

CWIQ for Translation

<i>ENGLISH</i>		<i>PORTUGUESE</i>	
Question/instructions	Coded responses	Question/instructions	Coded responses
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MINISTRY OF SURVEYS			
METROPOLIS, COUNTRY			
COUNTRY NAME			
Reference Number			
CORE WELFARE INDICATORS QUESTIONNAIRE			
A - INTERVIEW INFORMATION			
Q.1 INTERVIEWER'S NAME			
Q.2 NAME OF HEAD OF HOUSEHOLD			
Q.3 DISTRICT NAME			
Q.4 CLUSTER NAME			
A.1 CLUSTER A.2 HOUSEHOLD A.3 INTERVIEWER A.4 DATE A.5 TIME A.6 RESPONDENT A.7 SEQ.	<ul style="list-style-type: none"> • Day, Month, Year • Hour, Minute • AM, PM • Member No. • Quest. No. 		
IMPORTANT Create a reference number by combining cluster and household number. Write this number NOW on the top of all pages.			
Comments			
A.8 RESULT	<ul style="list-style-type: none"> • Complete with selected household • Complete with replacement - refusal • Complete with replacement - not found • Incomplete 		
A.9 INTERVIEW END	Hour, Minute AM, PM		

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B - LIST OF HOUSEHOLD MEMBERS			
MEMBER NUMBER			
Reference Number			
WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD.			
B.1 Is [NAME] male or female?	<ul style="list-style-type: none"> • Male • Female 		
B.2 How long has [NAME] been away in the last 12 months?	<ul style="list-style-type: none"> • Never • Less than 6 months • 6 months or more 		
B.3 Does [NAME] contribute to household income?	<ul style="list-style-type: none"> • Yes • No 		
B.4 What is [NAME]'s relationship to the head of household?	<ul style="list-style-type: none"> • Head • Spouse • Child • Parent • Other relative • Not related 		
B.5 How old was [NAME] at last birthday?	RECORD AGE IN COMPLETED YEARS.		
B.6 What is [NAME]'s marital status?	<ul style="list-style-type: none"> • Never married • Married (monogamous) • Married (polygamous) • Divorced/separated • Widowed 		

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C - EDUCATION			
MEMBER NUMBER			
C.1 Can [NAME] read and write?	Yes No IF PERSON IS UNDER AGE 15 GO TO C2.		
C.2 Has [NAME] ever attended school?	<ul style="list-style-type: none"> • Yes • No 		
IF NO GO TO NEXT PERSON.			
C.3 What is the highest grade [NAME] completed?	<ul style="list-style-type: none"> • 00 Pre-school/None • 01 STD1 • 2 STD2 • 03 STD3 • 04 STD4 • 05 STD5 • 06 STD6 • 07 STD7 • 08 Form 10 • 09 Form 2 • 10 Form 3 • 11 Form 4 • 12 University • 13 Vocational • 14 Technical 		
C.4 Did [NAME] attend school last year?	Yes No		
C.5 Is [NAME] currently in school?	Yes No IF NO GO TO C9.		
C.6 What is the current grade [NAME] is attending?	<ul style="list-style-type: none"> • 00 Pre-school/None • 01 STD1 • 2 STD2 • 03 STD3 • 04 STD4 • 05 STD5 • 06 STD6 • 07 STD7 • 08 Form 10 • 09 Form 2 • 10 Form 3 • 11 Form 4 • 12 University • 13 Vocational • 14 Technical 		
C.7 Who runs the school [NAME] is attending?	<ul style="list-style-type: none"> • Government • Church • Private • Community • Other 		
C.8 Did [NAME] have any problems with the	<ul style="list-style-type: none"> • No problem (satisfied) 		

school?	<ul style="list-style-type: none"> • Lack of books/supplies • Poor teaching • Lack of teachers/space • Facilities in bad condition • Other problem <p>YOU MAY MARK MORE THAN ONE ANSWER. GO TO NEXT PERSON.</p>		
C.9 Why is [NAME] not currently in school?	<ul style="list-style-type: none"> • Too old/completed school • Too far away • Too expensive • Is working (home or job) • Useless/uninteresting • Illness/pregnancy • Failed exam • Got married • Other <p>YOU MAY MARK MORE THAN ONE ANSWER.</p>		

