

THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
CENTRAL STATISTICAL AGENCY
HOUSEHOLD WELFARE MONITORING SURVEY
QUESTIONNAIRE 2011

A. Identification Particulars

Name of Head of the Household _____

11	12	13	14	15	16	17	18	19	20	21	22
Region	Zone/ special were da	Wereda	Town (For rural code 8)	Sub-city / Wereda (For rural Code 88)	Kebele	Enumeration Area's	Hous ehol d Sam ple Sele ction Sr.N o	Household Size	Type of HH Selectio n 1= Regular 2= Reserve	Area of Residence 1=Rural 2=Big/Capital City 3= Other Town	Ecological Zone 1=Highland 2=Moderat 3= Low land

A. Branch Office

Responsible	Name	Signature	Date
31. Enumerator			
32. Supervisor			
33. Statistician			
34. B. Office			

C. Head Office for Scanning Purposes

Responsible	Name	Signature	Date	Code
41. Editor				
42. Scan Operator				
43. Key Corrector				
44. Supervisor				

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CENTRAL STATISTICAL AGENCY
HOUSEHOLD WELFARE MONITORING SURVEY
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FORM 0: Identification Particulars and Survey Implementation

1. Enumerator's code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. Serial No of EA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. Name of Head of the Household _____
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Section 0.1 Identification Particulars

11. Region	<input type="checkbox"/> <input type="checkbox"/>	12. Zone/special wereda -----	<input type="checkbox"/> <input type="checkbox"/>	13. Wereda -----	<input type="checkbox"/> <input type="checkbox"/>	
14. Town For Rural code 8 _____	<input type="checkbox"/>	15. Sub-city _____ (For rural Code 88)	<input type="checkbox"/> <input type="checkbox"/>	16. Kebele _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
17. EA Code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18. HH Sample Selection Sr.No.	<input type="checkbox"/> <input type="checkbox"/>	19. Household Size	<input type="checkbox"/> <input type="checkbox"/>	
21. Area of Residence 1=Rural 2=Capital city 3=Other Town		<input type="checkbox"/>	22. Ecological Zone 1=Highland 2=Temperate 3= Low land	<input type="checkbox"/>	23. Does this HH has Agricultural Holding? 1=Yes 2=No	<input type="checkbox"/>

Section 0.2: Survey Period and Time Taken

31. Date of Conduct Day _____ Month _____ Year 2011	Day	<input type="checkbox"/> <input type="checkbox"/>	Month	<input type="checkbox"/> <input type="checkbox"/>	Year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32 A. Interview Started: Hour. _____ Minute _____		B. End of Interview: Hour. _____ Minute _____		C. Total Time of Interview Hour _____ Minute _____		Time taken Minute <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Form o:(cont'd)

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Sec. 0.3: Respondent and Survey Result

41		42		43			44		45	
Line No.		Ques. Type and Code		Form Type and Code			Respondent's Line No. (Form 1 Q 1101)		Implementation Result (for code refer on the Manual)	
0	1	Individual Questionnaires	1	F1 Demographic Characteristics and Economic Activity	0	1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
0	2		1	F2 Education	0	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
0	3		1	F3 Health	0	3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
0	4		1	F4 Child Care and Breest feeding	0	4	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
0	5		1	F9 Harmful Traditional Practices	0	9	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
0	6	Household Questionnaires	2	F5 Housing Amenities	0	5	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
0	7		2	F6 Household's Living Condition Indicators	0	6	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
0	8		2	F7 Access,Utilization and Satisfaction of Basic Facilities/services	0	7	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
0	9		2	F8 Qwnership of Land, Dwellings and Other Buildings	0	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		

Form 1: Demographic Characteristics and Economic Activity of Household Members

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
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Sec. 1.1 Demographic Characteristics of Household Members

1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111
MEMBER'S ID NO	List of Usual HH Members (Listing procedure is attached to the Manual)	Ask for All Household Members				Marital status	ELIGIBILITY			
		Relationship to Head of the HH (for code refer on the Manual)	Sex 1= Male 2= Female	Age in complete year (It less than one year code 00 if greater or equal to 97 code 97)	Religion (for code see on the Manual)	For Age 10 years and above (for code refer on the Manual)	Copy line number of all children Age 0-59 Months	Copy line number of all HH members, Age 5 years or older	Copy line number of all HH members Age 10 years or more	Copy line number of all Age 0-14 years in Qn.1104
		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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FORM 1 :: Economic Activity During the Last 7 Days (for members Aged 10 years and Above)

