

Remote Household Survey: COVID-19 Monitoring

Iraq

Questionnaire for July (2021) round

Introduction: Hello sir/ma'am, my name is #OPERATOR#, and I am **calling from Stars Orbit and on behalf of the United Nations World Food Programme**. Currently, WFP is conducting a survey to understand the corona virus impacts on food, market and health access, as well as health situation in your community. Sir/ma'am, your information will help us understand the situation in your community.

We remind you that all the information will be strictly kept confidential and be used only for the purpose of the survey. **You will receive #TOPUP#! Of 1 USD communication credit as an incentive for the participation of the survey.**

?Are you interested in participating in this survey, now or another time

When would it be a good time to call back you back

Can we record this conversation for the data quality and training purposes? (Yes/No)

the respondent agrees to record his voice (start recording)

the respondent does not agree (proceed without recording)

DEMOGRAPHIC SECTION:

VARIABLE NAME	QUESTION	SKIP PATTERN
RESPSex	What is the gender of the respondent? [OPERATOR: LISTEN TO THE VOICE AND CHECK THE BOX WHETHER THE RESPONDENT IS MALE OR FEMALE] 1. MALE 2. FEMALE	

RESPAge	How old are you? [INELIGIBLE IF THE AGE IS LESS THAN 18]	
RESPEducation	What is the most advanced level of education you have completed? <ol style="list-style-type: none"> 1. Did not attend any school 2. Did not complete any level 3. Primary/Elementary Certificate (1-6) 4. Intermediate Certificate (7-9) 5. Basic Certificate (1-9) 6. Preparatory/Secondary Certificate - Academic 7. Preparatory/Secondary Certificate - Vocational 8. Technical diploma 9. Bachelor's Degree 10. Professional Degree 11. Higher Diploma Degree 12. Master's Degree 13. Doctoral Degree Other Specify_____	
RESPBreadwinner	Are you the main provider in your family/household? <ol style="list-style-type: none"> 1. Yes 2. No 3. Refused 	
ADMIN1Name (Governorate)	Currently, which province [ADM1] does your household reside in? [DROP DOWN LIST]	
ADMIN2Name (District)	Currently, which district [AMD2] does your household reside in? [DROP DOWN LIST]	
ADMIN3Name (sub-district)	Currently, which village\municipality [ADM3] does your household reside in?	
DispStat	What is your household residence status? <ol style="list-style-type: none"> 1. Resident 2. Returnee 3. IDP before 2014 4. IDP since 2014 5. Refugee 	If the response is 1,3,4,5 -> Skip to Environment

DispStat2	How long has it been since you returned to this your place of origin after displacement? Months_____	
Environment	Rural or Urban	
HHHousing	Which of the following living arrangements best describes your housing situation CURRENTLY? <ol style="list-style-type: none"> 1. Own home 2. Rent home 3. Staying as a guest hosted 4. Camp 5. Sharing accommodation with other families 6. Informal settlement 	
HHSizebelow18	How many children (below 18 years of age) PERMANENTLY living in this household?	
HHSizebelow18-59	How many adults (18-59 Yr) are PERMANENTLY living in this household?	
HHSize60above	How many of the adults in your household are 60 and above the age of 60?	
HHHead	Are you the head of the household? <ol style="list-style-type: none"> 1. Yes 2. No 	<p>If the response is 1-> Skip to EMPLOYMENT SECTION</p> <p>2-> Skip to DEMOGRAPHICS OF HOUSEHOLD HEAD SECTION</p>

DEMOGRAPHICS OF HOUSEHOLD HEAD

	<i>Now I would like to ask questions about your household head</i>	SKIP PATTERN
	What is the gender of the household head?	

