, AND MARK ALL THAT APPLY WITH "X"					CAPI/ENUMERATOR: IS Q38==1?  YES ..... 1 NO ..... 2 ▶ Q68	ENUMERATOR READ: I am now going to ask you some questions about [NAME]'s secondary job. The secondary job is the one where [NAME] usually works the second highest number of hours, even if [NAME] was temporarily absent last week.	What are [NAME]'s main tasks and duties in his/her secondary job?		What is the main activity of this business or organization where [NAME] works in this secondary job?	
	Difficulty getting a promotion	Difficulty getting a raise in salary	Harassed at work	Difficulty traveling to/ from work	assigned tasks below level of education			WRITTEN DESCRIPTION	ISCO CODE	WRITTEN DESCRIPTION	ISIC CODE
1											
2											
3											
4											
5											
6											
7											

**SECTION 4A: LABOR**

		Second job						
INDIVIDUAL ID	62.	63.	64.	65.	66.	67.		
		In [NAME]'s second job, does [NAME] work ... READ RESPONSES  IN OWN BUSINESS OR FARMING ACTIVITY..... 1 ▶ Q68 IN A BUSINESS OR FARM OPERATED BY HOUSEHOLD OR FAMILY MEMBER ..... 2 ▶ Q68 AS AN EMPLOYEE FOR SOMEONE ELSE..... 3 AS AN APPRENTICE, TRAINEE, INTERN..... 4 HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE..... 5 ▶ Q68	In the past 12 months, during how many months did [NAME] work this job?	How many weeks per month does [NAME] usually work in this job?	How many days per week does [NAME] usually work in this job?	How many hours per day does [NAME] usually work in this job?	How much does [NAME] usually earn in this job? Over what time interval?  FOR HH BUSINESS REPORT PROFIT (IE. NET INCOME AFTER COST DEDUCTIONS)  <b>TIME UNIT</b> HOUR ..... 1 DAY ..... 2 WEEK..... 3 FORTNIGHT ..... 4 MONTH ..... 5 QUARTER ..... 6 HALF YEAR..... 7 YEAR ..... 8	
		MONTHS	WEEKS	DAYS	HOURS PER DAY	CURRENCY	TIME UNIT	
1								
2								
3								
4								
5								
6								
7								

SECTION 4A: LABOR						
Additional work desires						
INDIVIDUAL ID	68.	69.	70.	71.	72.	73.
	<p><i>During the last four weeks, did [NAME] look for additional or other paid work?</i></p> <p>YES ..... 1 NO ..... 2</p>	<p>Would [NAME] want to work more hours per week than usually worked, provided the extra hours are paid?</p> <p>YES ..... 1 NO ..... 2 ▶ Q72</p>	<p>If additional paid work was available, could [NAME] start working more hours within the next two weeks?</p> <p>YES ..... 1 NO ..... 2 ▶ Q72</p>	<p>How many additional hours per week could [NAME] work?</p>	<p>Does [NAME] want to change his/her current employment situation?</p> <p>YES ..... 1 NO ..... 2 ▶ NEXT SECTION</p>	<p>What is the main reason [NAME] wants to change his/her employment situation?</p> <p>PRESENT JOB IS TEMPORARY ..... 1 TO HAVE A BETTER PAID JOB ..... 2 TO HAVE MORE CLIENTS/BUSINESS ..... 3 TO WORK MORE HOURS ..... 4 TO WORK FEWER HOURS ..... 5 TO BETTER MATCH SKILLS ..... 6 TO WORK CLOSER TO HOME ..... 7 TO IMPROVE OTHER WORKING CONDITIONS ..... 8 OTHER (SPECIFY) ..... 9</p>
1						
2						
3						
4						
5						
6						
7						

**SECTION 4B: OWN USE PRODUCTION OF GOODS**

THESE QUESTIONS REFER TO ACTIVITIES PERFORMED WITHOUT ANY PAY

	CODED OCC	CODED OCC	CODED OCC	CODED OCC	CODED OCC	CODED OCC
	1.	2.	3.	4.	5.	6.
<b>ID CODE</b>	CAPI/ENUMERATOR: IS THE RESPONDENT 15 YEARS OR OLDER?  YES ..... 1 NO ..... 2 ▶ NEXT PERSON	ENUMERATOR: IS [NAME] REPORTING FOR HIM/HERSELF?  YES ..... 1 ▶ Q4 NO ..... 2	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [NAME]?  COPY ID FROM ROSTER SECTION 1	ENUMERATOR READ: The next questions are about other activities that [NAME] may have done last week, that is from Monday [DATE] up to Sunday [DATE], without pay, in addition to what you already told me.	Last week, did [NAME] spend any time gathering wild food, such as wild berries, nuts, herbs, mushrooms, roots, etc.), mainly for consumption by the household or family?  YES ..... 1 NO ..... 2 ▶ Q7	How many hours did [NAME] do this activity last week?  HOURS
			ID CODE			
1						
2						
3						
4						
5						
6						
7						

**Programmer Note:**

This entire section is OCC. If this section (S4B) will be implemented, S4 will become S4A.

**Designer Note:**

This section captures own-use production of other goods, for a complete accounting of these labor activities. Questions should be reviewed and selected based on their relevance for the survey/country context. Own-use production of services will be forthcoming.

SECTION 4B: OWN USE PRODUCTION OF GOODS						
ID CODE	CODED OCC	CODED OCC	CODED OCC	CODED OCC	CODED OCC	CODED OCC
	7.	8.	9.	10.	11.	12.
	Last week, did [NAME] spend any time hunting animals (e.g. for bush meat) mainly for consumption by the household or family?  YES ..... 1 NO ..... 2 ▶ Q9	How many hours did [NAME] do this activity last week?   HOURS	Last week, did [NAME] spend any time making goods for use by the household such as (furniture, pottery, baskets, clothing, mats...)?  YES ..... 1 NO ..... 2 ▶ Q11	How many hours did [NAME] do this activity last week?   HOURS	Last week, did [NAME] fetch water from natural or public sources for use by the household?  YES ..... 1 NO ..... 2 ▶ Q13	How many hours did [NAME] do this activity last week?   HOURS
1						
2						
3						
4						
5						
6						
7						



**SECTION 4B: OWN USE PRODUCTION OF GOODS**

	<b>CODED OCC</b>	<b>CODED OCC</b>	<b>CODED OCC</b>	<b>CODED OCC</b>	<b>CODED OCC</b>	<b>CODED OCC</b>
	<b>13.</b>	<b>14.</b>	<b>15.</b>	<b>16.</b>	<b>17.</b>	<b>18.</b>
<b>ID CODE</b>	Last week, did [NAME] collect any firewood or other natural products for use as fuel by the household?  YES ..... 1 NO ..... 2 ▶ Q15	How many hours did [NAME] do this activity last week?	Last week, did [NAME] spend any time preparing food or drinks to preserve them for the household? [for example: flour, dried fish/meat, butter, cheese, marmalade, spirits, alcoholic beverages...]  YES ..... 1 NO ..... 2 ▶ Q17	How many hours did [NAME] do this activity last week?	Last week, did [NAME] do any construction work her/himself to renovate, extend or build the household's dwelling?  YES ..... 1 NO ..... 2 ▶ NEXT PERSON	How many hours did [NAME] do this activity last week?
		HOURS		HOURS		HOURS
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						



**SECTION 5A: HOUSEHOLD ENTERPRISES**

1.	INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT	ID CODE	
<b>During the past 12 months, has anyone in your household...</b>			YES ..... 1 NO ..... 2
2.	... owned a non-agricultural business or provided a non-agricultural service, either from home or from a household-owned shop? Examples include owning a carwash, metal worker, mechanic, carpenter, tailor, barber, etc.		
3.	... sold any processed products derived from PURCHASED crops, livestock, fishing, or forest products? This means raw materials that were not grown, raised, fished, or foraged/collected by your household, but instead were purchased by your household and then processed for sale. Examples include flour, juice, beer, jam, oil, seed, fish filets, cured meats, wicker baskets, etc.		
4.	... owned a trading business on a street or in a market?		
5.	... offered any service or hawked/sold anything on a street or in a market? Includes firewood, home-made charcoal, curios, construction timber, traditional medicine, mats, bricks, furniture, weave baskets, thatch grass, etc.?		
6.	... offered professional services, from home or from an office, as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc.?		
7.	... offered transportation or moving services as a driver of a household-owned or rented taxi, motorbike, or truck?		
8.	... owned a bar, restaurant, or food stand?		
9.	...owned any other non-agricultural business, even if it is a small activity run from home or on a street?		
E1	CAPI/ENUMERATOR: IS THERE ANY YES RESPONSE IN Q2 THRU Q9?	YES ..... 1 NO ..... 2 ▶ Q12	

**Designer Note:**

The wording of Q5 should take into consideration the final design of the Forest Use module in the accompanying Agriculture Questionnaire. As worded here, it includes products sold by the household (a) even if not processed or collected by the household; (b) collected/foraged by the household and sold unprocessed; and (c) collected/foraged by the household and processed by the household. Categories (b) and (c) should be collected either here or in the Agriculture module, nopt in both. The decision for each should be based on the desired level of detail for such activities.

**Programmer Note:**

When the questions coded as OCC are not used, the skip instruction in E1 must change to "NO...2 ▶ Section 6"

SECTION 5A: HOUSEHOLD ENTERPRISES						
CODED OCC	10.	Generally speaking, what are the 3 biggest constraints to starting a household (non-farm) business?	1st:			
			2nd:			
			3rd:			
	11.	Currently, what are the 3 main constraints to operate and grow this household's (non-farm) business(es)?	1st:			
			2nd:			
			3rd ▶ Q14			
	12.	In recent years, have you or anyone in your household thought about starting a non-farm business or a self employment activity?	YES ..... 1 NO ..... 2 ▶ Q14			
	13.	What are the three most important constraints to starting a household non-farm business?	1st:			
			2nd:			
			3rd ▶ Q14			
	<b>ADDITIONAL SHOCK-RELATED QUESTIONS</b>					
	Since [REFERENCE MONTH BEFORE THE SHOCK], has anyone in your household...				YES ..... 1 NO ..... 2	
14.	... owned a non-agricultural business or provided a non-agricultural service, either from home or from a household-owned shop? Examples include owning a carwash, metal worker, mechanic, carpenter, tailor, barber, etc.					
15.	... sold any processed products derived from PURCHASED crops, livestock, fishing, or forest products? This means raw materials that were not grown, raised, fished, or foraged/collected by your household, but instead were purchased by your household and then processed for sale. Examples include flour, juice, beer, jam, oil, seed, fish filets, cured meats, wicker baskets, etc.					
16.	... owned a trading business on a street or in a market?					
17.	... offered any service or hawked/sold anything on a street or in a market? Includes firewood, home-made charcoal, curios, construction timber, traditional medicine, mats, bricks, furniture, weave baskets, thatch grass, etc.?					
18.	... offered professional services, from home or from an office, as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc.?					
19.	... offered transportation or moving services as a driver of a household-owned or rented taxi, motorbike, or truck?					
20.	... owned a bar, restaurant, or food stand?					

**SECTION 5A: HOUSEHOLD ENTERPRISES**

21.	...owned any other non-agricultural business, even if it is a small activity run from home or on a street?	
E2	CAPI/ENUMERATOR: IS THERE ANY YES RESPONSE IN Q14 THRU Q21?	
22.	Did the household stop any of these activities since [SHOCK] that started in [MAJOR SHOCK ONSET MONTH/YEAR]?	YES ..... 1 NO ..... 2 ▶ Q14
23.	Why did the household stop any of these activities?	
24.	Compared to [REFERENCE TIME BEFORE THE SHOCK] are the revenues from sales from all the non-farm family business	Higher ..... 1 The same ..... 2 Less ..... 3 No revenue ..... 4

**CODES FOR Q10, Q11, Q13**

ELECTRICITY ..... 1	HIGH INTEREST RATES ..... 6	HIGH TAXES ..... 12
NETWORK ..... 2	ACCESS TO MARKETS ..... 7	CRIMINALITY, THEFT AND LAWLESSNESS ..... 13
TRANSPORTATION ..... 3	LOW DEMAND ..... 8	CONFLICTS AND SOCIAL FRICTION ..... 14
UNABLE TO BORROW MONEY ..... 4	CORRUPTION ..... 9	OTHER, SPECIFY ..... 15
UNWILLING TO BORROW MONEY ..... 5	UNCERTAIN ECONOMIC POLICY ..... 10	
	REGISTRATION AND PERMITS ..... 11	

**CODES FOR Q23**

LEGAL PROBLEMS ..... 1	COULD NOT OBTAIN CREDIT ..... 5	CONFLICT (MILITANCY/INSURGENCY) ..... 9
COULD NOT OBTAIN INPUTS ..... 2	TOO MUCH DEBT ..... 6	ADDITIONAL [SHOCK]-RELATED REASON ..... 10
LACK OF DEMAND ..... 3	SECURITY ISSUES ..... 7	OTHER, SPECIFY ..... 96
LOW PROFITS ..... 4	DEATH/SICKNESS OF OWNER ..... 8	

SECTION 5B: HOUSEHOLD ENTERPRISES							
ENTERPRISE NO	1.		2.	3.	4.	5.	
	Please list all the businesses, trades, or work as self-employed craftsman done by all household members. Include ALL activities during the past 12 months, even if they are not currently ongoing.  FIRST, LIST ALL ACTIVITIES HERE. THEN, CONTINUE WITH THE FOLLOW UP QUESTIONS FOR ONE ACTIVITY AT A TIME.		Is this [ACTIVITY] currently operating?  YES ..... 1 ▶ Q6 NO ..... 2	Is this [ACTIVITY] closed permanently, seasonally, or temporarily?  PERMANENTLY .....1 SEASONALLY .....2 ▶ Q5 TEMPORARILY .....3	Why did this [ACTIVITY] stop? LEGAL PROBLEMS..... 1 COULD NOT OBTAIN INPUTS ..... 2 LACK OF DEMAND ..... 3 LOW PROFITS ..... 4 COULD NOT OBTAIN CREDIT ..... 5 TOO MUCH DEBT ..... 6 SECURITY ISSUES ..... 7 DEATH/SICKNESS OF OWNER..... 8 CONFLICT (MILITANCY/INSURGENCY) ..... 9 OTHER, SPECIFY ..... 10	When did this [ACTIVITY] stop operating?	
	TYPE OF ACTIVITY	INDUSTRY CODE				MONTH	YEAR
1							
2							
3							
4							
5							
6							
7							

**SECTION 5B: HOUSEHOLD ENTERPRISES**

ENTERPRISE NO	6.			7.			8.			9.	10.	11.
	Who in the household owns this [ACTIVITY]? LIST ALL			Who in your household decides on the use of the earnings from this activity? LIST ALL			Who in the household manages this [ACTIVITY] or is most familiar with it? IF POSSIBLE, ASK THE REST OF THE QUESTIONS TO THE MANAGER(S). LIST UP TO TWO MANAGERS.			Who is the respondent providing information about this [ACTIVITY]?	How many YEARS ago did the [ACTIVITY] first start operating? IF STARTED IN THE LAST 12 MONTHS, ENTER 0	During how many of the past 12 months was [ACTIVITY] in operation?
	OWNER 1	OWNER 2	OWNER 3	ID CODE	ID CODE	ID CODE	MANAGER 1	MANAGER 2	MANAGER 3			
ID CODE	ID CODE	ID CODE	ID CODE				ID CODE	ID CODE	ID CODE	ID CODE		
1												
2												
3												
4												
5												
6												
7												