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Sec. 1.2: Economic Activity During the Last 7 Days

1201	1202	1203	1204	1205	1206		1207
					Ask if code 1 in Question 1203 or 1204		
Members ID No	List of HH members Aged 10 years & above	Does (Name) engaged in any productive activity during the last 7 days) 1= yes (Skip to Q. 1205 2=No	What was the main reason for not working during the last 7 days? (For code see in the Manual)	What was your employment status in your main Job? For code see on Manual provided	Occupation What was your main occupation? (If a person was not engaged at work in the last 7 days then the occupation before that period will be asked) For code see code book for Industry and occupation		Industry What is the major product or service of the organization at the place where you worked? (If a person was not engaged at work in the last 7 days, then the product/ service of the organization before that period will be asked) For code see code book for Industry and occupation
Copy from Que. 1110 to sec. 1	Transfer all HH members whose line No is listed under Q 1201						
		<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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FORM2: EDUCATION

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Sec. 2.1 Current Situation

2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112
Line No. Copy from F ₁ Q 1109	List of HH members Aged 5 years or more (Transfer those eligible members from Form 1.Qn1109)	Can (name) read and write? 1=yes 2=No (skip to Q 2105	Does (Name) have capacity to perform simple arithmetic (+,-,x,÷) 1=yes 2= No	Has (Name) ever attended school (formal educati- on 1=yes (skip to Q2107 2= No	What is the main reason for Not Attending School? (for code see on the Manual)	What is the highest grade (Name) completed? (for codes see on the Manual)	Is (Name) currently attending school? 1=yes 2=No (skip to Sec..2.2)	Which grade is (Name) attending? (for code see on the Manual)	Who runs the school? 1=Government 2=Mission/religi- ous with fee 3= Mission/ religious free of charge 4= Private 5= Community 6= International community 7= Other	To All Students	
										Does(Name) Absent from School last Month for more than a week? 1= Yes 2= No Go to Sec.2.2	What are the reason for being absent from School? (for code see on the Manual)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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FORM2: (Cont'd) Education

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Sec 2.2 Last School Year situation

2201	2202	2203	2204	2205	2206	2207	2208
Line No. Copy from Q 2109	List of Currently attending school age greater than or equal to 6 are copied from Qu.1109	Did (name) registered to attend school last year? 1= Yes 2= No Go to Sec.3.1	What grade was (Name) registered last year? (Refere to education code from the Manual)	Who runs the school? 1=Government 2=Mission/religious with fee 3= Mission/religious free of charge 4= Private 5= Community 6= International community 7= Other	Did (Name) took final Exam last year? 1= yes 2= No (skip to 2208)	Did he/she passes the exam? 1=yes 2=No (skip to Sec.3.1)	If code 2 in Q2206 what was the main reason for not completing/ taken final exam? (For code refer on Manual)
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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FORM3: HEALTH

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 3.1:- Last Two Months Health Condition

101	3102	3103	3104	3105	3106	3107	3108	3109	3110	3111	3112	3113	3114	3115	3116	3117	3118
MEMBER'S ID NO	List of Household Members (Transferred from section 1.1. Question 1102)	Has (name) faced any health problem during the last 2 months? 1=Yes 2=No (Go to 3106)	What was the sickness / injury (name) faced? (See the List of type sickness/ injury on the Manual)	For how many days were (name) absent from his usual activity due to the health problem during the last 2 months?	Has (name) received medical assistance or consulted from health institutions or traditional healer during the last 2 months? (Regardless of whether sick or not) 1=Yes 2=No (Go to 3118)	Where does (name) received or consulted medical assistance primarily? (See List of institution on the Manual)	Has (name) faced any problem in the health institution? 1=Yes 2=No Go to Sec.3.1	Does (Name) Faced (---problem) in the health institution? 1=Yes 2=No									What was the main reason for (name) not to consult health institutions/ traditional healer during the last two months? (See codes on the Manuals)
								Sanitation problem	Long waiting time	Shortage of health professional	Too expensive	Shortage/ unavailability of medicine	Unavailability of laboratory	Shortage of medical equipment	Lack of cooperativeness of the staff	Others	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
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Section 4.1: Children (aged 00-59 months) Care and Breastfeeding