HHHeadsex	1. MALE 2. FEMALE	
HHHeadage	How old are you is the household head? (years) [ENTER NUMBER]	
HHHEducation	What is the most advanced level of education of the household head? 1. Did not attend any school 2. Did not complete any level 3. Primary/Elementary Certificate (1-6) 4. Intermediate Certificate (7-9) 5. Basic Certificate (1-9) 6. Preparatory/Secondary Certificate - Academic 7. Preparatory/Secondary Certificate - Vocational 8. Technical diploma 9. Bachelor's Degree 10. Professional Degree 11. Higher Diploma Degree 12. Master's Degree 13. Doctoral Degree Other Specify_____	
HHHeadBreadwinner	Is the household head main provider in your family/household? 1. Yes 2. No 3. Refused	
HHHeadEMP10	What is the current (past 7 days) main employment status of your household head? <i>[Employment refers to any income generating/productive activity that you are involved in including working for other, own business/enterprise, household farm etc., carried out for at least one hour.]</i> READ ALL OPTIONS 1. Working for wage/salary for someone, an enterprise, company or government 2. Working on own account or enterprise belonging to the household 3. Unpaid work in a business or farm owned by a household (Contributing family member) 4. Cash for work 5. Did not have any job and seeking for job 6. Did not have any job and not seeking for job	

EMPLOYMENT

The Iraqi and Kurdistan regional governments have taken various measures in order to contain the spread of the coronavirus disease (COVID-19) including the lock down of the country starting in Mid-March. I would like to ask you about your current employment status.

		SKIP PATTERN
EMPHousehold2	<p>How many members including yourself in your household did any work for pay, did any kind of business, farming or other activity to generate income during last 7 days?</p> <p><i>Number</i> _____</p>	

	<i>Now I would like to ask about your current employment status.</i>	SKIP PATTERN
EMP10	<p>What is your current (past 7 days) main employment status?</p> <p><i>[Employment refers to any income generating/productive activity that you are involved in including working for other, own business/enterprise, household farm etc., carried out for at least one hour.]</i></p> <p>READ ALL OPTIONS</p> <ol style="list-style-type: none"> 4. Working for wage/salary for someone, an enterprise, company or government 5. Working on own account or enterprise belonging to the household 6. Unpaid work in a business or farm owned by a household (Contributing family member) 7. Cash for work 8. Did not have any job and seeking for job 9. Did not have any job and not seeking for job 	If the response is 5 or 6 -> Skip to Next section
EMP11	<p>What is the main activity of the business or organization of your main employment?</p> <p>DO NOT READ OPTIONS, ASK TO EXPLAIN MAIN JOB AND PICK THE BEST OPTION THAT FITS THE DESCRIPTION</p> <ol style="list-style-type: none"> 1. Agriculture; forestry and fishing 2. Mining and quarrying 3. Manufacturing 	

	<ul style="list-style-type: none"> 4. Electricity; gas, steam and air conditioning supply 5. Water supply; sewerage, waste management and remediation activities 6. Construction 7. Wholesale and retail trade; repair of motor vehicles and motorcycles 8. Transportation and storage 9. Accommodation and food service activities 10. Information and communication 11. Financial and insurance activities 12. Real estate activities 13. Professional, scientific and technical activities 14. Administrative and support service activities 15. Education 16. Human health and social work activities 17. Arts, entertainment and recreation 18. Tourism 19. Other service activities 20. Activities of households as employers; undifferentiated goods- and services producing activities of households for own use 21. Domestic work 22. Not elsewhere classified 	
EMP12	<p>What type of employer did you work for?</p> <ul style="list-style-type: none"> 1. Government permanent 2. Government temporary (contract) 3. Private company/ business 4. Foreign company/ business 5. Non-governmental organization (NGO/INGO/UN) 6. Family business 7. Working on a farm or with livestock owned or rented by the household 8. A private household 9. Self-employed (own-account worker) 10. Refusal 	If the response is 6, 7, 8, 9 -> Skip to EMP7

FOOD CONSUMPTION SECTION:

VARIABLE NAME	QUESTION	SKIP PATTERN
FCS_Intro	Now I will ask you about the foods and drinks you and your household ate or drank in the last 7 days.	

