

ID1	Girl's registration number (COPY TRACKING FORM #)	_ _ _ _
ID2	Community number	_ _ _ _
ID3	Surveyor ID	_ _ _ _
ID4	Date of the survey	__/__/__ (DD/MM)
ID5	Hour (beginning of the survey)	__ h __ min 1. <input type="checkbox"/> am 2. <input type="checkbox"/> pm
ID6	Hour (end of the survey)	__ h __ min 1. <input type="checkbox"/> am 2. <input type="checkbox"/> pm

**HOUSEHOLD DEFINITION SCRIPT:** A household is a group of persons who normally eat and live together. These people may or may not be related by blood, but make common provision for food or other essentials for living and they have only one person whom they all regard as the head of the household.

- Here is one example of a household: A young man or lady who is unmarried, lives alone in his/her room with a younger sister or brother and his/her mother who shares the same housekeeping arrangement. This will constitute a household of three persons.
- Here is another example of a household: There could be one man who has a wife and six children, only four of them are being accommodated in the same compound while the other two children eat from the same pot with the household but because of lacking sleeping place in that compound, an arrangement is meant for them to sleep with a neighbor. This is still a household of eight persons.

The main point is that what makes a household a household is eating together from the same pot, being catered for as one unit and recognizing one person as the head.

**HEAD OF HOUSEHOLD DEFINITION SCRIPT:** The head of the household is the person all members of the household regard as the head, and who normally makes day-to-day decisions governing the running of the household.

H1	[Girl] indicated _____ as head of the household that she is a part of. Is this correct?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	<b>1 to H4</b> <b>2 to H3</b> <b>-888 to H2</b>
H2	Who would be the correct person to ask this question to?	NAME _____	
	Can you please direct me to this person?		
H3	Who would you say is the head of [Girl's] household?	NAME _____	
	Can you please direct me to this person?		

ONCE YOU ARE TALKING TO THE **TRUE** HEAD OF GIRL'S HOUSEHOLD, WHO YOU HAVE IDENTIFIED BY READING THE HH DEFINITION SCRIPT, AND THE HEAD OF HH DEFINITION SCRIPT, AND THEN GOING THROUGH H1, H2, AND H3 AS APPLICABLE, YOU CAN GO ON TO H4.

H4	So you are the head of [Girl's] household?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>2 back to H1</b>
H5	What is your name?	NAME _____	
H6	What is your phone number?	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	

