

# ANNEX 2: QUESTIONNAIRE

Page 1 of 10

Reference Number



The Central Statistical Office  
Grenada

# C W I Q

Core Welfare Indicators Questionnaire

## A - INTERVIEW INFORMATION

Shade Circles Like This--> ●

Not Like This--> ⊗

Q.1 INTERVIEWER'S NAME

Q.2 NAME OF HEAD OF HOUSEHOLD

Q.3 PARISH NAME

Q.4 ED NAME/LOCATION

A.1 ED

A.2 HOUSEHOLD

A.3 INTERVIEWER

A.4 DATE

A.5 TIME

A.6 RESPONDENT

A.7 SEQ.









Respondent's telephone number  -

### IMPORTANT

Create a reference number by combining the ED, household and questionnaire numbers.  
Write this number NOW on the top of all pages.

Comments:

## B - LIST OF HOUSEHOLD MEMBERS

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
											WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD.
Head											
B.1 Is [NAME] male or female?											
Male	<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"/>	
Female	<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"/>	
B.2 Is [NAME] a member of the household?											
Member present	<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"/>	
Member absent temp.	<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"/>	
Member absent Ivan	<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"/>	
Temporary visitor	<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"/>	
Temporary Ivan	<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"/>	
B.3 What is [NAME]'s relationship to the head of household?											
Head	<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"/>	
Spouse	<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"/>	
Child	<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"/>	
Parent	<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"/>	
Other relative	<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"/>	
Not related	<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"/>	
B.4 How old was [NAME] at last birthday?											RECORD AGE IN COMPLETED YEARS
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
B.5 What is [NAME]'s union status?											IF AGE UNDER 15 GO TO B6
Not in union	<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"/>	
Legally married	<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"/>	
Common law union	<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"/>	
Visiting partner	<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"/>	
Divorced/separated	<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"/>	
Widowed	<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"/>	
B.6 Is [NAME]'s father alive?											IF AGE OVER 17 GO TO NEXT PERSON
Yes	<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"/>	
No	<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"/>	
Don't know	<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"/>	IF NO OR DON'T KNOW GO TO B8
B.7 Is [NAME]'s father living in the household?											
Yes	<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"/>	
No	<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"/>	
B.8 Is [NAME]'s mother alive?											IF NO OR DON'T KNOW GO TO NEXT PERSON
Yes	<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"/>	
No	<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"/>	
Don't know	<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"/>	
B.9 Is [NAME]'s mother living in the household?											
Yes	<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"/>	
No	<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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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10		
	C.1 Can [NAME] read and write?											IF PERSON IS UNDER AGE 15 GO TO C2.
	Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	C.2 Has [NAME] ever attended school?											IF NO GO TO C3.
	Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