**SECTION 5B: HOUSEHOLD ENTERPRISES**

CODED OCC																					
ENTERPRISE NO	11alt																				
	During which of the past 12 months was [ACTIVITY] in operation? INTERVIEWER: INDICATE THE MONTHS OPERATED WITH AN "X"																				
	jan-18	feb-18	mar-18	apr-18	may-18	jun-18	jul-18	aug-18	sept-18	oct-18	nov-18	dic-18	jan-19	feb-19	11b						
															Difficulty buying and receiving supplies and inputs to run the business	Difficulty raising money for the business	Difficulty repaying loans or other debt obligations	Difficulty paying rent for business location	Difficulty paying workers	Difficulty selling goods or services to customers	Other difficulty (SPECIFY)
1																					
2																					
3																					
4																					
5																					
6																					
7																					

**Designer Note:**  
When using Q11 alt, Q5 is not needed and should be deleted.



**SECTION 5B: HOUSEHOLD ENTERPRISES**

ENTERPRISE NO	12.	13.	14.	15.											
	Where do you operate [ACTIVITY]? HOME (INSIDE RESIDENCE) ..... 1 HOME (OUTSIDE RESIDENCE) ..... 2 INDUSTRIAL SITE ..... 3 TRADITIONAL MARKET ..... 4 COMMERCIAL AREA SHOP ..... 5 ROADSIDE ..... 6 OTHER FIXED PLACE ..... 7 MOBILE/NO FIXED LOCATION ..... 8 OTHER (SPECIFY) ..... 9	During the past 12 months, did your household make any payments to local authorities (government or non-government) to allow operation of this [ACTIVITY]?  YES ..... 1 NO ..... 2	Is this [ACTIVITY] officially registered with the government?  YES ..... 1 NO ..... 2	a. Who are the <b>household members</b> engaged in this [ACTIVITY]? b. During how many of the past 12 months did [NAME] work in this [ACTIVITY]? SELECT ALL THAT APPLY c. During these months, how many <u>days per month</u> did [NAME] work in [ACTIVITY]? d. How many <u>hours per day</u> did [NAME] normally work in [ACTIVITY]? <b>ASK FOR ALL MEMBERS THAT WORKED ON THE [ACTIVITY]</b>											
				OCC OPTION FOR Q15B: ASK WHICH MONTHS INSTEAD OF HOW MANY. <b>MONTHS</b> ALL YEAR ..... 0 JANUARY 2018 ..... 1 FEBRUARY 2018 ..... 2 MARCH 2018 ..... 3 APRIL 2018 ..... 4 MAY 2018 ..... 5 JUNE 2018 ..... 6 JULY 2018 ..... 7 AUGUST 2018 ..... 8 SEPTEMBER 2018 ..... 9 OCTOBER 2018 ..... 10 NOVEMBER 2018 ..... 11 DECEMBER 2018 ..... 12 JANUARY 2019 ..... 13 FEBRUARY 2019 ..... 14											
				HH MEMBER #1				HH MEMBER #2				HH MEMBER #3			
				ID	MONTHS	DAYS PER MONTH	HOURS PER DAY	ID	MONTHS	DAYS PER MONTH	HOURS PER DAY	ID	MONTHS	DAYS PER MONTH	HOURS PER DAY
1															
2															
3															
4															
5															
6															
7															

## SECTION 5B: HOUSEHOLD ENTERPRISES

SECTION 5B: HOUSEHOLD ENTERPRISES									
ENTERPRISE NO	16.		17.			18.	CODED E/O	20.	21.
	How many <u>employees</u> are there who are not <u>household members</u> ?		What was the main source of start-up capital for this [ACTIVITY]?			During the past 12 months, did any member of your household try to get credit for this [ACTIVITY] from banks OR other formal financial agencies?	19.	Did your household eventually get credit from the banks or other formal financial agencies for this [ACTIVITY]?	During the past 12 months, how much has your household borrowed IN TOTAL for this [ACTIVITY]?
	MALE	FEMALE	1ST	2ND	3RD	YES ..... 1 NO ..... 2 ▶ Q22	SELECT UP TO TWO	YES ..... 1 NO ..... 2 ▶ Q22	CURRENCY
			LIST UP TO THREE IN ORDER OF IMPORTANCE.				LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION) ..... 1		
			HOUSEHOLD SAVINGS ..... 1				MONEY LENDER ..... 2		
			NGO SUPPORT ..... 2				COOPERATIVE/TRADE ASSOCIATIONS ..... 3		
			LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION) ..... 3				OTHER (SPECIFY) ..... 4		
			MONEY LENDER ..... 4						
			ROSCAS - ROTATING CREDIT AND SAVINGS ASSOCIATIONS/GROUPS {USE LOCAL NAMES} ..... 5						
			OTHER LOANS ..... 6						
			DISTRICT/TOWN ASSOCIATION SUPPORT ..... 7						
			COOPERATIVE/TRADE ASSOCIATIONS ..... 8						
			REMITTANCES FROM ABROAD ..... 9						
			PROCEEDS FROM FAMILY FARM ..... 10						
			CHURCH/MOSQUE ASSISTANCE ..... 11						
			PROCEEDS FROM FAMILY NON-FARM ENTERPRISE ..... 12						
			RELATIVES/FRIENDS ..... 13						
			OTHER (SPECIFY) ..... 14						
1									
2									
3									
4									
5									
6									
7									

**SECTION 5B: HOUSEHOLD ENTERPRISES**

SECTION 5B: HOUSEHOLD ENTERPRISES								
ENTERPRISE NO	22.	23.		24.		25.	CODED E/O 26.	CODED E/O 27.
	During the past 12 months, has your household been repaying any loans (in cash or kind) for this [ACTIVITY]?  INCLUDE PAYMENTS IN PAST 12 MONTHS FOR ALL LOANS (NOT ONLY NEW LOANS IN PAST 12 MONTHS)  YES ..... 1 NO ..... 2 ▶ Q25	How much MONEY does the household pay on all loans for this activity?  WEEKLY..... 1 EVERY 2 WKS..... 2 MONTHLY ..... 3 EVERY 3 MO ..... 4 EVERY 6 MO ..... 5 YEARLY ..... 6 OTHER (SPECIFY) ..... 7		To whom do you sell your products or services?  LIST UP TO 2 BUYERS IN ORDER OF IMPORTANCE.  FINAL CONSUMERS .....1 TRADERS .....2 OTHER SMALL BUSINESSES .....3 LARGE ESTABLISHED BUSINESSES.....4 INSTITUTIONS (SCHOOLS, HOSPITALS, GOVT MINISTRIES).....5 EXPORT .....6 MANUFACTURERS .....7 OTHER (SPECIFY) .....8		What is the current value of the physical capital stock, including all tools, generators, equipment, buildings, land, and vehicles, that are used for this activity?  NOT ASKED TO THOSE PERMANENTLY CLOSED		What is the total value of the current stock of inputs or supplies for this activity?  INPUTS AND SUPPLIES <b>DO NOT</b> INCLUDE PHYSICAL CAPITAL STOCK REPORTED IN Q24  NOT ASKED TO THOSE PERMANENTLY CLOSED
		CURRENCY	CODE	1ST	2ND	CURRENCY	CURRENCY	CURRENCY
1								
2								
3								
4								
5								
6								
7								

## SECTION 5B: HOUSEHOLD ENTERPRISES

		CODED OCC	CODED OCC	CODED E/O										
		28 alt1	28 alt 1	28 alt 2										
ENTERPRISE NO	28.	During the LAST MONTH of operation, what was the <u>total profit</u> for [ACTIVITY]?	During the LAST MONTH OF OPERATION, what were the <u>total sales/revenue</u> for the [ACTIVITY]?	During the LAST MONTH OF OPERATION, what were the <u>total COSTS</u> for the [ACTIVITY]? This includes wages, raw materials and other inputs, generator fuel, rent, and so on.	What were the <u>business costs</u> during the LAST MONTH OF OPERATION in the following categories?									
	CURRENCY	CURRENCY	CURRENCY	SALARIES AND WAGES	PURCHASE OF GOODS FOR SALE	RAW MATERIALS OR INPUTS	TRANSPORT	FUEL FOR GENERATOR	MAINTENANCE OF GENERATOR	INSURANCE	RENT	INTEREST ON LOANS	OTHER	
	CURRENCY	CURRENCY	CURRENCY	CURRENCY	CURRENCY	CURRENCY	CURRENCY	CURRENCY	CURRENCY	CURRENCY	CURRENCY	CURRENCY	CURRENCY	
1														
2														
3														
4														
5														
6														
7														

**Designer Note:**

Three options are provided for collecting data to calculate one month of profit: a) Q28, b) Q28alt.1, consisting of 2 questions, and c) 28 alt.3, consisting of a table of questions. Combining options is not recommended.

**SECTION 6: OTHER INCOME IN THE LAST 12 MONTHS**

1. PRIMARY RESPONDENT FOR THIS SECTION ID CODE:

TYPE	CODE	SOURCE	2.	3.	4.		
			During the last 12 months, did any members of your household receive any income from [SOURCE]? YES ..... 1 NO ..... 2 ▶ NEXT SOURCE	How much in total did your household receive from [SOURCE] during the last 12 months?  ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED  \$	Who in your household decides what to do with this income?  LIST ALL  ID CODE # 1    ID CODE # 2    ID CODE # 3		
INCOMING TRANSFERS/GIFTS	101	National remittances - cash transfers/gifts from individuals (relatives, friends) within the country					
	102	International remittances - cash transfers/gifts from individuals (relatives, friends) from abroad					
	103	In-kind gifts (food and non-food) from individuals (relatives, friends) anywhere					
PENSION & INVESTMENT INCOME	104	Savings, interest or other investment income					
	105	Contributory pension income					
	106	Rental income, residential property (apartment, house)					
	107	Rental income, commercial (shop, store)					
REVENUE, SALE OF ASSETS	108	Income from SALE of real estate (do not include rental income)					
	109	Other income (Specify):					

**Designer Note:**

The list of sources is an example and must be tailored to the country and survey needs, in consultation with experts. It should be expanded to include any specific income sources that are common in the country of the survey.

SECTION 7: HOUSEHOLD ASSETS						
1. PRIMARY RESPONDENT ID FOR THIS SECTION		ID CODE: <input type="text"/>				
ASK Q1 FOR ALL ITEMS FIRST. THEN, CONTINUE WITH THE FOLLOW-UP QUESTIONS FOR EACH ITEM OWNED BY THE HOUSEHOLD.				CODED E/O		
		2.	3.	4.		5.
		Does your household own any [ITEM]?	How many [ITEM]s does your household own?	Who in your HH owns (the majority of) [ITEM]? LIST ALL		If you wanted to sell (one of) the [ITEM] today, how much would you receive?  IF MORE THAN ONE ITEM, REFER TO NEWEST
		YES ..... 1 NO ..... 2 ▶ NEXT ITEM				
ITEM CODE	ITEM		NUMBER	ID CODE	ID CODE	CURRENCY
101	Furniture (sofa or armchairs)					
102	Mattress					
103	Bed					
104	Gas (or kerosene) cooker					
105	Stove (electric or gas)					
106	Refrigerator					
107	Freezer					
108	Air conditioner					
109	Washing machine					
110	Bicycle					
111	Motorbike					
112	Cars and other 4-wheel vehicles					
113	Generator					
114	Fan					
115	Microwave					
116	Television					
117	Computer or tablet					
118	Satellite dish					
119	Smartphone					
120	Mobile phone (NOT smartphones)					
121	Other (specify):					
122	Other (specify):					

**SECTION 8A: SAVINGS & CREDIT**

**THIS SECTION IS ONLY ASKED FOR HOUSEHOLD MEMBERS 15 YEARS OR OLDER**

			BANKING			SAVINGS	
1.	2.	3.	4.	5.	6.	7.	8.
<p>CAPI/ENUMERATOR: IS [NAME] 15 YEARS OLD OR OLDER?</p> <p>YES ..... 1 NO ..... 2 ▶ NEXT PERSON</p>	<p>IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?</p> <p>YES ..... 1 ▶ Q4 NO ..... 2</p>	<p>WRITE THE ID CODE OF THE RESPONDENT</p>	<p>Some people like to keep their money in an account at a bank or micro- finance institution. Does [NAME] have a bank account?</p> <p>YES ..... 1 NO ..... 2 ▶ Q6</p>	<p>Does [NAME] personally have access to mobile money [local example]?</p> <p>YES ..... 1 NO ..... 2</p>	<p>Is there someone who lets [NAME] cash cheques, transfer funds, or do other banking transactions using their account?</p> <p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 98</p>	<p>In the LAST 12 MONTHS, has [NAME] personally saved or set aside money using a commercial bank, a credit union, savings and credit cooperative [INSERT LOCAL EXAMPLE], micro-finance institution or any other formal or semi-formal institution?</p> <p>YES ..... 1 NO ..... 2</p>	<p>In the LAST 12 MONTHS, has [NAME] personally saved or set aside money by using any informal savings clubs (like [insert local example]) or a person outside the household?</p> <p>YES ..... 1 NO ..... 2</p>
				ID CODE			
1							
2							
3							
4							
5							
6							
7							
8							

