REPUBLIC OF SIERRA LEONE

Statistics Sierra Leone

SIERRA LEONE INTEGRATED HOUSEHOLD SURVEY
(SLIHS)--Main Survey

January 2011 to December 2011

Part A: Household Roster and Characteristics

Interviewer Information

Name	Code
	☐☐☐

Supervisor Information

Name	Code
	☐☐☐

Interview Date

DAY	MONTH	YEAR
☐☐	☐☐	☐☐☐☐

INTERVIEW TIME

Start Time

☐☐ : ☐☐

End Time

☐☐ : ☐☐

ENUMERATION AREA IDENTIFICATION

Region Code	District Code	Chiefdom Code	Section Code	EA Number	Urban/Rural Code
☐	☐	☐☐	☐☐	☐☐	☐

QUESTIONNAIRE IDENTIFICATION

Local Council Code	SLIHS Cluster Code	Household Code	Q.Num	Total QUEST
☐☐	☐☐☐	☐☐	☐ of ☐

Name of Head of Household

Locality Name

Address of Head of Household

| HOUSEHOLD ROSTER FOR EACH PERSON | | | | | FOR EACH PERSON 10 YEARS AND ABOVE | | | | |

1. PERSON ID	2. [NAME]'s relationship to head of household	3. Sex	4. Does [NAME] have Government approved birth certificate?	5. How old was [NAME] at last birthday?	6. What is [NAME]'s present marital status?	7. How old was [NAME] when first married?	8. Does [NAME]'s spouse live in this household?	9. What is [NAME]'s spouse's ID?	10. What is [NAME]'s religion?
	01 Head 02 Spouse 03 Own Child 04 Step Child 05 Grandchild 06 Brother/Sister 07 Niece/Nephew 08 Brother/Sister-in-law 09 Parent 10 Parent-in-law 11 Other relative 12 Maid/Nanny/House servant 13 Non-relative		ASK PERSON TO SEE BIRTH CERTIFICATE 1 Yes, Seen 2 Yes, Not Seen 3 No	ENTER BOTH YEARS AND MONTHS IF 5 YEARS AND YOUNGER. IF 6 YEARS AND OVER ENTER YEARS ONLY IF AGE < 10 YEARS GO TO Q.10	1 Married (monogamous) 2 Married (polygamous) 3 Informal/Loose Union 4 Divorced 5 Separated 6 Widowed 7 Never married IF Q.6=7 GO TO Q.10	IF Q.6 = 4,5 OR 6 GO TO Q.10	IF NO GO TO Q.10	RECORD THE PERSON ID OF THE SPOUSE	01 Catholic 02 Anglican 03 Methodist 04 SDA 05 Pentecostal 06 Other Christain 07 Ahmadis Muslim 08 Sunni Muslim 09 Shite Muslim 10 Other Muslim 11 Bahai 12 Traditional 13 No religion 14 Other
	NAME / CODE	MALE / FEMALE		YEARS / MONTHS		YEARS	YES / NO		
01		○ ○					○ ○		
02		○ ○					○ ○		
03		○ ○					○ ○		
04		○ ○					○ ○		
05		○ ○					○ ○		
06		○ ○					○ ○		
07		○ ○					○ ○		
08		○ ○					○ ○		
09		○ ○					○ ○		
10		○ ○					○ ○		

FOR PERSONS AGED LESS THAN 18 YEARS

PERSON ID	11. Is [NAME]'s father alive?	12. Does [NAME]'s father live in this household?	13. What is [NAME]'s father ID if he lives in the household?	14. What was [NAME]'s father's highest educational class reached?	15. What was [NAME]'s father industry of occupation?	16. Is [NAME]'s mother alive?	17. Does [NAME]'s mother live in this household?	18. What is [NAME]'s mother ID if she lives in the household?	19. What was [NAME]'s mother's highest educational class reached?	20. What was [NAME]'s mother industry of occupation?
	IF NO GO TO Q.14	IF NO GO TO Q.14	RECORD THE PERSON ID OF THE FATHER	00 None 31 Vocational/ 01 N1 Commercial 11 P1 41 Teacher 12 P2 training 13 P3 42 Technical 14 P4 43 Nursing 15 P5 51 Tertiary 16 P6 (Cert./Dip) 21 JS1 52 1st degree 22 JS2 53 Higher 23 JS3 degree 24 SS1 25 SS2 26 SS3	ENTER CODE FROM MANUAL (ANNEX IV) ISIC CODE	IF NO GO TO Q.19	IF NO GO TO Q.19	RECORD THE PERSON ID OF THE MOTHER	00 None 31 Vocational/ 01 N1 Commercial 11 P1 41 Teacher 12 P2 training 13 P3 42 Technical 14 P4 43 Nursing 15 P5 51 Tertiary 16 P6 (Cert./Dip) 21 JS1 52 1st degree 22 JS2 53 Higher 23 JS3 degree 24 SS1 25 SS2 26 SS3	ENTER CODE FROM MANUAL (ANNEX IV) ISIC CODE
	YES NO	YES NO				YES NO	YES NO			
0 1	○ ○	○ ○	☐☐	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐☐
0 2	○ ○	○ ○	☐☐	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐☐
0 3	○ ○	○ ○	☐☐	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐☐
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0 6	○ ○	○ ○	☐☐	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐☐
0 7	○ ○	○ ○	☐☐	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐☐
0 8	○ ○	○ ○	☐☐	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐☐
0 9	○ ○	○ ○	☐☐	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐☐
1 0	○ ○	○ ○	☐☐	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐☐

	FOR ALL PERSONS: HOUSEHOLD MEMBER IDENTIFICATION		
1. P E R S O N ID	21. For how many months during the last 12 months was [NAME] away from the household? **IF 3 MONTHS OR LESS GO TO Q.23**	22 While absent is/was [NAME] living in another household (including single person household)?	23. HOUSEHOLD MEMBER **CHECK THE CRITERIA IN Q.21 AND Q.22** **IF NO GO TO NEXT PERSON THIS MARKS THE END OF INTERVIEW FOR THIS MEMBER**
		YES NO	YES NO
0 1	☐☐	○ ○	○ ○
0 2	☐☐	○ ○	○ ○
0 3	☐☐	○ ○	○ ○
0 4	☐☐	○ ○	○ ○
0 5	☐☐	○ ○	○ ○
0 6	☐☐	○ ○	○ ○
0 7	☐☐	○ ○	○ ○
0 8	☐☐	○ ○	○ ○
0 9	☐☐	○ ○	○ ○
1 0	☐☐	○ ○	○ ○

Quest Id ☐☐☐ - ☐☐ - ☐

1. PERSON ID	2. Has [NAME] ever attended any formal school?	3. What is the highest class/stage that [NAME] completed?	4. What was [NAME]'s educational level/ stage attained?	5. Did [NAME] attend any institution any time during the last 12 months?	6. Is [NAME] currently in school?	7. What is [NAME]'s current class?	8. What kind of organization runs the school that [NAME] is attending?	9. Did [NAME] have any problems with the school?	10. How much time does [NAME] spend going to school (one way)?
	IF NO GO TO Q.25	00 None 31 Vocational/ Commercial 01 Nursery 11 P1 41 Teacher training 12 P2 13 P3 42 Technical 14 P4 43 Nursing 15 P5 51 Tertiary (Cert./Dip) 16 P6 21 JS1 52 1st degree 22 JS2 53 Higher degree 23 JS3 24 SS1 25 SS2 26 SS3	01 None 02 Nursery 03 Primary Incomp 04 Primary Comp 05 JSS Incomp 06 JSS Comp 07 SSS Incomp 08 SSS Comp 09 Tertiary, non-degree 10 First degree 11 Post graduate degree 12 Other	**IF NO GO TO Q.24**	**IF NO GO TO Q.24**	**USE CODES FROM Q.3**	01 Central Govt 02 Local Govt 03 Community 04 Religious Body 05 Corporate Organisation 06 Institutional 07 NGO 08 Group/ Partnership 09 Individual (Sole) 10 Other	**RANK THE 3 MOST IMPORTANT** 1 No problem 2 Lack of books or supplies 3 Poor teaching 4 Lack of teachers 5 Facilities in bad condition 6 High fees 7 Overcrowding 8 Other	1 Boarding 2 Weekly boarding 3 Daily within 30 mins walk 4 Daily 30-60 mins walk 5 61-119 mins walk 6 2 hours or more
	YES NO			YES NO	YES NO			1ST 2ND 3RD	
0 1	○ ○	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐ ☐ ☐	☐
0 2	○ ○	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐ ☐ ☐	☐
0 3	○ ○	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐ ☐ ☐	☐
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0 9	○ ○	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐ ☐ ☐	☐
1 0	○ ○	☐☐	☐☐	○ ○	○ ○	☐☐	☐☐	☐ ☐ ☐	☐

11. I want to ask you about the educational expenses for [NAME] during the past 12 months.

1. PERSON ID	How much did [NAME] spend on					
	A. School fees and registration	B. Contributions to school repairs and upkeep by PTA	C. Uniforms and sports clothes	D. Books and school supplies	E. Transportation to and from school	F. Food, board and lodging at school
	AMOUNT (LEONES)	AMOUNT (LEONES)	AMOUNT (LEONES)	AMOUNT (LEONES)	AMOUNT (LEONES)	AMOUNT (LEONES)
0 1						
0 2						
0 3						
0 4						
0 5						
0 6						
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0 8						
0 9						
1 0						

11. (Continued)

1. PERSON ID	(Continued) How much did [NAME] spend on			12. Who paid for most of [NAME]'s educational expenses?	13. Did [NAME] have a scholarship during the past 12 months?	14. What was the amount of scholarship received in the last 12 months?	15. How many days in the last 2 weeks (excl holidays) did [NAME] attend school?	16. Reason for low attendance?
	G. Extra-tuition (extra classes)	H. Other expenses (excluding educational insurance) cash and in kind	I. IF EDUCATION COSTS CANNOT BE CLASSIFIED BY THE CATEGORIES ENTER TOTAL COSTS HERE	1 Father 2 Mother 3 Both parents 4 Other HH member 5 Other relative 6 Non-Relative 7 Myself 8 Other	**IF NO GO TO Q.15**		**IF DAYS >= 8 GO TO Q.17**	**APPLIES TO ONLY THOSE WHO HAD AN ATTENDANCE OF LESS THAN 8 DAYS IN THE LAST 2 WEEKS** 1 Sickness 2 Work commitment 3 No money for Fees or books 4 School closed 5 No teacher 6 Other
	AMOUNT (LEONES)	AMOUNT (LEONES)	AMOUNT (LEONES)		YES NO	AMOUNT (LEONES)		
0 1					○ ○			
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0 3					○ ○			
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0 8					○ ○			
0 9					○ ○			
1 0					○ ○			

1. PERSON ID	17. Did [NAME] ever repeat any class? IF NO GO TO Q.21 — YES / NO	18. Is [NAME] repeating current grade? YES / NO	19. What was [NAME]'s main reason for repeating grade? 01 Financial 02 Sickness 03 Pregnancy 04 Marriage 05 Failed Exams 06 Work commitment 07 Dismissal 08 Not interested 09 Strike 10 Other	20. How many times altogether did [NAME] ever repeat any class of primary and secondary schooling? PRIMARY / SECONDARY — NO OF TIMES	21. Did [NAME] have an interruption for one term or more during his/her studies? IF NO GO TO NEXT PERSON — YES / NO	22. For how long was the interruption? YRS / MTS	23. What was the main reason for this interruption? 1 Financial 2 Health 3 Pregnancy/Marriage 4 Failed Exams 5 Dismissal 6 Not interested 7 Strike 8 Other	24. Why is [NAME] not currently in school? ASK ONLY IF Q.6=NO AND AGE < 18. SELECT THE MOST IMPORTANT REASON. 01 Completed 02 Too far away 03 Too expensive 04 Working 05 Useless/Uninteresting 06 Illness 07 Pregnancy 08 Failed Exams 09 Got married 10 Awaiting admission 11 Dismissed 12 Other. GO TO Q.26	25. Why did [NAME] never attend formal school? ASK ONLY IF Q.2=NO. SELECT THE MOST IMPORTANT REASON. 1 Too young 2 Too far away 3 Too expensive 4 Working 5 Useless/Uninteresting 6 Illness 7 Other	26. Given the opportunity now, would [NAME] go back to school? YES / NO
0 1	○ ○	○ ○	☐☐	☐ ☐	○ ○	☐☐ ☐☐	☐	☐☐	☐	○ ○
0 2	○ ○	○ ○	☐☐	☐ ☐	○ ○	☐☐ ☐☐	☐	☐☐	☐	○ ○
0 3	○ ○	○ ○	☐☐	☐ ☐	○ ○	☐☐ ☐☐	☐	☐☐	☐	○ ○
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FOR THOSE LESS THAN 18 AND NOT IN OR NEVER ATTENDED SCHOOL