HOUSING				
Now I want to ask you about you and your household. Remember, a household is a group of persons that make common provision for food or other essentials for living and they have only one person whom they all regard as the head of the household.				
<b>B1. What kind of place is the place you people sleep at night?</b> 1. <input type="checkbox"/> House/Hut/Room in a house 2. <input type="checkbox"/> Under a roof with no walls 3. <input type="checkbox"/> Apartment 4. <input type="checkbox"/> Abandoned Building 5. <input type="checkbox"/> In a vehicle/container 6. <input type="checkbox"/> Outside 7. <input type="checkbox"/> Market House/business place  -999. <input type="checkbox"/> Refuse to answer -555. <input type="checkbox"/> Other, specify: _____		<b>B2. What are the walls made out of?</b> 1. <input type="checkbox"/> Zinc/Metal 2. <input type="checkbox"/> Cement/Stone blocks 3. <input type="checkbox"/> Mud and sticks 4. <input type="checkbox"/> Dirt block 5. <input type="checkbox"/> Straw/Thatch/Mats 6. <input type="checkbox"/> Cane/Palm/Trunks 7. <input type="checkbox"/> Mud bricks 8. <input type="checkbox"/> Plywood/Reused wood 9. <input type="checkbox"/> Cardboard/Plastic 10. <input type="checkbox"/> Wood planks/Shingles -999. <input type="checkbox"/> Refuse to answer -555. <input type="checkbox"/> Other, specify: _____ -222 <input type="checkbox"/> NA (no walls)		
<b>B4. What is the floor made out of?</b> 1. <input type="checkbox"/> Concrete/Stone 2. <input type="checkbox"/> Red earth 3. <input type="checkbox"/> Wood 4. <input type="checkbox"/> Animal manure 5. <input type="checkbox"/> Bare ground 6. <input type="checkbox"/> Tarpaulin/Plastic -999. <input type="checkbox"/> Refuse to answer -555. <input type="checkbox"/> Other, specify: _____ -222 <input type="checkbox"/> NA		<b>B3. What is the roof made out of?</b> 1. <input type="checkbox"/> Zinc/Metal 2. <input type="checkbox"/> Tarpaulin/Plastic 3. <input type="checkbox"/> Thatch/Palm leaf 4. <input type="checkbox"/> Palm/Bamboo/Mats 5. <input type="checkbox"/> Wood planks 6. <input type="checkbox"/> Ceramic tiles 7. <input type="checkbox"/> Concrete/Cement 8. <input type="checkbox"/> Asbestos/Shingles 9. <input type="checkbox"/> Wood -999. <input type="checkbox"/> -Refuse to answer -555. <input type="checkbox"/> Other, specify: - _____ -222 <input type="checkbox"/> NA (no roof)		
<b>B5. What type of toilet do you use?</b> 1. <input type="checkbox"/> Bush 2. <input type="checkbox"/> Own flush toilet 3. <input type="checkbox"/> Common flush toilet 4. <input type="checkbox"/> Own latrine 5. <input type="checkbox"/> Common pit latrine 6. <input type="checkbox"/> Uncovered laterine 7. <input type="checkbox"/> River / Creek / Beach 8. <input type="checkbox"/> Government toilet 9. <input type="checkbox"/> Put in plastic and throw -999. <input type="checkbox"/> Refuse to answer -555. <input type="checkbox"/> Other, specify: _____		<b>B6. Which type of bathing facility do you use?</b> 1. <input type="checkbox"/> Community bathroom 2. <input type="checkbox"/> Private bathroom 3. <input type="checkbox"/> River / Beach / Outside -999. <input type="checkbox"/> Refuse to answer -555. <input type="checkbox"/> Other, specify: _____		
B7	Do you or one member of your household own the place that you sleep?		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1 to B10
B8	Do you pay rent or services to sleep there, or is it free?	1. <input type="checkbox"/> Rent 2. <input type="checkbox"/> Services	3. <input type="checkbox"/> Free -555. <input type="checkbox"/> Other, specify: _____	3 to B10
B9	How much is your monthly rent?	a.  _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD		
B10	How many rooms are there for sleeping?	_ _ _ _ _  -222 <input type="checkbox"/> NA		
B11	What do you usually sleep on?	1. <input type="checkbox"/> Sponge mattress 2. <input type="checkbox"/> Straw mattress 3. <input type="checkbox"/> Mat 4. <input type="checkbox"/> Bags 5. <input type="checkbox"/> Other bed	6. <input type="checkbox"/> Other poor materials 7. <input type="checkbox"/> Floor/ground -555. <input type="checkbox"/> Other, specify: _____ -999. <input type="checkbox"/> RTA	

B12	Does the place where you sleep stay dry when it rains?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No, small water/leaks 3. <input type="checkbox"/> No, big water	
<b>FOOD SECURITY</b>				
B13	In the last 30 days, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA		
B14	In the last 30 days, did you or any other household member have to eat fewer meals in a day because there was not enough food?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA		
B15	In the past 7 days, did you or any household member go to sleep at night hungry because there was not enough food?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA		
B16	In the last 12 months, did you or any other household member cut the size of your meals or skip meals because there was not enough food?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never -999. <input type="checkbox"/> RTA		