## SECTION 8A: SAVINGS &amp; CREDIT

IF including SECTION 8B, YES ▶ NEXT PERSON		IF including SECTION 8B, then SECTION 8A ends here			
CODED OCC	LOANS	CODED OCC			
9.	10.	11.	12.	13.	14.
<p>During the last 12 months, did [NAME] try to borrow money from someone outside the household or from any institution (formal or informal)?</p> <p>INCLUDE EVEN IF LOAN WAS REFUSED.</p> <p>INCLUDE LOANS FOR EDUCATION.</p> <p>DO NOT INCLUDE BUSINESS LOANS REPORTED IN S5.</p> <p>YES ..... 1 NO ..... 2 ▶ Q12</p>	<p>Did [NAME] have need for a loan in the last 12 months?</p> <p>YES ..... 1 NO ..... 2 ▶ NEXT PERSON</p>	<p>Why did [NAME] not attempt to borrow in the last 12 months?</p> <p>PROBE &amp; SELECT ALL THAT APPLY IN ORDER OF IMPORTANCE</p> <p>BELIEVED IT WOULD BE REFUSED ... 1 TOO EXPENSIVE ..... 2 TOO MUCH TROUBLE FOR WHAT IT WAS WORTH ..... 3 INADEQUATE COLLATERAL ..... 4 DO NOT LIKE TO BE IN DEBT ..... 5 DO NOT KNOW ANY LENDER ..... 6 BAD CREDIT ..... 7 STILL REPAYING OTHER LOAN ..... 8 OTHER (SPECIFY) ..... 9</p> <p>ALL ▶ NEXT PERSON</p>	<p>Was the loan approved or denied?</p> <p>IF PERSON REQUESTED MULTIPLE LOANS, ASK ABOUT THE BIGGEST APPROVED.</p> <p>APPROVED ..... 1 PENDING DECISION ..... 2 DENIED ..... 3</p>	<p>From what type of institution or person did [NAME] request this loan?</p> <p>COOPERATIVE SOCIETY ..... 1 SAVINGS ASSOCIATION ..... 2 MICRO FINANCE ..... 3 BANK ..... 4 ROSCAS - ROTATING SAVINGS &amp; CREDIT ASSOCIATION/GROUP {USE LOCAL NAMES} ..... 5 FRIENDS &amp; RELATIVES ..... 6 MONEY LENDERS ..... 7 HIRE PURCHASE ..... 8 OTHER(SPECIFY) ..... 9</p>	<p>What was the main reason for applying for this loan?</p> <p>PURCHASE LAND ..... 1 PURCHASE INPUTS FOR FOOD CROP ..... 2 PURCHASE INPUTS FOR CASH CROP ..... 3 PURCHASE LIVESTOCK ..... 4 CEREMONIES (MARRIAGE, BURIAL, OTHER SOCIAL FUNCTIONS ETC) ..... 5 EDUCATION ..... 6 MOTOR VEHICLE PURCHASE ..... 7 HOME PURCHASE OR CONSTRUCTION ..... 8 OTHER HOUSEHOLD CONSUMPTION ..... 9 HEALTH EXPENSES ..... 10 COPING WITH INCOME LOSS DUE TO [SHOCK] ..... 11 OTHER (SPECIFY) ..... 96</p>
1					
2					
3					
4					
5					
6					
7					
8					



**SECTION 8B: CREDIT DETAIL**

1. CAPI/ENUMERATOR CHECK:  
DOES S8A Q7==1 [YES] for any HH members?

YES.....1  
NO .....2 ▶ NEXT SECTION

	CODED OCC 2.	CODED OCC 3.			CODED OCC 4.	CODED OCC 5.
<b>LOAN ID</b>	<p>Please list all the types of sources - institutions and people - from which your household attempted to borrow money or applied for a loan <u>over the past 12 months</u>.</p> <p>* INCLUDE APPROVED &amp; REJECTED LOANS. * DO NOT INCLUDE LOANS REPORTED IN S5 * FILL Q1 FOR ALL BEFORE GOING ON * IF MULTIPLE LOANS FROM THE SAME PERSON/INSTITUTION, LIST EACH ON A SEPARATE LINE.</p> <p>COOPERATIVE SOCIETY..... 1 SAVINGS ASSOCIATION..... 2 MICRO FINANCE ..... 3 BANK..... 4 ADASHI/ESUSU/AJO..... 5 FRIENDS &amp; RELATIVES ..... 6 MONEY LENDERS ..... 7 HIRE PURCHASE..... 8 OTHER (SPECIFY) ..... 9</p>	<p>Which household member(s) applied for the loan from [LENDER TYPE]?</p> <p>PROBE &amp; LIST ALL</p>			<p>What was the <u>main reason</u> for applying for the loan from [LENDER TYPE]?</p> <p>PURCHASE LAND ..... 1 PURCHASE INPUTS FOR FOOD CROP..... 2 PURCHASE INPUTS FOR CASH CROP ..... 3 PURCHASE LIVESTOCK ..... 4 CEREMONIES (MARRIAGE, BURIAL, OTHER SOCIAL FUNCTIONS ETC)..... 5 EDUCATION ..... 6 MOTOR VEHICLE PURCHASE ..... 7 HOME PURCHASE OR CONSTRUCTION ..... 8 OTHER HOUSEHOLD CONSUMPTION..... 9 HEALTH EXPENSES..... 10 OTHER (SPECIFY) ..... 11</p>	<p>Was this loan application approved?</p> <p>LOAN APPROVED AND RECEIVED ..... 1 ▶ Q7 LOAN APPROVED, PENDING DISBURSEMENT ..... 2 ▶ NEXT LOAN AWAITING APPLICATION DECISION .... 3 ▶ NEXT LOAN LOAN NOT APPROVED/GIVEN ..... 4</p>
			ID CODE	ID CODE	ID CODE	
1						
2						
3						
4						
5						
6						

**SECTION 8B: CREDIT DETAIL**

LOAN ID	CODED OCC	CODED OCC	CODED OCC		CODED OCC	CODED OCC		CODED OCC
	6.	7.	8.		9.	10.		11.
	What were the reasons why this loan application was refused?  LACK OF COLLATERAL ..... 1 NO SAVINGS/SHARES..... 2 BAD CREDIT HISTORY ..... 3 ITEMS DIDNT QUALIFY FOR A LOAN.... 4 LACK OF GUARANTORS ..... 5 DON'T KNOW ..... 6 OTHER (SPECIFY) ..... 7	How much was received under this loan?	When did your household receive this loan? MONTH CODE JAN .....01 FEB.....02 MAR .....03 APR .....04 MAY .....05 JUN .....06 JUL.....07 AUG.....08 SEP.....09 OCT.....10 NOV.....11 DEC.....12		Has the loan from [LENDER TYPE] already been fully repaid?  YES ..... 1 ▶ Q10 NO ..... 2	Approximately when does your household expect to make the final payment on the loan from [LENDER TYPE]? MONTH CODE JAN .....01 FEB.....02 MAR .....03 APR.....04 MAY .....05 JUN .....06 JUL.....07 AUG.....08 SEP.....09 OCT.....10 NOV.....11 DEC.....12		At completion of repayment of this loan, what is the total amount you expect to repay? (INTEREST + PRINCIPAL)
PROBE & SELECT ALL THAT APPLY IN ORDER OF IMPORTANCE ▶ NEXT LOAN	CURRENCY	MONTH (MM)	YEAR (YYYY)		MONTH (MM)	YEAR (YYYY)	CURRENCY	
1								
2								
3								
4								
5								
6								

**Designer Note:**

- If using S8B, rename S8 to be S8A and drop S8A Q11-Q23. See questionnaire note for more details.
- Answer options for Q3 do not include loans for household non-farm enterprises (NFEs) as these are expected to be collected under the NFE section. Train enumerators to avoid double-counting of loans (e.g., reporting the same loan in two sections).

**SECTION 9A: MEALS AWAY**

			<b>1.</b>	<b>2.</b>
		<b>ITEM CODE</b>	<p>In the <u>past 7 days</u>, did any members of this household consume any of the following meals or drinks away from home?</p> <p>READ OUT EACH MEAL TYPE AND RECORD YES/NO.</p> <p>ANSWER Q1 FOR ALL MEAL TYPES BEFORE PROCEEDING. DO NOT COUNT FOOD EATEN FROM THE HOUSEHOLD'S OWN FAMILY BUSINESS.</p>	<p>In the <u>past 7 days</u>, how much IN TOTAL did household members pay for [MEAL]? If it was free, please estimate what it would have cost if you had to pay.</p>
<b>MEALS PREPARED AND CONSUMED OUTSIDE THE HOME</b>			<p>YES .....1 NO .....2 (▶ NEXT ITEM)</p>	CURRENCY
Breakfast	complete meals [local example]	1		
Lunch	complete meals [local example]	2		
Dinner	complete meals [local example]	3		
Snacks such as chips, biscuits, [local examples], etc.		4		
Dairy-based beverages such as milk, yoghurt, [local example], etc.		5		
Vegetable snacks (ex: carrot, pears, roasted corn, roasted plantain, roasted yam, etc.)		6		
Non-alcoholic drinks (Coke, Fanta, [local examples], etc.)		7		
Alcoholic drinks (palm wine, beer, etc.)		8		

**Designer Note:**

The item list is an example and must be tailored to the country and survey needs in consultation with local experts.

## SECTION 9B: WITHIN-HOUSEHOLD FOOD CONSUMPTION &amp; EXPENDITURE

		1	2.			3.	4.	5.	6.	7.			8.
REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN THE PREVIOUS SECTION.  ASK Q1 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS.	ITEM CODE	During the <u>past 7 days</u> , did members of this household eat/drink any [ITEM] <u>within the household</u> ?	In total, how much of [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases?	Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production?	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the past 30 days?  YES .. 1 NO ... 2 ▶ NEXT ITEM	In the most recent purchase, how much [ITEM] did the household buy?  SEE UNIT CODES ON NEXT PAGE			How much did your household spend on this [QUANTITY, UNIT, SIZE IN Q7] of [ITEM]?
		YES .. 1 NO ... 2 ▶ NEXT ITEM	DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD			UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2					
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	CODE	QUANTITY	UNIT	SIZE	CURRENCY
GRAINS & FLOURS	Guinea corn/sorghum	100											
	Millet	101											
	Rice - local	102											
	Rice - imported	103											
	Maize flour	104											
	Yam flour	105											
	Cassava flour	106											
	Wheat flour	107											
	Maize (unshelled/on the cob)	108											
	Maize (shelled/off the cob)	109											
BAKED/PROCESSED PRODUCTS	Other grains and flour (specify)	110											
	Bread	111											
	Cake	112											
	Buns/pofpof/donuts	113											
	Biscuits	114											
Meat pie/sausage roll	115												

**SECTION 9B: WITHIN-HOUSEHOLD FOOD CONSUMPTION & EXPENDITURE**

REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN THE PREVIOUS SECTION.  ASK Q1 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS.		ITEM CODE	1.	2.			3.	4.	5.	6.	7.			8.
			During the <u>past 7 days</u> , did members of this household eat/drink any [ITEM] <u>within the household</u> ?	In total, how much of [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases?	Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production?	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the past 30 days?  YES .. 1 NO ... 2 ▶ NEXT ITEM	In the most recent purchase, how much [ITEM] did the household buy?  SEE UNIT CODES ON NEXT PAGE			How much did your household spend on this [QUANTITY, UNIT, SIZE IN Q7] of [ITEM]?
			YES .. 1 NO ... 2 ▶ NEXT ITEM	DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD  SEE UNIT CODES ON NEXT PAGE			UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	CODE	QUANTITY	UNIT	SIZE	CURRENCY
STARCHY ROOTS, TUBERS, PLANTAINS	Cassava - roots	116												
	Yam - roots	117												
	Cocoyam	118												
	Plantains	119												
	Sweet potatoes	120												
	Potatoes	121												
	Other roots and tuber (specify)	122												
PULSES, NUTS & SEEDS	Soya beans	123												
	Other beans	124												
	Groundnuts (unshelled)	125												
	Groundnuts (shelled)	126												
	Coconut	127												
	Kola nut	128												
	Cashew nut	129												
Other nuts/seeds (specify)	130													

## SECTION 9B: WITHIN-HOUSEHOLD FOOD CONSUMPTION &amp; EXPENDITURE

REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN THE PREVIOUS SECTION.  ASK Q1 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS.		ITEM CODE	1.	2.			3.	4.	5.	6.	7.			8.
			During the <u>past 7 days</u> , did members of this household eat/drink any [ITEM] <u>within the household</u> ?	In total, how much of [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases?	Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production?	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the past 30 days?	In the most recent purchase, how much [ITEM] did the household buy?			How much did your household spend on this [QUANTITY, UNIT, SIZE IN Q7] of [ITEM]?
			YES .. 1 NO ... 2 ▶ NEXT ITEM	DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD  SEE UNIT CODES ON NEXT PAGE			UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	YES .. 1 NO ... 2 ▶ NEXT ITEM	SEE UNIT CODES ON NEXT PAGE			
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	CODE	QUANTITY	UNIT	SIZE	CURRENCY	
OILS & FATS	Palm oil	131												
	Butter/margarine	132												
	Groundnuts oil	133												
	Coconut oil	134												
	Animal fat	135												
	Other oil and fat (specify)	136												
FRUITS	Bananas	137												
	Oranges/tangerines	138												
	Mangos	139												
	Avocados	140												
	Pineapples	141												
	Fruit, canned	142												
	Pawpaw	143												
	Watermelon	144												
	Apples	145												
	Guava	146												
	Other fruits (specify)	147												

**SECTION 9B: WITHIN-HOUSEHOLD FOOD CONSUMPTION & EXPENDITURE**

REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN THE PREVIOUS SECTION.  ASK Q1 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS.		ITEM CODE	1.	2.			3.	4.	5.	6.	7.			8.
			During the <u>past 7 days</u> , did members of this household eat/drink any [ITEM] <u>within the household</u> ?	In total, how much of [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases?	Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production?	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the past 30 days?  YES .. 1 NO ... 2 ▶ NEXT ITEM	In the most recent purchase, how much [ITEM] did the household buy?  SEE UNIT CODES ON NEXT PAGE			How much did your household spend on this [QUANTITY, UNIT, SIZE IN Q7] of [ITEM]?
			YES .. 1 NO ... 2 ▶ NEXT ITEM	DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD  SEE UNIT CODES ON NEXT PAGE			UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	CODE	QUANTITY	UNIT	SIZE	CURRENCY
VEGETABLES	Tomatos	148												
	Tomato puree (canned)	149												
	Onions	150												
	Garden eggs/eggplant	151												
	Okra - fresh	152												
	Okra - dried	153												
	Fresh pepper	154												
	Dry pepper	155												
	Leaves (cocoyam, spinach, etc.)	156												
Other vegetables, fresh or canned (specify)	157													
POULTRY & RELATED	Chicken	158												
	Other domestic poultry	159												
	Eggs (from chicken)	160												
	Other eggs (not chicken) (specify)	161												

**SECTION 9B: WITHIN-HOUSEHOLD FOOD CONSUMPTION & EXPENDITURE**

		1	2.			3.	4.	5.	6.	7.			8.
REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN THE PREVIOUS SECTION.  ASK Q1 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS.	ITEM CODE	During the <u>past 7 days</u> , did members of this household eat/drink any [ITEM] <u>within the household</u> ?	In total, how much of [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases?	Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production?	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the past 30 days?  YES .. 1 NO ... 2 ▶ NEXT ITEM	In the most recent purchase, how much [ITEM] did the household buy?  SEE UNIT CODES ON NEXT PAGE			How much did your household spend on this [QUANTITY, UNIT, SIZE IN Q7] of [ITEM]?
		YES .. 1 NO ... 2 ▶ NEXT ITEM	DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD  SEE UNIT CODES ON NEXT PAGE			UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2		QUANTITY	UNIT	SIZE	CURRENCY
MEATS	Beef	162											
	Mutton	163											
	Pork	164											
	Goat	165											
	Wild game/bush meat	166											
	Canned beef/corned beef	167											
	Other meat (excl. poultry) (specify)	168											
FISH & SEAFOOD	Fish - fresh	169											
	Fish - frozen	170											
	Fish - smoked	171											
	Fish - dried	172											
	Seafood (lobster, crab, prawns, etc)	173											
	Canned fish/seafood	174											
	Other fish or seafood (specify)	175											