C.3 and C4 00 None 01 Nursery 02 Pre-school 03 Kindergarten/Stage 1 04 G1/Stage 2 05 G2/Stage 3 06 G3/Stage 4 07 G4/Stage 5 08 G5/Stage 6 09 G6/Stage 7 10 G7/Stage 8 11 G8/Stage 9 12 G9/Stage 10 13 G10/Stage 11 14 G11/Stage 12 15 G12/Stage 13 16 G13/Stage 14 17 G14/Stage 15 18 G15/Stage 16 19 G16/Stage 17 20 G17/Stage 18 21 G18/Stage 19 22 G19/Stage 20 23 G20/Stage 21 24 G21/Stage 22 25 G22/Stage 23 26 G23/Stage 24 27 G24/Stage 25 28 G25/Stage 26 29 G26/Stage 27 30 G27/Stage 28 31 G28/Stage 29 32 G29/Stage 30 33 G30/Stage 31 34 G31/Stage 32 35 G32/Stage 33 36 G33/Stage 34 37 G34/Stage 35 38 G35/Stage 36 39 G36/Stage 37 40 G37/Stage 38 41 G38/Stage 39 42 G39/Stage 40 43 G40/Stage 41 44 G41/Stage 42 45 G42/Stage 43 46 G43/Stage 44 47 G44/Stage 45 48 G45/Stage 46 49 G46/Stage 47 50 G47/Stage 48 51 G48/Stage 49 52 G49/Stage 50 53 G50/Stage 51 54 G51/Stage 52 55 G52/Stage 53 56 G53/Stage 54 57 G54/Stage 55 58 G55/Stage 56 59 G56/Stage 57 60 G57/Stage 58 61 G58/Stage 59 62 G59/Stage 60 63 G60/Stage 61 64 G61/Stage 62 65 G62/Stage 63 66 G63/Stage 64 67 G64/Stage 65 68 G65/Stage 66 69 G66/Stage 67 70 G67/Stage 68 71 G68/Stage 69 72 G69/Stage 70 73 G70/Stage 71 74 G71/Stage 72 75 G72/Stage 73 76 G73/Stage 74 77 G74/Stage 75 78 G75/Stage 76 79 G76/Stage 77 80 G77/Stage 78 81 G78/Stage 79 82 G79/Stage 80 83 G80/Stage 81 84 G81/Stage 82 85 G82/Stage 83 86 G83/Stage 84 87 G84/Stage 85 88 G85/Stage 86 89 G86/Stage 87 90 G87/Stage 88 91 G88/Stage 89 92 G89/Stage 90 93 G90/Stage 91 94 G91/Stage 92 95 G92/Stage 93 96 G93/Stage 94 97 G94/Stage 95 98 G95/Stage 96 99 G96/Stage 97 100 G97/Stage 98 101 G98/Stage 99 102 G99/Stage 100 103 G100/Stage 101 104 G101/Stage 102 105 G102/Stage 103 106 G103/Stage 104 107 G104/Stage 105 108 G105/Stage 106 109 G106/Stage 107 110 G107/Stage 108 111 G108/Stage 109 112 G109/Stage 110 113 G110/Stage 111 114 G111/Stage 112 115 G112/Stage 113 116 G113/Stage 114 117 G114/Stage 115 118 G115/Stage 116 119 G116/Stage 117 120 G117/Stage 118 121 G118/Stage 119 122 G119/Stage 120 123 G120/Stage 121 124 G121/Stage 122 125 G122/Stage 123 126 G123/Stage 124 127 G124/Stage 125 128 G125/Stage 126 129 G126/Stage 127 130 G127/Stage 128 131 G128/Stage 129 132 G129/Stage 130 133 G130/Stage 131 134 G131/Stage 132 135 G132/Stage 133 136 G133/Stage 134 137 G134/Stage 135 138 G135/Stage 136 139 G136/Stage 137 140 G137/Stage 138 141 G138/Stage 139 142 G139/Stage 140 143 G140/Stage 141 144 G141/Stage 142 145 G142/Stage 143 146 G143/Stage 144 147 G144/Stage 145 148 G145/Stage 146 149 G146/Stage 147 150 G147/Stage 148 151 G148/Stage 149 152 G149/Stage 150 153 G150/Stage 151 154 G151/Stage 152 155 G152/Stage 153 156 G153/Stage 154 157 G154/Stage 155 158 G155/Stage 156 159 G156/Stage 157 160 G157/Stage 158 161 G158/Stage 159 162 G159/Stage 160 163 G160/Stage 161 164 G161/Stage 162 165 G162/Stage 163 166 G163/Stage 164 167 G164/Stage 165 168 G165/Stage 166 169 G166/Stage 167 170 G167/Stage 168 171 G168/Stage 169 172 G169/Stage 170 173 G170/Stage 171 174 G171/Stage 172 175 G172/Stage 173 176 G173/Stage 174 177 G174/Stage 175 178 G175/Stage 176 179 G176/Stage 177 180 G177/Stage 178 181 G178/Stage 179 182 G179/Stage 180 183 G180/Stage 181 184 G181/Stage 182 185 G182/Stage 183 186 G183/Stage 184 187 G184/Stage 185 188 G185/Stage 186 189 G186/Stage 187 190 G187/Stage 188 191 G188/Stage 189 192 G189/Stage 190 193 G190/Stage 191 194 G191/Stage 192 195 G192/Stage 193 196 G193/Stage 194 197 G194/Stage 195 198 G195/Stage 196 199 G196/Stage 197 200 G197/Stage 198 201 G198/Stage 199 202 G199/Stage 200 203 G200/Stage 201 204 G201/Stage 202 205 G202/Stage 203 206 G203/Stage 204 207 G204/Stage 205 208 G205/Stage 206 209 G206/Stage 207 210 G207/Stage 208 211 G208/Stage 209 212 G209/Stage 210 213 G210/Stage 211 214 G211/Stage 212 215 G212/Stage 213 216 G213/Stage 214 217 G214/Stage 215 218 G215/Stage 216 219 G216/Stage 217 220 G217/Stage 218 221 G218/Stage 219 222 G219/Stage 220 223 G220/Stage 221 224 G221/Stage 222 225 G222/Stage 223 226 G223/Stage 224 227 G224/Stage 225 228 G225/Stage 226 229 G226/Stage 227 230 G227/Stage 228 231 G228/Stage 229 232 G229/Stage 230 233 G230/Stage 231 234 G231/Stage 232 235 G232/Stage 233 236 G233/Stage 234 237 G234/Stage 235 238 G235/Stage 236 239 G236/Stage 237 240 G237/Stage 238 241 G238/Stage 239 242 G239/Stage 240 243 G240/Stage 241 244 G241/Stage 242 245 G242/Stage 243 246 G243/Stage 244 247 G244/Stage 245 248 G245/Stage 246 249 G246/Stage 247 250 G247/Stage 248 251 G248/Stage 249 252 G249/Stage 250 253 G250/Stage 251 254 G251/Stage 252 255 G252/Stage 253 256 G253/Stage 254 257 G254/Stage 255 258 G255/Stage 256 259 G256/Stage 257 260 G257/Stage 258 261 G258/Stage 259 262 G259/Stage 260 263 G260/Stage 261 264 G261/Stage 262 265 G262/Stage 