<b>ASSETS</b>	
B17	<b>Now I'm going to ask about some things. How many of these are owned by you or your household?</b> RECORD ANSWER FOR EACH. IF DON'T KNOW, ASK RESPONDENT TO ESTIMATE. DO NOT OFFER RANGES. IF NOT APPLICABLE OR THE RESPONDENT REALLY DOESN'T KNOW, WRITE -222 OR -888.
a. Radio or cassette players.....	_ _ _ _
b. Television or video set.....	_ _ _ _
c. Books.....	_ _ _ _
d. Mobile phones.....	_ _ _ _
e. Kerosene lamps.....	_ _ _ _
f. Oil lanterns.....	_ _ _ _
g. Torchlights.....	_ _ _ _
h. Battery/Chinese lanterns.....	_ _ _ _
i. Coal pots.....	_ _ _ _
j. Wheelbarrows.....	_ _ _ _
k. Tables.....	_ _ _ _
l. Chairs and benches.....	_ _ _ _
m. Generators.....	_ _ _ _
n. Sleeping mats.....	_ _ _ _
o. Sponge mattresses.....	_ _ _ _
p. Bicycles.....	_ _ _ _
q. Motorbikes.....	_ _ _ _
r. Residential plot (# OF LOTS).....	_ _ _ _
s. Farm land or other land (IN ACRES).....	_ _ _ _

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HOUSEHOLD												
B18	How many members does your household have, including yourself and your spouse? Remember, a household is a group of persons make common provision for food or other essentials for living and they have only one person whom they all regard as the head of the household.											_ _ _ _
<b>Now I have some questions about the members of this household.</b> USE THE FIRST COLUMN FOR HOUSEHOLD QUESTIONNAIRE RESPONDENT  _H_ _1_ _  USE THE SECOND COLUMN FOR THE GIRL RESPONDENT  _H_ _2_ _												
	Question	Codes	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10
B19	Gender	1=Male, 2=Female  Name:	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
B20	Relation to the household head	1- self 2- spouse 3-son/daughter 4-father/mother 5-grandparent 6-aunt/uncle 7-sibling 8-grandchild 9-other relative 10-other non relative -999 -999-RTA	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999
B21	Relation to [Girl]	1- self 2- spouse 3-son/daughter 4-father/mother 5-grandparent 6-aunt/uncle 7-sibling 8-grandchild	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

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		9-other relative 10-other non relative -999-RTA	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999
B22	Age	WRITE AGE	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _
B23	What is ___'s main occupation?	1-Working a job 2-Self-employed 3-Student 4-Pensioner 5-Unpaid HH work 6-Unemployed -555-Other (SPECIFY)  <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -555
B24	What is the highest level of schooling completed by ____? ENCOURAGE RESPONDENT TO GUESS	1-None 2- Primary 3- Junior High 4-Senior High 5-Some formal post-secondary schooling 6-University 888-Don't know  <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888
B25	Is ____ currently attending school, or	1- Yes, currently attending 2-Yes, expected to start again	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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	expected to start again? <b>3 to B29</b> <b>1 to B27</b>	3- No, neither.	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
B26	ONLY ASK IF ANSWER IN B25 IS 2.  What will it take for ____ to start again?	1- Self-motivation 2- If safety in area improves 3- Financial situation 4- Permission from family members 5-____'s health conditions 6- Health condition of family members 7- Whether space available at school 8- Improved grades -555-Other (SPECIFY) -888-Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888
B27	ONLY ASK IF ANSWER IN B25 IS 1 OR 2: Up to what level do you think _____ will study?	1-None 2- Primary 3- Junior High 4-Senior High 5-Some formal post-secondary schooling 6-University -888-Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888

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B28	ONLY ASK IF ANSWER IN B25 IS 1 OR 2: In the last 6 months, how much has this household spent on _____'s schooling**	Write amount in LD or USD for all household members. Mark which is used: <input type="checkbox"/> LD <input type="checkbox"/> USD ***	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD
**including tuition, fees, uniforms, books, supplies, transport to school, and feeding and lodging at school? *** If the household member has not been to school, put 0. If household member went to school but there were no expenses, put 0.												
B29	The last time ____ was sick, was this HH able to cover ____'s medical expenses?	1-Yes 2-No -888-Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888
B30	Does ____ regularly contribute income to the HH? <b>2, -888, to B32</b>	1-Yes 2-No -888-Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888