	<p>[OPERATOR: DO NOT INCLUDE FOOD ITEMS CONSUMED IN VERY SMALL QUANTITIES. FOR EXAMPLE, LESS THAN ONE TABLESPOON OF MILK ADDED TO TEA]</p> <p>[IF THE SAME FOOD ITEM IS CONSUMED SEVERAL TIMES IN A DAY, FOR EXAMPLE DURING LUNCH AND DINNER, IT SHOULD ONLY BE COUNTED AS ONE DAY]</p>	
FCSStap	<p>How many days over the last 7 days, did members of your household eat starches, roots and tubers such as rice, bread, pasta, maize, sorghum, millet, yam, potato, white sweet potato?</p> <p>[OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCS Pulse	<p>How many days over the last 7 days, did members of your household eat pulses and nuts such as dhal, kidney beans, chick peas, other lentils, peanuts or other nuts?</p> <p>[OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCS Dairy	<p>How many days over the last 7 days, did members of your household consume fresh milk, sour milk, yogurt, cheese or other dairy products? [Excluding margarine/butter or small amounts of milk for tea/ coffee]</p> <p>[OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCS Pr	<p>How many days over the last 7 days, did members of your household eat meat [kebab, beef, lamb, mutton, goat, chicken, duck, liver, heart and / or other organ meats by itself or in mantu, kofta, korma], eggs or fish [Including fresh fish, canned fish, and / or other seafood] as a main dish, so not as a condiment?</p> <p>[OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCS Veg	<p>How many days over the last 7 days, did members of your household eat vegetables or leaves such as eggplant, carrot, red pepper, onions, pumpkin, orange sweet potatoes, spinach, cucumber, okra, and/or other leaves/vegetables?</p> <p>[OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCS Fruit	<p>How many days over the last 7 days, did members of your household eat fruits such as banana, apple, mango, dates, papaya, apricot, peach and/or other fruits?</p> <p>[OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCS Fat	<p>How many days over the last 7 days, did members of your household eat oil/fat/butter such as vegetable oil, palm oil, groundnut oil, margarine, other fats / oil?</p> <p>[OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	

FCSSugar	How many days over the last 7 days, did members of your household consume sugar, or sweets such as honey, jam, cakes, candy, cookies, pastries, cakes and other sweets and sugary drinks? [OPERATOR: RECORD NUMBER OF DAYS 0 - 7]	
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REDUCED COPING STRATEGY INDEX SECTION:

VARIABLE NAME	QUESTION	SKIP PATTERN
noterCSI	Now I will ask you about the number of days, in the last 7 days, that your household may have done some of the following actions to cope with lack of food or money to buy food.	
rCSILessQty	During the last 7 days, how many days did your household, rely on less preferred and/or less expensive food due to lack of food or money to buy food?	
rCSIBorrow	During the last 7 days, how many days did your household, borrow food, or rely on help from a friend or relative due to lack of food or money to buy food?	
rCSIMealSize	During the last 7 days, how many days did your household, limit portion sizes at mealtime due to lack of food or money to buy food?	
rCSIMealAdult	During the last 7 days, how many days did your household, reduce the number of meals eaten in a day due to lack of food or money to buy food?	
rCSIMealNb	During the last 7 days, how many days did your household, restrict consumption by adults so children could eat, due to lack of food or money to buy food?	

HOUSEHOLD EXPENSES

	Now, I would like to ask you about your family's situation regarding some regular expenses that Iraqi household typically incur.	SKIP PATTERN
Expenditure1	Have your household paid <i>water and sewer</i> bill for [LAST COMPLETED MONTH]? READ OUT EACH OPTION 1. Yes, fully paid 2. Yes, partially paid 3. No, bill was due but not paid 4. No, bill not due/ready yet but will be able to pay when time comes	