**SECTION 9B: WITHIN-HOUSEHOLD FOOD CONSUMPTION & EXPENDITURE**

REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN THE PREVIOUS SECTION.  ASK Q1 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS.		ITEM CODE	1.	2.			3.	4.	5.	6.	7.			8.
			During the <u>past 7 days</u> , did members of this household eat/drink any [ITEM] <u>within the household</u> ?	In total, how much of [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?			Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases?	Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production?	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the past 30 days?  YES .. 1 NO ... 2 ▶ NEXT ITEM	In the most recent purchase, how much [ITEM] did the household buy?  SEE UNIT CODES ON NEXT PAGE			How much did your household spend on this [QUANTITY, UNIT, SIZE IN Q7] of [ITEM]?
			YES .. 1 NO ... 2 ▶ NEXT ITEM	DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD  SEE UNIT CODES ON NEXT PAGE			UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2		QUANTITY	UNIT	SIZE	CURRENCY
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	CODE	QUANTITY	UNIT	SIZE	CURRENCY	
MILK & RELATED	Fresh milk	176												
	Milk powder	177												
	Baby milk powder	178												
	Milk, tinned (unsweetened)	179												
	Cheese	180												
	Other milk products (specify)	181												
COFFEE, TEA & SIMILAR	Coffee	182												
	Chocolate drinks (including Milo)	183												
	Tea	184												
SUGAR & SWEETS	Sugar	185												
	Honey	186												
	Other sweets and confections (specify)	187												
OTHER MISC	Salt	188												
	Unground ogbono	189												
	Ground ogbono	190												
	Ground pepper	191												
	Other spices	192												

## SECTION 9B: WITHIN-HOUSEHOLD FOOD CONSUMPTION &amp; EXPENDITURE

		1	2.			3.	4.	5.	6.	7.			8.	
	REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN THE PREVIOUS SECTION.  ASK Q1 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS.	ITEM CODE	During the <u>past 7 days</u> , did members of this household eat/drink any [ITEM] <u>within the household</u> ?			In total, how much of [ITEM] did your household <u>consume</u> in the <u>past 7 days</u> ?	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases?	Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production?	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from gifts and other sources?	Did your household purchase any [ITEM] in the past 30 days?	In the most recent purchase, how much [ITEM] did the household buy?			How much did your household spend on this [QUANTITY, UNIT, SIZE IN Q7] of [ITEM]?
			YES .. 1 NO ... 2 ▶ NEXT ITEM			DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD			UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	UNIT AND SIZE MUST BE THE SAME AS IN Q2	YES .. 1 NO ... 2 ▶ NEXT ITEM	SEE UNIT CODES ON NEXT PAGE	
			QUANTITY	UNIT	SIZE	QUANTITY	QUANTITY	QUANTITY	CODE	QUANTITY	UNIT	SIZE	CURRENCY	
NON-ALCOHOLIC DRINKS	Bottled water	193												
	Sachet water	194												
	Malt drinks	195												
	Soft drinks (Coca Cola, Sprite, etc)	196												
	Fruit juice canned/pack	197												
	Other non-alcoholic drinks (specify)	198												
ALCOHOL	Beer (local and imported)	199												
	Palm wine	200												
	Gin	201												
	Other alcoholic beverages	202												

FOOD ITEM UNIT & SIZE CODES				
UNIT	CODE		SIZE	CODE
Kilograms (kg)	1		SMALL	0
Grams (g)	2		MEDIUM	1
Litres (l)	3		LARGE	2
Centilitres (cl)	4		VERY LARGE	3
			10 LITRES	4
Bin/basket	10		20 LITRES	5
Paint rubber	11		25 LITRES	6
Milk cup	12		50 LITRES	7
Cigarette cup	13		25 KG.	10
Tin	14		50 KG	11
Congo	20		33 CL	20
Mudu	30		35 CL	21
Derica	40		50 CL	22
Tiya, small	50		60 CL	23
Kobiowu	60		75 CL	24
Bowl	70		1 LITRE	25
Piece	80		1.5 LITRE	26
Heap	90		ONE SIZE ONLY	99
Bunch / Bundle	100			
Stalk	110			
Packet/sachet	120			
Sack/Bag	130			
Basket	140			
Loaf	200			
Other (specify)	900			

**Designer Note:**

The unit list provided here is an example and must be tailored to the country and survey needs in consultation with local experts.

SECTION 10A: NON-FOOD EXPENDITURES - 7 DAY, 30 DAY, & 6 MONTH RECALL PERIODS			
1.		ENUMERATOR: RECORD ID OF PRIMARY RESPONDENT	ID CODE: <input type="text"/>
ITEM CODE	7 DAYS	2.	3.
	ITEM	Over the PAST 7 DAYS, did the household purchase or pay for any [...]? YES .. 1 NO ... 2 ▶ NEXT ITEM	In total, how much did your household spend on [ITEM] in the past 7 days?  CURRENCY
101	Cigarettes or tobacco		
102	Matches (and rolling papers, smoking accessories, etc.)		
103	Public transport (moto, okada, keke, bus, boat, etc.) EXCLUDE EDUCATION RELATED EXPENSES		
104	Gambling, lotto, raffles		
ITEM CODE	30 DAYS RECALL	4.	5.
	ITEM	Over the PAST 30 DAYS, did the household purchase or pay for any [...]? YES .. 1 NO ... 2 ▶ NEXT ITEM	In total, how much did the household spend on [ITEM] in the past 30 days?  CURRENCY
301	Kerosene		
302	Gas (for lighting/cooking)		
303	Other liquid cooking fuel		
304	Electricity, including electricity vouchers		
305	Candle		

**SECTION 10A: NON-FOOD EXPENDITURES - 7 DAY, 30 DAY, & 6 MONTH RECALL PERIODS**

ITEM CODE	30 DAYS RECALL (continued)	6.	7.
		Over the PAST 30 DAYS, did the household purchase or pay for any [...]?	In total, how much did the household spend on [ITEM] in the past 30 days?
	ITEM	YES .. 1 NO ... 2 ▶ NEXT ITEM	CURRENCY
306	Firewood		
307	Charcoal		
308	Petrol and diesel		
309	Lubricants (oil, grease, etc)		
310	Light bulbs/globes		
311	Water		
312	Soap and washing powders (body and clothes)		
313	Other household cleaning (cleaning, disinfectant, pesticides)		
314	Toilet paper		
315	Personal care goods (toothpaste/brush, razor blades, skin & hair products, cosmetics)		
316	Vitamin supplements		
317	Postal (including stamps, courier)		
318	(Cell phone) recharge cards		
319	Landline phone charges		
320	Internet services		
321	Recreational (Cinemas, video/DVD rental, etc)		
322	Motor vehicle service, repair, or parts		
323	Bicycle service, repair, or parts		
324	Wages paid to household workers (maid, gardeners, etc)		
325	Mortgage - regular payment to purchase house		
326	Repairs & maintenance to dwelling		
327	Repairs to household items and personal items (radios, appliances, watches, shoes, etc.)		

## SECTION 10A: NON-FOOD EXPENDITURES - 7 DAY, 30 DAY, &amp; 6 MONTH RECALL PERIODS

ITEM CODE	6 month recall	8.	9.
	ITEM	Over the PAST 6 MONTHS, did the household purchase or pay for any [...]? YES .. 1 NO ... 2 ▶ NEXT ITEM	In total, how much did your household spend on [ITEM] in the past 6 months?  CURRENCY
401	Baby nappies/diapers		
402	Clothes for children - boys		
403	Clothes for children - girls		
404	Clothes for men		
405	Clothes for women		
406	Boy's shoes		
407	Men's shoes		
408	Girl's shoes		
409	Women's shoes		
410	Tailoring charges		
411	Laundry and dry cleaning		
412	Kitchenware (plates, utensils, cups, pots, etc)		
413	Cleaning utensils (brooms, brushes, etc.)		
414	Small household items (torch/flashlight, umbrella, etc		
415	Books & stationery items (not for school)		
416	House decorations		
417	Bed linens - bed sheets, bed cover, blankets, pillows		
418	Curtain and other linen		
419	Carpet and other floor covering		
420	Cell phone		
421	Personal computer, laptop, or tablet		
422	Night's lodging in rest house or hotel		
423	Donations (to church, mosque, charity, beggars, etc)		

**SECTION 10B: NON-FOOD EXPENDITURES - 12 MONTH RECALL PERIOD**

1. PRIMARY RESPONDENT		ID CODE: <input type="text"/>				
ITEM CODE		2.	3.	CODED E/O		
		Over the PAST 12 MONTHS, did the household purchase or pay for any [...]?	In total, how much did your household spend on [ITEM] in the past 12 months?	4. Which household members have been covered by [TYPE OF] insurance at any point in the past 12 months?		
		YES.. 1 NO ... 2 ▶ NEXT ITEM	CURRENCY	ID CODE	ID CODE	ID CODE
501	Carpets, rugs, drapes, curtains					
502	Linens (towels, sheets, blankets)					
503	Mat (for sleeping or for drying maize flour)					
504	Mosquito net					
505	Mattress					
506	Small household appliances (electric kettle, mixer, toaster, iron, etc.)					
507	Sports & hobby equipment, musical instruments, toys					
508	Film, film processing, camera					
509	Building items (cement, bricks, timber, iron sheets, tools, etc.)					
510	Council rates					
511	Health insurance					
alt*	Other insurance (auto, home, life)					
512	Auto insurance					
513	Home insurance					
514	Life insurance					
515	Fines or legal fees					
516	Dowry costs					
517	Marriage ceremony costs					
518	Funeral costs					

SECTION 11: HOUSING CONDITIONS							
CODED OCC							
1	2	3.	4.	5.		6.	
INDICATE THE MAIN RESPONDENT FOR THIS SECTION	WHAT TYPE OF DWELLING DOES THE HOUSEHOLD LIVE IN?  SEPARATE HOUSE(BUNGALOW).....1 SEMI-DETACHED HOUSE.....2 FLAT/APARTMENT .....3 COMPOUND HOUSE (SEPARATE ROOMS, SHARING FACILITIES).....4 HUTS/BUILDINGS [SHARE COMPOUND].....5 HUTS/BUILDINGS [PRIVATE COMPOUND] .....6 TENTS .....7 IMPROVISED HOME (KIOSK, CONTAINER) .....8 LIVING QUARTERS ATTACHED TO OFFICE/SHOP.....9 UNCOMPLETED BUILDING .....10 OTHER (SPECIFY) .....11	Does your household own, rent or stay for free in the dwelling that your household currently occupies?  OWNED .....1 FREE, AUTHORIZED .....2 ▶ Q5 FREE, NOT AUTHORIZED .....3 ▶ Q5 RENTED .....4 ▶ Q6	If your household <u>sold this dwelling</u> today, how much would you receive for it?	If you were to rent this dwelling on the open market, how much would you have to pay?  TIME UNIT MONTH .....1 YEAR .....2 ▶ Q7		How much does your household <u>pay to rent</u> this dwelling?  IF IN KIND, INCLUDE VALUE OF IN KIND PAYMENTS  TIME UNIT MONTH .....1 YEAR .....2	
ID CODE			CURRENCY	CURRENCY	TIME UNIT	CURRENCY	TIME UNIT



**SECTION 11: HOUSING CONDITIONS**

7.	8.	9.			10.	11.
<p>What type of documentation does your household have to support occupancy status?</p> <p>TITLE/DEED..... 1  OFFER OF LEASE ..... 2  CERTIFICATE OF LEASE OR RENT AGREEMENT ..... 3  LETTER FROM CHIEF..... 4  RECEIPT OF PAYMENT ..... 5  NONE..... 6  OTHER (SPECIFY) ..... 7</p>	<p>Are any members of the household listed on the [DOCUMENT]?</p> <p>YES .. 1  NO ... 2</p>	<p>Which members of the household are listed on the [DOCUMENT]?</p> <p>PROBE &amp; LIST ALL</p>			<p>MAIN CONSTRUCTION MATERIAL OF THE OUTSIDE WALLS OF THE DWELLING</p> <p>OBSERVE, DO NOT READ OUT</p> <p>MUD .....1  STONE .....2  UNBURNT BRICKS.....3  BURNT BRICKS .....4  CEMENT OR CONCRETE .....5  WOOD OR BAMBOO.....6  IRON SHEETS.....7  CARDBOARD.....8  OTHER (SPECIFY) .....9</p>	<p>MAIN CONSTRUCTION MATERIAL OF THE ROOFING OF THE DWELLING</p> <p>OBSERVE, DO NOT READ OUT</p> <p>THATCH (GRASS OR STRAW) ..... 1  CORRUGATED IRON SHEETS ..... 2  CLAY TILES ..... 3  CONCRETE/CEMENT ..... 4  PLASTIC SHEET ..... 5  ASBESTOS SHEET ..... 6  MUD ..... 7  STEP TILES ..... 8  LONG/SHORT SPAN SHEETS ..... 9  OTHER (SPECIFY)..... 10</p>
		ID CODE	ID CODE	ID CODE	YEAR	

SECTION 11: HOUSING CONDITIONS			
		CODED OCC	
12.	13.	14.	15.
MAIN CONSTRUCTION MATERIAL OF THE FLOORING OF THE DWELLING  OBSERVE, DO NOT READ OUT  SAND/DIRT/STRAW ..... 1 SMOOTHED MUD ..... 2 SMOOTH CEMENT/CONCRETE ..... 3 WOOD ..... 4 TILE ..... 5 OTHER(SPECIFY) ..... 6 TERRAZO ..... 7	How many separate rooms do the members of your household occupy?  (DO NOT COUNT BATHROOMS, TOILETS, STORE-ROOMS, OR GARAGES)	What type of cookstove is your household's <b>primary cookstove</b> ?  3-STONE STOVE/OPEN FIRE ..... 1 MOVEABLE FIREPAN ..... 2 SOLAR COOKER (THERMAL ENERGY, NOT SOLAR PANELS) ..... 3 BIOMASS FUEL STOVE, TRADITIONAL/SELF BUILT ..... 4 BIOMASS FUEL STOVE, MANUFACTURED ..... 5 LIQUID FUEL (KEROSENE, ETC.) STOVE ..... 6 BIOGAS STOVE ..... 7 LPG/NATURAL GAS STOVE ..... 8 ▶ Q16 PIPED NATURAL GAS STOVE ..... 9 ▶ Q16 ELECTRIC STOVE ..... 10 ▶ Q17 NO COOKING OPTION AT HOME ..... 11 ▶ Q17 OTHER (SPECIFY) ..... 12  NOTE: SOLID/BIOMASS FUELS INCLUDE CHARCOAL, WOOD, CROP RESIDUE, ETC.	In the last 12 months, what is the most commonly used fuel for this cookstove?  PROBE & SELECT TWO MOST USED FUELS IN ORDER OF USE FREQUENCY  COAL/LIGNITE, <u>UNPROCESSED</u> ..... 1 COAL/LIGNITE BRIQUETTES OR PELLETS ..... 2 CHARCOAL, <u>UNPROCESSED</u> ..... 3 CHARCOAL BRIQUETTES OR PELLETS ..... 4 WOOD ..... 5 WOODCHIPS OR SAW DUST ..... 6 ANIMAL WASTE/DUNG ..... 7 CROP RESIDUE/PLANT BIOMASS, <u>UNPROCESSED</u> ..... 8 BIOMASS PELLETS OR BRIQUETTES ..... 9 KEROSENE/PARAFFIN ..... 10 ALCOHOL/ETHANOL ..... 11 OTHER LIQUID FUEL <u>NOT</u> IN GENERATOR (PETROL, DIESEL, ETC) ..... 12 GARBAGE/PLASTIC ..... 13 OTHER (SPECIFY) ..... 14
	NUMBER		

**Designer Note:**

When Q14 is not included, Q15 must be revised to include Q14 answer options 8 - 11, with relevant skip instructions.