4101	4102	4103	4104	4105	4106	4107	4108	4109	4110
Line Number (Transferred from Form 1 Section 1.1 Q1108)	Child's Name See Form 1 Section 1.1 Q1108 (Transfer those household members aged 00-59 months)	Is (name) mother living with the household? 1=Yes 2=No (Go to Q4105)	Mother's Line Number Transfer (name's) mother Line number from Q1101)	How old is the child? (complete age in months) Fill "00", if child's age less than one month	Birth History		Breastfeeding		
					Where was (name) born? (See the code on the Manual)	Who assisted the mother during delivery? (See the code on the Manual)	Has (name) ever used breastfeeding? 1=Yes 2=No (Section ended)	How many months does (name) breastfeed before taking supplementary food? Fill "00", if child's age less than one month	How many months does (name) breastfeed? Fill "00", if child's age less than one month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

FORM 5 : Housing standard and Amenities

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/>								

Section 5.1: Housing standard

5101		5102	5103		5104	5105	5106	5107	5108	5109
Line No		Did the household exist 12 months Ago? Yes=1 No=2	How long did this household been living in this dwelling? Fill in full year and months		On what basis did the household occupy the dwelling? (List of codes are mentioned in the Manual)	How many living Rooms (excluding kitchen, toilet and bath room) the household occupy?	The walls of the main dwelling are predominately made of what material? 11=wood and mud 12=wood and thatch 13=wood only 21= stone only 22=stone and mud 23=stone and cement 31= blocks-plastered with cement 32=blocks-un plastered 41=bricks 42=mud bricks (traditional) 51=steel (" Lamera") 52= Cargo Container 61=Parquet or polish ed wood 62= Chip wood 71=corrugated iron sheet 72=Asbestos 73= Reed/Bamboo 81= Other	The roof of the main dwelling is predominately made of what material? 1=Corrugated iron sheet 2=Concrete /Cement 3=thatch 4= wood and mud 5= Bamboo/reed 6= plastic canvas 7= Asbestos 8=Bricks 9= Others	The floor of the main dwelling is predominately made of what material? 1=mud/dung 2=Bamboo /reed 3=wood planks 4= parquet or polished wood 5=Cement screed 6= plastic tiles 7 = Cement tiles/ brick tiles 8=Ceramic/ Marble tiles 9=others	The ceiling of the main dwelling is predominately made of what material? 1=none 2= cloth 3=Bamboo/ reed 4=chip wood 5=Parquet or polished wood/ wood planks 6=Concrete/ cement 7= polytne sheet sacks 8= others
			Year	Month						
0	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					12 months ago	12 months ago	12 months ago	12 months ago	12 months ago	12 months ago
0	2				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					5 years ago	5 years ago	5 years ago	5 years ago	5 years ago	5 years ago
0	3				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If Qn.5102 is code 2, then Qn.s for 12 Month and 5 Years Ago will not be asked.

Form 5: (Cont'd) Housing standard and Amenities

FMFIVEB

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 5.1 (Cont'd) Kitchen standard

5110	5111	5112	5113	5114
Line No	What type of kitchen does the household use? 1=no kitchen 2=a room used for traditional kitchen inside the housing unit 3= a room used for traditional kitchen out side the housing unit- 4=A room used for modern kitchen inside the housing unit 5= A room used for modern kitchen out side the housing unit	If code "2-5" for question 5111 Does the household share this kitchen with other household? 1= yes 2= no	If code "2 or 3" for question 5111 Does the household's kitchen has chimney? 1= yes 2= no	What is the primary type of oven (Mitad) used for backing Injera/bread? 1=Traditional « mitad » (oven) removable 2.=traditional mitad (not removable) 3= improved energy saving mitad (rural technology product) 4= Electric mitad 5= none
	Now	Now	Now	Now
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12 months ago	12 months ago	12 months ago	12 months ago
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 years ago	5 years ago	5 years ago	5 years ago
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form 6: Food security indicators