263 266 G263/Stage 264 267 G264/Stage 265 268 G265/Stage 266 269 G266/Stage 267 270 G267/Stage 268 271 G268/Stage 269 272 G269/Stage 270 273 G270/Stage 271 274 G271/Stage 272 275 G272/Stage 273 276 G273/Stage 274 277 G274/Stage 275 278 G275/Stage 276 279 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G591/Stage 592 595 G592/Stage 593 596 G593/Stage 594 597 G594/Stage 595 598 G595/Stage 596 599 G596/Stage 597 600 G597/Stage 598 601 G598/Stage 599 602 G599/Stage 600 603 G600/Stage 601 604 G601/Stage 602 605 G602/Stage 603 606 G603/Stage 604 607 G604/Stage 605 608 G605/Stage 606 609 G606/Stage 607 610 G607/Stage 608 611 G608/Stage 609 612 G609/Stage 610 613 G610/Stage 611 614 G611/Stage 612 615 G612/Stage 613 616 G613/Stage 614 617 G614/Stage 615 618 G615/Stage 616 619 G616/Stage 617 620 G617/Stage 618 621 G618/Stage 619 622 G619/Stage 620 623 G620/Stage 621 624 G621/Stage 622 625 G622/Stage 623 626 G623/Stage 624 627 G624/Stage 625 628 G625/Stage 626 629 G626/Stage 627 630 G627/Stage 628 631 G628/Stage 629 632 G629/Stage 630 633 G630/Stage 631 634 G631/Stage 632 635 G632/Stage 633 636 G633/Stage 634 637 G634/Stage 635 638 G635/Stage 636 639 G636/Stage 637 640 G637/Stage 638 641 G638/Stage 639 642 G639/Stage 640 643 G640/Stage 641 644 G641/Stage 642 645 G642/Stage 643 646 G643/Stage 644 647 G644/Stage 645 648 G645/Stage 646 649 G646/Stage 647 650 G647/Stage 648 651 G648/Stage 649 652 G649/Stage 650 653 G650/Stage 651 654 G651/Stage 652 655 G652/Stage 653 656 G653/Stage 654 657 G654/Stage 655 658 G655/Stage 656 659 G656/Stage 657 660 G657/Stage 658 661 G658/Stage 659 662 G659/Stage 660 663 G660/Stage 661 664 G661/Stage 662 665 G662/Stage 663 666 G663/Stage 664 667 G664/Stage 665 668 G665/Stage 666 669 G666/Stage 667 670 G667/Stage 668 671 G668/Stage 669 672 G669/Stage 670 673 G670/Stage 671 674 G671/Stage 672 675 G672/Stage 673 676 G673/Stage 674 677 G674/Stage 675 678 G675/Stage 676 679 G676/Stage 677 680 G677/Stage 678 681 G678/Stage 679 682 G679/Stage 680 683 G680/Stage 681 684 G681/Stage 682 685 G682/Stage 683 686 G683/Stage 684 687 G684/Stage 685 688 G685/Stage 686 689 G686/Stage 687 690 G687/Stage 688 691 G688/Stage 689 692 G689/Stage 690 693 G690/Stage 691 694 G691/Stage 692 695 G692/Stage 693 696 G693/Stage 694 697 G694/Stage 695 698 G695/Stage 696 699 G696/Stage 697 700 G697/Stage 698 701 G698/Stage 699 702 G699/Stage 700 703 G700/Stage 701 704 G701/Stage 702 705 G702/Stage 703 706 G703/Stage 704 707 G704/Stage 705 708 G705/Stage 706 709 G706/Stage 707 710 G707/Stage 708 711 G708/Stage 709 712 G709/Stage 710 713 G710/Stage 711 714 G711/Stage 712 715 G712/Stage 713 716 G713/Stage 714 717 G714/Stage 715 718 G715/Stage 716 719 G716/Stage 717 720 G717/Stage 718 721 G718/Stage 719 722 G719/Stage 720 723 G720/Stage 721 724 G721/Stage 722 725 G722/Stage 723 726 G723/Stage 724 727 G724/Stage 725 728 G725/Stage 726 729 G726/Stage 727 730 G727/Stage 728 731 G728/Stage 729 732 G729/Stage 730 733 G730/Stage 731 734 G731/Stage 732 735 G732/Stage 733 736 G733/Stage 734 737 G734/Stage 735 738 G735/Stage 736 739 G736/Stage 737 740 G737/Stage 738 741 G738/Stage 739 742 G739/Stage 740 743 G740/Stage 741 744 G741/Stage 742 745 G742/Stage 743 746 G743/Stage 744 747 G744/Stage 745 748 G745/Stage 746 749 G746/Stage 747 750 G747/Stage 748 751 G748/Stage 749 752 G749/Stage 750 753 G750/Stage 751 754 G751/Stage 752 755 G752/Stage 753 756 G753/Stage 754 757 G754/Stage 755 758 G755/Stage 756 759 G756/Stage 757 760 G757/Stage 758 761 G758/Stage 759 762 G759/Stage 760 763 G760/Stage 761 764 G761/Stage 762 765 G762/Stage 763 766 G763/Stage 764 767 G764/Stage 765 768 G765/Stage 766 769 G766/Stage 767 770 G767/Stage 768 771 G768/Stage 769 772 G769/Stage 770 773 G770/Stage 771 774 G771/Stage 772 775 G772/Stage 773 776 G773/Stage 774 777 G774/Stage 775 778 G775/Stage 776 779 G776/Stage 777 780 G777/Stage 778 781 G778/Stage 779 782 G779/Stage 780 783 G780/Stage 781 784 G781/Stage 782 785 G782/Stage 783 786 G783/Stage 784 787 G784/Stage 785 788 G785/Stage 786 789 G786/Stage 787 790 G787/Stage 788 791 G788/Stage 789 792 G789/Stage 790 793 G790/Stage 791 794 G791/Stage 792 795 G792/Stage 793 796 G793/Stage 794 797 G794/Stage 795 798 G795/Stage 796 799 G796/Stage 797 800 G797/Stage 798 801 G798/Stage												