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D - HEALTH			
MEMBER NUMBER	IF MALE OR UNDER 13 GO TO D3.		
D.1 Did [NAME] have a live birth in the last 12 months?	<ul style="list-style-type: none"> • Yes • No IF NO GO TO D3.		
D.2 Did [NAME] receive pre-natal care during the pregnancy?	<ul style="list-style-type: none"> • Yes • No 		
D.3 Is [NAME] physically or mentally handicapped or disabled?	<ul style="list-style-type: none"> • Yes • No Include person only if handicap prevents him or her from maintaining a significant activity or schooling.		
D.4 Was [NAME] sick or injured in the last 4 weeks?			
D.5 What sort of sickness/injury did [NAME] suffer? YOU MAY MARK MORE THAN ONE ANSWER.	<ul style="list-style-type: none"> • Fever/Malaria • Diarrhea • Accident • Dental • Skin condition • Eye • Ear, nose or throat • Other 		
D.6 How many days of work/school did [NAME] miss due to illness/injury?	<ul style="list-style-type: none"> • None • 1 week or less • 1 to 2 weeks • More than 2 weeks 		
D.7 Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?	<ul style="list-style-type: none"> • Yes • No IF NO GO TO D11. 		
D.8 What kind of health provider did [NAME] see?	<ul style="list-style-type: none"> • Private dispensary/hospital • Public dispensary/hospital • Community health center • Private doctor/dentist • Traditional healer • Regional hospital • Missionary hospital/disp. • Pharmacy/chemist • Other 		
D.9 How many times did [NAME] use the service in the last 4 weeks?	<ul style="list-style-type: none"> • 1 to 3 • 4 to 6 • More than 6 		
D.10 Did [NAME] have any problems at the time of the visit? YOU MAY MARK MORE THAN ONE ANSWER.	<ul style="list-style-type: none"> • No problem (satisfied) • Facilities were not clean • Long waiting time • No trained professionals • Too expensive • No drugs available • Treatment unsuccessful • Other 		

D.11 Why did [NAME] not use medical care in the last 4 weeks?	GO TO NEXT PERSON <ul style="list-style-type: none">• No need• Too expensive• Too far• Other YOU MAY MARK MORE THAN ONE ANSWER.		
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E - EMPLOYMENT			
MEMBER NUMBER			
E.1 Did [NAME] do any type of work in the last 7 days? IF PERSON IS UNDER 5 GO TO NEXT PERSON	<ul style="list-style-type: none"> • Yes IF YES GO TO E5. • No 		
E.2 Was [NAME] absent from work in the last 7 days?	<ul style="list-style-type: none"> • Yes IF YES GO TO E5. • No 		
E.3 Has [NAME] been looking for work and ready for work in the last 4 weeks?	<ul style="list-style-type: none"> • Yes • No 		
E.4 What was the main reason [NAME] was not working in the last 7 days?	<ul style="list-style-type: none"> • No work available • Seasonal inactivity • Student • Household/family duties • Too old/too young • Infirmity • Other GO TO NEXT PERSON.		
E.5 How many jobs did [NAME] have in the last 7 days?	<ul style="list-style-type: none"> • One • Two • More than two 		
E.6 How was [NAME] paid in the main job?	<ul style="list-style-type: none"> • Wages/salary/payment in kind • Casual (hourly/daily) • Unpaid contributing worker • Self-employed 		
E.7 For whom did [NAME] work in the main job?	<ul style="list-style-type: none"> • Government • Parastatal • Private business • Private person or household 		
E.8 What is the main activity at the place of [NAME's] main job?	<ul style="list-style-type: none"> • Agriculture • Mining/quarrying • Manufacturing/processing • Construction • Transport • Trade/selling • Services • Education/health • Administration • Other 		
E.9 Did [NAME] seek to increase his or her earnings in the last 7 days?	<ul style="list-style-type: none"> • Yes • No IF NO GO TO NEXT PERSON.		
E.10 How did [NAME] seek to increase earnings in the last 7 days?	<ul style="list-style-type: none"> • More hours current activity • More hours additional activity • Change activity • Other 		
E.11 Is [NAME] ready to take additional work in the next 4 weeks?	<ul style="list-style-type: none"> • Yes • No 		

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F - HOUSEHOLD ASSETS			
F.1 Does the household or a household member own the dwelling?	<ul style="list-style-type: none"> • Owns the dwelling • Rents the dwelling • Uses without paying rent • Nomadic or temporary dwelling 		
F.2 How many separate rooms are there in your dwelling?			
F.3 How many hectares of land are owned by the household? (with one decimal, e.g. 24.7)			
F.4 How does the amount of land owned compare with one year ago?	<ul style="list-style-type: none"> • Less now • Same now • More now • Don't know 		
F.5 Does the household use land it does not own?	<ul style="list-style-type: none"> • No • Rented • Sharecropped • Private land provided free • Open access land 		
F.6 How many hectares of land does the household use that it does not own? (with one decimal, e.g. 24.7)			
F.7 How does the amount of other land used compare with one year ago?	<ul style="list-style-type: none"> • Less now • Same now • More now • Don't know 		
F.8 How many head of cattle and other large livestock are currently owned by the household?			
F.9 How does this number of livestock compare to the number one year ago?	<ul style="list-style-type: none"> • Less now • Same now • More now • Don't know 		
F.10 How many sheep, goats and other medium size animals are currently owned by the household?			
F.11 How does this number of animals compare to the number one year ago?	<ul style="list-style-type: none"> • Less now • Same now • More now • Don't know 		
F.12 Does the household own any of the following? Include items only if they are in working condition	<ul style="list-style-type: none"> • Electric iron • Refrigerator • Television • Mattress or bed • Radio • Watch or clock • Sewing machine • Modern stove • Bicycle • Motorcycle • Car or truck 		

