Reference Number

C W I Q

Core Welfare Indicators Questionnaire

A – INTERVIEW INFORMATION

		CODES	
Q.1 INTERVIEWER'S NAME			
Q.2 NAME OF HEAD OF HOUSEHOLD			
Q.3 COUNTY NAME			
Q.4 DISTRICT NAME			
Q.5 CLAN/TOWNSHIP			
Q.6 CITY/TOWN/VILLAGE			
Q.7 CLUSTER (EA) NUMBER			
Q.8 STRUCTURE NUMBER			

A.1 CLUSTER	A.2 HOUSEHOLD	A.3 SEQ.	A.4 INTERVIEWER	A.5 DATE	A.6 TIME	A.7 RESPONDENT
		Quest. No.		Day Month Year	Hour Min. ○ AM ○ PM	Member No.

IMPORTANT
Create the reference number by combining the household and questionnaire numbers.
Write this number NOW in the reference number boxes printed in the upper right hand corner of all pages.

COMMENTS

A.8 RESULT

1. ○ Completed with selected household
2. ○ Completed with replacement – refusal
3. ○ Completed with replacement – not found
4. ○ Incomplete

A.9 INTERVIEW END

○ AM
○ PM

N - LIST OF HOUSEHOLD MEMBERS

Reference Number [ ][ ][ ]

MEMBER NUMBER		1	2	3	4	5	6	7	8	9	10
WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLYLIVE AND EAT TOGETHER IN THIS HOUSEHOLD. STARTING WITH THE HEAD.											

N-1 Is [NAME] Male or Female?

	1	2	3	4	5	6	7	8	9	10
Male	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ
Female	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ

N-2 How long has [NAME] been away in the last 12 months?

	1	2	3	4	5	6	7	8	9	10
Never	①	①	①	①	①	①	①	①	①	①
Less then 6 months	②	②	②	②	②	②	②	②	②	②
6 months or more	③	③	③	③	③	③	③	③	③	③

N-3 What is [NAME]'s relationship to the head of household?

	1	2	3	4	5	6	7	8	9	10
Head	①	①	①	①	①	①	①	①	①	①
Spouse	②	②	②	②	②	②	②	②	②	②
Child	③	③	③	③	③	③	③	③	③	③
Parent	④	④	④	④	④	④	④	④	④	④
Sibling	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
Other relative	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
Not related										

N-4 How old was [NAME] at last birthday?   (RECORD AGE IN COMPLETE YEAR)

	1	2	3	4	5	6	7	8	9	10
	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

N-5 | IF PERSON IS UNDER AGE 10 GO TO N6

What is [NAME]'s marital status?

	1	2	3	4	5	6	7	8	9	10
Never married	①	①	①	①	①	①	①	①	①	①
Married (monogamous)	②	②	②	②	②	②	②	②	②	②
Married (polygamous)	③	③	③	③	③	③	③	③	③	③
Living together	④	④	④	④	④	④	④	④	④	④
Divorced, separated	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
Widowed	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥

N-6 | IF PERSON IS OVER AGE 18 GO TO NEXT PERSON

Is [NAME]'s father alive?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ
Don't know	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ

| IF RESPONSE IS NO OR DON'T KNOW GO TO N8

N-7 Is [NAME]'s father living in the household?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

N-8 Is [NAME]'s mother alive?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ
Don't know	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ

| IF RESPONSE IS NO OR DON'T KNOW GO TO NEXT PERSON

N-9 Is [NAME]'s mother living in the household?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

Reference Number

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10

N-10 Is [NAME] Liberian?

	1	2	3	4	5	6	7	8	9	10
Yes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
No	N	N	N	N	N	N	N	N	N	N

IF N10 RESPONSE IS NO GO TO N12

N-11 What is [NAME'S] ethnic affiliation?

	1	2	3	4	5	6	7	8	9	10
Gio	1	1	1	1	1	1	1	1	1	1
Gola	2	2	2	2	2	2	2	2	2	2
Grebo	3	3	3	3	3	3	3	3	3	3
Kpelle	4	4	4	4	4	4	4	4	4	4
Kissi	5	5	5	5	5	5	5	5	5	5
Krahn	6	6	6	6	6	6	6	6	6	6
Kru	7	7	7	7	7	7	7	7	7	7
Lorma	8	8	8	8	8	8	8	8	8	8
Mandingo	9	9	9	9	9	9	9	9	9	9
Mano	10	10	10	10	10	10	10	10	10	10
Mende	11	11	11	11	11	11	11	11	11	11
Sapo	12	12	12	12	12	12	12	12	12	12
Vai	13	13	13	13	13	13	13	13	13	13
Naturalize Liberian	14	14	14	14	14	14	14	14	14	14
Congo Liberian/American Liberian	15	15	15	15	15	15	15	15	15	15

N-12 What is [NAME'S] religious affiliation?