## D - HEALTH

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	ONLY FOR FEMALES AGE 15 TO 49 YEARS ELSE GO TO D3.	
	D.1 Did [NAME] have a live birth in the last 12 months?										IF NO GO TO D3.	
	Yes	<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"/>		
	No	<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"/>		
	D.2 Did [NAME] receive pre-natal care during the pregnancy?											
	Yes	<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"/>		
	No	<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"/>		
	D.3 Is [NAME] physically or mentally handicapped or disabled?										IF NO GO TO D7.	
	Yes	<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"/>		
	No	<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"/>		
	D.4 Was [NAME] sick or injured in the last 4 weeks?											
Yes	<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"/>		
No	<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"/>		
D.5 What sort of sickness/injury did [NAME] suffer?										YOU MAY MARK MORE THAN ONE ANSWER.		
Accident	<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"/>	
Fever	<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"/>	
Hypertension/diabetes	<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"/>	
Chicken pox	<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"/>	
Bad eye/conjunctivitis	<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"/>	
Respiratory infection/flu	<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"/>		
Throat infection	<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"/>		
Depression, anxiety	<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"/>		
Other	<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"/>		
D.6 How many days of work/school did [NAME] miss due to illness/injury?												
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
D.7 Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?										IF NO GO TO D11.		
Yes	<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"/>	
No	<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"/>		
D.8 What was the last health provider [NAME] saw?										YOU MAY MARK MORE THAN ONE ANSWER.		
Public hospital	<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"/>	
Private hospital	<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"/>	
CHC	<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"/>	
Family planning clinic	<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"/>	
Private doctor/dentist	<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"/>	
Psychologist/Psychiatrist	<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"/>	
Traditional healer	<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"/>	
Out of state hospital	<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"/>	
Pharmacy/chemist	<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"/>	
Other	<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"/>		
D.9 How many times did [NAME] use the service in the last 4 weeks?												
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
D.10 Did [NAME] have any problems with the provider/service at the time of the visit?										YOU MAY MARK MORE THAN ONE ANSWER.		
No problem (satisfied)	<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"/>	
Facilities were not clean	<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"/>	
Long waiting time	<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"/>	
No trained professionals	<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"/>	
Too expensive	<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"/>	
No drugs available	<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"/>		
Treatment unsuccessful	<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"/>		
Other	<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"/>		
D.11 Why did [NAME] not use medical care in the last 4 weeks?										YOU MAY MARK MORE THAN ONE ANSWER.		
No need	<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"/>	
Too expensive	<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"/>	
Too far	<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"/>	
Unsuitable	<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"/>		
Other	<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"/>		

## E - EMPLOYMENT

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	IF PERSON IS UNDER 15 GO TO NEXT PERSON IF YES GO TO E3.
<b>E.1 Did [NAME] do any type of work in the last 7 days?</b> Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IF YES GO TO E3.
<b>E.2 Was [NAME] absent from work in the last 7 days?</b> Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>E.3 Has [NAME] been looking for work and ready for work in the last 2 months?</b> Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GO TO E12.
<b>E.4 What was the main reason [NAME] was not working in the last 7 days?</b> No work available <input type="radio"/> Seasonal inactivity <input type="radio"/> Sex discrimination <input type="radio"/> Student <input type="radio"/> Household/family duties <input type="radio"/> Too old/too young <input type="radio"/> Illness <input type="radio"/> Other <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>E.5 How many jobs did [NAME] have in the last 7 days?</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>E.6 What is [NAME]'s status in the main job?</b> Employee <input type="radio"/> Self-employed <input type="radio"/> Paid employee <input type="radio"/> Paid domestic worker <input type="radio"/> Unpaid family worker <input type="radio"/> Other <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>E.7 For whom did [NAME] work in the main job?</b> Government <input type="radio"/> Statutory body <input type="radio"/> Private business <input type="radio"/> Self-employed <input type="radio"/> Private person or household <input type="radio"/> Other <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>E.8 What is the main activity at the place of [NAME]'s main job?</b> 01 Agriculture <input type="text"/> 02 Fishing <input type="text"/> 03 Manufacturing <input type="text"/> 04 Construction <input type="text"/> 05 Wholesale & retail <input type="text"/> 06 Hotel & restaurant <input type="text"/> 07 Transport <input type="text"/> 08 Services <input type="text"/> 09 Admin./social security <input type="text"/> 10 Educ./health/social work <input type="text"/> 11 Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>E.9 Did [NAME] try to increase his or her earnings in the last 7 days?</b> Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IF NO GO TO E12.
<b>E.10 How did [NAME] try to increase earnings in the last 7 days?</b> More hours current activity <input type="radio"/> More hours additional activity <input type="radio"/> Change activity <input type="radio"/> Other <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>E.11 Is [NAME] ready to take on additional work in the next 4 weeks?</b> Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>E.12 Does [NAME] contribute to household income?</b> Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>E.13 Did [NAME]'s employment situation change as a result of hurricane Ivan?</b> Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## F - HOUSEHOLD ASSETS