FMZSIXA

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Section 6.1: Food security indicators

6101	6102	6103	6104	6105
<p>Did the household suffer food shortage during the last 12 months?</p> <p>1= yes 2=no (go to 6103)</p>	<p>For how many months did this household suffer food shortage during the last 12 months? For less than a month fill "00"</p>	<p>How is the current living standard of the Household with respect of food Compared to last year ?</p> <p>1= much worse now 2= worse now 3= same/no change 4= better now 5= much better now</p>	<p>How is the current living standard of the Household with respect to food Compared to 5 years ago?</p> <p>1= much worse now 2= worse now 3= same/no change 4= better now 5= much better now</p>	<p>How many meals did the Household eat Yesterday?</p>
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM 6 Food Security Indicators

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/>								

Section 6.1 (Cont'd) Food Security Indicators

6106	6107	6108	6109		6110
Line No	Type of Food	Over the last 7 days, how many days did the HH consume the food type listed in Qn. 6107 Including Adult and Children	Indicate the Main source of food type mentioned in Qn.6107 in Order of Importance. Sources are Listed in the Manual		
			1 st Source	2 nd Source	
01	Enjera	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	Other cereal (rice, sorghum, millet, wheat bread, etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	Potatoes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	Pasta, Macaroni and Biscuits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	Sugar or sugar products (honey, jam)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	Beans, lentils, nuts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	Vegetables (including relish and leaves)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	Fruits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	Beef, sheep, goat, or other red meat and pork	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Poultry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Eggs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Fish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Oils/fats/butter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	Milk/yogurt/ cheese /other dairy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 7.1: Distance to service facilities and extent of utilization of the Facilities

7101	7102	7103	7104		7105
Line No.	Type of facilities	_____ Is the nearest facility the household can access.			
		What is the distance to the nearest facility in K.M? If the distance is less than 1 Km fill "000"	How many hours does it take to reach the facility?		Does the household use _____service facility? 1=Do not use at all 2=Uses occasionally 3=Uses often 4=uses all the time
		K.M	Hour	Minute	
01	Primary school (Grade 1-4)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
02	Primary school (Grade 5-8)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
03	Secondary school (Grade 9-10)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
04	Secondary school (Preparatory) (Grade 11-12)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
05	Technical and vocational training	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
06	Health post	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
07	Clinic	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
08	Health station	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
09	Hospital	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
10	Pre/post natal care	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
11	Telecommunication	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
12	Post office	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 7.1: (Cont'd) Distance to service facilities and extent of utilization of the Facilities

7101	7102	7103	7104		7105
Line No.	Type of facilities	_____Is the nearest facility the household can access.			
		What is the distance to the nearest facility in K.M? If the distance is less than 1 Km fill "000"	How many hours does it take to reach the facility?		Does the household use _____service facility? 1=Do not use at all 2=Uses occasionally 3=Uses often 4=uses all the time
		K.M	Hour	Minute	
13	Public transport (residence area)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
14	Public transport (cross country)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
15	Milling service	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
16	Drinking water (Dry season)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
17	Drinking water (Wet season)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
18	Drinking water (Livestock- Dry season)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
19	Food Market	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
20	Livestock market	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
21	All weather roads for driving	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
22	Dry season roads for driving	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
23	Agricultural extension service	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
24	Veterinary service	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Form: 7: Access, Utilization and Satisfaction of Basic Facilities

FMSEVENC

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 7.1: (Cont'd) Distance to service facilities and extent of utilization of the Facilities

7101	7102	7103	7104		7105	
Line No.	Type of facilities	_____ Is the nearest facility the household can access.				
		What is the distance to the nearest facility in K.M? If the distance is less than 1 Km fill "000"		How many hours does it take to reach the facility?		Does the household use _____service facility? 1=Do not use at all 2=Uses occasionally 3=Uses often 4=uses all the time
		K.M		Hour	Minute	
25	Fertilizer Market	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
26	Improved seeds market	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
27	Pesticide/insecticide/herbicide market	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
28	Police station	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
29	Court	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
30	Kebele administration office	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
31	Small scale loan and saving (Micro finance)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
32	Internet service	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	
33	Source of Firewood	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	