	<p>5. No, bill not due/ready yet and will not be able to pay</p> <p>6. Not applicable, household does not incur such expenses</p>	
Expenditure2	<p>Have your household paid <i>electricity from the public network</i> bill for [LAST COMPLETED MONTH]?</p> <p>READ OUT EACH OPTION</p> <ol style="list-style-type: none"> 1. Yes, fully paid 2. Yes, partially paid 3. No, bill was due but not paid 4. No, bill not due/ready yet but will be able to pay when time comes 5. No, bill not due/ready yet and will not be able to pay 6. Not applicable, household does not incur such expenses 	
Expenditure3	<p>Have your household paid <i>bill for electricity generated from a common generator</i> for [LAST COMPLETED MONTH]?</p> <p>READ OUT EACH OPTION</p> <ol style="list-style-type: none"> 1. Yes, fully paid 2. Yes, partially paid 3. No, bill was due but not paid 4. No, bill not due/ready yet but will be able to pay when time comes 5. No, bill not due/ready yet and will not be able to pay 6. Not applicable, household does not incur such expenses 	
Expenditure4	<p>Have your household paid <i>phone (land line and/or mobile phone)</i> bill for [LAST COMPLETED MONTH]?</p> <p>READ OUT EACH OPTION</p> <ol style="list-style-type: none"> 1. Yes, fully paid 2. Yes, partially paid 3. No, bill was due but not paid 4. No, bill not due/ready yet but will be able to pay when time comes 5. No, bill not due/ready yet and will not be able to pay 6. Not applicable, household does not incur such expenses 	
Expenditure5	<p>Have your household paid <i>rent for housing unit for</i> [LAST COMPLETED MONTH]?</p> <p>READ OUT EACH OPTION</p> <ol style="list-style-type: none"> 1. Yes, fully paid 2. Yes, partially paid 3. No, bill was due but not paid 	

	<ol style="list-style-type: none"> 4. No, bill not due/ready yet but will be able to pay when time comes 5. No, bill not due/ready yet and will not be able to pay 6. Not applicable, household does not incur such expenses 	
Expenditure6	<p>Have your household paid <i>internet bill</i> for [LAST COMPLETED MONTH]?</p> <p>READ OUT EACH OPTION</p> <ol style="list-style-type: none"> 1. Yes, fully paid 2. Yes, partially paid 3. No, bill was due but not paid 4. No, bill not due/ready yet but will be able to pay when time comes 5. No, bill not due/ready yet and will not be able to pay 6. Not applicable, household does not incur such expenses 	
Expenditure7	<p>Have your household paid <i>school fees and other costs related to schooling</i> for [LAST COMPLETED MONTH]?</p> <p>READ OUT EACH OPTION</p> <ol style="list-style-type: none"> 1. Yes, fully paid 2. Yes, partially paid 3. No, bill was due but not paid 4. No, bill not due/ready yet but will be able to pay when time comes 5. No, bill not due/ready yet and will not be able to pay 6. Not applicable, household does not incur such expenses 	
Expenditure8	<p>Thinking about the regular expenses, does your household have enough resources to sustain usual expenditures for the month of [CURRENT MONTH]?</p> <p>[Enumerator clarify: Usual expenditures include spending on food, rent, electricity, water, internet, telephone, school, etc. that are incurred on a regular basis.]</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	
Expenditure9	<p>Based on your household's current situation, how long do you think your household can finance the usual expenditures before looking for alternative sources of income?</p> <p>READ ALL OPTIONS</p> <ol style="list-style-type: none"> 1. Next month 2. Next two months 	

	3. Next three months or more 4. Don't know	
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ACCESS TO FOOD AND MARKET

VARIABLE NAME	QUESTION	SKIP PATTERN
INTRO	Now we would like to ask some questions related to your household's access to food and market	
HHFoodCereal	What is the main source of cereals for your household? [OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER] 1. Own production 2. Market \ Grocery store 3. Exchange labor for food 4. Gift from family, relatives or friends 5. Food assistance by humanitarian agencies 6. Food assistance by Government 7. Other 8. PDS	If the response is 1-6-> Skip to HHFoodConstr_7D_YN
HHFoodConstr_14D_YN	In the past 14 days, has there been any time when your household did not have sufficient quantities of food needed for the household? 1. Yes 2. No	If the response is No-> Skip to HHStock