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B31	How much per month does _____ contribute? IF DON'T KNOW, RESP. SHOULD APPROXIMATE.	Write amount in LD or USD for all household members. Mark which is used: <input type="checkbox"/> LD <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_ _ _  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD
	<b>Question</b>	<b>Codes</b>	<b>H11</b>	<b>H12</b>	<b>H13</b>	<b>H14</b>	<b>H15</b>	<b>H16</b>	<b>H17</b>	<b>H18</b>	<b>H19</b>	<b>H20</b>
B19	Gender	1=Male, 2=Female  Name: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____
B20	Relation to the household head	1- self 2- spouse 3-son/daughter 4-father/mother 5-grandparent 6-aunt/uncle 7-sibling 8-grandchild 9-other relative 10-other non relative -999-RTA	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

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			<input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 10 <input type="checkbox"/> -999
B21	Relation to [Girl]	1- self 2- spouse 3-son/daughter 4-father/mother 5-grandparent 6-aunt/uncle 7-sibling 8-grandchild 9-other relative 10-other non relative -999-RTA	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> -999
B22	Age	WRITE AGE	_ _ _  	_ _ _  	_ _ _  	_ _ _  	_ _ _  	_ _ _  	_ _ _  	_ _ _  _	_ _ _  _	_ _ _  _
B23	What is __'s main occupation?	1-Working a job 2-Self-employed 3-Student 4-Pensioner 5-Unpaid HH work 6-Unemployed -555-Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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		(SPECIFY)	<input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 6 <input type="checkbox"/> -555	<input type="checkbox"/> 6 <input type="checkbox"/> -555
B24	What is the highest level of schooling completed by ____? ENCOURAGE RESPONDENT TO GUESS	1-None 2- Primary 3- Junior High 4-Senior High 5-Some formal post-secondary schooling 6-University 888-Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888
B25	Is ____ currently attending school, or expected to start again? <b>3 to B29</b> <b>1 to B27</b>	1- Yes, currently attending 2-Yes, expected to start again 3- No, neither.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B26	ONLY ASK IF ANSWER IN B25 IS 2.  What will it take for ____ to start again?	1- Self-motivation 2- If safety in area improves 3- Financial situation 4- Permission from family members	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

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		5-___'s health conditions 6- Health condition of family members 7- Whether space available at school 8- Improved grades -555-Other (SPECIFY) -888-Don't know	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888	<input type="checkbox"/> 7 <input type="checkbox"/> -555 <input type="checkbox"/> -888
B27	ONLY ASK IF ANSWER IN B25 IS 1 OR 2: Up to what level do you think _____ will study?	1-None 2- Primary 3- Junior High 4-Senior High 5-Some formal post-secondary schooling 6-University -888-Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -888
B28	ONLY ASK IF ANSWER IN B25 IS 1 OR 2: In the last 6 months, how much	Write amount in LD or USD for all household members. Mark which is used: <input type="checkbox"/> LD <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____  1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD

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	has this household spent on _____'s schooling**	***										
**including tuition, fees, uniforms, books, supplies, transport to school, and feeding and lodging at school? *** If the household member has not been to school, put 0. If household member went to school but there were no expenses, put 0.												
B29	The last time _____ was sick, was this HH able to cover _____'s medical expenses?	1-Yes 2-No -888-Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888
B30	Does _____ regularly contribute income to the HH? <b>2, -888, to B32</b>	1-Yes 2-No -888-Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> -888
B31	How much per month does _____ contribute? IF DON'T KNOW, RESP. SHOULD APPROXIMATE.	Write amount in LD or USD for all household members. Mark which is used: <input type="checkbox"/> LD <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD	_____   1 <input type="checkbox"/> LD 2 <input type="checkbox"/> USD