	LITERACY (5+ YEARS)						LITERACY COURSE (15+ YEARS)			APPRENTICESHIP (15+ YEARS, NOT IN SCHOOL)			
1. PERSON ID	**2.** Can [NAME] READ a simple letter in English? YES / NO	**3.** In what Sierra Leonean language can [NAME] READ a letter? **STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT** 1 None 2 Mende 3 Temne 4 Krio 5 Limba 6 Other	**4.** Can [NAME] WRITE a letter in English? YES / NO	**5.** In what Sierra Leonean language can [NAME] WRITE a letter? **STATE THE ONE IN WHICH YOU ARE MOST PROFICIENT** 1 None 2 Mende 3 Temne 4 Krio 5 Limba 6 Other	**6.** Can [NAME] speak mother tongue (birth language)? YES / NO	**7.** Can [NAME] do written maths calcula-tions? YES / NO	**8.** Has [NAME] ever attended adult literacy course? **IF NO GO TO Q.11** YES / NO	**9.** When did [NAME] attend adult literacy course? 1 6 months ago 2 7-11 months ago 3 1-2 years ago 4 3-5 years ago 5 Over 5 years ago	**10.** For how long did [NAME] attend this course? YEARS / MONTHS	**11.** Has [NAME] attended any short training course(s) lasting not more than 6 months? **IF NO GO TO NEXT PERSON** 1 Yes, Formal 2 Yes, Informal 3 No	**12.** Total number of months [NAME] attended such training or courses in the last 12 months? MONTHS	**13.** What was the main subject of the most recent training? 1 Capentry 2 Masonry 3 Electrical installation 4 Motor mechnics 5 Driving 6 Other artisans	**14.** Who provided [NAME] with this training? 1 Employer 2 Central Gov't 3 NGO 4 Community Assoc. 5 Private Org 6 Local Gov't 7 Other
0 1	○ ○	☐	○ ○	☐	○ ○	○ ○	○ ○	☐	☐☐ ☐☐	☐	☐☐	☐	☐
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0 5	○ ○	☐	○ ○	☐	○ ○	○ ○	○ ○	☐	☐☐ ☐☐	☐	☐☐	☐	☐
0 6	○ ○	☐	○ ○	☐	○ ○	○ ○	○ ○	☐	☐☐ ☐☐	☐	☐☐	☐	☐
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PART 2C: INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) USE AND ACCESS

HOUSEHOLD MEMBERS 10 YEARS AND ABOVE

1. PERSON ID	2. Has [NAME] used a computer from any location in the last 12 months?		3. Has [NAME] used the internet from any location in the last 12 months? **IF NO GO TO NEXT PERSON**		4. Where did [NAME] use the Internet in the last 12 months? **SHADE ALL THAT ARE APPLICABLE** A Home B Work C Place of education D Another person's home E Community Internet access facility F Commercial Internet access facility G Any place via mobile phone H Any place via another mobile device I Other	5. How often does [NAME] typically use the internet? 1 At least once a day 2 At least once a week 3 At least once every 2-4 weeks	6. Which of the following activities did [NAME] use the internet for (from any location)? **SHADE ALL THAT ARE APPLICABLE** A Getting information about goods/services B Getting information related to health C Getting information from government org. D Interacting with government organisation E Sending or receiving e-mail F Internet Telephony (VoIP) G Posting information or instant messaging H Purchasing or ordering goods/services I Internet banking J Education or learning activities (formal) K Playing or downloading video/computer games L Downlaoding movies/images/music/watching TV/video or listening to radio/music M Downloading software N Reading or downloading on-line newspaper/magazines/electronic books O Other	
	YES	**NO**	**YES**	**NO**	A B C D E F G H I		A B C D E F G H I J K L M N O	
0 1	○	○	○	○	○○○○○○○○○	☐	○○○○○○○○○○○○○○○	
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PART 2D: QURANIC EDUCATION

HOUSEHOLD MEMBERS 5 YEARS AND ABOVE

1. PERSON ID	2. Has [NAME] ever attended Quranic classes?		3. Is [NAME] currently attending Quranic classes?		4. What is the extent of Quranic education? 1 None 2 Basic Recitation 3 Recitation & Arabic Writing 4 Hafeez (memorisation and Arabic fluncy)	5. How much did [NAME] spend on Quranic education in the last 12 months?
	IF NO GO TO NEXT PERSON					
	YES	**NO**	**YES**	**NO**		AMOUNT
0 1	○	○	○	○	☐	☐☐☐☐☐☐☐☐
0 2	○	○	○	○	☐	☐☐☐☐☐☐☐☐
0 3	○	○	○	○	☐	☐☐☐☐☐☐☐☐
0 4	○	○	○	○	☐	☐☐☐☐☐☐☐☐
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LAST 2 WEEKS

1. PERSON ID	2. Was [NAME] sick or injured?		3. Has [NAME] consulted a health practitioner or dentist or traditional healer or Patent Medicine Vendor or visited a health centre? **IF Q.2=YES AND Q.3=NO GO TO Q.5** **IF Q.2=NO AND Q.3=NO GO TO Q.17**		4. What was the reason for [NAME]'s most recent visit? **IF 1 OR 3 GO TO Q.10** 1 Check up 2 Illness 3 Injury 4 Both Injury and Illness	5. What type of illness did [NAME] suffer most? 01 Cholera 02 Malaria 03 Typhoid 04 Hypertension 05 Common Cold 06 STI 07 TB 08 Headache 09 Diabetes 10 Diarrhoea 11 Guinea Worm 12 Dysentry 13 Skin infection 14 Eye infection 15 River Blindness 15 Other	6. Who diagnosed the illness? 1 Medical worker 2 Traditional healer 3 Non-HH member 4 Self 5 HH Member 6 Other	7. For how many days did [NAME] suffer from this condition?		8. Did [NAME] have to stop his usual activities because of this condition? **IF NO GO TO Q.10**		9. For how many days did [NAME] have to stop his usual activities because of this condition?	10. Whom did [NAME] consult? **LIST THE 2 MOST IMPORTANT** 01 T. Healer 02 Doctor 03 Dentist 04 Nurse 05 Med. Ass 06 Midwife 07 Pharmacist 08 TBA 09 Spiritualist 10 Patent Medicine Vendor 11 Other		11. Where did [NAME]'s consultation take place? 1 Hospital 2 Community Health Center 3 Pharmacy 4 Clinic 5 Maternity Home 6 MCH Post 7 Consultant's Home 8 Patient's Home 9 Other	
	YES	NO	YES	NO				DAYS ILL	DAYS INJURED	YES	NO	DAYS	1ST	2ND	1ST	2ND
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P E R S O N ID	12. Who owns the facility where [NAME] went for consultation? 1 Central Gov't 2 Local Gov't 3 Community 4 Religious Body 5 Corporate Organisation 6 Institutional 7 NGO 8 Private 9 Other	13. How much did [NAME] pay for the first consultation? AMOUNT (LE'000)	14. How much did [NAME] pay for the first trip (to and from) for consultation (transport costs)? AMOUNT (LE'000)	15. How long did [NAME]'s first consultation take including travel time? MINUTES	16. How much did [NAME] pay for prescription? AMOUNT (LE'000)	17. Did [NAME] spend any money for drugs over the counter or kiosks? IF NO GO TO Q.19 YES / NO	18. How much did [NAME] pay for drugs over the counter or kiosks? AMOUNT (LE'000)
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LAST 2 WEEKS--Cont.

LAST 4 WEEKS

PERSON ID	19. How long ago has [NAME] suffered an illness or injury?	20. Was [NAME] admitted to a hospital or health facility?	21. What type of facility did [NAME] go for hospitalisa-tion?	22. How many nights did [NAME] stay in hospital or health facility?	23. How much did [NAME] pay for staying in a hospital or health facility?	24. How much did [NAME] pay for consultantion fees during hospitalisation?	25. Did [NAME] buy any medicine or medical supplies?	26. How much did [NAME] pay altogether for medicines and medical supplies?	27. Who paid for most of [NAME]'s health expenses including consultations or hospital stays (if any)?	28. Apart from what was paid by others, how much did [NAME] pay out of his/her own pocket for medical services?
	1 In last 2 weeks 2 Over 2 weeks ago	**INCLUDE TRADI-TIONAL HEALING CENTRES** **IF NO GO TO Q.25** YES NO	1 Central Gov't 2 Local Gov't 3 Community 4 Religious Body 5 Corporate Org. 6 Institu-tional 7 NGO 8 Private 9 Other	NO. OF NIGHTS	**EXCLUDE CONSULTATION FEES AND COSTS OF MEDICINES** AMOUNT (LE'000)	AMOUNT (LE'000)	**IF NO GO TO Q.27** YES NO	AMOUNT (LE'000)	1 Self 2 Parent 3 Other Relative 4 Employer 5 Central Gov't 6 LocalGov't 7 NGO 8 Other Org 9 Other	AMOUNT (LE'000)
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	LAST 12 MONTHS			
1. P E R S O N ID	29. How long ago did [NAME] suffer an illness or injury? 1 In last 2 weeks 2 2-4 weeks ago 3 1-6 months ago 4 6-12 months ago 5 More than a year ago	30. What type of illness did [NAME] suffer most? **STATE THE MOST SERIOUS IF MORE THAN ONE** 01 Cholera 02 Malaria 03 Typhoid 04 Hypertension 05 Common Cold 06 STI 07 TB 08 Headache 09 Diabetes 10 Diarrhoea 11 Guinea Worm 12 Dysentry 13 Skin infection 14 Eye infection 15 River Blindness 15 Other	31. Who diagnosed [NAME]'s illness? 1 Medical worker 2 Medical worker at other health facility 3 Traditional healer 4 Non-HH member 5 Self 6 Other	32. What injury did [NAME] sustain? 1 Fracture 2 Abrasions 3 Bruises 4 Lacerations 5 Dislocation 6 None 7 Other	
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Quest Id ☐☐☐ - ☐☐ - ☐

| RESPONDENTS: ALL HOUSEHOLD MEMBERS 10 YEARS AND ABOVE | | | | | | | | | | | | | | | | |

1. PERSON ID

2. What is the main cause of malaria?

1 Mosquito
2 Dirty Food
3 Dirty Liquids
4 Climate/Weather
5 Witchcraft
6 Other
7 DK

3. What are the danger signs or symptoms of malaria?

LIST UP TO 3

1 Fever
2 Headache
3 Nausea
4 Vomiting
5 Body Weakness
6 Seizure
7 Other
8 DK

4. How can someone protect himself/herself against malaria?

LIST UP TO 3

01 Mosquito Net
02 Insect Repellent
03 Insect Cream
04 Preventive Medication
05 Insecticide (IRS)
06 Mosquito Coils
07 Avoid Dirty Food
08 Avoid Dirty Liquids
09 Fill in Puddles
10 Keep House Clean
11 Burn Leaves
12 Other
13 DK

5. Which of the following has [NAME] done to protect himself or herself from malaria?

LIST UP TO 3

01 Mosquito Net
02 Insect Repellent
03 Insect Cream
04 Preventive Medication
05 Insecticide (IRS)
06 Mosquito Coils
07 Avoid Dirty Food
08 Avoid Dirty Liquids
09 Fill in Puddles
10 Keep House Clean
11 Burn Leaves
12 Other
13 DK

6. Where can one learn or get information about malaria?

LIST UP TO 3

01 Mothers' Club
02 Medicine Peddler
03 Doctor/Nurse
04 Health Center/Clinic /Hospital
05 Radio/TV
06 Newspaper/Magazines
07 Family
08 Friends/Neighbours
09 Other
10 DK