**SECTION 11: HOUSING CONDITIONS**

	CODED E/O			CODED E/O
16.	17.	18.	19.	20.
<p>How much did your household spend on the [FUEL TYPE IN Q15] for this stove in the last month?</p> <p><b>ENTER THE ACTUAL AMOUNT SPENT, NOT THE MARKET VALUE OF THE FUEL</b></p>	<p>Where does your household normally cook with the cookstove?</p> <p>IN DWELLING, NOT A SLEEPING AREA ..... 1</p> <p>IN DWELLING, IN A SLEEPING AREA ..... 2</p> <p>IN A SEPARATE DWELLING..... 3</p> <p>IN A VERANDA (ROOFED PLATFORM WITH AT LEAST TWO OPEN SIDES)..... 4</p> <p>OUTDOORS ..... 5</p> <p>OTHER (SPECIFY) ..... 6</p>	<p>What is this household's MAIN source for lighting?</p> <p>PROBE &amp; SELECT TWO MOST OFTEN USED SOURCES IN ORDER OF FREQUENCY</p> <p>ELECTRICITY (INCLUDING SOLAR PANELS, GENERATOR)..... 1 ▶ Q20</p> <p>SOLAR-POWERED LANTERN OR FLASHLIGHT..... 2</p> <p>RECHARGEABLE FLASHLIGHT, MOBILE, TORCH OR LANTERN..... 3</p> <p>BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN ..... 4</p> <p>BIOGAS LAMP ..... 5</p> <p>LPG LAMP ..... 6</p> <p>GASOLINE LAMP..... 7</p> <p>KEROSENE/PARAFFIN LAMP..... 8</p> <p>OIL LAMP ..... 9</p> <p>CANDLE..... 10</p> <p>OPEN FIRE ..... 11</p> <p>OTHER (SPECIFY) ..... 96</p>	<p>Do you have electricity from any source in your household?</p> <p>YES .. 1</p> <p>NO ... 2 ▶ Q29</p>	<p>What are all the sources of electricity that your household use regularly?</p> <p>PROBE &amp; SELECT ALL THAT APPLY</p> <p>PHCN/NEPA ..... 1</p> <p>LOCAL MINI GRID ..... 2</p> <p>GENERATOR..... 3</p> <p>SOLAR HOME SYSTEM ..... 4</p> <p>SOLAR LANTERN/LIGHTING SYSTEM..... 5</p> <p>RECHARGEABLE BATTERY..... 6</p> <p>OTHER (SPECIFY) ..... 7</p>

SECTION 11: HOUSING CONDITIONS						
CODED OCC			CODED OCC	CODED OCC	CODED OCC	CODED OCC
21.	22.		23.	24.	E1	25.
What is the household's MAIN source of electricity (the one used most of the time)?  [NAME, NATIONAL GRID] .....1 LOCAL MINI GRID .....2 GENERATOR .....3 SOLAR HOME SYSTEM .....4 SOLAR LANTERN/LIGHTING SYSTEM .....5 RECHARGEABLE BATTERY .....6 DRY CELL BATTERY/TORCH .....7 OTHER (SPECIFY) .....8	How much does your household typically pay for electricity?  TIME UNIT DAILY ..... 1 WEEKLY ..... 2 FORTNIGHTLY ..... 3 MONTHLY ..... 4 QUARTERLY ..... 5 YEARLY ..... 6		In the last 7 days, how many hours of electricity were available <u>each day on average</u> from [MAIN ELECTRICITY SYSTEM]?	In the last 7 days, how many hours of electricity were available, on average, <u>each evening from 6:00 pm to 10:00 pm</u> from [MAIN ELECTRICITY	CAPI/ENUMERATOR CHECK: DOES Q21==1 OR 2?  YES .. 1 NO ... 2 ▶ Q29	In the last 7 days, how many times were there unscheduled outages/blackouts from [NAME OF MAIN ELECTRICITY SYSTEM]?
	AMOUNT	UNIT	HOURS (0-24)	HOURS (0-4)		# OF INTERRUPTIONS

**SECTION 11: HOUSING CONDITIONS**

CODED OCC	CODED OCC	28b	28c		29.
27.	28.				
In the <b>last 12 months</b> , were any of your appliances damaged because of issues in the electrical system (voltage surges)?  YES .....1 NO .....2 DON'T KNOW ....98	In the <b>last 12 months</b> , did anyone using [NAME OF MAIN ELECTRICAL SYSTEM] die or have permanent limb (bodily injury) damage?  YES .....1 NO .....2 DON'T KNOW ....98	Do you have internet (WiFi) in the household?  DO NOT INCLUDE ACCESS TO THE INTERNET USING MOBILE PHONES  YES ..... 1 NO ..... 2	How much does your household typically pay for internet (WiFi)?  TIME UNIT DAILY ..... 1 WEEKLY..... 2 FORTNIGHTLY ..... 3 MONTHLY ..... 4 QUARTERLY ..... 5 YEARLY ..... 6  AMOUNT                      UNIT		What is the MAIN source of <b>drinking water</b> for this household?  MOST FREQUENTLY USED SOURCE THROUGHOUT THE YEAR, EVEN IF NOT CURRENTLY IN USE.  PIPED INTO DWELLING..... 1 ▶ Q32 PIPED INTO YARD/PLOT ..... 2 ▶ Q32 PIPED TO NEIGHBOR ..... 3 ▶ Q31 PUBLIC TAP/STANDPIPE ..... 4 TUBE WELL/BOREHOLE ..... 5 PROTECTED DUG WELL..... 6 UNPROTECTED DUG WELL..... 7 PROTECTED SPRING..... 8 UNPROTECTED SPRING ..... 9 RAIN WATER COLLECTION ..... 10 TANKER TRUCK/WATER VENDOR..... 11 CART WITH SMALL TANK/DRUM..... 12 SURFACE WATER (RIVER, STREAM, POND, DAM, CANAL) ... 13 BOTTLED WATER ..... 14 ▶ Q32 SACHET WATER ..... 15 ▶ Q32 WATER KIOSK ..... 16 ▶ Q31 OTHER (SPECIFY) ..... 17

SECTION 11: HOUSING CONDITIONS				
		CODED E/O	CODED E/O	
30.	31.		32.	33.
Where is this [SOURCE] located?  IN OWN DWELLING ..... 1 ▶ Q32 IN OWN YARD/PLOT..... 2 ▶ Q32 ELSEWHERE..... 3	How long does it take to go there, get water, and come back, including waiting time?  TIME UNIT MINUTES ..... 1 HOURS..... 2		Do you usually do anything to the water (dry or rainy season) to make it safer to drink?  YES .. 1 NO ... 2 ▶ Q34	What do you usually do to the water to make it safer to drink?  DO NOT READ. PROBE & SELECT ALL THAT APPLY  BOIL..... 1 ADD BLEACH/CHLORINE ..... 2 STRAIN THROUGH CLOTH..... 3 USE A WATER FILTER..... 4 SOLAR DISINFECTION ..... 5 LET IT SETTLE ..... 6 OTHER (SPECIFY) ..... 7
	TIME	UNIT	# OF TRIPS	Do you use the main water source...  ALL YEAR ..... 1 ▶ Q65 ONLY RAINY SEASON..... 2 ONLY DRY SEASON..... 3

**SECTION 11: HOUSING CONDITIONS**

	CODED E/O	CODED E/O	
35.	36.	37.	38.
What is the main source of drinking water for your household <b>during the other season?</b>	In the <b>last 30 days</b> , has there been any time when your household did not have sufficient quantities of drinking water when needed?	What is the main source of water used by members of your household for <b>other purposes, such as cooking and hand washing?</b>	During the <b>past 30 days</b> , how much did your household pay for water, including any fees or costs of transportation, delivery, etc.?
PIPED INTO DWELLING..... 1 PIPED INTO YARD/PLOT ..... 2 PIPED TO NEIGHBOR ..... 3 PUBLIC TAP/STANDPIPE ..... 4 TUBE WELL/BOREHOLE ..... 5 PROTECTED DUG WELL..... 6 UNPROTECTED DUG WELL..... 7 PROTECTED SPRING..... 8 UNPROTECTED SPRING ..... 9 RAIN WATER COLLECTION ..... 10 TANKER TRUCK/WATER VENDOR ..... 11 WITH SMALL TANK/DRUM..... 12 SURFACE WATER (RIVER, STREAM, POND, DAMN, CANAL) ..... 13 BOTTLED WATER ..... 14 SACHET WATER ..... 15 WATER KIOSK ..... 16 OTHER (SPECIFY) ..... 17	YES ..... 1 NO ..... 2	PIPED INTO DWELLING..... 1 PIPED INTO YARD/PLOT ..... 2 PIPED TO NEIGHBOR ..... 3 PUBLIC TAP/STANDPIPE ..... 4 TUBE WELL/BOREHOLE ..... 5 PROTECTED DUG WELL..... 6 UNPROTECTED DUG WELL..... 7 PROTECTED SPRING..... 8 UNPROTECTED SPRING ..... 9 RAIN WATER COLLECTION ..... 10 TANKER TRUCK..... 11 CART WITH SMALL TANK/DRUM..... 12 SURFACE WATER (RIVER, STREAM, POND, DAM, IRRIGATION CHANNEL CANAL).... 13 BOTTLED WATER ..... 14 SACHET WATER ..... 15 WATER KIOSK ..... 16 OTHER (SPECIFY) ..... 17	IF THE WATER BILL IS SHARED, ONLY RECORD THE HH'S PORTION
			CURRENCY

SECTION 11: HOUSING CONDITIONS				
39.	40.	41.	42.	43.
What is the MAIN type of toilet facility used by your household? FLUSH TO PIPED SEWAGESYSTEM..... 1 ▶ Q42 FLUSH TO SEPTIC TANK..... 2 FLUSH TO PIT LATRINE ..... 3 FLUSH TO OPEN DRAIN..... 4 ▶ Q42 FLUSH TO SOMEWHERE ELSE ..... 5 ▶ Q42 FLUSH TO UNKNOWN ..... 6 VENTILATED IMPROVED LATRINE..... 7 PIT LATRINE WITH SLAB ..... 8 PIT LATRINE W/O SLAB/OPEN PIT ..... 9 COMPOSTING TOILET..... 10 BUCKET ..... 11 ▶ Q42 HANGING TOILET/HANGING LATRINE.. 12 ▶ Q42 NO FACILITIES, BUSH OR FIELD..... 13 ▶ Q42 OTHER (SPECIFY..... 14 ▶ Q42 PLACE/NOT SURE/DONT KNOW WHERE15 ▶ Q42	Where is this toilet facility located?  IN OWN DWELLING ..... 1 IN OWN YARD/ PLOT..... 2 ELSEWHERE..... 3	Does your household share this facility with others households?  YES ..... 1 NO ..... 2	In the <b>past 12 months</b> , how has your household most often disposed of refuse (garbage disposal)?  COLLECTED BY GOV..... 1 COLLECTED BY PRIVATE FIRM ..... 2 TAKE TO PUBLIC/DESIGNATED RUBBISH HEAP..... 3 BURNING..... 4 ▶ NEXT SECTION COMPOST SOLID WASTE..... 5 ▶ NEXT SECTION RUBBISH PIT/DISPOSAL ON COMPOUND (NOT BURNING/COMPOST)..... 6 ▶ NEXT SECTION INFORMAL DISPOSAL, LAND (BUSH, STREET, ETC) ... 7 ▶ NEXT SECTION INFORMAL DISPOSAL, WATER (RIVER, SEA..... 8 ▶ NEXT SECTION OTHER (SPECIFY) ..... 9	How much does your household typically pay for refuse disposal?  TIME UNIT DAILY ..... 1 WEEKLY..... 2 FORTNIGHTLY ..... 3 MONTHLY ..... 4 QUARTERLY ..... 5 YEARLY ..... 6
				AMOUNT      UNIT



## SECTION 12: FOOD SECURITY

Now I would like to ask you some questions about food and meals in the household.

1.	ENUMERATOR: RECORD PRIMARY RESPONDENT ID	ID CODE
<b>During the last 12 months, was there a time when, <i>because of lack of money or other resources</i>:</b>		YES ..... 1 NO ..... 2
2.	... anyone in your household <b>worried</b> about not having enough food to eat?	
3.	... anyone in your household was <b>unable to eat healthy and nutritious foods</b> ?	
4.	... anyone in your household <b>ate only a few kinds of foods</b> ?	
5.	... anyone in your household had to <b>skip a meal</b> ?	
6.	... anyone in your household <b>ate less than you thought you should</b> ?	
7.	... your household <b>ran out of food</b> ?	
8.	... anyone in your household was <b>hungry but did not eat</b> ?	
9.	... anyone in your household <b>went without eating for a whole day</b> ?	

**Designer Note:**

Ask these questions at the overall household level, or at the individual level for each HH member. See Questionnaire Note for more detail.

## SECTION 13: SOCIAL PROGRAMS AND PROTECTIONS

1. PRIMARY RESPONDENT		ID CODE: <input type="text"/>		
CODE		<b>2.</b>	<b>3.</b>	<b>4.</b>
	FIRST ASK QUESTION 1 FOR ALL TYPES OF ASSISTANCE. THEN ASK FOLLOW-UP QUESTIONS FOR EACH TYPE THE HOUSEHOLD RECEIVES.	In the past 12 months, has any member of your household received any of the following types of assistance from the government or from community, religious, international, or other organizations/ groups?	What was the total value of [ASSISTANCE] from [GOVERNMENT]? ESTIMATE VALUE OF ANY FOOD AND IN-KIND ASSISTANCE. IF NONE, WRITE 0	What was the total value of [ASSISTANCE] from all other groups/ organizations? ESTIMATE VALUE OF ANY FOOD AND IN-KIND ASSISTANCE. IF NONE, WRITE 0
	ASSISTANCE TYPE	YES.. 1 NO... 2 ▶ NEXT ITEM		
	1 (Free) Food			
	2 (Direct) Cash transfers			
3 Payment relief for public services (ex: electricity, water, internet)				
4 Other in-kind transfers, SPECIFY (medicine, masks/sanitizers, etc.)				

**Designer Note:**

The item list is an example and must be tailored to the country and survey needs in consultation with local experts.