B32	Who is the main financial supporter of this (Girl's) household?	a1. Name: _____ a2. HH ID:  _ _ _ _	
B33	Who in this (Girl's) household makes decisions about how to spend money? IF RESPONDENT VOLUNTEERS MORE THAN 1 PERSON, COMPLETE BOTH A AND B. OTHERWISE, PUT -222 FOR NA IN B1 AND B2	a1. Name: _____ a2. HH ID:  _ _ _ _ _ _ _ _  b1. Name: _____ b2. HH ID:  _ _ _ _ _ _ _ _	
B34	Who in this (Girl's) household makes decisions regarding [Girl's] schooling? IF RESPONDENT VOLUNTEERS MORE THAN 1 PERSON, COMPLETE BOTH A AND B. OTHERWISE, PUT -222 FOR NA IN B1 AND B2	a1. Name: _____ a2. HH ID:  _ _ _ _ _ _ _ _  b1. Name: _____ b2. HH ID:  _ _ _ _ _ _ _ _	

<b>CREDIT CONSTRAINTS</b>			
B35	Does it happen that the people whose school fees you are paying have to miss school because you are not able to cover their schooling expenses?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	
B36	If you needed to get 50 US dollar within the next month, do you think you can get it?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	2, -999 to B38
B37	How many places you think you can get that money from?	_ _ _	
B38	What about if you needed to get 300 US dollar within the next month, do you think you can get it?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	2, -999 to B40
B39	How many places you think you can get that money from?	_ _ _	
B40	If you got sick and needed small money for medicine, like 100 LD, do you think you could get it from someone?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	2, -999 to B42
B41	How many places you think you can get that money from?	_ _ _	
<b>SAVINGS AND DEBT</b>			
<b>Now I want to talk to you about the money you have in keeping and the money that you owing people or giving back.</b>			
B42	Do you save in susu ?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	2, -999 to B44
B43	How much you have in keeping in susu now?	a.  _ _ _ _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B44	Do you have a bank account?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	2, -999 to B46
B45	How much you have in keeping at the bank?	a.  _ _ _ _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	

B46	Do you keep money savings with someone else you know?		1. <input type="checkbox"/> Yes   2. <input type="checkbox"/> No   -999. <input type="checkbox"/> RTA	2, -999 to B48
B47	How much money you got in keeping with this person?		a.  _ _ _ _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B48	Do you keep your money by yourself?		1. <input type="checkbox"/> Yes   2. <input type="checkbox"/> No   -999. <input type="checkbox"/> RTA	2, -999 to B50
B49	How much money you got in keeping this way?		a.  _ _ _ _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B50	You got money in any other place?		1. <input type="checkbox"/> Yes   2. <input type="checkbox"/> No   -999. <input type="checkbox"/> RTA	2, -999 to B53
B51	Where is the other place you have the money saved ?			
B52	How much?		a.  _ _ _ _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B53	All of that money you got in savings, what is it mainly for?	1. <input type="checkbox"/> Medical/Sickness 2. <input type="checkbox"/> Rent 3. <input type="checkbox"/> School fees/ward 4. <input type="checkbox"/> Building materials for your house 5. <input type="checkbox"/> Household expenses 6. <input type="checkbox"/> Wearing and personal effects 7. <input type="checkbox"/> Buying things for your business 8. <input type="checkbox"/> Occasion/Celebration 9. <input type="checkbox"/> Land -555. <input type="checkbox"/> Other, specify: _____ -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer -222. <input type="checkbox"/> Not applicable		

**Now I want to talk about the money that you owe people and the one that you giving back.**

IF NONE, PUT ZERO.

B54	The money you borrowed from family members, how much of it you still owe to pay back?	a.  _ _ _ _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B55	The money you credit from friends, how much of it you still owe to pay back?	a.  _ _ _ _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B56	The money you can credit from people who can give out money, savings club, susu, bank, or microfinance, or any other place, how much of it you still owe to pay back?	a.  _ _ _ _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	