Reference Number

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<p><b>F.1 Does the household own the dwelling?</b></p> <p>Owns the dwelling <input type="radio"/></p> <p>Rents the dwelling <input type="radio"/></p> <p>Uses without paying rent <input type="radio"/></p> <p>Squatting <input type="radio"/></p> <p><b>F.2 Does the household own the land beneath the dwelling?</b></p> <p>Owned with title <input type="radio"/></p> <p>Family owned <input type="radio"/></p> <p>Rents the land <input type="radio"/></p> <p>Leases the land <input type="radio"/></p> <p>Squatting <input type="radio"/></p> <p>Not owned <input type="radio"/></p> <p><b>F.3 How many separate rooms/bedrooms are there in your dwelling?</b> (exclude kitchen and bathrooms)</p> <p>Rooms <input type="text"/></p> <p>Bedrooms <input type="text"/></p> <p><b>F.4 How many acres of land are owned by the household?</b> (with one decimal, e.g. 14.7)</p> <p><input type="text"/></p> <p>95.0 = 95.0 acres or more 99.9 = don't know</p> <p><b>IF F4 = 0 GO TO F6</b></p> <p><b>F.5 Ownership status of land owned by the household?</b></p> <p>Owned with title <input type="radio"/></p> <p>Family owned <input type="radio"/></p> <p>Other <input type="radio"/></p> <p><b>F.6 How does the amount of land owned now compare with the amount owned before hurricane Ivan?</b></p> <p>Less now <input type="radio"/></p> <p>Same now <input type="radio"/></p> <p>More now <input type="radio"/></p> <p>Don't know <input type="radio"/></p> <p><b>F.7 How many acres of land did the household farm in the last 12 months?</b> (with one decimal, e.g. 14.7)</p> <p><input type="text"/></p> <p>95.0 = 95.0 acres or more 99.9 = don't know</p> <p>For area of land (F4/F7) 40,000 sq. feet = 1.0 acres 30,000 sq. feet = 0.7 acres 20,000 sq. feet = 0.5 acres 10,000 sq. feet = 0.3 acres</p>	<p><b>F.8 How many of these animals are currently owned by the household?</b></p> <p>Cattle <input type="text"/></p> <p>Sheep, goats <input type="text"/></p> <p>Pigs <input type="text"/></p> <p>Poultry <input type="text"/></p> <p>950 = 950 or more 999 = don't know</p> <p><b>F.9 How many of the following (include items only if they are in working condition) does the household own?</b></p> <p>Electric iron <input type="text"/></p> <p>Refrigerator <input type="text"/></p> <p>Television <input type="text"/></p> <p>DVD/Video <input type="text"/></p> <p>Stereo/Radio <input type="text"/></p> <p>Clock <input type="text"/></p> <p>Fan <input type="text"/></p> <p>Sewing machine <input type="text"/></p> <p>Stove <input type="text"/></p> <p>Washing machine <input type="text"/></p> <p>Computer <input type="text"/></p> <p>Fixed telephone <input type="text"/></p> <p>Mobile telephone <input type="text"/></p> <p>Cable TV connection <input type="text"/></p> <p>Internet connection <input type="text"/></p> <p>Bicycle <input type="text"/></p> <p>Vehicle <input type="text"/></p> <p>Boat <input type="text"/></p>	<p><b>F.10 How often in the last year did you have problems satisfying the food needs of the household?</b></p> <p>Never <input type="radio"/></p> <p>Seldom <input type="radio"/></p> <p>Sometimes <input type="radio"/></p> <p>Often <input type="radio"/></p> <p>Always <input type="radio"/></p> <p><b>F.11 How do you compare the overall economic situation of the HOUSEHOLD with before hurricane Ivan?</b></p> <p>Much worse now <input type="radio"/></p> <p>A little worse now <input type="radio"/></p> <p>Same <input type="radio"/></p> <p>A little better now <input type="radio"/></p> <p>Much better now <input type="radio"/></p> <p>Don't know <input type="radio"/></p> <p><b>F.12 How do you compare the overall economic situation of the COMMUNITY with before hurricane Ivan?</b></p> <p>Much worse now <input type="radio"/></p> <p>A little worse now <input type="radio"/></p> <p>Same <input type="radio"/></p> <p>A little better now <input type="radio"/></p> <p>Much better now <input type="radio"/></p> <p>Don't know <input type="radio"/></p> <p><b>F.13 How do you compare the willingness of people to help each other in your COMMUNITY with before hurricane Ivan?</b></p> <p>Much worse now <input type="radio"/></p> <p>A little worse now <input type="radio"/></p> <p>Same <input type="radio"/></p> <p>A little better now <input type="radio"/></p> <p>Much better now <input type="radio"/></p> <p>Don't know <input type="radio"/></p> <p><b>F.14 Who contributes most to household income? (record member number from section B).</b></p> <p><input type="text"/></p> <p><b>F.15 What was the main source of livelihood for the household?</b></p> <table border="1"> <thead> <tr> <th></th> <th>Before Ivan</th> <th>Now</th> </tr> </thead> <tbody> <tr> <td>Employment</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Family business</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Agriculture</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Remittances</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Family support</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Pension</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Savings</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Public assistance</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Church or other donation</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Other</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p><b>F.16 How do you compare the level of crime in your COMMUNITY with before hurricane Ivan?</b></p> <p>Much worse now <input type="radio"/></p> <p>A little worse now <input type="radio"/></p> <p>Same <input type="radio"/></p> <p>A little better now <input type="radio"/></p> <p>Much better now <input type="radio"/></p> <p>Don't know <input type="radio"/></p>		Before Ivan	Now	Employment	<input type="radio"/>	<input type="radio"/>	Family business	<input type="radio"/>	<input type="radio"/>	Agriculture	<input type="radio"/>	<input type="radio"/>	Remittances	<input type="radio"/>	<input type="radio"/>	Family support	<input type="radio"/>	<input type="radio"/>	Pension	<input type="radio"/>	<input type="radio"/>	Savings	<input type="radio"/>	<input type="radio"/>	Public assistance	<input type="radio"/>	<input type="radio"/>	Church or other donation	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>
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Other	<input type="radio"/>	<input type="radio"/>																																	