**SECTION 13: SOCIAL PROGRAMS AND PROTECTIONS**

		CODED OCC	CODED E/O	CODED E/O		
		5.	6.	7.		
CODE	ASSISTANCE TYPE	What was the source of this [ASSISTANCE] ?  COMMUNITY ORGANIZATION OR COOPERATIVE .... 1 NGO.....2 INTERNATIONAL ORGANIZATION.....3 RELIGIOUS GROUP.....4 OTHER (SPECIFY) .....5	Was this assistance given to... READ OPTIONS ALOUD.  ENTIRE HOUSEHOLD .....1 ▶ NEXT PERSON SPECIFIC HOUSEHOLD MEMBERS.....2	Which household members received this assistance from [PROGRAMME] in the last 12 months?  RECORD ROSTER ID OF EACH MEMBER MENTIONED		
				ID CODE	ID CODE	ID CODE
1	(Free) Food					
2	(Direct) Cash transfers					
3	Payment relief for public services (ex: electricity, water, internet)					
4	Other in-kind transfers, SPECIFY (medicine, masks/sanitizers, etc.)					

SECTION 14: SHOCKS COPING						
1. INTERVIEWER: RECORD ID OF PRIMARY RESPONDENT		ID CODE: <input type="text"/>				
SHOCK CODE	2.	3.	4.		<b>CODES FOR Q4.</b> SALE OF LIVESTOCK ..... 1 SALE OF LAND ..... 2 SALE OF OTHER PROPERTY..... 3 SENT CHILDREN TO LIVE WITH FRIENDS ..... 4 WITHDREW CHILDREN FROM SCHOOL..... 5 ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES..... 6 RECEIVED HELP FROM FRIENDS & FAMILY ..... 7 BORROWED FROM FRIENDS OR FAMILY ..... 8 TOOK A LOAN FROM FINANCIAL INSTITUTION ..... 9 MEMBERS OF THE HOUSEHOLD MIGRATED FOR WORK..... 10 PUT PURCHASES ON CREDIT..... 11 DELAYED PAYMENT OBLIGATIONS ..... 12 SOLD HARVEST IN ADVANCE..... 13 REDUCED FOOD CONSUMPTION..... 14 REDUCED NON-FOOD CONSUMPTION ..... 15 RELIED MORE ON COLLECTING/FORAGING FOOD ITEMS FROM FOREST/WILD AREAS ..... 16 RELIED ON SAVINGS ..... 17 TOOK ADVANCED PAYMENT FROM EMPLOYER..... 18 RECEIVED ASSISTANCE FROM NGO..... 19 RECEIVED ASSISTANCE FROM GOVERNMENT ..... 20 WAS COVERED BY INSURANCE POLICY ..... 21 DID NOTHING ..... 22 OTHER (SPECIFY) ..... 23	
	During the <b>last 12 months</b> , was your household negatively affected by any of the following? FIRST ASK Q1 FOR ALL SHOCKS , THEN ASK FOLLOW UP QUESTIONS FOR EACH YES ANSWER YES ... 1 NO ... 2 ▶ NEXT SHOCK	Rank the 3 most significant shocks you have experienced.  MOST SEVERE ..... 1 NEXT MOST SEVERE ..... 2 THIRD MOSTSEVERE..... 3	How did your household cope with [SHOCK]? IF SHOCK HAPPENED MORE THAN ONCE, ASK ABOUT MOST RECENT.  ONLY ASK FOR 3 MOST SIGNIFICANT SHOCKS RANKED IN Q4.  SEE CODES. SELECT ALL THAT APPLY			
	1	Death of an adult working household member				
	2	Death of other HH members				
	3	Illness or disability of income earning household member				
	4	Job loss (NOT related to death, disability, or illness)				
	5	End of regular assistance, aid, or remittances from outside the household				
	6	Departure of income-earning household member (ex: due to separation, divorce, changing to another household)				
	7	Non-farm business failure/closure				
	8	Theft of crops, cash, livestock or other property				
	9	Destruction of harvest by fire				
	10	Dwelling damaged/demolished				
	11	Irregular or poor rains that caused harvest failure				
	12	Flooding that caused harvest failure or storage loss				
	13	Pest invasion that caused harvest failure or storage loss				
	14	Loss of property due to fire or flood				
15	Loss of land					

**SECTION 14: SHOCKS COPING**

SHOCK CODE	2.	3.	4.			CODES FOR Q4.
	During the <b>last 12 months</b> , was your household negatively affected by any of the following?  FIRST ASK Q1 FOR ALL SHOCKS , THEN ASK FOLLOW UP QUESTIONS FOR EACH YES ANSWER  YES .. 1 NO ... 2 ▶ NEXT SHOCK	Rank the 3 most significant shocks you have experienced.  MOST SEVERE ..... 1 NEXT MOST SEVERE ..... 2 THIRD MOSTSEVERE..... 3	How did your household cope with [SHOCK]? IF SHOCK HAPPENED MORE THAN ONCE, ASK ABOUT MOST RECENT.  ONLY ASK FOR 3 MOST SIGNIFICANT SHOCKS RANKED IN Q4.  SEE CODES. SELECT ALL THAT APPLY			
16	Other natural disasters (landslides, earthquakes, etc.)					SALE OF LIVESTOCK ..... 1 SALE OF LAND ..... 2 SALE OF OTHER PROPERTY..... 3 SENT CHILDREN TO LIVE WITH FRIENDS ..... 4 WITHDREW CHILDREN FROM SCHOOL..... 5 ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES..... 6 RECEIVED HELP FROM FRIENDS & FAMILY ..... 7 BORROWED FROM FRIENDS OR FAMILY ..... 8 TOOK A LOAN FROM FINANCIAL INSTITUTION ..... 9 MEMBERS OF THE HOUSEHOLD MIGRATED FOR WORK..... 10 PUT PURCHASES ON CREDIT..... 11 DELAYED PAYMENT OBLIGATIONS ..... 12 SOLD HARVEST IN ADVANCE..... 13 REDUCED FOOD CONSUMPTION..... 14 REDUCED NON-FOOD CONSUMPTION ..... 15 RELIED MORE ON COLLECTING/FORAGING FOOD ITEMS FROM FOREST/WILD AREAS ..... 16 RELIED ON SAVINGS..... 17 TOOK ADVANCED PAYMENT FROM EMPLOYER..... 18 RECEIVED ASSISTANCE FROM NGO..... 19 RECEIVED ASSISTANCE FROM GOVERNMENT ..... 20 WAS COVERED BY INSURANCE POLICY ..... 21 DID NOTHING ..... 22 OTHER (SPECIFY) ..... 23
17	Death of livestock due to illness, disease, or accident					
18	Increase in price of inputs needed by household farm or non-farm enterprise					
19	Fall in price of outputs sold by household farm or non-farm enterprise					
20	Reduction in earnings from non-farm enterprise (not due to illness, accident, or death of household member)					
21	Failure or closure of non-farm enterprise (not due to illness, accident or death of a household member)					
22	Increase in price of major food items consumed					
23	Increase in price of oil and fuel					
24	Kidnapping/hijacking/robbery/assault					
25	Disruptions in farming/livestock activities					
96	Other (specify)					

**SECTION 15: LAND TENURE**

1. Do you or does any member of your household use, own, or hold use rights for any parcel of land, either alone or jointly with someone else, regardless of who uses the parcel and regardless of what it is used for (i.e., dwelling, cultivated, pastoral, forest, or business/commercial parcels)?

YES.. 1

NO ... 2 ▶ SECTION 16

**A PARCEL IS A PIECE OF LAND OF ONE TENURE TYPE ENTIRELY SURROUNDED BY OTHER LAND, WATER, ROADS, OR FORESTS OF A DIFFERENT TENURE TYPE THAT MAY OR MAY NOT BE USED OR OWNED BY THE SAME HOUSEHOLD.**

**ENUMERATOR: CREATE THE ROSTER BY COMPLETING Q2 & Q3 FOR ALL PARCELS, THEN GO THROUGH THE REST OF THE SECTION ONE PARCEL AT A TIME.**

PARCEL ID	2.	3.	4.	5.	6.		
	PARCEL NAME Please tell me about each parcel that you or any household member currently <b>uses, owns, or holds use rights for</b> , either alone or with someone else.  Please describe or give me the name of each parcel, (starting with the parcel you reside on, if applicable).	LOCATION & DESCRIPTION OF PARCEL	RECORD THE ID OF THE RESPONDENT.  LIST FROM HOUSEHOLD ROSTER"	How was this [PARCEL] acquired?  GRANTED BY CUSTOMARY/COMMUNITY AUTHORITIES ..... 1 ▶ 9 ALLOCATED BY GOVERNMENT ..... 2 ▶ 9 ALLOCATED BY FAMILY MEMBER ..... 3 ▶ 9 INHERITED BY THE DEATH OF A FAMILY MEMBER ..... 4 ▶ 9 PURCHASED ..... 5 ▶ 8 RENTED IN, SHORT-TERM (< 3 YEARS) ..... 6 RENTED IN, LONG-TERM ..... 7 SHARECROPPED IN ..... 8 ▶ 9 BORROWED FOR FREE ..... 9 ▶ 9 BRIDE PRICE ..... 10 ▶ 9 GIFT FROM NON-HOUSEHOLD MEMBER ..... 11 ▶ 9 MOVED IN WITHOUT PERMISSION..... 12 ▶ 18 OTHER (SPECIFY) ..... 13 ▶ 8	How much do you pay the owner for use of this [PARCEL]?  ESTIMATE THE VALUE OF ANY IN-KIND PAYMENTS, EXCLUDING CROP OUTPUTS	CASH	IN-KIND
			ID	CODE	CURRENCY	CURRENCY	
1							
2							
3							
4							
5							

**SECTION 15: LAND TENURE**

PARCEL ID	7.	8.	9.	10.				11.
	How many <u>months</u> does this payment cover?	How much in total did you pay for this [PARCEL] (include both cash and payments in-kind)?	Under which tenure system is this [PARCEL]?  CUSTOMARY .....1 FREEHOLD .....2 LEASEHOLD .....3 STATE .....4 COMMUNITY/GROUP RIGHT .....5 COOPERATIVES .....6 OTHER (SPECIFY) .....7	Who in the household [owns/ holds use rights to] this [PARCEL]?  LIST UP TO 4 JOINT OWNERS OR USE RIGHT HOLDERS FROM HOUSEHOLD ROSTER.				Does your household have a document for this [PARCEL] issued by or registered at the Land Registry/Cadastral Agency, such as a title deed, certificate of ownership, certificate of hereditary acquisition, lease or rental contract?  YES .. 1 NO ... 2 ▶ Q13
	ALL ▶ 9			ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4	
	NUMBER	CURRENCY	CODE					
1								
2								
3								
4								
5								

**SECTION 15: LAND TENURE**

CODED E/O																
12.															13.	
PARCEL ID	What type of documents does your household have for this [PARCEL], and which household members are listed as owners or use rights holders on each? LIST UP TO 3, SHOW PHOTO AID  DOCUMENT TYPE: TITLE DEED..... 1 CERTIFICATE OF CUSTOMARY OWNERSHIP..... 2 CERTIFICATE OF OCCUPANCY ..... 3 CERTIFICATE OF HEREDITARY ACQUISITION LISTED IN REGISTRY..... 4 SURVEY PLAN ..... 5 RENTAL CONTRACT, REGISTERED ..... 6 LEASE, REGISTERED ..... 7 OTHER (SPECIFY) ..... 8  IF NO HOUSEHOLD MEMBER ON DOCUMENT, ENTER "55" IF DON'T KNOW, ENTER "98"															<b>CAPI/ENUMERATOR:</b> IS Q4==6 OR 8 OR 9?  YES .. 1 ▶ Q18 NO ... 2
	DOCUMENT #1				DOCUMENT #2					DOCUMENT #3						
	DOC. TYPE	ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4	DOC. TYPE	ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4	DOC. TYPE	ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4	
	1															
	2															
	3															
4																
5																



**SECTION 15: LAND TENURE**

PARCEL ID	14.	15.					16.	17.				
	Does anyone in the household have the right to sell [PARCEL], either alone or with someone else?  YES .....1 NO .....2 ▶ 16 DONT'KNOW .....98 ▶ 16 REFUSAL.....99 ▶ 16	Who can decide whether to sell [PARCEL]? LIST UP TO 4 ID CODES FROM HOUSEHOLD ROSTER AND 1 CODE FROM OUTSIDE HOUSEHOLD, IF APPLICABLE.  <u>CODE FOR NON-HH MEMBER:</u> RELATIVE.....1 LOCAL OFFICIAL .....2 CUSTOMARY LEADER .....3 OTHER.....4					Does anyone in the household have the right to bequeath this [PARCEL], either alone or with someone else?  YES .....1 NO .....2 ▶ 18 DON'T KNOW .....98 ▶ 18 REFUSAL.....99 ▶ 18	Who can decide whether to bequeath this [PARCEL]? LIST UP TO 4 ID CODES FROM HOUSEHOLD ROSTER AND 1 CODE FROM OUTSIDE HOUSEHOLD, IF APPLICABLE.  <u>CODE FOR NON-HH MEMBER:</u> RELATIVE.....1 LOCAL OFFICIAL .....2 CUSTOMARY LEADER .....3 OTHER.....4				
		ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4	NON-HH MEMBER		ID CODE #1	ID CODE #2	ID CODE #3	ID CODE #4	NON-HH MEMBER
1												
2												
3												
4												
5												

**SECTION 15: LAND TENURE**

PARCEL ID	18.								19.		20.						
	On a scale from 1 to 5, where 1 is not at all likely and 5 is extremely likely, how likely is [NAME of owner/use rights holder] to involuntarily lose ownership or use rights to this [PARCEL] in the next 5 years? ASK FOR EACH OF THE ID CODES REPORTED IN Q10. IF "MOVED IN WITHOUT PERMISSION" (Q5=12), ASK ABOUT THE HOUSEHOLD HEAD (INDIVIDUAL 1) AND THE SPOUSE OF THE HEAD OF HOUSEHOLD (INDIVIDUAL 2).  NOT AT ALL LIKELY..... 1 SLIGHTLY LIKELY .....2 MODERATELY LIKELY .....3 VERY LIKELY.....4 EXTREMELY LIKELY.....5								<b>ONLY ASK IF Q10=1 (yes)</b>  Is the area of this [PARCEL] reported on the document(s)?  YES ..... 1 NO ..... 2		What is the area of this [PARCEL]?  ENUMERATOR: IF AREA IS REPORTED ON THE DOCUMENT, ASK TO SEE THE DOCUMENT						
	INDIVIDUAL 1		INDIVIDUAL 2		INDIVIDUAL 3		INDIVIDUAL 4		AREA							UNIT	
ID	RESPONSE	ID	RESPONSE	ID	RESPONSE	ID	RESPONSE										
1																	
2																	
3																	
4																	
5																	