Form: 7: Access, Utilization and Satisfaction of Basic Facilities

FMSEVNG

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Section 7.3: Access, Utilization and satisfaction of basic Facilities

7301	7302	7303	7304	7305
Line No.	Type of facilities	If the household uses the facility and if codes 2, 3 and 4 were filled for question 7106		What mode of transport does the household mostly use to reach... service facility? 11=On foot 21=Private animal transport (Mule, Horse...) 42=Cart 31=Private bicycle 43=Trucks and pickups 32=Private motor Cycle 51=transport Service 33=Private Bajaj 61=other (specify) 34=private car 41=Public transport
		Is the household satisfied with the service? 1=yes 2=No	How does the quality of the service Compare with that of 12 Months ago? 1=worse now 2=same as before 3=better now 4= do not know	
01	Primary school (Grade 1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	Primary school (Grade 5-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	Secondary school (Grade 9-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	Secondary school (Preparatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	Technical and vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	Health post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
08	Health station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
09	Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10	Pre/post natal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11	Telecommunication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12	Post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Form: 7: Access, Utilization and Satisfaction of Basic Facilities

FMSEVNH

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 7.3: Access, Utilization and satisfaction of basic Facilities

7301	7302	7303	7304	7305
Line No.	Type of facilities	If the household uses the facility and if codes 2, 3 and 4 were filled for question 7105		What mode of transport does the household mostly use to reach... service facility? 11=On foot 21=Private animal transport (Mule, Horse...) 42=Cart 31=Private bicycle 43=Trucks and pickups 32=Private motor Cycle 51=transport Service 33=Private Bajaj 61=other (specify) 34=private car 41=Public transport
		Is the household satisfied with the service? 1=yes 2=No	How does the quality of the service Compare with that of 12 Months ago? 1=worse now 2=same as before 3=better now 4= do not know	
13	Public transport (residence area)	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
14	Public transport (cross country)	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
15	Milling service	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
16	Drinking water (Dry season)	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
17	Drinking water (Wet season)	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
18	Drinking water (Livestock-Dry season)	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
19	Food Market	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
20	Livestock market	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
21	All weather roads for driving	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
22	Dry season roads for driving	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
23	Agricultural extension service	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
24	Veterinary service	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
25	Fertilizer Market	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

Form 8: Dwelling and Land Ownership Status and Other Fixed Assets

FMEIGHTA

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

8101	8102	8103	8104	8105	8106	8107
Did the household exist 12 months ago? 1= Yes 2= No	Does any member of the household including the Head own dwelling or own another house?			How many dwellings does the household own in total including other houses owned by household members all together		
	During the survey 1=yes Go to 8105 2=no go to Sec.8.2	12 months ago 1=yes Go to 8106 2=no go to Sec.8.2	5 years ago 1=yes Go to 8107 2=no go to Sec.8.2	During the survey	12 months ago	5 years ago
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 8.1: Dwelling ownership status Excluding Domestic Employee

Part 8.2: Land ownership status

8201	8202	8203	8204	8205	8206
Does any member of the HH(Including the head of household) own any land holding?1= yes 2= no go to Section 8.3			How many land plots does the household own that is used for other purposes?		
During the survey	12 months ago	5 years ago	During the survey	12 months ago	5 years ago
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

8207	8208	8209	8210	8211
Total land area owned during the survey				What is the situation of the ownership of land/farm plot owned by the household as compared to 12 months ago? 1=Worse now 2=same as before 3=Better now 4=Do not know
Using local measurement		Using standard measurement		
Name Code	Area	Name Code	Area	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Form 8: House and land ownership status and Other Fixed assets

FMEIGHTC

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 8.4: Other fixed assets owned by the household

8401	8402	8403	8404	8405	8406
Line No.	Type of assets	Does the household currently own the asset listed in Qn.8402? 1=yes 2=No -go to question8405	How many does the household own? If not applicable fill "000"	How does the amount currently owned compared with 12 months Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable	How does the amount currently owned compared with 5 years Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable
01	Cattle-Indegenous (Except farm animals)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Cattle-Exotic/hybrid (Except farm animals)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Farm animals	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Transport animals (Horse, Camel...)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Other draught animals (Except farm animals)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Sheep and goat	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Chicken	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Beehives-traditional	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Beehives-partially modern	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Beehives-modern	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form8: Dwelling and Land Ownership Status and Other Fixed Assets