## G - HOUSING AMENITIES

Reference Number

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<p><b>G.1 What is the type of the housing unit?</b></p> <p>Undivided private house <input type="radio"/></p> <p>Part of a private house <input type="radio"/></p> <p>Flat, apartment <input type="radio"/></p> <p>Duplex, townhouse <input type="radio"/></p> <p>Combined business and dwelling <input type="radio"/></p> <p>Temporary structure <input type="radio"/></p> <p>Other <input type="text"/></p>	<p><b>G.4 What is the main material of the outer walls of the house?</b></p> <p>Plywood <input type="radio"/></p> <p>Wood <input type="radio"/></p> <p>Bricks <input type="radio"/></p> <p>Stone, concrete blocks <input type="radio"/></p> <p>Wood and concrete <input type="radio"/></p> <p>Sheet metal <input type="radio"/></p> <p>Cardboard, makeshift <input type="radio"/></p> <p>Other <input type="text"/></p>	<p><b>G.7 What is the main fuel used for cooking?</b></p> <p>Firewood <input type="radio"/></p> <p>Charcoal <input type="radio"/></p> <p>Kerosene/oil <input type="radio"/></p> <p>Gas <input type="radio"/></p> <p>Electricity <input type="radio"/></p> <p>Other <input type="text"/></p>																								
<p><b>G.2 What is the main material of the floor of the house?</b></p> <p>Plywood <input type="radio"/></p> <p>Wood <input type="radio"/></p> <p>Sawnwood <input type="radio"/></p> <p>Concrete <input type="radio"/></p> <p>Dirt/stone <input type="radio"/></p> <p>Other <input type="radio"/></p>	<p><b>G.5 What is the main source of drinking water?</b></p> <p>Public piped into dwelling <input type="radio"/></p> <p>Public into yard <input type="radio"/></p> <p>Public standpipe <input type="radio"/></p> <p>Private piped into dwelling <input type="radio"/></p> <p>Rain water <input type="radio"/></p> <p>Well <input type="radio"/></p> <p>Bottled <input type="radio"/></p> <p>Other <input type="text"/></p>	<p><b>G.8 What is the main fuel used for lighting?</b></p> <p>Kerosene/paraffin <input type="radio"/></p> <p>Gas <input type="radio"/></p> <p>Electricity <input type="radio"/></p> <p>Electricity shared <input type="radio"/></p> <p>Generator <input type="radio"/></p> <p>Other <input type="text"/></p>																								
<p><b>G.3 What is the main material of the roof of the house?</b></p> <p>Sheet metal <input type="radio"/></p> <p>Shingle <input type="radio"/></p> <p>Tile <input type="radio"/></p> <p>Concrete <input type="radio"/></p> <p>Thatch <input type="radio"/></p> <p>Other <input type="text"/></p>	<p><b>G.6 What kind of toilet facility does your household use?</b></p> <p>None <input type="radio"/></p> <p>Flush to sewer <input type="radio"/></p> <p>Flush to septic tank <input type="radio"/></p> <p>Ventilation improved pit latrine <input type="radio"/></p> <p>Pit latrine <input type="radio"/></p> <p>Other <input type="text"/></p>	<p><b>G.9 What is the principal way the household disposes of garbage?</b></p> <p>Collected government <input type="radio"/></p> <p>Government dump <input type="radio"/></p> <p>Burning <input type="radio"/></p> <p>Dumping <input type="radio"/></p> <p>Other <input type="text"/></p>																								
<p><b>G.10 How long in hours and minutes does it usually take from here to reach the nearest ...?</b></p> <table border="1"> <thead> <tr> <th></th> <th>Hours:Minutes</th> <th></th> <th>Hours:Minutes</th> </tr> </thead> <tbody> <tr> <td>Supply of drinking water</td> <td><input type="text"/>: <input type="text"/></td> <td>Health clinic or hospital</td> <td><input type="text"/>: <input type="text"/></td> </tr> <tr> <td>Day care/nursery school</td> <td><input type="text"/>: <input type="text"/></td> <td>Super/food market</td> <td><input type="text"/>: <input type="text"/></td> </tr> <tr> <td>Pre-school</td> <td><input type="text"/>: <input type="text"/></td> <td>Public transportation</td> <td><input type="text"/>: <input type="text"/></td> </tr> <tr> <td>Primary school</td> <td><input type="text"/>: <input type="text"/></td> <td>Police station</td> <td><input type="text"/>: <input type="text"/></td> </tr> <tr> <td>Secondary school</td> <td><input type="text"/>: <input type="text"/></td> <td>All weather road</td> <td><input type="text"/>: <input type="text"/></td> </tr> </tbody> </table>				Hours:Minutes		Hours:Minutes	Supply of drinking water	<input type="text"/> : <input type="text"/>	Health clinic or hospital	<input type="text"/> : <input type="text"/>	Day care/nursery school	<input type="text"/> : <input type="text"/>	Super/food market	<input type="text"/> : <input type="text"/>	Pre-school	<input type="text"/> : <input type="text"/>	Public transportation	<input type="text"/> : <input type="text"/>	Primary school	<input type="text"/> : <input type="text"/>	Police station	<input type="text"/> : <input type="text"/>	Secondary school	<input type="text"/> : <input type="text"/>	All weather road	<input type="text"/> : <input type="text"/>