PERSON ID	2.	3. 1ST	2ND	3RD	4. 1ST	2ND	3RD	5. 1ST	2ND	3RD	6. 1ST	2ND	3RD
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RESPONDENTS: ALL HOUSEHOLD MEMBERS

1. PERSON ID	2. Does [NAME] suffer from any form of disability? IF NO GO TO NEXT PERSON	3. What type of disability does [NAME] have? INDICATE THE 2 MAIN DISABILITIES	4. What caused the MAIN disability?	5. At what age did [NAME]'s disability start?	6. Has [NAME] received any form of treatment or rehabilitation? IF NO GO TO Q.8	7. What kind of treatment/ rehabilitation did [NAME] receive or is still receiving? INDICATE THE THREE MAIN ONES	8. Does [NAME] use any support aid? IF NO GO TO Q.10

Column 3 list:
01 Limited use of legs
02 Loss of leg(s)
03 Limited use of arms
04 Loss of arm
05 Problem with back spine
06 Hearing difficulty
07 Deaf (unable to hear)
08 Sight difficulty
09 Blind
10 Speech impairment
12 Mute (unable to speak)
12 Mental retardation
13 Mental illness
14 Other

MAIN   2ND

Column 4 list:
1 Congenital (from birth)
2 Disease/illness
3 Transport accident
4 Occupational injury
5 Other accident
6 War
7 Aging process
8 Other

Column 5: YEARS

Column 7 list:
01 Surgical operation
02 Medication
03 Assistive devices
04 Special education (mentally retarded)
05 Braille
06 Sign language training
07 Skills training (vocational)
08 Counselling
09 Financial
10 Other

Person ID	2. Yes	2. No	3. Main	3. 2nd	4.	5. Years	6. Yes	6. No	7.	7.	7.	8. Yes	8. No
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RESPONDENTS: ALL HOUSEHOLD MEMBERS

1. PERSON ID	9. What kind of support aid does [NAME] receive? SHADE ALL THAT ARE APPLICABLE	10. Why does [NAME] not use any support aid?	11. Because of a physical or mental health condition, does [NAME] have difficulty doing any of the following by him/herself? SHADE ALL THAT ARE APPLICABLE	12. Who generally helps [NAME] with the activities in Q. 11?	13. Is [NAME] aware of any organisation providing services for people with disabilities?		14. Has [NAME] received any assistance from the following? SHADE ALL THAT ARE APPLICABLE

Q9 options:
A Brace
B Artificial leg/foot
C Artificial arm/hand
D Clutch
E Cane
F Walker
G Medical shoes
H Wheelchair/scooter
I Hearing device
J White cane
K Braille
L Vision devices
M Interpreter
N Other

Q10 options:
1 Too expensive
2 Lack of device
3 No need
4 Unaware
5 Other

Q11 options:
A Getting around inside the home
B Going outside the home
C Getting in and out of bed or a chair
D Taking a bath or shower
E Dressing
F Walking
G Eating
H Using or getting to the toilet
I Keeping track of money or bills
J Preparing meals
K Doing light housework such as washing dishes or sweeping a floor
L Taking the right amount of prescribed medicine at the right time

Q12 options:
1 Spouse
2 Mother
3 Father
4 Siblings
5 Other relative
6 Friend
7 Neighbour
8 Paid help
9 Other Non-relative

Q13: YES / NO

Q14 options:
A Gov't
B NGOs
C Int. Org
D Other

Person ID	Q9: A B C D E F G H I J K L M N	Q10	Q11: A B C D E F G H I J K L	Q12	Q13: YES NO	Q14: A B C D
01	○○○○○○○○○○○○○○	☐	○○○○○○○○○○○○	☐	○ ○	○○○○
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03	○○○○○○○○○○○○○○	☐	○○○○○○○○○○○○	☐	○ ○	○○○○
04	○○○○○○○○○○○○○○	☐	○○○○○○○○○○○○	☐	○ ○	○○○○
05	○○○○○○○○○○○○○○	☐	○○○○○○○○○○○○	☐	○ ○	○○○○
06	○○○○○○○○○○○○○○	☐	○○○○○○○○○○○○	☐	○ ○	○○○○
07	○○○○○○○○○○○○○○	☐	○○○○○○○○○○○○	☐	○ ○	○○○○
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RESPONDENTS: ALL HOUSEHOLD MEMBERS

1. PERSON ID	2. Does [NAME] have any difficulty lifting and carrying something as heavy as 5 KG – such as a bag of provisions or rice?		3. Does [NAME] have any difficulty pushing or pulling large objects such as living room chair?		4. Does [NAME] have any difficulty								5. Does [NAME] have any difficulty using his/her hands and fingers to do things such as picking up a glass or graping a pencil or using a telephone?		6. Does [NAME] have any difficulty walking a quarter of a mile?		7. Does [NAME] have any difficulty climbing 10 steps up?		8. Does [NAME] have any difficulty dressing or undressing?	
					A Standing on his/her feet for one hour?		B Sitting for one hour?		C Stooping or crouching or kneeling?		D Reaching over his/her head?									
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
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1. PERSON ID	2. MOTHER ID	3. Enter [NAME]'s date of birth?	4. Has [NAME] ever been vaccinated?	5. Does [NAME] have any vaccina-tion book or card?	6. Has [NAME] received any of these vaccines?	7. Were any of these vaccinations given to [NAME] during the past 12 months?	8. What type of establish-ment did [NAME] go for last vaccina-tion?	9. Who owned the facility where [NAME] had last vaccina-tion?	10. Did [NAME] pay any fee for this vaccina-tion?	11. How much did [NAME] pay for the last vaccina-tion?	12. Why was [NAME] not vaccinated?
	ENTER 00 FOR DECEA-SED AND ABSEN-TEE MOTH-ERS		1 Yes 2 No 3 Don't Know		**COPY FROM VACCINATION BOOK**			01 Central Gov't			1 Too young
							1 Health Centre	02 Local Gov't			2 Did not know
			IF 2 GO TO Q.12	IF NO GO TO Q.7	**GO TO Q.8 AFTER COMPLETION**	**FROM MOTHER OR RESPONSIBLE ADULT**	2 Hospital 3 Private Clinic	03 Commu-nity	IF NO GO TO Q.13	GO TO Q.13	3 Health centre too far
			IF 3 GO TO NEXT PERSON		**TYPE OF VACCINATION**		4 Mobile Unit 5 School 6 Home 7 Other	04 Rel. Body 05 Corp. Org. 06 Institu-tional 07 NGO 08 Private 09 Market 10 Other			4 Shortage of supply 5 Too expensive 6 Other

TYPE OF VACCINATION columns: B C G | POLIO 1 2 3 | DPT 1 2 3 | M E A S E L E S (for Q.6) and B C G | POLIO 1 2 3 | DPT 1 2 3 | M E A S E L E S (for Q.7)

PERSON ID	MOTHER ID	DAY MONTH YEAR	Q4	YES NO	Q6	Q7	Q8	Q9	YES NO	AMOUNT (LE'000)	Q12
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PART 3E: PREVENTIVE HEALTH AND VACCINATION (cont.)

RESPONDENTS: ALL CHILDREN 5 YEARS AND UNDER

1. PERSON ID	13. Where was [NAME] delivered? 1 Hospital 2 Maternity Home 3 At Home 4 Other	14. What was [NAME]'s weight at birth? KGs	15. Who assisted in the delivery of [NAME]? 1 Doctor 2 Nurse 3 Midwife 4 MCH aid 5 TTBA 6 TBA 7 Self 8 Family/ Friend 9 Other	16. Has [NAME] ever been breast fed? IF NO GO TO Q.20 YES NO	17. Is [NAME] still being breast fed? YES NO	18. How many months was [NAME] breast fed?	19. How many months was [NAME] exclusively breast fed?	20. Where does [NAME] defecate? 1 Toilet 2 Potty/ Stool 3 Disposable Diapers 4 Washable Diapers 5 Inside the house 6 Within compound 7 Other	21. How does household dispose [NAME] faeces? 1 Thrown/ rinsed into toilet 2 Thrown/ rinsed into drain 3 Thrown into bin 4 Thrown into garbage dump 5 Buried 6 Left in the open 7 DK 8 Other	22. Did [NAME] partici-pate in any of the follow-ing pro-grams? 1 Nutri tion 2 Weigh -ins 3 Both 1 & 2 4 None	23. Who usually looks after [NAME] during daytime? 1 Mother 2 House-hold help 3 Grand Mother 4 Day care 5 Family member 6 In school	24. Has [NAME] had diarr-hoea in the last 2 weeks? IF NO GO TO NEXT CHILD YES NO	25. How much fluid was [NAME] given during diarrhoea compared to normal? 1 Much Less 2 Somewhat less 3 Same 4 More 5 Nothing 6 Don't Know	26. How much food was [NAME] given during diarrhoea compared to normal? 1 Much Less 2 Somewhat less 3 Same 4 More 5 Nothing 6 Don't Know	27. Was [NAME] given any of the follow-ing to drink during diarr-hoea? 1 Fluid from ORS packet 2 Home salt/ sugar 3 Pre-packaged ORS fluid 4 Other
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PART 3F: FERTILITY, PRE AND POST NATAL CARE AND CONTRACEPTIVE USE (cont.)

WOMEN 15-49 YEARS OLD SHOULD EACH ANSWER FOR THEMSELVES (Q.2-Q.24)

1. PERSON ID	2 Has [NAME] ever been pregnant? IF NO GO TO Q.25 YES / NO	3 How old was [NAME] when first got pregnant?	4 Has [NAME] ever given birth to any child? IF NO GO TO Q.11 YES / NO	5 At what age did [NAME] first give birth to a child? AGE	6 How many children has [NAME] given birth to? TOTAL	7 How many girls has [NAME] given birth to? GIRLS	8 How many boys has [NAME] given birth to? BOYS	9 How many girls are still alive? GIRLS	10 How many boys are still alive? BOYS	11 If [NAME] were to give birth to a child now, which sex would [NAME] prefer? 1 Male 2 Female 3 Either	12 Did [NAME] have any pregnancy which did not end in a live birth? IF NO GO TO Q.14 YES / NO	13 How many pregnancies did [NAME] have that resulted in any birth of a child?	14 Is [NAME] pregnant now? IF YES GO TO Q.25 YES / NO	15. During the past 12 months has [NAME] been pregnant? IF NO GO TO Q.25 YES / NO	16. How did [NAME]'s pregnancy end? IF 2,3, 4 or 5 GO TO Q.19 1 Live birth 2 Still birth 3 Miscarriage 4 Abortion 5 Other	17. Is that child still alive? YES / NO	18. Is [NAME] now breastfeeding? YES / NO
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PART 3F: FERTILITY, PRE- AND POST-NATAL CARE AND CONTRACEPTIVE USE (cont.)

WOMEN 15-49 YEARS OLD SHOULD EACH ANSWER FOR THEMSELVES (Q.2-Q.24)

1. PERSON ID	19 During this pregnancy did [NAME] receive any pre-natal or post-natal care? 1 Pre-natal 2 Post-natal 3 Both 4 No **IF NO GO TO Q.24**	20 From whom did [NAME] receive pre-natal or post-natal care? 01 Trad. Healer 02 Doctor 03 TTBA 04 Nurse 05 Med. Asst. 06 Midwife 07 Pharmacist 08 Spiritualist 09 TBA 10 Other		21 Where did [NAME] receive that care? 1 Central Government clinic 2 Local Government clinic 3 Religious clinic 4 Institutional clinic 5 Private clinic 6 NGO 7 Other		22 How many times did [NAME] visit the facility in Q.21 for pre-natal or post-natal?		23 How much did [NAME] pay for the first pre-natal or post-natal consultation in Q.21? **IF FREE ENTER 9** **GO TO Q.25** AMOUNT		24. Why didn't [NAME] go for pre-natal or post-natal care? 1 Can't afford 2 No health center available 3 Health center too far 4 Not necessary 5 Other	
		PRE-NATAL	POST-NATAL	PRE-NATAL	POST-NATAL	PRE-NATAL	POST-NATAL	PRE-NATAL	POST-NATAL	PRE-NATAL	POST-NATAL
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PART 3F: FERTILITY, PRE AND POST NATAL CARE AND CONTRACEPTIVE USE (cont.)