FMEIGHTD

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 8.4: (Continued) Other fixed assets owned by the household

8401	8402	8403	8404	8405	8406
Line No.	Type of assets	Does the household currently own the asset listed in Qn.8402? 1=yes 2=No -go to question8405	How many does the household own? If not applicable fill "000"	How does the amount currently owned compared with 12 months Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable	How does the amount currently owned compared with 5 years Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable
11	"Mofer and Kember"	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Sickle (Machid)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Axe (Gejera)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Pick axe (Geso)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Plough (traditional)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Plough (modern)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Water pump	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Kerosene stove	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Butane Gas stove	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Electric stove	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form 8: (Cont'd) Dwelling and Land Ownership Status and Other Fixed Asset

FMEIGHTE

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 8: (Continued) Other fixed assets owned by the household

8401	8402	8403	8404	8405	8406
Line No.	Type of assets	Does the household currently own the asset listed in Qn.8402? 1=yes 2=No -go to question8405	How many does the household own? If not applicable fill "000"	How does the amount currently owned compared with 12 months Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable	How does the amount currently owned compared with 5 years Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable
21	Blanket/Gabi	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
22	Mattress and/or Bed	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
23	Wrist watch/clock	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
24	Iron (coal)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
25	Electric Iron	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
26	Fixed line telephone	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
27	Telephone-wireless	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
28	Mobile Telephone	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
29	Radio/Radio and tape/tape	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
30	Television	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

Form 8: Dwelling and Land Ownership Status and Other Fixed Assets

FMEIGHTF

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 8.4: (Continued) other fixed assets owned by the household

8401	8402	8403	8404	8405	8406
Line No.	Type of assets	Does the household currently own the asset listed in Qn.8402? 1=yes 2=No -go to question8405	How many does the household own? If not applicable fill "000"	How does the amount currently owned compared with 12 months Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable	How does the amount currently owned compared with 5 years Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable
31	Video Deck	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
32	VCD/DVD	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
33	Dish	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
34	Sofa set	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
35	Chair and table (excluding stool and bench)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
36	Bicycle	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
37	Motor cycle	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
38	Cart (Hand pushed)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
39	Cart (animal drawn)- for transporting people and goods	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
40	Sewing machine	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

Form 8: Dwelling and Land Ownership Status and Other Fixed Assets

FMIGHT 6

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Section 8.4: (Continued) Other fixed assets owned by the household

8401	8402	8403	8404	8405	8406
Line No.	Type of assets	Does the household currently own the asset listed in Qn.8402? 1=yes 2=No -go to question8405	How many does the household own? If not applicable fill "000"	How does the amount currently owned compared with 12 months Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable	How does the amount currently owned compared with 5 years Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable
41	Weaving equipment	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Builder's equipment	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Carpenter's equipment	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Welding equipment	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Wood cutting equipment	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Block production equipment	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Mitad-Electric	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Mitad-power saving (modern)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Private car	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form 8: Dwelling and Land Ownership Status and Other Fixed Assets

FMEIGHT H

Region	Zone	Wereda	Town	sub-city	Kebele	EA	S.S.No.	HH size
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section 8.4: (Continued) Other fixed assets owned by the household

8401	8402	8403	8404	8405	8406
Line No.	Type of assets	Does the household currently own the asset listed in Qn.8402? 1=yes 2=No -go to question8405	How many does the household own? If not applicable fill "000"	How does the amount currently owned compared with 12 months Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable	How does the amount currently owned compared with 5 years Ago? 1=Increased much 2=increased a little 3=same as before 4=decreased a little 5=decreased much 6=Not applicable
51	Car-Commercial	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
52	Bajaj	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
53	Jewels (Gold and silver)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
54	Wardrobe	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
55	Shelf for storing goods	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
56	Biogas stove (pit)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
57	Water storage pit	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
58	Chat plant (No. Planted)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
59	Coffee plant (No. planted)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
60	Other permanent crops (No. Planted)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
61	Forestry (Eucalyptus tree etc)- number planted	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