F.13 Does the household have electricity?	<ul style="list-style-type: none"> • Yes ● No 		
F.14 How often in the last year did you have problems satisfying the food needs of the household?	<ul style="list-style-type: none"> • Never • Seldom • Sometimes • Often • Always 		
F.15 How do you compare the overall economic situation of the HOUSEHOLD with one year ago?	<ul style="list-style-type: none"> • Much worse now • A little worse now • Same • A little better now • Much better now • Don't know 		
F.16 How do you compare the overall economic situation of the COMMUNITY with one year ago?	<ul style="list-style-type: none"> • Much worse now • A little worse now • Same • A little better now • Much better now • Don't know 		
F.17 Who contributes most to household income? (record member number from section B.)			

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G - HOUSEHOLD AMENITIES			
G.1 What is the material of the roof of the house?	<ul style="list-style-type: none"> • Mud • Thatch • Wood • Iron sheets • Cement/concrete • Roofing tiles • Asbestos • Other_____ 		
G.2 What is the material of the walls of the house?	<ul style="list-style-type: none"> • Mud/Mud bricks • Stone • Burnt bricks • Cement/sandcrete • Wood/bamboo • Iron sheets • Cardboard • Other_____ 		
G.3 What is the main source of drinking water?	<ul style="list-style-type: none"> • Piped into dwelling or compound • Public outdoor tap or borehold • Protected well • Unprotected well, rain water • River, lake, pond • Vendor, truck • Other_____ 		
G.4 What kind of toilet facility does your household use?	<ul style="list-style-type: none"> • None • Flush to sewer • Flush to septic tank • Pan/bucket • Covered pit latrine • Uncovered pit latrine • Ventilation improved pit latrine • Other_____ 		
G.5 What is the main fuel used for cooking?	<ul style="list-style-type: none"> • Firewood • Charcoal • Kerosene/oil • Gas • Electricity • Crop residue/sawdust • Animal waste • Other_____ 		
G.6 What is the main fuel used for lighting?	<ul style="list-style-type: none"> • Kerosene/paraffin • Gas • Mains electricity • Generator • Battery • Candles • Firewood • Other_____ 		
G.7 How long in minutes does it take from here to reach the	A. Supply of drinking water B. Food market		

nearest ...?	C. Public transportation D. Primary school E. Secondary school F. Health clinic or hospital		
H - POVERTY PREDICTORS			
H.1 Does the household have a sofa?	<ul style="list-style-type: none"> • Yes • No 		
H.2 Does the household have a fan?	<ul style="list-style-type: none"> • Yes • No 		
H.3 Does the household use toothpaste?	<ul style="list-style-type: none"> • Yes • No 		
H.4 Does the household own poultry?	<ul style="list-style-type: none"> • Yes • No 		
H.5 Predictor 5	<ul style="list-style-type: none"> • Yes • No 		
H.6 Predictor 6			
H.7 Predictor 7			
H.8 Predictor 8			
H.9 Predictor 9			
H.10 Predictor 10			

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I - CHILDREN UNDER 5			
I.1 For each child under 5 enter the child and mother's number from the list of household members.	<ul style="list-style-type: none"> • Child • Mother 		
Enter 00 if the child's mother is deceased or is not a member of the household.			
I.2 Enter the child's date of birth.	<ul style="list-style-type: none"> • Day • Month • Year 		
I.3 Where was the child delivered?	<ul style="list-style-type: none"> • Hospital/maternity • At home • Other 		
I.4 Who delivered the child?	<ul style="list-style-type: none"> • Doctor • Nurse • Midwife • T.B.A. • Other/self 		
I.5 Record each child's weight (kg with one decimal, e.g. 4.6 kg) and height (cm with one decimal, e.g. 51.3 cm).	<ul style="list-style-type: none"> • Weight • Height 		
I.6 Did the child participate in the following?	<ul style="list-style-type: none"> • Nutrition • program Weigh-ins 		