HHFoodConstr	<p>What was the main reason why your household did not have sufficient quantities of food needed in the past 14 days? [OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER AND SUMMARIZE THE RESPONSE IN FEW WORDS]</p> <ol style="list-style-type: none"> 1. Shortage of food in the market \ grocery store 2. Increase in the prices of food 3. No money to buy food 4. No food in the house 5. Unable access the market \ grocery store 6. Markets \ grocery stores are closed 7. Other 	
HHStockCereal	<p>Does your household currently have cereal stock?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	If the response is No -> skip to MktAccess_7D
HHStockCerealDur	<p>How long do you think the cereal would last?</p> <ol style="list-style-type: none"> 1. Less than one week 2. 1 week 3. 2 - 3 weeks 4. 1 month 5. More than 1 month 	
MktAccess_14D	<p>In the past 14 days, has there been a time when you or your household could not access the market\ grocery store?</p> <ol style="list-style-type: none"> 1. Yes 2- No 	If the response is No-> skip to Next section
MktNoAccessWhy_14D	<p>What was the main reason why you or your household could not access the market\grocery stores in the past 7 days? [OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER AND SUMMARIZE THE RESPONSE IN FEW WORDS]</p> <ol style="list-style-type: none"> 1. Market\grocery stores were closed 2. Market\grocery store is too far 	

	3. Travel restrictions 4. Security concerns 5. Concerned about going out of the house due to disease outbreak 6. All adult members of the household too sick to go out 7. All adult members quarantined in the house 8. Other	
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TRANSFERS:

	<i>In this section, I would like to ask about any cash or in-kind transfer/s you or any member in your household may have received during the month prior to lockdown and last month.</i>	SKIP PATTERN
TransferPDS2	During the month of [LAST COMPLETED MONTH], did you or any member of your household receive any ration food from PDS? 1. Yes 2. No	If the response is 2-> skip to TransferPDS14
TransferPDS13	Compared to the usual monthly PDS quantity , amount of ration food received during the month of [LAST COMPLETED MONTH] was ...? READ OPTIONS 1. Higher 2. The same 3. Lower	If the response is 1 or 2-> skip to Transfer7
TransferPDS14	Why were you not able to receive PDS? or Why was the amount of ration food less? DO NOT READ OPTIONS 1. No PDS card 2. Ration shop closed 3. Ration shop reported not having enough food 4. Not able to go to the shop due to movement restrictions 5. Don't want to be exposed to the virus 6. Other (specify)	
Transfer7	During the month of [LAST COMPLETED MONTH], did your household receive any cash transfers from the government (e.g., MINHA or SSN) ? 1. Yes (MINHA) 2. Yes (SSN) 3. Yes (Both MINHA and SSN) 4. No Don't know/refused	If the response is 4 or 5-> skip to Transfer15
Transfer8	What was the total amount of cash assistant from the government during the month of [LAST COMPLETED MONTH] (MINHA+SSN)?	

	<i>Amount IQD</i> _____ 9998. Don't know 9999. Refused	
Transfer15	During the month of [LAST COMPLETED MONTH], have you or any member of your household received any cash assistance from any of the following sources? MARK ALL THAT APPLY 1. Government 2. Relatives/Friends from abroad 3. Relatives/Friends within Iraq 4. NGOS/INGO/UN (UNHCR, WFP etc.) 5. Religious organizations 6. Other	
Transfer16	During the month of [LAST COMPLETED MONTH], have you or any member of your household received in-kind assistance other than the PDS from any of the following sources? MARK ALL THAT APPLY 1. Government 2. Relatives/Friends from abroad 3. Relatives/Friends within Iraq 4. NGOS/INGO/UN (UNHCR, WFP etc.) 5. Religious organizations 6. Other	

HEALTH STATUS AND ACCESS TO HEALTH SERVICES:

VARIABLE NAME	QUESTION	SKIP PATTERN
INTRO	NOW WE WOULD LIKE TO ASK SOME QUESTIONS RELATED TO THE HEALTH STATUS OF YOUR HOUSHOLD AND ACCESS TO HEALTH SERVICES	
HHHospital_YN	Are any of those sick members currently hospitalized? 1. Yes 2. No	