**SECTION 15: LAND TENURE**

PARCEL ID	21.	22.			24.	25.		26.
	<b>ONLY IF Q10=1 (yes)</b> <b>ENUMERATOR: REPORT THE SOURCE OF INFORMATION</b>  RESPONDENT DECLARATION..... 1 DOCUMENT .....2	What are the three main uses of this [PARCEL]?  RESIDENTIAL.....1 CROP PRODUCTION.....2 GRAZING (MEADOWS AND PASTURES) .....3 TEMPORARILY FALLOW .....4 FARM BUILDINGS.....5 AQUACULTURE.....6 FOREST .....7 BUSINESS/COMMERCIAL .....8 UNUSED .....9 RENTED OUT/SHARECROPPED OUT .....10 GAVE OUT FOR FREE .....11 NO SECOND USE .....12 DON'T KNOW .....88 OTHER (SPECIFY) .....98			<b>CAPI/ENUMERATOR:</b> IS Q22A==10   Q22B==10   Q22C==10?  YES ..... 1 NO .....2 ▶ NEXT PARCEL	How much do you receive from renting or sharecropping out this [PARCEL]?  ESTIMATE THE VALUE OF IN-KIND RECEIPTS, INCLUDING CROP OUTPUTS	How many <u>months</u> does this payment cover?	
		1st	2nd	3rd			CASH CURRENCY	IN-KIND CURRENCY
1								
2								
3								
4								
5								

<b>SECTION 16: ACCESS TO ESSENTIAL GOODS</b>					
Instructions: Include the 5 more common essential goods in the country					
	<b>1a.</b>	<b>1b.</b>	<b>1c.</b>	<b>2a</b>	<b>2b</b>
<b>ITEM</b>	In the past 7-days, did you or anyone in your household want or need to buy [ITEM]?	Were you or someone in your household able to buy [ITEM]?	Why was your household not able to buy [ITEM]?	Were you able to buy the desired amount of [ITEM]?	Why was your household not able to buy the desired amount of [ITEM]?
	YES ..... 1 NO ..... 2 ▶ <b>NEXT SECTION</b>	YES ..... 1 ▶ <b>Q2A</b> NO ..... 2	OUT OF STOCK ..... 1 PRICE HAS INCREASED ..... 2 DUE TO QUOTAS ..... 3 HIGH TRANSPORTATION COSTS..... 4 INFERIOR QUALITY OF AVAILABLE ITEMS ..... 5 NOT ABLE TO GO TO THE MARKET DUE TO SECURITY REASONS..... 6 NO MONEY TO BUY ..... 7 OTHER (SPECIFY) ..... 96  <b><u>SELECT ALL THAT APPLY</u></b>	YES ..... 1 ▶ <b>NEXT SECTION</b> NO ..... 2	OUT OF STOCK ..... 1 PRICE HAS INCREASED ..... 2 DUE TO QUOTAS ..... 3 HIGH TRANSPORTATION COSTS..... 4 INFERIOR QUALITY OF AVAILABLE ITEMS ..... 5 NOT ENOUGH MONEY ..... 6 OTHER (SPECIFY) ..... 96  <b><u>SELECT ALL THAT APPLY</u></b>
	<b>1</b>				
	<b>2</b>				
	<b>3</b>				
	<b>4</b>				
	<b>5</b>				
<b>6</b>					

**SECTION 17: PAST EXPERIENCE, CURRENT EXPERIENCE & FUTURE EXPECTATIONS: CLIMATE/WEATHER**

EXPERIENCE IN THE PAST 12 MONTHS					
ENABLE IF Q3=1					
EVENT CODE	3.	4.	5.		6.
	During the past 12 months, did your household experience [CLIMATE/WEATHER EVENT]?	In which month did the [CLIMATE/WEATHER EVENT] first occur?	How long did the [CLIMATE/WEATHER EVENT] last?		Did [CLIMATE/WEATHER EVENT] affect only this household, some other households, most households in the community, or all households in the community?
	YES ..... 1 NO ..... 2 ▶ NEXT ROW	JANUARY ..... 1 FEBRUARY..... 2 MARCH..... 3 APRIL ..... 4 MAY ..... 5 JUNE ..... 6 JULY ..... 7 AUGUST ..... 8 SEPTEMBER ..... 9 OCTOBER ..... 10 NOVEMBER ..... 11 DECEMBER ..... 12 DO NOT KNOW ... 777	IF RESPONDENT DOES NOT KNOW, RECORD "99"		
			CODES FOR UNIT: MONTH ..... 1 WEEK ..... 2 DAY ..... 3		Only this household ..... 1 Some other households ..... 2 Most households in the community ..... 3 All households in the community ..... 4 Do not know ..... 777
	CODE	CODE	NB OF MONTHS	UNIT	CODE
1	Drought				
2	Erratic rainfall				
3	Late onset of rains				
4	Early onset of rains				
5	Early cessation of rains				
6	Flooding				
7	Water logging				
8	Torrential downpours				
9	Hailstorms				
10	Extreme winds				
11	Very high temperatures				
12	Unusually High Level of Crop Pests & Disease				
13	Unusually High Level of Livestock Disease				

SECTION 17: PAST EXPERIENCE, CURRENT EXPERIENCE & FUTURE EXPECTATIONS: CLIMATE/WEATHER				
		EXPERIENCE IN THE PAST 12 MONTHS		
			DISABLE IF "NO" TO ALL ANSWER OPTIONS IN Q7	
EVENT CODE		7.	8.	
		8a		
		<p>Did any of the following happen to your household because of [CLIMATE/WEATHER EVENT] in the last 12 months?</p> <p>READ EACH OPTION ALOUD. SELECT ALL THAT APPLY</p> <p>A. Loss of crop production..... Y/N            B. Loss of livestock/livestock production... Y/N            C. Loss/damage of other assets or properties (specify) ..... Y/N            D. Household members displaced..... Y/N            E. Household members killed/injured ..... Y/N            Other (specify) ..... Y/N</p>	<p>How did your household cope with the negative consequences of [CLIMATE/WEATHER EVENT] after it occurred?</p> <p>FOR EACH EVENT, PROVIDE UP TO 3 ANSWERS STARTING WITH THE ONE THAT WAS DONE FIRST</p> <p>[SEE CODES]</p>	<p>Compared to 5 years ago, would you say that the occurrence of [CLIMATE/WEATHER EVENT] is increasing, decreasing or about the same?</p> <p>Increasing..... 1            About the same..... 2            Decreasing ..... 3            DO NOT KNOW ..... 777</p>
			CODE	
1	Drought			
2	Erratic rainfall			
3	Late onset of rains			
4	Early onset of rains			
5	Early cessation of rains			
6	Flooding			
7	Water logging			
8	Torrential downpours			
9	Hailstorms			
10	Extreme winds			
11	Very high temperatures			
12	Unusually High Level of Crop Pests & Disease			
13	Unusually High Level of Livestock Disease			

**CODES FOR Q8**

USED OWN SAVINGS.....	1	RELIED MORE INTENSIVELY ON IRRIGATION .....	16
[RECEIVED ASSISTANCE] RECEIVED ASSISTANCE FROM FRIENDS/FAMILY .....	2	ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES .....	17
RECEIVED ASSISTANCE FROM GOVERNMENT .....	3	DELAYED PAYMENT OBLIGATIONS .....	18
RECEIVED ASSISTANCE FROM NGO/RELIGIOUS INSTITUTION.....	4	[TOOK A LOAN] TOOK A LOAN FROM A FINANCIAL INSTITUTION.....	19
EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE EMPLOYMENT.....	5	TOOK A LOAN FROM AN INFORMAL LENDER .....	20
ADULT HOUSEHOLD MEMBERS WHO WERE PREVIOUSLY NOT WORKING HAD TO FIND WORK ....	6	TOOK ADVANCED PAYMENT FROM EMPLOYER/BUYER .....	21
ONE OR MORE HOUSEHOLD MEMBERS MIGRATED TO FIND JOB ELSEWHERE .....	7	[SOLD OR RENTED ASSETS] RENTED OUT LAND/BUILDINGS/HOUSES.....	22
WITHDREW CHILDREN FROM SCHOOL.....	8	SOLD LAND/BUILDINGS/HOUSES .....	23
MARRIED THE CHILDREN .....	9	SOLD AGRICULTURAL ASSETS.....	24
SENT CHILDREN (UNDER 15) TO WORK.....	10	SOLD CROP/FOOD STOCK .....	25
SENT CHILDREN TO LIVE ELSEWHERE .....	11	SOLD CROP HARVEST IN ADVANCE .....	26
REDUCED EXPENDITURE ON HEALTH AND/OR EDUCATION .....	12	SOLD DURABLE GOOD.....	27
CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF MEALS PER DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC) .....	13	SOLD LIVESTOCK .....	28
CHANGED CROPPING PRACTICES (CROP CHOICES OR TECHNOLOGY).....	14	ENGAGED IN SPIRITUAL EFFORTS - PRAYER, SACRIFICES, DIVINER CONSULTATIONS.....	29
STARTED OFF-SEASON CULTIVATION .....	15	HOUSEHOLD WAS COVERED BY INSURANCE.....	30
		DID NOT DO ANYTHING .....	31
		OTHER (SPECIFY) .....	999

**other option for CODES for Q8**

USED OWN SAVINGS .....	1
RECEIVED ASSISTANCE .....	2
SOLD ASSETS .....	3
RENTED OUT LAND/BUILDINGS/HOUSES .....	4
ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES .....	5
TOOK A LOAN .....	6
REDUCED FOOD CONSUMPTION .....	7
REDUCED NON-FOOD CONSUMPTION .....	8
CHANGED CROPPING PRACTICES (CROP CHOICES OR TECHNOLOGY).....	9
STARTED OFF-SEASON CULTIVATION .....	10
RELIED MORE INTENSIVELY ON IRRIGATION .....	11
WAS COVERED BY INSURANCE POLICY .....	12
DID NOTHING .....	13
OTHER (SPECIFY) .....	96

Q8.1	Q8.2	Q8.3
From whom did you received assistance?	What asset did you sell?	From whom did you take a loan?
IF Q8==2 SELECT ALL THE ONES THAT APPLY	IF Q8==3 SELECT ALL THE ONES THAT APPLY	IF Q8==6 SELECT ALL THE ONES THAT APPLY
FRIENDS/FAMILY .....	LAND/BUILDINGS/ HOUSES.....	FRIENDS/FAMILY .....
GOVERNMENT.....	HOUSES..... 1	FINANCIAL INSTITUTION .....
NGO/RELIGIOUS INSTITUTION .....	AGRICULTURAL ASSETS..... 2	INFORMAL LENDER .....
OTHER (SPECIFY)..... 96	CROP/FOOD STOCK .....	NGO/RELIGIOUS INSTITUTION .....
	CROP HARVEST IN ADVANCE .....	EMPLOYER..... 5
	DURABLE GOOD..... 5	OTHER (SPECIFY) .....
	LIVESTOCK .....	96
	OTHER (SPECIFY) .....	
	96	

SECTION 17: PAST EXPERIENCE, CURRENT EXPERIENCE & FUTURE EXPECTATIONS: CLIMATE/WEATHER							
		OPTIONAL	OPTIONAL	OPTIONAL			
		FUTURE EXPECTATIONS					
			DISABLE IF Q9=1	ENABLE IF Q10=4 OR 5			
EVENT CODE		9.	10.	11			
		During the next 5 years, how frequently do you expect your household to experience [CLIMATE/WEATHER EVENT]?  NEVER ..... 1 RARELY ..... 2 MOST YEARS ..... 3 EVERY YEAR ..... 4 DO NOT KNOW ..... 777	Using a scale of 1 to 5, where 1 is "Extremely unlikely" and 5 is "Extremely likely", how likely is that your household will experience [CLIMATE/WEATHER EVENT] in the next 12 months?  EXTREMELY UNLIKELY ..... 1 UNLIKELY ..... 2 NEITHER LIKELY NOR UNLIKELY ..... 3 LIKELY ..... 4 EXTREMELY LIKELY ..... 5 DO NOT KNOW ..... 777	The next time [CLIMATE/WEATHER EVENT] occurs, do you expect it to cause your household any of the following?  READ EACH OPTION ALOUD. SELECT ALL THAT APPLY  A. Loss of crop production..... Y/N B. Loss of livestock/livestock production..... Y/N C. Loss/damage of other assets or properties (specify) .... Y/N D. Household members displaced ..... Y/N E. Household members killed/injured ..... Y/N			
		CODE	CODE	A	B	C	D
1	Drought						
2	Erratic rainfall						
3	Late onset of rains						
4	Early onset of rains						
5	Early cessation of rains						
6	Flooding						
7	Water logging						
8	Torrential downpours						
9	Hailstorms						
10	Extreme winds						
11	Very high temperatures						
12	Unusually High Level of Crop Pests & Disease						
13	Unusually High Level of Livestock Disease						



**SECTION 18: ECONOMIC SENTIMENTS**

Household economic situation		Country economic situation	
1.	2.	3.	4.
<p>We are interested in how people are getting along financially these days. Would you say that you and your household are financially better off, about the same, or worse off than you were 12 months ago?</p> <p><b>READ OPTIONS</b></p> <p>Better now..... 1            Same..... 2            Worse ..... 3            DON'T KNOW .....97</p>	<p>Now looking ahead--do you think that 12 months from now you and your household will be better off financially, or worse off, or just about the same as now?</p> <p><b>READ OPTIONS</b></p> <p>Will be better off ..... 1            Same.....2            Will be worse off..... 3            DON'T KNOW ..... 97</p>	<p>Now turning to economic situation in the country as a whole. How do you think the general economic situation in the country has changed during the past 12 months? It has ...</p> <p><b>READ OPTIONS</b></p> <p>Got a lot better ..... 1            Got a little better ..... 2            Stayed about the same ..... 3            Got a little worse..... 4            Got a lot worse..... 5            DON'T KNOW ..... 97</p>	<p>And during the next 5 years, how do you expect the general economic situation in this country to develop? It will ...</p> <p><b>READ OPTIONS</b></p> <p>Get a lot better..... 1            Get a little better ..... 2            Stay about the same ..... 3            Get a little worse..... 4            Get a lot worse..... 5            DON'T KNOW ..... 97</p>

SECTION 18: ECONOMIC SENTIMENTS			
Consumer prices			
5.	6a.	6b.	7.
<p>Now turning to prices in general: During the last 12 months, do you think prices in general have gone up a lot, gone up somewhat, stayed the same, or gone down?</p> <p>Gone up a lot..... 1 Gone up somewhat..... 2 Stayed the same ..... 3 ▶ Q7 Gone down ..... 4 DON'T KNOW ..... 97 ▶ Q7</p>	<p>(IF Q5=1 OR 2) By about what percent do you think prices in general went up during the last 12 months?</p> <p><b>RECORD PERCENTAGE</b></p>	<p>(IF Q5=3) By about what percent do you think prices in general went down during the last 12 months?</p> <p><b>RECORD PERCENTAGE</b></p>	<p>How do you expect that prices in general will develop during the next 12 months, comparing to the past 12 months?</p> <p><b>READ OPTIONS</b></p> <p>Go up more than in the last 12 months..... 1 Go up at the same rate as in the last 12 months..... 2 Go up less than in the last 12 months ..... 3 Stay about the same ..... 4 Go down ..... 5 DON'T KNOW..... 97</p>
	Percentage	Percentage	