**VIEWS ON GIRL**

<p>REMEMBER, THIS QUESTIONS ARE ABOUT THE <u>GIRL RESPONDENT</u></p> <p><b>Now we're going to read some statements about [GIRL RESPONDENT]. For each statement, tell me if you really agree, agree, disagree, or really agree.</b></p> <p>TAKE OUT CARD WITH REALLY AGREE, AGREE, DISAGREE, REALLY DISAGREE FOR EACH QUESTION, READ ANSWER OPTIONS AND HAVE RESPONDENT SELECT ONE</p>		
B57	[Girl] is able to do her homework.	1. <input type="checkbox"/> Really agree   3. <input type="checkbox"/> Disagree 2. <input type="checkbox"/> Agree   4. <input type="checkbox"/> Really Disagree
B58	[Girl] is able to work with friends or classmates to solve problems.	1. <input type="checkbox"/> Really agree   3. <input type="checkbox"/> Disagree 2. <input type="checkbox"/> Agree   4. <input type="checkbox"/> Really Disagree
B59	[Girl] is able to contribute to the community.	1. <input type="checkbox"/> Really agree   3. <input type="checkbox"/> Disagree

		2. <input type="checkbox"/> Agree	4. <input type="checkbox"/> Really Disagree
B60	[Girl] is able to participate in class.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B61	[Girl] is able to speak in front of a group of people and share her opinions.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B62	[Girl] is at least as smart as most other young people her age.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B63	[Girl] doesn't have hope for her future.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B64	[Girl] makes good decisions concerning how to manage her money.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B65	[Girl] does not hesitate to let others know her opinions.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B66	When [girl] has an idea or opinion, she is able to express it.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B67	When [girl] doesn't understand something at school, she is not shy about asking a question.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B68	When someone treats [girl] unfairly, [girl] says something or take action against it	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B69	If [girl] sees a student or friend being picked on, [girl] will try and stop it.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
B70	[Girl] asks her teacher and other adults for help when [girl] needs it.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree
<b>Now I will ask you some questions about the girl you just identified. For each question, please tell me if the answer is every time, sometimes, one one time, or never.</b>			
B71	Is [girl] disrespectful of elders?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never
B72	Is [girl] a diligent student?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never
B73	Is [girl] a difficult child?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never
B74	What type of work do you think [girl] is most likely to do when she grows up? TICK UP TO TWO	1. <input type="checkbox"/> Household labor for pay, or work in an office as a cleaner 2. <input type="checkbox"/> Do selling from a container, shop or store 3. <input type="checkbox"/> Do selling at a market table, or booth 4. <input type="checkbox"/> Do other buying and selling around business 5. <input type="checkbox"/> Do food processing for sale (baking, cooking, drying) 6. <input type="checkbox"/> Do stitching, handicraft, tailoring, or tie-dying	7. <input type="checkbox"/> Beautician (manicure, hairdresser) 8. <input type="checkbox"/> work in a skilled trade (mechanic, pottery, carpenter, metal work, driver, house painting, computer IT, or any other skilled trade or vocation?) 9. <input type="checkbox"/> work in a restaurant or hotel 10. <input type="checkbox"/> work in the office of a for profit business (e.g. a bank) 11. <input type="checkbox"/> Work as a teacher or health worker 12. <input type="checkbox"/> Work for NGO 13. <input type="checkbox"/> Work for government, apart from teacher or health worker -555. <input type="checkbox"/> Other (Specify):
<b>For the following questions, write the household member ID number of the person in the household that is responsible for each task. If more than one person does this task, put everyone who does it in order of how</b>			