HHDeath_YN	<p>Have any of those sick members died?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	
HHHealthProvider	<p>Where do you usually go when you or your household members get sick?</p> <p>[OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER]</p> <ol style="list-style-type: none"> 1. Hospital \ Clinic 2. Health Center 3. Traditional healer/Medical assistant (Nurse) 4. Religious healer 5. Self-medication 6. Pharmacy to buy medicine 7. Stay at home 8. Other 	
HHHealthAccess	<p>Do you or your household typically have difficulty accessing health center\hospital\clinic and other health services such as pharmacies?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	
HHHealthAccess_14D	<p>In the past 14 days, did you or your household members face any challenges accessing the health center\hospitals\clinic and other health services?</p> <ol style="list-style-type: none"> 1. Yes 2. No challenge faced 3. No need to access 	<p>If the response is No challenge faced or No need to access -> Skip to Next Section</p>
HHHealthConstr_14D	<p>What is the main reason why you or your household could not access the Hospitals\Clinics\Health Centers and other health services in the past 14 days?</p> <p>[OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE</p>	

	<p>INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER AND SUMMARIZE THE RESPONSE IN FEW WORDS]</p> <ol style="list-style-type: none"> 1. Hospital\health center is far 2. Hospitals\Health centers are closed 3. Medical personnel didn't come at home 4. Lack of money 5. Travel restrictions 6. All members of the family too sick to travel 7. Denied access because it's out of capacity 8. Other 	
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COVID-19 TEST and VACCINE:

	Now, I would like to ask about COVID-19 test and your views regarding the potential COVID-19 vaccine.	SKIP PATTERN
Covid_test1	<p>Have you ever gotten tested for Covid-19?</p> <p>READ OUT EACH OPTION</p> <ol style="list-style-type: none"> 1. Yes, rapid test 2. Yes, swab test 3. Yes, rapid and swab test 4. Yes, don't know type of test 5. NO 	
Vaccine5	<p>Do you know if a vaccine for COVID-19 is available in the country?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	Yes 1 >> Skip to next question (Vaccine6)
Vaccine6	<p>Do you know where you can get the vaccine for COVID-19?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	
Vaccine7	<p>Have you been vaccinated for COVID-19?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	No 2 >> Skip to next question (Vaccine8)
Vaccine8	<p>Are you planning to be vaccinated?</p> <p>Yes1</p> <p>No.....2</p> <p>Not Sure ... 3</p>	No 2 / Not Sure ... 3 >> Skip to next question (Vaccine9)

Vaccine9	<p>Why are you not sure or not planning to be vaccinated?</p> <p>DO NOT READ THE OPTIONS</p> <ol style="list-style-type: none"> 1. I DON'T THINK IT WILL WORK 2. I AM WORRIED ABOUT THE SIDE EFFECTS 3. I ALREADY HAD COVID-19 4. I AM NOT ENOUGH AT RISK OF CONTRACTING COVID-19 5. IN GENERAL, I DON'T TRUST VACCINES 6. IT IS AGAINST MY RELIGION 7. I AM WORRIED TO GET INFECTED WITH COVID-19 AT THE HEALTH FACILITY 8. HEALTH FACILITY TOO FAR OR TOO HARD TO GET 9. IT WILL TAKE TOO LONG TO GET VACCINATED/ I DON'T HAVE TIME TO GET VACCINATED 10. I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY ARE EFFECTIVE 11. I AM NOT SURE I WILL GET THE VACCINE I WANT 12. OTHER (SPECIFY)96 	

DIGITAL TECHNOLOGY

	Now, I would like to ask you about your household use of digital technology	
Tech0	<p>Does anyone in your household have a computer (laptop, desktop, tablet, etc.)?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	
Tech1	<p>Does anyone in your household have access to the internet at home? (including for WhatsApp; Web browsing; Facebook)</p> <ol style="list-style-type: none"> 7. Yes 8. No 	<p>Yes.....1</p> <p>No 2 >> Skip to Tech2</p>
Tech2	<p>Why no one in your household has access to the internet at home? <i>(multiple answers)</i></p> <p>DO NOT READ OUT OPTIONS</p> <ol style="list-style-type: none"> 1. Cost of access device is too high 	