**SECTION 18: ECONOMIC SENTIMENTS**

Major household purchases	Extreme weather shocks	
8.	9.	10.
<p>We now would like to ask you about the big items people buy for their households--such as furniture, a stove, a refrigerator, a car, a motorcycle. Generally speaking, do you think now is a good or a bad time for people to buy major household items?</p> <p><b>READ OPTIONS</b></p> <p>Good time..... 1            Neither good nor bad..... 2            Bad time..... 3            DON'T KNOW .....97</p>	<p>We would now like to ask you about extreme weather events, such as drought conditions, delayed rains, floods, and heatwaves, how likely is it that extreme weather events will negatively affect you and your household financially during the next 12 months?</p> <p><b>READ OPTIONS</b></p> <p>Extremely likely ..... 1            Likely .....2            Neither likely nor unlikely ....3 ▶ <b>NEXT SECTION</b>            Unlikely .....4 ▶ <b>NEXT SECTION</b>            Extremely unlikely.....5 ▶ <b>NEXT SECTION</b>            Don't know.....97 ▶ <b>NEXT SECTION</b></p>	<p>Which events, do you expect will negatively affect you and your household financially during the next 12 months?</p> <p><b>READ OPTIONS</b></p> <p><b>SELECT ALL THAT APPLY</b></p> <p>Drought conditions ..... 1            Delayed rains ..... 2            Floods..... 3            Heatwaves ..... 4</p>

## SECTION 19: FOOD PRICES

The list of items should be adapted by country

ITEM	ITEM CODE	1.	2.	3.	4.	5.		6.	7.
		Is [ITEM] currently available for sale in your community or nearby?  YES ..... 1 NO ..... 2 ▶ NEXT ITEM DON'T KNOW ..99 ▶ NEXT ITEM	Do you know the price of [ITEM] in your community or nearby?  YES ....1 NO .....2 ▶ NEXT ITEM	Do you know the price of [ITEM] in your community or nearby in Kilograms (KG)?  YES ..... 1 NO ..... 2 ▶ Q5	What is the current price for 1 Kilogram (KG) of [ITEM]?  ▶ Q7	What is the UNIT/ SIZE for which you know the price of [ITEM]?  <b>SEE ITEM AND UNIT CODES</b>	What is the current price for [ITEM] per [UNIT/SIZE in Q5]?	In the last month, did the price of [ITEM]...  INCREASE ..... 1 STAY THE SAME .... 2 DECREASE ..... 3 DON'T KNOW ..... 99	
					\$	UNIT	SIZE	\$	
Guinea corn/sorghum	10								
Rice - local	11								
Cassava - roots	12								
Yam - roots	13								
White beans	14								
Onions	15								

**SECTION 20: GOVERNMENT RESPONSES**

This section should be answered by the household head. Question 3 should be modified accordingly to the shock in question 2

1.	2.	3.	4.	5.	6.	7.
INDICATE THE MAIN RESPONDENT FOR THIS SECTION	Are you satisfied with the government's response to the [SHOCK]?  YES ..... 1 ▶ Q4 NO ..... 2	Why are you not satisfied with the federal or state government's response?  PLEASE DO NOT READ. SELCT ALL THAT APPLY  LIMITED TESTING POINTS..... 1 NO FINANCIAL ASSISTANCE FROM THE GOVERNMENT ..... 2 LATE RESPONSE BY GOVERNMENT ..... 3 SHORTAGE OF MEDICAL MATERIALS..... 4 OTHER (SPECIFY)..... 5	Using the following four-item scale, please indicate how much you agree or disagree with the following statements:  PLEASE READ EACH STATEMENT AND SELECT THE APPROPRIATE OPTION FOR EACH OF THEM.  Strongly disagree .....1 Disagree .....2 Neutral .....3 Agree .....4			
			The local authorities / government are trustworthy in the way they manage the [SHOCK]	The government is treating all citizens (regardless of age, gender and origin) fairly when providing health care related to [SHOCK]	The Government is able to provide health care to address the [SHOCK]	The government is treating all citizens (regardless of age, gender and origin) fairly when providing (cash and in-kind) assistance to deal with [SHOCK]
ID CODE						

**SECTION 21: COVID-19 VACCINE**

**FOR ALL HOUSEHOLD MEMBERS 5 YEARS OLD OR OLDER , PLEASE ASK THE INDIVIDUAL THE FOLLOWING QUESTIONS.**

INTERVIEWER READ OUT: Now I'd like to ask you some questions on COVID-19 vaccine to understand people's attitudes towards COVID-19 vaccines. This will not be used to determine your eligibility to receive COVID-19 vaccine or to provide you with COVID-19 vaccine.

	<b>0.</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>INDIVIDUAL ID</b>	CAPI/ENUMERATOR: IS THIS PERSON 5 YEARS OLD OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?	WRITE THE ID CODE OF THE PROXY RESPONDENT	Have you been vaccinated for COVID-19?	When did you receive the first shot of COVID-19 vaccine?	How many shots of COVID-19 vaccine have you received?
	YES ..... 1 NO ..... 2 ▶ NEXT PERSON	YES ..... 1 ▶ Q3 NO ..... 2		YES ..... 1 NO ..... 2 ▶ Q9	January 2021 ..... 1 February 2021 ..... 2 March 2021 ..... 3 April 2021 ..... 4 May 2021 ..... 5 June 2021 ..... 6 July 2021 ..... 7 August 2021 ..... 8 September 2021 ..... 9 October 2021 ..... 10 November 2021 ..... 11 December 2021 ..... 12 January 2022 ..... 13 February 2022 ..... 14 March 2022 ..... 15	ONE ..... 1 TWO ..... 2 ▶ Q6B MORE THAN TWO ..... 3 ▶ Q6B
			ID CODE		MONTH/YEAR	
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						

**SECTION 21: COVID-19 VACCINE**

	<b>6a.</b>	<b>6b.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>
<b>INDIVIDUAL ID</b>	Where did you get vaccinated for COVID-19?	Where did you get vaccinated for COVID-19? <b>SELECT ALL THAT APPLY</b>	What are your main reasons for getting vaccinated for COVID-19 apart from protecting your health? <b>RECORD UP TO TWO REASONS</b> <b>DO NOT READ OPTIONS</b>	How likely are you to encourage others to get the COVID-19 vaccine? <b>READ OPTIONS</b>	Are you planning to be vaccinated for COVID-19?
	HOSPITAL ..... 1	HOSPITAL ..... 1	PROTECTING MY HEALTH IS THE ONLY REASON ..... 1	VERY LIKELY ..... 1	YES .....1
	CLINIC.....2	CLINIC.....2	PROTECTING COMMUNITY’S HEALTH .....2	SOMEWHAT LIKELY..... 2	NO .....2 ▶ <b>Q14</b>
	LOCAL HEALTH CENTER .....3	LOCAL HEALTH CENTER ..... 3	GOVERNMENT MANDATE .....3	NEITHER LIKELY NOR UNLIKELY... 3	NOT SURE...3 ▶ <b>Q14</b>
	PHARMACY .....4	PHARMACY .....4	REQUIRED FOR SCHOOL ATTENDANCE.....4	SOMEWHAT UNLIKELY ..... 4	
	SENIOR LIVING CENTER .....5	SENIOR LIVING CENTER ..... 5	EMPLOYER MANDATE .....5	VERY UNLIKELY ..... 5	
	MASS VACCINATION SITE.....6	MASS VACCINATION SITE..... 6	AVOID PUBLIC HEALTH MEASURES FOR UNVACCINATED .....6	▶ <b>NEXT SECTION</b>	
	WORKPLACE .....7	WORKPLACE ..... 7	TAKE PART IN PUBLIC LIFE /SOCIAL EVENTS .....7		
RELIGIOUS WORSHIP CENTRES..... 8	RELIGIOUS WORSHIP CENTRES..... 8	BE ABLE TO TRAVEL.....8			
OTHER (SPECIFY).....96	OTHER (SPECIFY).....96	PEOPLE IN MY COMMUNITY/FAMILY DID IT TOO.....9			
▶ Q7		RECEIVED FINANCIAL OR IN-KIND INCENTIVE ..... 10			
		OTHER (SPECIFY)..... 96			
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

SECTION 21: COVID-19 VACCINE				
	11.	13.	14.	
INDIVIDUAL ID	<p>What are the main reasons why you want to get vaccinated for COVID-19 apart from protecting your health?</p> <p><b>RECORD UP TO TWO REASONS</b></p> <p><b>DO NOT READ THE OPTIONS</b></p> <p>PROTECTING MY HEALTH IS THE ONLY REASON .....1</p> <p>PROTECTING COMMUNITY'S HEALTH.....2</p> <p>GOVERNMENT MANDATE .....3</p> <p>REQUIRED FOR SCHOOL ATTENDANCE .....4</p> <p>EMPLOYER MANDATE .....5</p> <p>AVOID PUBLIC HEALTH MEASURES FOR UNVACCINATED .....6</p> <p>TAKE PART IN PUBLIC LIFE /SOCIAL EVENTS .....7</p> <p>BE ABLE TO TRAVEL .....8</p> <p>PEOPLE IN MY COMMUNITY/FAMILY DID IT TOO.....9</p> <p>RECEIVED FINANCIAL OR IN-KIND INCENTIVE .....10</p> <p>OTHER (SPECIFY) .....96</p>	<p>Why have you not received the COVID-19 vaccine yet?</p> <p><b>RECORD UP TO TWO REASONS</b></p> <p><b>DO NOT READ THE OPTIONS</b></p> <p>INELIGIBLE FOR VACCINE IN CURRENT PHASE.....1</p> <p>DO NOT KNOW HOW OR WHERE TO GET/REGISTER FOR VACCINE .....2</p> <p>TOO CROWDED/LONG LINES AT VACCINATION CENTERS .....3</p> <p>FACILITY INACCESSIBLE (FOR PEOPLE WITH DISABILITIES) .....4</p> <p>TOO FAR/NO TRANSPORT .....5</p> <p>NOT ENOUGH VACCINES .....6</p> <p>NOT ABLE TO REGISTER/ COMPLICATIONS DURING REGISTRATION .....7</p> <p>WORK COMMITMENTS .....8</p> <p>DOMESTIC COMMITMENTS (CHILDCARE, TAKING CARE OF FAMILY MEMBER, ETC.) .....9</p> <p>RELIGIOUS REASONS .....10</p> <p>MEDICAL REASONS .....11</p> <p>WAITING FOR MY APPOINTMENT .....12</p> <p>AFRAID OF THE SIDE EFFECTS.....13</p> <p>OTHER (SPECIFY) .....96</p> <p>▶ NEXT SECTION</p>	<p>Why are you not sure or not planning to be vaccinated for COVID-19?</p> <p><b>RECORD UP TO TWO REASONS</b></p> <p><b>DO NOT READ THE OPTIONS</b></p> <p>I DON'T THINK IT WILL WORK .....1</p> <p>I AM WORRIED ABOUT THE SIDE EFFECTS .....2</p> <p>I ALREADY HAD COVID-19 .....3</p> <p>I AM NOT ENOUGH AT RISK OF CONTRACTING COVID-19.....4</p> <p>IN GENERAL, I DON'T TRUST VACCINES .....5</p> <p>IT IS AGAINST MY RELIGION .....6</p> <p>I AM WORRIED TO GET INFECTED WITH COVID-19 AT THE HEALTH FACILITY.....7</p> <p>HEALTH FACILITY TOO FAR OR TOO HARD TO GET TO.....8</p> <p>IT WILL TAKE TOO LONG TO GET VACCINATED/ I DON'T HAVE TIME TO GET VACCINATED.....9</p> <p>I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY ARE EFFECTIVE.....10</p> <p>I AM NOT SURE I WILL GET THE VACCINE I WANT.....11</p> <p>IT'S NOT A PRIORITY .....12</p> <p>COVID-19 DOES NOT EXIST.....13</p> <p>MEDICAL REASONS .....14</p> <p>DISTRUST IN GOVERNMENT AND HEALTH ORGANIZATIONS.....15</p> <p>OTHER (SPECIFY) .....96</p> <p>▶ NEXT SECTION</p>	
	1			
	2			
	3			
	4			
	5			
	6			
	7			



**SECTION 22: SUBJECTIVE WELFARE**

INTERVIEWER READ OUT:

Now I'd like to ask you some questions on the welfare of your household.

This information would help us understand the sentiments and standard of living of the population.

1.	2.	3.	4.	5.	6.
<p>Concerning your household's food consumption over the past one month, which of the following is true?</p> <p>NOTE: 'ADEQUATE' MEANS NO MORE OR NO LESS THAN WHAT THE RESPONDENT CONSIDERS TO BE THE MINIMUM CONSUMPTION NEEDS OF THE HOUSEHOLD.</p> <p>It was less than adequate for household needs ..... 1                      It was just adequate for household needs ..... 2                      It was more than adequate for household needs ..... 3</p>	<p>Concerning your household's housing over the past month, which of the following is true?</p> <p>It was less than adequate for household needs ..... 1                      It was just adequate for household needs ..... 2                      It was more than adequate for household needs ..... 3</p>	<p>Concerning your household's clothing over the past month, which of the following is true?</p> <p>It was less than adequate for household needs ..... 1                      It was just adequate for household needs ..... 2                      It was more than adequate for household needs ..... 3</p>	<p>Concerning the standard of health care you received for household members over the past month, which of the following is true?</p> <p>It was less than adequate for household needs ..... 1                      It was just adequate for household needs ..... 2                      It was more than adequate for household needs ..... 3</p>	<p>Considering the level of your current household income, would you say that you are living</p> <p>Well ..... 1                      Fairly well ..... 2                      Fairly ..... 3                      With difficulty ..... 4</p>	<p>Taking all things together, would you say you are currently:</p> <p>Very happy ..... 1                      Fairly happy ..... 2                      Not very happy ..... 3                      Not at all happy ..... 4</p>

**SECTION 23: CONTACT**

1. In order for us to be able to contact you in the future, could you kindly provide us with your telephone numbers?

2A. FIRST HOUSEHOLD MEMBER:

NAME :

PHONE:

2B. SECOND HOUSEHOLD MEMBER. Is there another adult member of the household that can provide us with a phone number for contact?

NAME :

PHONE:

2C. THIRD HOUSEHOLD MEMBER. Is there another adult member of the household that can provide us with a phone number for contact?

NAME :

PHONE:

3A. If you were to move in the next two years, who are the people in this community who would be most likely to know your new address?

CONTACT INFORMATION FOR REFERENCE **PERSON 1**

3A1. NAME:

3A2. RELATION TO HEAD:

3A3. PHONE (MOBILE):

3A4. ADDRESS:

CONTACT INFORMATION FOR REFERENCE **PERSON 2**

3B1. NAME:

3B2. RELATION TO HEAD:

3B3. PHONE (MOBILE):

3B4. ADDRESS:

# HOUSEHOLD SURVEYS DURING MULTIPLE CRISES

MODIFYING QUESTIONNAIRES TO ASSESS THE IMPACT OF SHOCKS



## About this publication

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By reviewing the standard household survey questionnaires included in the guidebook, *Capturing What Matters: Essential Guidelines for Designing Household Surveys*, we provide technical guidance on issues to consider when reviewing, designing, or updating questionnaires for household surveys during or after a major shock – relying on lessons learned from the World Bank’s Living Standards Measurement Study program.



### **Living Standards Measurement Study**

[www.worldbank.org/lsms](http://www.worldbank.org/lsms)

[data.worldbank.org](http://data.worldbank.org)