much time they spend, with the person who spends the most time listed under a.	
B75	Who in this household is responsible for doing the dishes? HH IDS: a.  _ _ _ _  b.  _ _ _ _  c.  _ _ _ _  Name a. _____ Name b. _____ Name c. _____
B76	Who in this household is responsible for laundry? HH IDS: a.  _ _ _ _  b.  _ _ _ _  c.  _ _ _ _  Name a. _____ Name b. _____ Name c. _____
B77	Who in this household is responsible for childcare? HH IDS: a.  _ _ _ _  b.  _ _ _ _  c.  _ _ _ _  Name a. _____ Name b. _____ Name c. _____
B78	Who in this household is responsible for cooking? HH IDS: a.  _ _ _ _  b.  _ _ _ _  c.  _ _ _ _  Name a. _____ Name b. _____ Name c. _____
B79	Who in this household is responsible for going to the market to buy food and other necessities for the household? HH IDS: a.  _ _ _ _  b.  _ _ _ _  c.  _ _ _ _  Name a. _____ Name b. _____ Name c. _____
<b>GENDER ATTITUDES</b>	
B80	What do you feel is the suitable, minimum age of marriage for a MALE?  _ _ _ _  (-999 IF RTA)
B81	What do you feel is a suitable, minimum age of marriage for a FEMALE?  _ _ _ _  (-999 IF RTA)
B82	What do you feel is a suitable, minimum age of marriage for a FEMALE to have her first born child?  _ _ _ _  (-999 IF RTA)
<p><b>Now we're going to read some statements. For each statement, tell me if you really agree, agree, disagree, or really disagree.</b></p> <p>FOR EACH QUESTION, READ ANSWER OPTIONS AND HAVE RESPONDENT SELECT ONE</p> <p>TAKE OUT CARD WITH REALLY AGREE, AGREE, DISAGREE, REALLY DISAGREE</p> <p>REMEMBER THAT HERE WE'RE TALKING ABOUT <u>GIRLS IN GENERAL</u></p>	
B83	Boys should do as much household work as girls. 1. <input type="checkbox"/> Really agree      3. <input type="checkbox"/> Disagree      -999. <input type="checkbox"/> 2. <input type="checkbox"/> Agree              4. <input type="checkbox"/> Really Disagree      RTA
B84	Girls can make as good leaders as boys. 1. <input type="checkbox"/> Really agree      3. <input type="checkbox"/> Disagree      -999. <input type="checkbox"/> 2. <input type="checkbox"/> Agree              4. <input type="checkbox"/> Really Disagree      RTA
B85	Men are better at managing money than women. 1. <input type="checkbox"/> Really agree      3. <input type="checkbox"/> Disagree      -999. <input type="checkbox"/> 2. <input type="checkbox"/> Agree              4. <input type="checkbox"/> Really Disagree      RTA
B86	Husbands should consult their wives before deciding how to spend household money. 1. <input type="checkbox"/> Really agree      3. <input type="checkbox"/> Disagree      -999. <input type="checkbox"/> 2. <input type="checkbox"/> Agree              4. <input type="checkbox"/> Really Disagree      RTA
B87	In some circumstances, it is justifiable for a man to beat his wife. 1. <input type="checkbox"/> Really agree      3. <input type="checkbox"/> Disagree      -999. <input type="checkbox"/> 2. <input type="checkbox"/> Agree              4. <input type="checkbox"/> Really Disagree      RTA

B88	If a woman differs with her husband, she must accept his opinion.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	-999. <input type="checkbox"/> RTA
B89	Females are not as good as males in school.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	-999. <input type="checkbox"/> RTA
B90	When the family is poor and cannot send all children to school, boys should be sent before girls.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	-999. <input type="checkbox"/> RTA
B91	Married women who earn money should be able to control their own earnings .	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	-999. <input type="checkbox"/> RTA
B92	In your opinion, what is the main reason that a boy should have education?	1. <input type="checkbox"/> none/not important 2. <input type="checkbox"/> independence, control over life 3. <input type="checkbox"/> earning potential/employability 4. <input type="checkbox"/> improves marriage prospects 5. <input type="checkbox"/> enables one to advance in a career	6. <input type="checkbox"/> increases social networks 7. <input type="checkbox"/> gives one mobility to go elsewhere for work -555. <input type="checkbox"/> Other, specify: _____ -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer	
B93	In your opinion, what is the main reason that a girl should have education?	1. <input type="checkbox"/> none/not important 2. <input type="checkbox"/> independence, control over life 3. <input type="checkbox"/> earning potential/employability 4. <input type="checkbox"/> improves marriage prospects 5. <input type="checkbox"/> enables one to advance in a career	6. <input type="checkbox"/> increases social networks 7. <input type="checkbox"/> gives one mobility to go elsewhere for work -555. <input type="checkbox"/> Other, specify: _____ -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer	