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Secondary school	<input type="text"/> : <input type="text"/>	All weather road	<input type="text"/> : <input type="text"/>																							
<p align="center"><b>H - OTHER HOUSEHOLD INFORMATION</b></p>																										
<p>H.1 Did any member of the household receive remittances in the last 12 months?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>	<p>H.6 Was any member of the household the victim of a car theft since hurricane Ivan?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>																							
<p>H.2 Did any member of the household receive a pension in the last 12 months?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>	<p>H.7 Was any member of the household the victim of any other theft or robbery since hurricane Ivan?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>																							
<p>H.3 Did any member of the household benefit from a school feeding programme in the last 12 months?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>	<p>H.8 Was any male member of the household the victim of a physical assault since hurricane Ivan?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>																							
<p>H.4 Did any member of the household benefit from a school book programme in the last 12 months?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>	<p>H.9 Was any female member of the household the victim of a physical assault since hurricane Ivan?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>																							
<p>H.5 Has the household eaten at least 2 meals per day in the last week?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>	<p>H.10 Was any member of the household the victim of any other crime since hurricane Ivan?</p>	<p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>																							

## J - HURRICANE IVAN

Reference Number

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## 1 - Assessment of damage caused by hurricane Ivan

	A Extent of damage caused by hurricane Ivan	B What is the current status compared with before hurricane Ivan
	None Don't know Minor Serious Total	Fully restored Well underway Just starting No change Deteriorated
Assets - what was the extent of damage to:		
1.1 Vehicles	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.2 Tree crops	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.3 Cash/short crops	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.4 Livestock	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Health - did anyone in the household suffer:		
1.5 Physical injuries or sickness	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.6 Mental sickness or depression	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Earnings - what effect did hurricane Ivan have on:		
1.7 Income from own business	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.8 Earnings from wage employment	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.9 Earnings from agriculture	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Services - What effect did hurricane Ivan have on:		
1.10 Schools and educational facilities	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.11 Health facilities and services	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.12 Electricity supply	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.13 Water supply	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.14 Waste removal services	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.15 Telephone service	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1.16 Police services	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

## 2 - Actions taken immediately after the hurricane

2.1 What was the level of damage to your house/dwelling?

None ☐ Go to 2.7  
Minor ☐  
Serious ☐  
Total ☐

2.2 Did you have home insurance?

Yes ☐  
No ☐

2.3 Are you rebuilding?

Yes ☐  
No ☐ Go to 2.7

2.4 Are you aware of building codes?

Yes ☐  
No ☐ Go to 2.7

2.5 Are you following the building codes?

Yes ☐ Go to 2.7  
No ☐

2.6 Why are you not following the building codes?

Too much bureaucracy ☐  
Too time consuming ☐  
Too expensive ☐  
Don't know how ☐  
Other ☐