WOMEN AND MEN AGED BETWEEN 15 - 49 INCLUSIVE

1. PERSON ID	25. Is [NAME] using any method to prevent or delay pregnancy? **IF NO GO TO NEXT PERSON** YES / NO	26. What main method is [NAME] using? **IF RESPONSE IS AMONG THE OPTIONS 12-16 GO TO NEXT SECTION** 01 Pill / 02 Condom / 03 Injection / 04 IUD / 05 Female Sterilization / 06 Male Sterilization / 07 Douche / 08 Implant / 09 Foaming Tab / 10 Diaphragm / 11 Foam Jelly / 12 Trad. Methods / 13 Abstinence / 14 Withdrawal / 15 Rhythm / 16 Other	27. What was [NAME]'s source of method? **ASK THIS ONLY IF Q.26 IS AMONG OPTIONS 1-11** 1 Central Government clinic / 2 Local Government clinic / 3 Religious clinic / 4 Institutional clinic / 5 Private clinic / 6 NGO / 7 Other	28. How much did [NAME] pay for that during the last month? **ASK THIS ONLY IF Q.26 IS AMONG OPTIONS 1-11** AMOUNT
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RESPONDENTS: ALL HOUSEHOLD MEMBERS 12 YEARS AND OVER

| 1. PERSON ID | 2. Has [NAME] heard of HIV/AIDS or STDs? | | 3. Does [NAME] protect self from HIV/AIDS or STDs? | | 4. Does [NAME] know where HIV/AIDS tests are done? | | 5. Has [NAME] been tested for HIV/AIDS? | | 6. What are [NAME]'s sources of information concerning HIV/AIDS? **RANK THE 3 MOST IMPORTANT** | | | 7. Does [NAME] know how HIV/AIDS is transmitted? **RANK THE 3 MOST IMPORTANT** | | | 8. Does [NAME] think HIV/AIDS is avoid-able? | 9. Does [NAME] think that a heal-thy look-ing person can have HIV/AIDS disea-se? | 10. Has [NAME] changed behav-iour to prevent HIV/AIDS? **IF NO GO TO Q.12** | | 11. How has [NAME] changed behaviour to prevent HIV/AIDS? **RANK THE 3 MOST IMPORTANT** | | | 12. Has [NAME] heard of the use of condoms to avoid STDs? **IF NO GO TO NEXT PERSON** | | 13. Has [NAME] ever used a condom to avoid STDs? | |

Question 6 options: 01 Radio, 02 T.V, 03 Newspapers, 04 Posters, 05 Health Workers, 06 Religious Bodies, 07 School/Teachers, 08 Community, 09 Friends/Relatives, 10 Workplace, 11 Other

Question 7 options: 01 Sexual Intercourse, 02 Having sex with several partners, 03 Sex with Commercial sex worker, 04 Not using Condoms, 05 Homosexual Contact, 06 Blood Transfusion, 07 Injections, 08 Kissing, 09 Mosquito Bites, 10 Circumcision, 11 Supernatural Means, 12 Other

Question 8: 1 Yes, 2 No, 3 DK
Question 9: 1 Yes, 2 No, 3 DK

Question 11 options: 1 Don't Start Sex, 2 Stopped Sex, 3 Use Condom, 4 One Partner, 5 Reduced Partners, 6 No more Homosexual partners, 7 Stop Sharing Syringe, 8 Personal Clipper, 9 Other

ID	2. YES	2. NO	3. YES	3. NO	4. YES	4. NO	5. YES	5. NO	6. 1ST	6. 2ND	6. 3RD	7. 1ST	7. 2ND	7. 3RD	8.	9.	10. YES	10. NO	11. 1ST	11. 2ND	11. 3RD	12. YES	12. NO	13. YES	13. NO
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RESPONDENTS: ALL HOUSEHOLD MEMBERS 12 YEARS AND OVER

1. PERSON ID	14. Will [NAME] be willing to eat or share cloth with a family member who is HIV/AIDS infected?	15. Will [NAME] be willing to take care a family member who is sick with HIV/AIDS?	16. Will [NAME] be willing to eat or share cloth with a neighbour who is HIV/AIDS infected?	17. Does [NAME] think that people infected with HIV/AIDS should be kept in a separate place away from other people?	18. Will [NAME] buy food from a cookery seller who is HIV/AIDS infected?	19. Will [NAME] be willing to buy vegetables from someone who is HIV/AIDS infected?	20. Will [NAME] agree that a teacher who has HIV but not sick continue to teach in school, especially [NAME]'s children?	21. If a person is tested HIV positive would [NAME] want it to remain secret?	22. If a family member is tested HIV positive would [NAME] want it to remain secret?	23. If [NAME] is tested HIV positive would [NAME] want it to remain secret?
	YES END OK	YES END OK	YES END OK	YES END OK	YES END OK	YES END OK	YES END OK	YES END OK	YES END OK	YES END OK
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RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER

1. PERSON ID	2. PERSON ID OF RESPONDENT	SCREEN QUESTIONS FOR ECONOMIC ACTIVITIES			AGRICULTURE FOR THOSE WHO RESPONDED YES TO Q.4					
		3. During the past 12 months did [NAME] work for wage, in cash or in kind for a firm or household?	4. During the past 12 months has [NAME] worked on a farm/business owned by a household member either in cultivating crops or in other farm tasks or have cared for livestock belonging to a household member (even if for only 1 day or few hours a week)?	5. During the past 12 months has [NAME] worked on his/her own account or in a business enterprise belonging to him/her or someone in the household for example as a trader, shopkeeper, barber, dressmaker, carpenter, or taxi driver (even if for only 1 day or few hours a week)?	MONTHS OF HIGHER ACTIVITY			MONTHS OF LOWER ACTIVITY		
					6. During the last 12 months, how many months did [NAME] practice agricultural activity?	7. How many days per month did [NAME] usually work in agriculture?	8. How many hours per day did [NAME] usually work in agriculture?	9. During the last 12 months how many months did [NAME] practice agricultural activity?	10. How many days per months did [NAME] usually work in agriculture?	11. How many hours per day did [NAME] usually work in agriculture?
		YES / NO	YES (FARM / BUSINESS) / NO	YES / NO	NO. OF MONTHS	NO. OF DAYS	HOURS PER DAY	NO. OF MONTHS	NO. OF DAYS	HOURS PER DAY
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0 6	☐☐	○ ○	○ ○ ○	○ ○	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
0 7	☐☐	○ ○	○ ○ ○	○ ○	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
0 8	☐☐	○ ○	○ ○ ○	○ ○	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
0 9	☐☐	○ ○	○ ○ ○	○ ○	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1 0	☐☐	○ ○	○ ○ ○	○ ○	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

1. PERSON ID

OWN ACCOUNT WORKERS: PERSON WHO RESPONDED YES TO Q.5 (page 27)

| 12. What type of income generating activities did [NAME] undertake in the last 12 months? | 13. During the last 12 months how many months did [NAME] work in these activities? | 14. During these months, how many days per months did [NAME] usually work in this wage employ-ment? | 15. During the days that [NAME] worked, how many hours per day did [NAME] usually work in the activity? | 16. During the past 12 months, what kind of work did [NAME] derive most of his income from? | 17. Which other occupations did [NAME] undertake? |

12. **ENTER THE TWO MAIN INDUSTRIES** — ENTER CODE FROM MANUAL (ANNEX IV)

16. **MAIN OCCUPATION** — IF ECONOMICALLY INACTIVE SUCH AS A STUDENT, HOUSEWIFE, WRITE NONE AND ENTER 000 AS THE CODE — ENTER CODE FROM MANUAL (ANNEX III)

17. **LIST UP TO 3 OTHER OCCUPATIONS** — NONE OF THESE MUST BE THE SAME AS THE ONE IN Q.16 — ENTER CODE FROM MANUAL (ANNEX III)

ID	1ST INDUSTRY	ISIC CODE	2ND INDUSTRY	ISIC CODE	NO. OF MONTHS	NO. OF DAYS	HOURS PER DAY	1ST OCCUPATION	ISCO CODE	2ND ISCO CODE	3RD ISCO CODE	4TH ISCO CODE
0 1		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐
0 2		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐
0 3		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐
0 4		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐
0 5		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐
0 6		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐
0 7		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐
0 8		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐
0 9		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐
1 0		☐☐		☐☐	☐☐	☐☐	☐☐		☐☐☐	☐☐☐	☐☐☐	☐☐☐

RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER

1. PERSON ID	18. During the past 12 months did [NAME] do any other work besides the occupations listed in Q.16 and Q.17? **IF NO GO TO NEXT PERSON**		19. Did [NAME] undertake these occupations over the same period as the **MAIN** occupation (Q.16)? **IF NO GO TO NEXT PERSON**		20. If [NAME] did undertake a second occupataion (Q.17), was this done concurrently with the MAIN occupation in Q.16?		21. If [NAME] did undertake a third occupation (Q17), was this done concurrently with the MAIN occupation in Q.16?		22. If [NAME] did undertake a fourth occupation (Q17), was this done concurrently with the MAIN occupation in Q.16?	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
0 1	○	○	○	○	○	○	○	○	○	○
0 2	○	○	○	○	○	○	○	○	○	○
0 3	○	○	○	○	○	○	○	○	○	○
0 4	○	○	○	○	○	○	○	○	○	○
0 5	○	○	○	○	○	○	○	○	○	○
0 6	○	○	○	○	○	○	○	○	○	○
0 7	○	○	○	○	○	○	○	○	○	○
0 8	○	○	○	○	○	○	○	○	○	○
0 9	○	○	○	○	○	○	○	○	○	○
1 0	○	○	○	○	○	○	○	○	○	○

RESPONDENTS: PERSON WHO RESPONDED AS BEING IN MAIN WAGE EMPLOYMENT (YES TO PART 4A Q.3)

1. PERSON ID	2. Is [NAME] still doing the same work now? IF YES GO TO Q.4	3. Why is [NAME] not doing the same work now? 1 Sacked 2 Job completed 3 Seasonal 4 Firm closed 5 Found another 6 Other	4. Did [NAME]'s father or mother do the same kind of work?	5. What kind of industry is [NAME]'s work connected with? THIS REFERS TO MAIN OCCUPATION IN Q.16 OF PART 4A (page 28) ENTER CODE FROM MANUAL (ANNEX IV)		6. What is/was [NAME]'s employment status? 1 Employer 2 Paid employee 3 Self employed 4 Paid family worker 5 Other	7. Who did [NAME] work for? 01 Self Emp (Agric) 02 Self employed in fishing 03 Employee Gov't Sector 04 Parastatal 05 NGO 06 Local Co-operatives 07 Int. Co-operatives 08 Int. Org/Dip. Mission 09 Private Sector (incl. paid apprentices) 10 Self Emp (Non-Agric) 11 Self Emp (With Employees) 12 Self Emp (No Employees) 13 Employer 14 Paid family business 15 Paid household chores 16 Other IF Q.7=1,2,10,11 OR 12 GO TO PART C (page 35)	8. During the last 12 months, how many months did [NAME] work in this wage employment?	9. During these months, how many days per month did [NAME] usually work in this wage employment?	10. During the days that [NAME] worked, how many hours per day did [NAME] usually work in the wage employment?	11. Did [NAME] receive the same salary every month? IF YES GO TO Q.14
	YES / NO		YES / NO	INDUSTRY NAME	ISIC CODE			MONTHS	DAYS	HOURS	YES / NO
0 1	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 2	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 3	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 4	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 5	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 6	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 7	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 8	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 9	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○
1 0	○ ○	☐	○ ○		☐☐	☐	☐☐	☐☐	☐☐	☐☐	○ ○

1. PERSON ID	12. What was the lowest salary received per month during the months that [NAME] worked on the wage employement?	13. What was the highest salary received per month during the months that [NAME] worked on the wage employement?	14. How much did [NAME] receive per month (Average monthly income) when worked on the wage employement?	15. Are taxes already deducted from [NAME]'s pay?		16. Did [NAME] receive any bonuses, commissions, tips, or allowances for this work? **IF NO GO TO Q.19**		17. What was the value of these bonuses, commissions, tips, etc that [NAME] received? **TIME UNIT** 1 Monthly 2 Quarterly 3 Yearly		18. Did [NAME] include these bonuses, in the monthly wage declared in Q.14?	
	AMOUNT	AMOUNT	AMOUNT	YES	NO	YES	NO	AMOUNT	TIME UNIT	YES	NO
0 1				○	○	○	○			○	○
0 2				○	○	○	○			○	○
0 3				○	○	○	○			○	○
0 4				○	○	○	○			○	○
0 5				○	○	○	○			○	○
0 6				○	○	○	○			○	○
0 7				○	○	○	○			○	○
0 8				○	○	○	○			○	○
0 9				○	○	○	○			○	○
1 0				○	○	○	○			○	○