	2. Cost of Internet access/data packages is too high 3. Lack of knowledge or skills to use Internet/phones 4. Privacy or security concerns 5. Quality of access is too low 6. No coverage 7. Not interested 99. Other, specify____	
Tech3	Do you have access to the internet outside your home? 1. Yes 2. No	

EDUCATION

	<i>Now, I would like to ask about education and learning activities of the children in your household</i>	SKIP PATTERN
EDU1_m	How many school-age children live in this household? [ENTER NUMBER]	
EDU23	How many children are currently attending school? [ENTER NUMBER]	If the response is 0 -> Go to next Section
EDU25	At what level of education are your children currently enrolled? PLEASE SPECIFY THE NUMBER OF CHILDREN IN EACH LEVEL 1. Pre-primary [ENTER NUMBER] 2. Primary [grades 1-2-3-4-5-6] [ENTER NUMBER] 3. Lower secondary or preparatory (grades 7-8-9) [ENTER NUMBER] 4. Secondary (grades 10-11-12) [ENTER NUMBER] 5. Tertiary [ENTER NUMBER] 6. OTHER [ENTER NUMBER]	
EDU26	Have your children or any students in your household been in contact with their school teacher? 1. Yes 2. No	If the response is 2. NO -> Skip to EDU29
EDU27	How often have your children or any students in your household attended school or been in contact with their teacher?	

	<ol style="list-style-type: none"> 1. Less than 1 day per week 2. 1 day per week 3. 2-3 days per week 4. 4 days or more per week 	
EDU28	<p>How have the children or students in your household been in contact with their teacher?</p> <p>READ OPTIONS. SELECT ALL THAT APPLY.</p> <ol style="list-style-type: none"> 1. In-person 2. SMS 3. Online applications 4. Email 5. Mail 6. Telephone (audio) 7. WhatsApp 8. Other (specify) 	
EDU29	<p>Have your children been engaged in any additional/catch up learning activities?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>If the response is 2. NO -> Skip to EDU31</p>
EDU30	<p>In what types of education or learning activities have your children been engaged?</p> <p>READ OPTIONS. SELECT ALL THAT APPLY.</p> <ol style="list-style-type: none"> 1. TV broadcast of lessons or educational programs 2. Radio broadcast of lessons or education programs 3. Used digital platform provided by the government 4. Used digital platform from private providers 5. Used mobile learning apps provided by the government 6. Used mobile learning apps from private providers 7. Completed assignments provided by teacher 8. Had an online session/class with teacher 9. Session with private tutor 10. Other 	<p>ALL responses -> Skip to Next Section</p>
EDU31	<p>Why have your children not been engaged in any learning activities?</p> <p>READ OPTIONS. SELECT ALL THAT APPLY.</p> <ol style="list-style-type: none"> 1. No distance learning offered at child's education level 2. No necessary technology tools or support (computer, smartphone, internet connection, etc.) in the home 3. No assistance from a parent or adult to access the learning activities 4. No interest 	<p>ALL responses -> Skip to Next Section</p>

	5. OTHER	
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ADDITIONAL:

VARIBLE NAME	QUESTION	SKIP PATTERN
RESPWorryRsnFirst	<p>What are is your most important concern under the current circumstances?</p> <p>[OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER AND SUMMARIZE THE RESPONSE IN FEW WORDS]</p> <ol style="list-style-type: none"> 1. Shortage of food 2. Increase in food prices 3. Shortage of medicine 4. Disruption of medical service 5. Disruption of educational institutes 6. Getting corona virus (Please specify) 7. Getting other illness (not corona) 8. Losing Job\No job 9. Disruption of livelihood source 10. Travel restrictions 11. No concerns 12. Other [Please specify] 	

Your answers will help us to understand and respond to your community needs. May we call you back again in the near future?

1. Yes

2. No

Select the language that was mostly used to complete the interview. DONOT ASK

English

Arabic

Kurdish