2.7 Did the household have to leave home because of the hurricane?

Yes ☐  
No ☐ Go to 2.10

2.8 Where did the household move?

Official shelter ☐  
Family/friends ☐  
Church ☐  
School ☐  
Other public building ☐  
Built own shelter ☐  
Other ☐

2.9 How long did the household stay in temporary quarters?

Several days ☐  
Several weeks ☐  
Several months ☐  
Still there ☐

2.10 Did the household members have to split up?

No ☐  
Yes, for a while ☐  
Yes, still split ☐



### 3 - Types of support received

Reference Number

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Source	Did you receive any help from this source?  If no next row	What was the main form of assistance provided?	How important has this source been in helping you recover from the effects of hurricane Iyan?	Are you still receiving support from this source?
	Yes No	Food/water Clothing Shelter Employment Financial grants Financial loans Building materials Labour Counseling/advice	Not imp. Import. Very imp.	No Some Considerable
3.1 Family	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>
3.2 Community	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>
3.3 Church	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>
3.4 Non-governmental Organizations	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>
3.5 Insurance companies	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>
3.6 Other private sector	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>
3.7 Government	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>

## 4 - Use and satisfaction with facilities and services

Work across the form taking each service in turn and answering all questions as appropriate, before moving to the next service.

	A. How often did you use this service before Ivan?	B. How often do you use this service now?	C. Main reason for occasional or non-use	D. How satisfied are you with the quality of service?	E. How has the quality of service changed in the last 12 months?
	Never Occasionally Frequently	Never Occasionally Frequently If frequently use, specify how often	Don't know about it Too far away Too expensive Poor service Inadequate facilities Other	Dissatisfied Satisfied	Worse now Same as before Better now Don't know
<b>Utilities</b>					
4.1 Telephone	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.2 Post office	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.3 Public transport	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.4 Electricity	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.5 Waste disposal	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
<b>Security services</b>					
4.6 Police	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.7 Private security services	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
<b>Financial services</b>					
4.8 Government grants	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.9 Commercial banks	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.10 Insurance companies	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.11 Cooperatives	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.12 Other credit institutions	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐
4.13 Trauma/counseling	☐☐☐☐	☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐	☐☐☐☐☐☐

## I - CHILDREN UNDER 5

Reference Number

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<p><b>I.1 For each child under 5 enter the child and mother's number from the list of household members.</b>  Enter 00 as the mother's number if the child's mother is deceased or is not a member of the household.</p>			
<p>Child <input type="text"/> <input type="text"/> Mother <input type="text"/> <input type="text"/></p> <p><b>I.2 Enter the child's date of birth.</b></p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>I.3 Where was the child delivered?</b></p> <p>Hospital <input type="checkbox"/></p> <p>Health clinic/centre <input type="checkbox"/></p> <p>At home <input type="checkbox"/></p> <p>Other <input type="text"/></p> <p><b>I.4 Who delivered the child?</b></p> <p>Doctor <input type="checkbox"/></p> <p>Nurse, midwife <input type="checkbox"/></p> <p>Other/self <input type="checkbox"/></p> <p><b>I.5 Did the child participate in the following development assessment programme?</b></p> <p>6 weeks <input type="checkbox"/> <input type="checkbox"/></p> <p>8 months <input type="checkbox"/> <input type="checkbox"/></p> <p>3 years <input type="checkbox"/> <input type="checkbox"/></p> <p><b>I.6 Has the child been vaccinated against:</b></p> <p>DPT1 <input type="checkbox"/> <input type="checkbox"/></p> <p>DPT2 <input type="checkbox"/> <input type="checkbox"/></p> <p>DPT3 <input type="checkbox"/> <input type="checkbox"/></p> <p>DPT4 <input type="checkbox"/> <input type="checkbox"/></p> <p>HIB <input type="checkbox"/> <input type="checkbox"/></p> <p>HBSP B <input type="checkbox"/> <input type="checkbox"/></p> <p>MMR1 <input type="checkbox"/> <input type="checkbox"/></p> <p>Measles <input type="checkbox"/> <input type="checkbox"/></p> <p>BCG <input type="checkbox"/> <input type="checkbox"/></p> <p>Polio1 <input type="checkbox"/> <input type="checkbox"/></p> <p>Polio2 <input type="checkbox"/> <input type="checkbox"/></p> <p>Polio3 <input type="checkbox"/> <input type="checkbox"/></p> <p>Polio4 <input type="checkbox"/> <input type="checkbox"/></p>	<p>Child <input type="text"/> <input type="text"/> Mother <input type="text"/> <input 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## A.5 RESULT

- ☐ Complete with selected household
- ☐ Complete with replacement - actual
- ☐ Complete with replacement - not found
- ☐ Incomplete

## A.5 INTERVIEW END

Hour	Min
<input type="text"/>	<input type="text"/>

- ☐ AM
- ☐ PM