1. PERSON ID	19. Did [NAME] receive any payment in the form of crops or animals? **IF NO GO TO Q.21**		20. What was the value of these goods (crops or animals) [NAME] received? **TIME UNIT** 1 Monthly 2 Quarterly 3 Yearly		21. Did NAME]'s employer provide free or reduced accommoda-tion? **IF NO GO TO Q.23**		22. What was the value of the rent [NAME] received for free or at a reduced rate? **TIME UNIT** 1 Monthly 2 Quarterly 3 Yearly		23. Did [NAME]'s employer give free transport or reduced fares? **IF NO GO TO Q.25**		24. What was the value of the free transport or reduced fares did [NAME] receive? **TIME UNIT** 1 Monthly 2 Quarterly 3 Yearly		25. Did [NAME] receive any payment for this work in any other form not mentioned elsewhere? **IF NO GO TO Q.27**	
	YES	NO	AMOUNT	TIME UNIT	YES	NO	AMOUNT	TIME UNIT	YES	NO	AMOUNT	TIME UNIT	YES	NO
0 1	○	○			○	○			○	○			○	○
0 2	○	○			○	○			○	○			○	○
0 3	○	○			○	○			○	○			○	○
0 4	○	○			○	○			○	○			○	○
0 5	○	○			○	○			○	○			○	○
0 6	○	○			○	○			○	○			○	○
0 7	○	○			○	○			○	○			○	○
0 8	○	○			○	○			○	○			○	○
0 9	○	○			○	○			○	○			○	○
1 0	○	○			○	○			○	○			○	○

1. PERSON ID	26. What was the value of the payment [NAME] received in other form not mentioned elsewhere? **TIME UNIT** 1 Monthly 2 Quarterly 3 Yearly			27. Is [NAME]'s place of work in this village or town?		28. How far away is [NAME]'s place of work?	29. How much does [NAME] spend going between house and place of work (to and back)? **TIME UNIT** 1 Monthly 2 Quarterly 3 Yearly			30. How many people altogether work in the same organisa-tion where [NAME] works?	31. Did [NAME] sign a written contract for this work?		32. Is there a trade union at the place where [NAME] works?		33. Is [NAME] entitled to paid holidays?		34. Is [NAME] entitled to paid sick leave in this job		35. Is [NAME] entitled to receive Social Security Pension upon retire-ment (NASSIT)?		36. Is [NAME] entitled to free or subsi-dised medical care in this job?	
	AMOUNT		TIME UNIT	YES	NO	MILES	AMOUNT		TIME UNIT		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
0 1				○	○						○	○	○	○	○	○	○	○	○	○	○	○
0 2				○	○						○	○	○	○	○	○	○	○	○	○	○	○
0 3				○	○						○	○	○	○	○	○	○	○	○	○	○	○
0 4				○	○						○	○	○	○	○	○	○	○	○	○	○	○
0 5				○	○						○	○	○	○	○	○	○	○	○	○	○	○
0 6				○	○						○	○	○	○	○	○	○	○	○	○	○	○
0 7				○	○						○	○	○	○	○	○	○	○	○	○	○	○
0 8				○	○						○	○	○	○	○	○	○	○	○	○	○	○
0 9				○	○						○	○	○	○	○	○	○	○	○	○	○	○
1 0				○	○						○	○	○	○	○	○	○	○	○	○	○	○

RESPONDENTS: PERSON WHO RESPONDED AS BEING IN MAIN WAGE EMPLOYMENT (YES TO PART 4A Q.3)

1. PERSON ID	37. Since [NAME] started the job, has [NAME] received any training related to the work? IF NO GO TO Q.42	38. How long did the training last? TIME UNIT 1 Day 2 Week 3 Month 4 Year	39. Who paid for [NAME]'s training? 1 Self 2 Employer 3 Shared 4 Free 5 Int. Agency 6 Other	40. Was [NAME]'s salary lower during the training period? IF NO GO TO Q.42	41. By how much was [NAME]'s salary lower? TIME UNIT 1 Monthly 2 Quarterly 3 Yearly	42. Would [NAME] like to change main occupation or find replacement work? IF NO GO TO PART 4C	43. Main reason for [NAME] wanting to change main occupation 01 Low income 02 Job does not match skill 03 Job environment not conducive 04 Excessive hours of work 05 Dangerous jobs 06 Inadequate tools 07 Inadequate training for the assigned task 08 Travel to work difficult 09 Inconvenient schedules 10 Recurring stoppage 11 Prolonged non-payment of wages 12 Other
	YES NO	NUMBER TIME UNIT		YES NO	AMOUNT TIME UNIT	YES NO	
0 1	○ ○	☐☐ ☐	☐	○ ○	☐☐☐☐☐☐☐ ☐	○ ○	☐☐
0 2	○ ○	☐☐ ☐	☐	○ ○	☐☐☐☐☐☐☐ ☐	○ ○	☐☐
0 3	○ ○	☐☐ ☐	☐	○ ○	☐☐☐☐☐☐☐ ☐	○ ○	☐☐
0 4	○ ○	☐☐ ☐	☐	○ ○	☐☐☐☐☐☐☐ ☐	○ ○	☐☐
0 5	○ ○	☐☐ ☐	☐	○ ○	☐☐☐☐☐☐☐ ☐	○ ○	☐☐
0 6	○ ○	☐☐ ☐	☐	○ ○	☐☐☐☐☐☐☐ ☐	○ ○	☐☐
0 7	○ ○	☐☐ ☐	☐	○ ○	☐☐☐☐☐☐☐ ☐	○ ○	☐☐
0 8	○ ○	☐☐ ☐	☐	○ ○	☐☐☐☐☐☐☐ ☐	○ ○	☐☐
0 9	○ ○	☐☐ ☐	☐	○ ○	☐☐☐☐☐☐☐ ☐	○ ○	☐☐
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RESPONDENTS: PERSON WHO RESPONDED AS HAVING SECONDARY OCCUPATION (PART 4A Q.17)

1. PERSON ID	2. What is [NAME]'s secondary occupation code? COPY CODE FROM SECTION 4 PART A Q.17 2ND ISCO (page 28)	3. What kind of industry is [NAME]'s work connected with? THIS REFERS TO SECONDARY OCCUPATION IN Q.17 OF SECTION 4 PART A ENTER CODE FROM MANUAL (ANNEX IV)		4. Who did [NAME] work for? 01 Self Emp (Agric) 02 Self employed in fishing 03 Employee Gov't Sector 04 Parastatal 05 NGO 06 Local Co-operatives 07 Int. Co-operatives 08 Int. Org/Dip. Mission 09 Private Sector (incl. paid apprentices) 10 Self Emp (Non-Agric) 11 Self Emp (With Employess) 12 Self Emp (No Employees) 13 Employer 14 Paid family business 15 Paid household chores 16 Other **IF Q.4=1,2,10,11 OR 12 GO TO PART D**	5. During the last 12 months, how many months did [NAME] work in this wage employment?	6. During these months, how many days per month did [NAME] usually work in this wage employment?	7. During the days that [NAME] worked, how many hours per day did [NAME] usually work in the wage employment?	8. Did [NAME] receive the same salary every month? IF YES GO TO Q.11
	ISCO CODE	INDUSTRY NAME	ISIC CODE		MONTHS	DAYS	HOURS	YES NO
0 1	☐☐☐		☐☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 2	☐☐☐		☐☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 3	☐☐☐		☐☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 4	☐☐☐		☐☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 5	☐☐☐		☐☐	☐☐	☐☐	☐☐	☐☐	○ ○
0 6	☐☐☐		☐☐	☐☐	☐☐	☐☐	☐☐	○ ○
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0 9	☐☐☐		☐☐	☐☐	☐☐	☐☐	☐☐	○ ○
1 0	☐☐☐		☐☐	☐☐	☐☐	☐☐	☐☐	○ ○

1. PERSON ID	9. How much did [NAME] receive per month when worked on the wage employement?	10. What was the lowest salary received per month during the months that [NAME] worked on the wage employement?	11. What was the highest salary received per month during the months that [NAME] worked on the wage employement?	
	AMOUNT	AMOUNT	AMOUNT	
0 1	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
0 2	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
0 3	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
0 4	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
0 5	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
0 6	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
0 7	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
0 8	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
0 9	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
1 0	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	

Quest Id ☐☐☐ - ☐☐ - ☐

RESPONDENTS: HOUSEHOLD MEMBERS 5 YEARS AND OVER

1. PERSON ID	2. Is [NAME] currently employed? **IF YES GO TO Q.4** YES NO	3. For how long has [NAME] been unemployed? **IF 8 GO TO NEXT PERSON** 1 Less than 1 week 2 1 - 4 weeks 3 Less than 3 months 4 Less than 6 months 5 Less than 1 year 6 Less than 2 years 7 Over 2 years 8 NA	4. Has [NAME] made any effort to find work or still searching for work? **IF NO GO TO NEXT PERSON** YES NO	5. For how many weeks altogether was [NAME] without any work during the last 12 months? **IF [NAME] WORKED FOR 52 WEEKS ENTER 99** WEEKS	6. For how many weeks was [NAME] available for work during the last 12 months? WEEKS	7. Was [NAME] available for full-time or part-time work? 1 Full-time 2 Part-time 3 Both	8. How many weeks did [NAME] actively look for work? **IF Q.6=Q.8 GO TO Q.10** WEEKS	9. What was the MAIN reason [NAME]did not look for work throughout the period when available for work? 1 Thought no work available 2 Waiting reply for ealier enquiry 3 Waiting to start arranged job, business or agric 4 Off season in agric 5 Occupied with home duties 6 Illness 7 Personal reason 8 Retired 9 Other	10. What did [NAME] do to find work? **IF 1, 2, 3 Or 5 GO TO Q.12** 1 Applied to prospective employers 2 Checked at farms, factories or work sites 3 Asked friends and relatives 4 Took action to start business 5 Other
0 1	○ ○	☐	○ ○	☐☐	☐☐	☐	☐☐	☐	☐
0 2	○ ○	☐	○ ○	☐☐	☐☐	☐	☐☐	☐	☐
0 3	○ ○	☐	○ ○	☐☐	☐☐	☐	☐☐	☐	☐
0 4	○ ○	☐	○ ○	☐☐	☐☐	☐	☐☐	☐	☐
0 5	○ ○	☐	○ ○	☐☐	☐☐	☐	☐☐	☐	☐
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0 8	○ ○	☐	○ ○	☐☐	☐☐	☐	☐☐	☐	☐
0 9	○ ○	☐	○ ○	☐☐	☐☐	☐	☐☐	☐	☐
1 0	○ ○	☐	○ ○	☐☐	☐☐	☐	☐☐	☐	☐

SECTION 4: EMPLOYMENT AND TIME USE-PART D:EMPLOYMENT SEARCH IN LAST 12 MONTHS
RESPONDENTS: HOUSEHOLD MEMBERS 5 YEARS AND OVER