#### VIEWES ON APPROPRIATE ACTIVITIES FOR GIRLS

REMEMBER THAT HERE WE ARE TALKING ABOUT ALL THE GIRLS AGED 12-15 IN THE HOUSEHOLD

**Now I would like to speak with you about all the daughters or young women between the ages of 12-15 that you are caring for in this household. For each of the following activities, please tell me whether you really approve, approve, do not approve, or really do not approve of these young women engaging in any of the following.**

B94	Spending time with friends at a friend's house	1. <input type="checkbox"/> Really approve 2. <input type="checkbox"/> Approve	3. <input type="checkbox"/> Do not approve 4. <input type="checkbox"/> Really do not approve
B95	Spending time with friends at a community center	1. <input type="checkbox"/> Really approve 2. <input type="checkbox"/> Approve	3. <input type="checkbox"/> Do not approve 4. <input type="checkbox"/> Really do not approve
B96	Continuing or re-entering formal schooling	1. <input type="checkbox"/> Really approve 2. <input type="checkbox"/> Approve	3. <input type="checkbox"/> Do not approve 4. <input type="checkbox"/> Really do not approve
B97	Vocational training course	1. <input type="checkbox"/> Really approve 2. <input type="checkbox"/> Approve	3. <input type="checkbox"/> Do not approve 4. <input type="checkbox"/> Really do not approve
B98	Unpaid internship (job practice to get experience, but without pay)	1. <input type="checkbox"/> Really approve 2. <input type="checkbox"/> Approve	3. <input type="checkbox"/> Do not approve 4. <input type="checkbox"/> Really do not approve
B99	Self Employment in buying and selling	1. <input type="checkbox"/> Really approve 2. <input type="checkbox"/> Approve	3. <input type="checkbox"/> Do not approve 4. <input type="checkbox"/> Really do not approve
B100	Having a boyfriend	1. <input type="checkbox"/> Really approve 2. <input type="checkbox"/> Approve	3. <input type="checkbox"/> Do not approve 4. <input type="checkbox"/> Really do not approve
B101	Having a boyfriend at least 10 years older	1. <input type="checkbox"/> Really approve 2. <input type="checkbox"/> Approve	3. <input type="checkbox"/> Do not approve 4. <input type="checkbox"/> Really do not approve
B102	Wage employment	1. <input type="checkbox"/> Really approve 2. <input type="checkbox"/> Approve	3. <input type="checkbox"/> Do not approve 4. <input type="checkbox"/> Really do not approve

**PERCEIVED RETURNS TO EDUCATION**

**Now we would like to ask you about the situations of thirty year old men and women in Monrovia. Think not just about the ones you know personally, but all thirty year old men and women in Monrovia.**

**Please estimate the average monthly earnings of a current thirty year old Liberian....**

IF DON'T KNOW, ASK RESPONDENT TO APPROXIMATE

B103	Without a primary school degree	a.  _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B104	Only with a primary school degree	a.  _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B105	Who stop halfway in high school	a.  _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B106	With only high school education	a.  _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
B107	With university education	a.  _ _ _ _ _  b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	

B108	Some people like to have everything now; other people are willing to wait. On a ladder from 1 to 5, where <b>1 is not very patient</b> (you almost always want to have things now) and <b>5 is the most patient</b> (you are almost always willing to wait) where does [Girl] stand?	1. <input type="checkbox"/> least 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> most	
B109	Does [Girl]'s born mother contribute money for [Girl's support]?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
B110	Does [Girl]'s born father contribute money for [Girl's support]?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
B111	Do any other family member's of girls, outside of those who live in this household, send money for [Girl's] support?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

**ANNEX FOR COMMUNITY NUMBER**

1. Clara Town 2. Brewerville 3. Chicken Soup Factory 4. Doe Community (Freeport) 5. Battery Factory 6. New Kru Town 7. LoganTown 8. West Point 9. Morris Farm	10. Bassa Community 11. Bentol 12. Congo Town (Peace Island) 13. Pipeline 14. Redlight A (Soul Clinic) 15. Redlight B (Wood Camp) 16. Duport Road A (Zubah Town) 17. Duport Road B (Voka Mission) 18. Old Road (Gaye Town)
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