Quest Id ☐☐☐ - ☐☐ - ☐

1. PERSON ID	11. What action did [NAME] take to mobilise funds for business? 01 Rely on parents 02 Loans/borrowed money 03 Remittances from abroad 04 Proceeds from family farm 05 Proceeds from family non-farm enterprise 06 Income from family property 07 Association support 08 Church assistance 09 Relatives/friends 10 Other **GO TO Q.15**	12. What type of work was [NAME] mainly looking for? 1 Wage work 2 Self employ-ment 3 Both	13. What kind of industry was [NAME]'s last job? **ENTER CODE FROM MANUAL (ANNEX IV)**		14. What type of employment does [NAME] hope to get? 1 Paid employment 2 Self-employment (non-agric) 3 Self-employment (agric including fishing & livestock) 4 Other	15. Has [NAME] received or is [NAME] receiving any training or apprenticeship in any career oriented skills? 1 Yes, Formal 2 Yes, Informal 3 No **IF NO GO TO NEXT PERSON**	16. How was/is [NAME]'s training or apprenticeship financed? 01 Paid for solely by parents 02 From personal savings 03 Loans/borrowed money 04 Remittances from abroad 05 Proceeds from family farm 06 Proceeds from family non-farm enterprise 07 Income from family property(ies) 08 NGO support 09 Gov't scholarship 10 Association support 11 Church assistance 12 Relatives/friends 13 Other
			INDUSTRY NAME	ISIC CODE			
0 1	☐☐	☐	☐☐	☐	☐	☐	☐☐
0 2	☐☐	☐	☐☐	☐	☐	☐	☐☐
0 3	☐☐	☐	☐☐	☐	☐	☐	☐☐
0 4	☐☐	☐	☐☐	☐	☐	☐	☐☐
0 5	☐☐	☐	☐☐	☐	☐	☐	☐☐
0 6	☐☐	☐	☐☐	☐	☐	☐	☐☐
0 7	☐☐	☐	☐☐	☐	☐	☐	☐☐
0 8	☐☐	☐	☐☐	☐	☐	☐	☐☐
0 9	☐☐	☐	☐☐	☐	☐	☐	☐☐
1 0	☐☐	☐	☐☐	☐	☐	☐	☐☐

Quest Id ☐☐☐ - ☐☐ - ☐

1. PERSON ID	2. Did [NAME] do any work for pay, profit, and family gain or did [NAME] produce anything for barter or home use? **IF NO GO TO PART F (page 40)**	3. What was [NAME]'s main occupation (i.e. where [NAME] derived most income from)? **ENTER CODE FROM MANUAL (ANNEX III)**	4. What was [NAME]'s main industry (i.e. industry of main occupation)? **ENTER CODE FROM MANUAL (ANNEX IV)**	5. For who did [NAME] work for? 01 Self Emp (Agric) 02 Self Emp in fishing 03 Employee Gov't Sector 04 Parastatal 05 NGO 06 Local Co-operatives 07 Int. Co-operatives 08 Int. Org/Dip. Mission 09 Private Sector(incl. paid apprentices) 10 Self Emp (Non-Agric) 11 Self Emp (With Employees) 12 Self Emp (No Employees) 13 Employer 14 Paid family business 15 Paid household chores 16 Other	6. How many hours did [NAME] work in a day for each occupation? **TOTAL NUMBER OF HOURS FOR ALL 4 OCCUPATIONS (page 28) SHOULD NOT EXCEED 24 HOURS** HOURS				7. Did [NAME] want to work for more hours?		8. Would [NAME] like to change main occupa-tion? **IF NO GO TO PART 4F**		9. What is [NAME]'s reason for wanting to change main occupation? 01 Low income 02 Job does not match skill 03 Job environment not conducive 04 Excessive hours of work 05 Dangerous jobs 06 Inadequate tools 07 Inadequate training for the assigned task 08 Travel to work difficult 09 Inconvenient schedules 10 Recurring stoppage 11 Prolonged non-payment of wages 12 Other	10. If [NAME] was given extra hours would [NAME] work?	
	YES / NO	ISCO CODE	ISIC CODE		1ST	2ND	3RD	4TH	YES	NO	YES	NO		YES	NO
0 1	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○
0 2	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○
0 3	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○
0 4	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○
0 5	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○
0 6	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○
0 7	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○
0 8	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○
0 9	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○
1 0	○ ○	☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	○	○	○	○	☐☐	○	○

RESPONDENTS: ALL HOUSEHOLD MEMBERS 5 YEARS AND OVER

1. **PERSON ID**

Now, I would now like to find out how you spent your time yesterday as far as the following activities are concerned

DOMESTIC ECONOMIC ACTIVITIES		DOMESTIC NON-ECONOMIC ACTIVITIES
		(Q.8 + Q.21)<= 24hrs

ID	2. Did [NAME] collect firewood?	3. Did [NAME] fetch water?	4. Did [NAME] do construction work for household?	5. Did [NAME] prepare coal?	6. Did [NAME] prepare grains for the household?	7. Did [NAME] do any other domestic activity?	8. Total hours spent by [NAME] on DOMESTIC ECONOMIC ACTIVITIES	9. Did [NAME] do any cooking?	10. Did [NAME] wash dishes?	11. Did [NAME] do any sweeping and cleaning?	12. Did [NAME] wash clothes?	13. Did [NAME] do ironing?	14. Did [NAME] do marketing or shopping for household?	15. Did [NAME] take care of children or elderly?	16. Did [NAME] take care of the sick?	17. Did [NAME] attend religious services?	18. Did [NAME] take care of animals and pets?	19. Did [NAME] participate in leisure activity?	20. Did [NAME] do any other domestic non-economic activity?	21. Total hours spent by [NAME] on DOMESTIC NON-ECONOMIC ACTIVITIES
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
0 1	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐
0 2	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐
0 3	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐
0 4	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐
0 5	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐
0 6	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐
0 7	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐
0 8	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐
0 9	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐
1 0	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	☐☐

RESPONDENTS: ALL HOUSEHOLD MEMBERS 15 YEARS AND OVER

1. PERSON ID	2. In what region of Sierra Leone or country was [NAME] born? IF NOT BORN IN SIERRA LEONE GO TO Q.4 — COUNTRY REGION CODE	3. Was [NAME] born in this village or town? YES / NO	4. Has [NAME] always lived in this [PLACE]? IF YES GO TO NEXT PERSON — YES / NO	5. Has [NAME] ever moved away from this village or town for more than 12 months and returned here? IF NO GO TO NEXT PERSON — YES / NO	6. How long ago did [NAME] move to this place? COMPLETED YEARS ONLY — YEARS	7. In which region in Sierra Leone or country was [NAME] living before moving to this village — COUNTRY REGION CODE	8. Was [NAME] living in an urban or rural area? 1 Freetown Urban 2 Bo City 3 Makeni City 4 Koidu City 5 Kenema City 6 Other Urban 7 Rural	9. What was [NAME]'s main occupation in former residence? ENTER CODE FROM MANUAL (ANNEX III) — ISCO CODE	10. In what industry was [NAME]'s work at former residence? ENTER CODE FROM MANUAL (ANNEX IV) — INDUSTRY — ISIC CODE	11. Who was [NAME] working for at former residence? 01 Own Agric activity 02 Gov't Sector 03 Parastatal 04 NGO 05 Co-op(s) 06 Int. Co-op(s) 07 Int. Org. 08 Mission 09 Private Sector 10 Self Emp (Not in Agric) 11 Self Emp (with Employees) 12 Self Emp (with no Employees) 13 Unpaid Family 14 Unpaid Household work 15 Other	12. What was the main reason for moving from [NAME]'s former place of living? 1 Own Emp 2 Spouse's Emp 3 Marriage 4 Other Family reasons 5 School 6 Drought 7 War 8 Other
0 1	☐☐	○ ○	○ ○	○ ○	☐☐	☐☐	☐	☐☐☐☐	☐☐☐☐	☐☐	☐
0 2	☐☐	○ ○	○ ○	○ ○	☐☐	☐☐	☐	☐☐☐☐	☐☐☐☐	☐☐	☐
0 3	☐☐	○ ○	○ ○	○ ○	☐☐	☐☐	☐	☐☐☐☐	☐☐☐☐	☐☐	☐
0 4	☐☐	○ ○	○ ○	○ ○	☐☐	☐☐	☐	☐☐☐☐	☐☐☐☐	☐☐	☐
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0 7	☐☐	○ ○	○ ○	○ ○	☐☐	☐☐	☐	☐☐☐☐	☐☐☐☐	☐☐	☐
0 8	☐☐	○ ○	○ ○	○ ○	☐☐	☐☐	☐	☐☐☐☐	☐☐☐☐	☐☐	☐
0 9	☐☐	○ ○	○ ○	○ ○	☐☐	☐☐	☐	☐☐☐☐	☐☐☐☐	☐☐	☐
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RESPONDENTS: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

PART A: TYPE OF DWELLING	PART B: OCCUPANCY STATUS OF DWELLING	PART C: HOUSING EXPENDITURE (RENT)	

PART A: TYPE OF DWELLING

A.1 In what type of dwelling does the household live?

1 Single Unit 1 Storey
2 Single Unit 2 Storey
3 Single Unit 3 or more Storey
4 Multiple Unit 1 Storey
5 Multiple Unit 2 Storey
6 Multiple Unit 3 or more Storey
7 Other

☐

A.2 How many rooms does the household occupy?

EXCLUDE BATHROOMS, TOILETS, KITCHEN, PANTRY, and STORE

☐☐

A.3 Do other households share this dwelling with the household?

Yes ◯   No ◯

A.4 How long ago has your household been living in this dwelling?

ROUNDED TO THE NEAREST YEAR. EG 2.3=2; 2.7=3

☐☐

PART B: OCCUPANCY STATUS OF DWELLING

B.1 What is household's present occupancy status?

IF NOT OWNED (4,5 or 6) GO TO B.4

1 Owned by head
2 Owned by Spouse
3 Owned by both head and spouse
4 Rents
5 Pays nominal rent
6 Uses without rent
7 Normadic/Temporal

☐

B.2 How was the dwelling acquired?

1 Purchased
2 Constructed
3 Inherited
4 Other

☐

B.3 How much could the household receive/ pay if rented out or rented the dwelling?

PER MONTH ☐☐☐☐☐☐☐

GO TO Q.5

B.4 From whom do you rent the dwelling or who provides the housing?

1 Relative
2 Private employer
3 Government
4 Housing Corporation
5 Private Individual
6 Other

☐

B.5 What type of document does household have to back occupancy status?

1 Certificate of Occupancy
2 Leasehold
3 Freehold
4 Tenancy Agreement
5 Receipt of Payment
6 None

☐

PART C: HOUSING EXPENDITURE (RENT)

C.1 How much does the household pay in cash for rent?

IF RENT FREE, PUT ZERO (0)

TIME UNIT

1 Monthly
2 Quarterly
3 Yearly

AMOUNT   TIME UNIT
☐☐☐☐☐☐☐ ☐

C.2 Does the household supply goods or services in exchange for the dwelling?

Yes ◯   No ◯

IF NO GO TO C.4

C.3 What is the appropriate value of these goods and services?

TIME UNIT

1 Monthly
2 Quarterly
3 Yearly

AMOUNT   TIME UNIT
☐☐☐☐☐☐☐ ☐

C.4 Is part of the rent paid by someone who is not a household member?

IF NO GO TO C.6

Yes ◯   No ◯

C.5 Who pays the rent?

1 Relative   ◯
2 Government   ◯
3 Private Employer   ◯
4 Pri. Ind or Agency ◯
5 Other   ◯

C.6 How much did you spend in minor construction/ repairs and painting in the last 12 months?

AMOUNT
☐☐☐☐☐☐☐

RESPONDENTS: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

| PART D: PHYSICAL CHARACTERISTICS OF DWELLING | | PART E: ENERGY | |

PART D: PHYSICAL CHARACTERISTICS OF DWELLING

D.1 Main construction material of outside walls?
1 Mud & Wattle ○
2 Burnt Bricks ○
3 Timber ○
4 Corrugated Iron Sheets ○
5 Stone ○
6 Cement/Concrete ○
7 Tarpaulin ○
8 Other ○

D.2 Main flooring material?
1 Earth/Mud ○
2 Tile ○
3 Wood ○
4 Concrete ○
5 Stone ○
6 Other ○

D.3 Main roofing material?
1 Mud Bricks ○
2 Thatch (grass or straw) ○
3 Wood ○
4 Corrugated Iron Sheets ○
5 Cement/Concrete ○
6 Roofing Tiles ○
7 Tarpaulin ○
8 Asbestos ○
9 Other ○

D.4 Are the household windows protected from mosquitoes?
Yes ○
No ○

D.5 What is the location of the main cooking area/Kitchen?
1 Outdoor ○
2 Enclosed detached ○
3 Enclosed attached ○
4 Indoor without partition ○
5 Indoor with partition ○
6 Other ○

D.6 Which of the following best describes the environment in which household lives?
1 Prone to Flooding ○
2 Prone to Deforestation ○
3 Delayed rains ○
4 Early rains ○
5 Prone to Erosion ○
6 None of the above ○

D.7 Which of the following best describes the sanitary conditions of environment in which household lives?
1 Unsanitary ○
2 Noisy ○
3 None of the above ○

PART E: ENERGY

E.1 What are the 2 main sources of cooking fuel?

RANK BY IMPORTANCE

1 Firewood   5 Electricity
2 Charcoal   6 Crop Residue/
3 Kerosene/Oil   Sawdust
4 Gas   7 Animal Waste
              8 Other

1ST ☐   2ND ☐

E.2 What are the 2 main sources of lighting?

RANK BY IMPORTANCE

1 Kerosene   5 Solar panels
2 Gas   6 Battery
3 Mains   7 Candles
  Electicity 8 Firewood
4 Generator   9 Other

1ST ☐   2ND ☐

IF NOT 3 GO TO PART F

E.3 Do you pay or share a regular bill from the lighting company?
1 Yes, Not Shared ○
2 Yes, Shared ○
3 No ○

IF NO GO TO PART F

E.4 How much was your last lighting costs?

IF SHARED, GIVE ONLY YOUR PORTION

TIME UNIT

1 Monthly
2 Quarterly
3 Yearly

AMOUNT ☐☐☐☐☐☐☐   TIME UNIT ☐

RESPONDENTS: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

PART F: WATER AND SANITATION

F.1 What kind of refuse collection is used?

IF 3, 4 or 5 GO TO F.4

1 Collected by Private Ind ○
2 Collected by Private firm ○
3 Government bin ○
4 Burnt ○
5 Buried ○
6 Unauthorised heap ○
7 Other ○

F.2 Does the household pay for refuse collection?

IF NO GO TO F.4

1 Yes, Not Shared ○
2 Yes, Shared ○
3 No ○

F.3 How much does the household pay for refuse collection?

TIME UNIT

1 Monthly
2 Quarterly
3 Yearly

AMOUNT ☐☐☐☐☐☐   TIME UNIT ☐

F.4 What is the main source of water for the household?

01 Piped into Dwelling 09 Rain Water
02 Piped into yard   10 Tanker-truck
03 Public tap   11 With Small
04 Tube Well/Borehole   Cart/Drum
05 Protected Dug Well 12 Surface Water
06 Unprotected Dug Well 13 Bottled Water
07 Protected Spring   14 Sachet Water
08 Unprotected Spring 15 River/Stream
                       16 Other

IF 9,12 OR 15 GO TO F.6

DRINKING ☐☐   OTHER ☐☐

F.5 Who is responsible for the provision of the main source of water?

1 Central Gov't   6 Private Company
2 Local Gov't   7 Pri. Self Supply
3 Community   8 Religious Body
4 Donor Agencies   9 Other
5 NGO

DRINKING ☐   OTHER ☐

F.6 Are there times in the year when the household cannot get water from this main source?

1 Yes, Frequently
2 Yes, During Dry Season
3 No

DRINKING ☐   OTHER ☐

F.7 Does the household share the water source with other households?

ASK ONLY IF F.4 IS 1 OR 2

1 Yes
2 No

DRINKING ☐   OTHER ☐

F.8 How long does it take to go to the main water source (TWO WAY)?

A: Number of minutes per trip

DRINKING ☐☐☐   OTHER ☐☐☐

B: Number of trips per day?

DRINKING ☐☐   OTHER ☐☐

F.9 What is the distance to the main source of water (in Miles)?

DRINKING ☐☐   OTHER ☐☐

F.10 Does your household pay for water?

IF NO GO TO F.12	1 Yes, not shared ○
	2 Yes, shared ○
	3 No ○

F.11 How much was your last water costs?

IF SHARED, GIVE ONLY YOUR PORTION

TIME UNIT

1 Monthly
2 Quarterly
3 Yearly

AMOUNT ☐☐☐☐☐☐   TIME UNIT ☐

F.12 Who usually goes to the main drinking water source to fetch water for the household?

1 Adult woman ○
2 Adult man ○
3 Adult, both ○
4 Female child (under 15) ○
5 Male child (under 15) ○
6 Child, both ○
7 Don't Know ○

F.13 Does household treat water in any way to make it safer to drink?

IF NO GO TO F.15

1 Yes ○
2 No ○

RESPONDENTS: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

PART F: WATER AND SANITATION (Continued)	PART G: ACCESS TO THE NEAREST SOCIAL AMENITY

PART F: WATER AND SANITATION (Continued)

F.14 What do you usually do to the water to make it safer to drink?

1 Boil ○

2 Add bleach/chlorine ○

3 Strain it through a cloth ○

4 Use a water filter ○

5 Solar disinfection ○

6 Let it settle ○

7 Other ○

8 Don't know ○

F.15 Did the household sell water to anyone else?

IF NO GO TO F.17

Yes ○

No ○

F.16 How much did the household receive from water sold in the last 2 weeks?

AMOUNT ☐☐☐☐☐☐

F.17 What type of toilet is used by the household?

01 Flush to Piped Sewer System
02 Flush to Septic Tank
03 Flush to Pit Latrine
04 Flush to Somewhere else
05 VIP Latrine
06 Pit Latrine with Slab
07 Open Pit Latrine (no Slab)
08 Composting Toilet
09 Bucket
10 Hanging Toilet/Latrine
11 No Facilities/Bush/Field
12 Other

☐☐

IF 06-12 GO TO F.19

F.18 If "Flush" or "Pour Flush" what type of device is used?

1 Bucket ○

2 Cistern/Holding tank ○

3 Other ○

F.19 Does the household share toilet facility with other households?

IF NO GO TO

Yes ○

No ○

F.20 How many households share the toilet facility?

☐☐☐

F.21 Did the household pay for sewage collection in the last 12 months?

IF NO GO TO PART G

Yes ○

No ○

F.22 How much did your household pay for sewage collection in the last 12 months?

AMOUNT ☐☐☐☐☐☐ TIME UNIT ☐

PART G: ACCESS TO THE NEAREST SOCIAL AMENITY

G.1 How long in minutes does it take from your house to reach the nearest [SOCIAL AMENITY] by the most frequent means?

	0-14	15-29	30-44	45-59	60-179	180+
1 Supply of Drinking Water	○	○	○	○	○	○
2 Food Market	○	○	○	○	○	○
3 Public Transportation	○	○	○	○	○	○
4 Primary School	○	○	○	○	○	○
5 Secondary School	○	○	○	○	○	○
6 Hospital	○	○	○	○	○	○
7 Health Clinic	○	○	○	○	○	○
8 Post Office	○	○	○	○	○	○
9 All Seasons road	○	○	○	○	○	○

G.2 What is the most frequent means by which the household reaches the nearest [SOCIAL AMENITY]?

	Vehicle	Motorcycle	Bicycle	Foot	Animal	Canoe	Boat
1 Supply of Drinking Water	○	○	○	○	○	○	○
2 Food Market	○	○	○	○	○	○	○
3 Public Transportation	○	○	○	○	○	○	○
4 Primary School	○	○	○	○	○	○	○
5 Secondary School	○	○	○	○	○	○	○
6 Hospital	○	○	○	○	○	○	○
7 Health Clinic	○	○	○	○	○	○	○
8 Post Office	○	○	○	○	○	○	○
9 All Seasons road	○	○	○	○	○	○	○

8746153295

RESPONDENT: HEAD OF HOUSSEHOLD AND/OR RESPONSIBLE MEMBER

PART H-MALARIA AWARENESS AND BED NET INFORMATION	**PART I-INFORMATION ACCESS**

PART H-MALARIA AWARENESS AND BED NET INFORMATION

H1. How many different types of mosquito bed nets that can be used while sleeping does the household have? **(PLEASE INCLUDE NETS USED BY VISITORS)**

IF NONE ENTER 0 AND GO TO PART I ☐☐

H2. How many of the bed nets present are actually used by the household?

H2<=H1 ☐☐

PART I-INFORMATION ACCESS

I1. Does the household have access to the internet at home regardless of whether it is used or not?

IF NO GO TO Q.3

Yes ○   No ○

I2. What type of internet connection does the household have?

SHADE ALL THAT ARE APPLICABLE

A Analogue modem
B ISDN
C Other Narrowband
D DSL
E Cable modem
F Other fixed broadband
G Mobile broadband
H Don't know

A	B	C	D	E	F	G	H
○	○	○	○	○	○	○	○

I3. What is the household's source of main information?

1. Radio
2. Television
3. Print Media
4. Post mail
5. Hand mail
6. Word of mouth
7. Church/Mosque
8. Other

NET ID	H3. What is the brand of each bed net?	H4. Where did the household get the net from?	H5. How much did the household pay for this net?	H6. How long ago did the household obtain this net?	H7. Was the bed net already treated with an insecticide to kill or repel mosquitoes?	H8. How long ago was the bed net last soaked or dipped?	H9. How much did the household pay for soaking/dipping the net?
	1 LLIN 2 ITN 3 Ordinary Net 4 DK	1 Public Health Facility 2 Private Health Facility 3 Free Distribution (Campaign) 4 PMV 5 Market 6 Other 7 DK	**IF RECEIVED FOR FREE, RECORD 0** AMOUNT	**RECORD THE ANSWER IN MONTHS UP TO 36 MONTHS. IF MORE THAN 36 MONTHS, RECORD 99**	**IF NO GO TO NEXT NET** 1 Yes 2 No 3 DK	**RECORD NUMBER OF MONTHS UP TO 24 MONTHS. IF MORE THAN 24 MONTHS, RECORD 99**	**IF RECEIVED FOR FREE, RECORD 0** AMOUNT
1	☐	☐	☐☐☐☐	☐☐	☐	☐☐	☐☐☐☐
2	☐	☐	☐☐☐☐	☐☐	☐	☐☐	☐☐☐☐
3	☐	☐	☐☐☐☐	☐☐	☐	☐☐	☐☐☐☐
4	☐	☐	☐☐☐☐	☐☐	☐	☐☐	☐☐☐☐
5	☐	☐	☐☐☐☐	☐☐	☐	☐☐	☐☐☐☐

I3 answer box: ☐

INTERVIEWER: ASK UP TO TWO (2) ITEMS PER TYPE OF ASSET EVEN IF HOUSEHOLD OWNS MORE THAN TWO

	ITEM CODE	1. Does any member of the household own any [ITEM]? IF NO NEXT ITEM		2. What is the total number of [ITEM] owned?	3. How long ago was [ITEM] obtained? IF LESS THAN ONE YEAR ENTER 0 YEARS		4. What was the purchase price of [ITEM]? ENTER FROM RIGHT IF GIFT ENTER 0 AMOUNT(LE'000)		5. For how much could you sell the [ITEM] now? ENTER FROM RIGHT AMOUNT(LE'000)	
		YES	NO		1	2	1	2	1	2
Furniture (3 or 4 piece sofa set)	0 1	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Furniture (chairs)	0 2	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Furniture (table)	0 3	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Furniture (dining table)	0 4	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Bed	0 5	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Mattress	0 6	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Mat	0 7	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Sewing machine	0 8	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Cooker (gas/electric)	0 9	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Stove (electric)	1 0	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Stove (gas)	1 1	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Stove (kerosene)	1 2	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Microwave	1 3	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Refrigerator	1 4	○	○	☐☐	☐☐	☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐

INTERVIEWER: ASK UP TO TWO (2) ITEMS PER TYPE OF ASSET EVEN IF HOUSEHOLD OWNS MORE THAN TWO

ITEM	ITEM CODE	1. Does any member of the household own any [ITEM]? **IF NO NEXT ITEM** YES / NO	2. What is the total number of [ITEM] owned?	3. How long ago was [ITEM] obtained? IF LESS THAN ONE YEAR ENTER 0 — YEARS		4. What was the purchase price of [ITEM]? **ENTER FROM RIGHT** IF GIFT ENTER 0 — AMOUNT(LE'000)		5. For how much could you sell the [ITEM] now? **ENTER FROM RIGHT** — AMOUNT(LE'000)	
				1	2	1	2	1	2
Freezer	1 5	○ ○							
Air conditioner	1 6	○ ○							
Fan	1 7	○ ○							
Radio	1 8	○ ○							
Cassette recorder	1 9	○ ○							
Hi-Fi	2 0	○ ○							
Video/ DVD equipment	2 1	○ ○							
Television	2 2	○ ○							
Generator	2 3	○ ○							
Washing machine	2 4	○ ○							
Camera	2 5	○ ○							
Binoculars	2 6	○ ○							
Iron (electric)	2 7	○ ○							
Iron (charcoal)	2 8	○ ○							

INTERVIEWER: ASK UP TO TWO (2) ITEMS PER TYPE OF ASSET EVEN IF HOUSEHOLD OWNS MORE THAN TWO

	ITEM CODE	1. Does any member of the household own any [ITEM]? IF NO NEXT ITEM		2. What is the total number of [ITEM] owned?	3. How long ago was [ITEM] obtained? IF LESS THAN ONE YEAR ENTER 0 YEARS		4. What was the purchase price of [ITEM]? ENTER FROM RIGHT IF GIFT ENTER 0 AMOUNT(LE'000)		5. For how much could you sell the [ITEM] now? ENTER FROM RIGHT AMOUNT(LE'000)	
		YES	NO		1	2	1	2	1	2
Computer	2 9	○	○	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
Fixed line phone	3 0	○	○	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
Mobile phone handset	3 1	○	○	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
Bicycle	3 2	○	○	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
Motorcycle	3 3	○	○	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
Car (personal)	3 4	○	○	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
(not one living	3 5	○	○	☐☐	☐☐	☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐

RESPONDENTS: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

Q.1 Over the last 5 years has any household member experienced any crime in the following?

IF NO GO TO NEXT ITEM

Q.2 How many household members experienced the attack/crime?
1 One HH member
2 Two HH members
3 Three HH members
4 More than 3 or all

Q.3 When was the last attack?
1 This Year
2 Last Year
3 2-5 Years Ago

Q.4 How many times did this attack occur within the last 5 years?
1 Once
2 Twice
3 Thrice
4 Four time
5 Five or more times

Q.5 Compared to 5 years ago, what is the level of crime in the neighbourhood?
1 Decreased a lot
2 Decreased somewhat
3 Remained about same
4 Increased somewhat
5 Increased lot
6 DK

	Q.1 YES	Q.1 NO	Q.2 1	Q.2 2	Q.2 3	Q.2 4	Q.3 1	Q.3 2	Q.3 3	Q.4 1	Q.4 2	Q.4 3	Q.4 4	Q.4 5	Q.5 1	Q.5 2	Q.5 3	Q.5 4	Q.5 5	Q.5 6
01 Car/Van/Truck Stolen	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
02 Car vandalism	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
03 Theft of car radio or items left in car	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
04 Theft of motor scooter, motorcycle	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
05 Theft of bicycle	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
06 Home burglary (including from garage, sheds or lock-ups)	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
07 Attempted home burglary	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
08 Robbery by force or threats	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
09 Personal theft such as pick pocketing or theft of purse	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
10 Physical harm	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
11 Other forms of violence	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O

Q.6 What would you say is the level of violence in the community?
1 No violence
2 Decreased a lot
3 Decreased somewhat
4 Remained about the same
5 Increased somewhat
6 Increased a lot
7 DK

☐

Q.7 Do household members feel safe walking down the street at night?
1 Very safe O
2 Somewhat safe O
3 Not too safe O
4 Not at all safe O

Q.8 How much confidence does the household have that the State authorities can protect household and property from crime and violence?
1 Extremely confident O
2 Confident O
3 Somewhat confident O
4 Not very confident O
5 Not confident at all O

Q.9 Which of the following ways can best control crime in your community?
1 Police patrol O
2 Community policing O
3 Youth empowerment O

Q.10 Is there any conflict in the community?

IF NO GO TO NEXT SECTION

YES O NO O

Q.11 What is the major cause of conflict in the community?
1 Indebtedness
2 Ethnic conflict
3 Political differences
4 Marriage
5 Land disputes
6 Chieftancy
7 Religion
8 Other

☐

Quest Id ☐☐☐ - ☐☐ - ☐

RESPONDENTS: HEAD OF HOUSEHOLD AND/OR RESPONSIBLE HOUSEHOLD MEMBER

Q.1 What is the household income situation?

- 1 Very unstable ○
- 2 Unstable ○
- 3 Somewhat stable ○
- 4 Stable ○
- 5 Very stable ○

Q.2 How do you feel about your livelihood based on your income?

- 1 Very poor ○
- 2 Poor ○
- 3 Moderate ○
- 4 Fairly rich ○
- 5 Rich ○

Q.3 What is the household's financial situation?

- 1 Very poor ○
- 2 Poor ○
- 3 Moderate ○
- 4 Fairly rich ○
- 5 Rich ○

Q.4 What is the minimum amount per month needed to satisfy the household's basic needs?

☐☐☐☐☐☐☐

Q.5 During the last 12 months, how has the household living standards changed?

- 1 Increased ○
- 2 Stayed the same ○
- 3 Decreased ○

Q.6 How often in the last 12 months did the household have difficulties satisfying the following needs?

	Never	Seldom	Some-times	Often	Al-ways
A Food	○	○	○	○	○
B School fees	○	○	○	○	○
C Healthcare	○	○	○	○	○
D House rent	○	○	○	○	○
E Utility	○	○	○	○	○
F Secret Soc	○	○	○	○	○
G Funeral Exp	○	○	○	○	○

Q.7 How would you rate the household standard of living in relation to other households in the community?

- 1 The poorest ○
- 2 Fairly Poor ○
- 3 Moderate ○
- 4 Fairly rich ○
- 5 the richest ○

Q.8 During the last 12 months, how has the community living standards changed?

- 1 Improved ○
- 2 Stayed the same ○
- 3 Decreased ○

Q.9 Is any person in the household a member of any of the following associations?

	Yes	No
A Community	○	○
B Religion	○	○
C Professional	○	○
D Political	○	○
E Family	○	○
F Other	○	○

Q.10 Who can the household depend on to provide assistance during difficult periods?

	Yes	No
A Community	○	○
B Religion	○	○
C Professional	○	○
D Political	○	○
E Family	○	○
F Other	○	○

Q.11 Do you think poverty reduction is a priority of the government?

- Yes ○
- No ○

Q.12 What do you think are the TWO most important measures that the gov't should take to improve households' living standards?

- 01 Create employment
- 02 Improve access to edu
- 03 Improve access to health
- 04 Pave roads
- 05 Improve access to housing
- 06 Improve access to credit
- 07 Improve access to water
- 08 Improve access to electricity
- 09 Increase salaries
- 10 Regulate prices of basic commodities
- 11 Fight against corruption
- 12 Other

1ST ☐☐ **2ND** ☐☐

Q.13 Which of these agencies have had direct impact on the household's living standards?

SHADE ALL THAT ARE APPLICABLE

- A Government
- B NGOs
- C WFP
- D WHO
- E UNICEF
- F DFID
- G EU
- H WB
- I Other

A B C D E F G H I
○ ○ ○ ○ ○ ○ ○ ○ ○

Quest Id ☐☐☐ - ☐☐ - ☐

RESPONDENT: HOUSEHOLD HEAD OR RESPONSIBLE HOUSEHOLD MEMBER

PART A: INCOME

Q.1 Did you or any member of your household experience severe losses of income since the outset of the conflict (Between 1991 and 2002)?

1 Yes ○
2 No ○
3 Don't Know ○

IF 2 OR 3 GO TO PART B

Q.2 What was the longest period of interruption?

PLEASE WRITE THE NUMBER OF MONTHS OF LONGEST INTERRUPTION

☐☐☐ Months

Q.3 Did you or any member of your household experience severe losses of income due to any of the following?

	Yes	No	Don't Know
A Lack of employment opportunities	○	○	○
B Loss of necessary assets or inputs/ destruction of dwellings	○	○	○
C Loss of access to input markets	○	○	○
D Loss of access to output market	○	○	○
E Vandalism or crime in the area	○	○	○
F Forced military service/abduction	○	○	○
G Volatility of prices	○	○	○
H Setbacks in terms of health (e.g. injuries, handicaps, psychological distress) caused by violence?	○	○	○

PART B: ASSETS

Q.1 Were any of the following assets considerably destroyed, lost or robbed because of violence or displacement?

IF NO GO TO NEXT ITEM

	Q.1 Yes	No	Q.2 When exactly did this occur? Month	Year	Q.3 What was the overall value of the item? AMOUNT(LE'000)	Q.4 Who was respon-sible?
A Dwelling	○	○				
B Mattress	○	○				
C Bicycle	○	○				
D Motorcycle	○	○				
E Car	○	○				
F Radio	○	○				
G Television	○	○				
H Clothes	○	○				
I Documents	○	○				
J Jewellery	○	○				
K Cell phone	○	○				
L Rifle	○	○				
M Machete	○	○				
N Tractor	○	○				
O Computers	○	○				
P Cultivation tools such as hoe, plough, etc	○	○				

CODES FOR PERPETRATORS: PART B: Q.4

01 Government army soldiers   02 Rebel group   03 Militia members   04 Bandits/criminals
05 Neighbour(s) 06 Household member(s) 07 Stranger   08 Foreigners 09 Don't know   10 Others

RESPONDENT: HOUSEHOLD HEAD OR RESPONSIBLE HOUSEHOLD MEMBER

Q.1 Were you or any member of your household directly affected by the War?

1 Yes ⭕
2 No ⭕

IF NO GO TO SECTION 11

Q.2 How were you or a member of your household affected by the War?

SHADE ALL THAT ARE APPLICABLE

A Household lost property/assets
B House was burnt
C Household member(s) killed
D Relatives
E Limbs lost
F Household member(s) molested or raped
G Household displaced
I Other

A B C D E F G H I
⭕ ⭕ ⭕ ⭕ ⭕ ⭕ ⭕ ⭕ ⭕

IF G IS NOT SHADED, GO TO SECTION 11

Q.3 When did the household leave the home for the first time?

Month Year
☐☐   ☐☐

Q.4 Have you returned to your place of origin since the war got over?

1 Yes ⭕
2 No ⭕   IF NO GO TO Q. 7

Q.5 What year did you return?

Month Year
☐☐   ☐☐

Q.6 Where did your household stay most of the time after leaving home?

1 Stayed with friends in the same village ⭕
2 Stayed with friends in different village ⭕
3 Stayed with/joined family in the same village ⭕
4 Stayed with/joined the family different village ⭕
5 Went abroad ⭕
6 Moved to a displacement/refugee camp ⭕
7 Other ⭕

GO TO SECTION 11

Q.7 Where was your household living before the War?

1 Same section ⭕
2 Other section in the same community ⭕
3 Other community in the same district ⭕
4 Other district in the same province ⭕
5 Other province ⭕

Q.8 What reason(s)stopped your household from returning?

RANK THE 3 MOST IMPORTANT

1 Will not find work/earn enough money
2 Lack of seeds and tools to farm
3 Need to complete education in current location
4 Lack of basic services (health, education, water, etc) in area of origin
5 Road/bridge destroyed
6 Place of origin still unsafe
7 No transportation to return
8 Prefer to stay in current location
9 Other

1ST   2ND   3RD
☐   ☐   ☐

RESPONDENT: HEAD OF HOUSSEHOLD

1. During the past 12 months did any member of the household own and/or operate a FARM or keep LIVESTOCK or engage in FISHING?

   A

   | IF NO GO TO Q.4 |

   Yes ○   No ○

2. List all the members responsible for a Farm or livestock?

Name	Person ID

3. List all the members responsible for Fishing?

Name	Person ID

4. Are any CROP/FISH caught and processed for sale or use by household?

   | IF Q.1 = 1 and Q.4 = 2 GO TO Q.6 |

   | IF Q.1 = 2 and Q.4 = 2 GO TO Q.7 |

   Yes ○   No ○

5. List all the members responsible for this processing?

Name	Person ID

6. Who are mainly responsible for preparing food in the household?

Name	Person ID

7. Who is mainly responsible for making household purchases?

Name	Person ID

8. During the past 12 months has any member of the household worked for himself, other than on a farm or raising animals?

   | IF NO END INTERVIEW |

   Yes ○   No ○

9. Who is mainly responsible for the enterprise?

Name	Person ID