	1	2	3	4	5	6	7	8	9	10
a Christian	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
b Muslim	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
c Traditional African Religion	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
d Other religion	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
e No religion	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

N-13 Because of a physical, mental or emotional condition, do you have difficulty in seeing even when wearing glasses?

	1	2	3	4	5	6	7	8	9	10
No	N	N	N	N	N	N	N	N	N	N
Some	S	S	S	S	S	S	S	S	S	S
A lot	L	L	L	L	L	L	L	L	L	L
Unable to see	U	U	U	U	U	U	U	U	U	U

Hearing, even if using hearing aids, or are you deaf/speech impaired

	1	2	3	4	5	6	7	8	9	10
No	N	N	N	N	N	N	N	N	N	N
Some	S	S	S	S	S	S	S	S	S	S
A lot	L	L	L	L	L	L	L	L	L	L
Unable to hear/speech impaired	U	U	U	U	U	U	U	U	U	U

Walking or climbing stairs

	1	2	3	4	5	6	7	8	9	10
No	N	N	N	N	N	N	N	N	N	N
Some	S	S	S	S	S	S	S	S	S	S
A lot	L	L	L	L	L	L	L	L	L	L
Unable to walk or climb stairs	U	U	U	U	U	U	U	U	U	U

Remembering or concentrating

	1	2	3	4	5	6	7	8	9	10
No	N	N	N	N	N	N	N	N	N	N
Some	S	S	S	S	S	S	S	S	S	S
A lot	L	L	L	L	L	L	L	L	L	L
Unable to remember or concentrate	U	U	U	U	U	U	U	U	U	U

With self-care

	1	2	3	4	5	6	7	8	9	10
No	N	N	N	N	N	N	N	N	N	N
Some	S	S	S	S	S	S	S	S	S	S
A lot	L	L	L	L	L	L	L	L	L	L
Unable to care for myself	U	U	U	U	U	U	U	U	U	U

Communicating, understanding or being understood

	1	2	3	4	5	6	7	8	9	10
No	N	N	N	N	N	N	N	N	N	N
Some	S	S	S	S	S	S	S	S	S	S
A lot	L	L	L	L	L	L	L	L	L	L
Unable to communicate/understand/be understood	U	U	U	U	U	U	U	U	U	U

O - EDUCATION

Reference Number

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10

O-1 ASK O1 IF PERSON IS AGE 15 OR ABOVE OTHERWISE GO TO O2

Can [NAME] read and write in any language?

	1	2	3	4	5	6	7	8	9	10
Yes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
No	N	N	N	N	N	N	N	N	N	N

O-2 Has [NAME] ever attend school?

	1	2	3	4	5	6	7	8	9	10
Yes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
No	N	N	N	N	N	N	N	N	N	N

IF O2 RESPONSE IS NO GO TO O10

C3/C6
00 None (for c3 only)
01 Pre school
11 P1 21 S7   31 University
12 P2 22 S8   41 Vocational
13 P3 23 S9   42 Technical training
14 P4 24 SH10   43 Technical
15 P5 25 SH11
16 P6 26 SH12

O-3 What is the highest grade [completed?

O-4 Did [NAME] attend school last year?

	1	2	3	4	5	6	7	8	9	10
Yes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
No	N	N	N	N	N	N	N	N	N	N

O-5 Is [NAME] currently in school?

	1	2	3	4	5	6	7	8	9	10
Yes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
No	N	N	N	N	N	N	N	N	N	N

IF O5 RESPONSE IS NO GO TO O9

O-6 What is the current grade [NAME] is attending?

O-7 Who runs the school [NAME] is attending?

	1	2	3	4	5	6	7	8	9	10
Government	1	1	1	1	1	1	1	1	1	1
Religious organization	2	2	2	2	2	2	2	2	2	2
Private	3	3	3	3	3	3	3	3	3	3
Community	4	4	4	4	4	4	4	4	4	4
Other	5	5	5	5	5	5	5	5	5	5

O-8 Did [NAME] have any problem in school? (YOU MAY MARK MORE THEN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a No problem (Satisfied)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
b Lack of books/supplies	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
c Poor teaching	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
d Not enough teachers	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
e Teachers often absent	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
f Lack of space	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
g Facilities in bad condition	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
h High fees	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
I Long distance to school	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
j Sexual harassment in school	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

GO TO NEXT PERSON

O-9 Why is [NAME] not currently in school? (YOU MAY MARK MORE THEN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a Completed school	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
b Too far away	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
c Lack of money/too expensive	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
d Is working (home or job)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
e Illness	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
f Barriers to pregnancy in school	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
g Got married	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
h Useless/uninteresting	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
i Failed exam	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
j Awaiting admission	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
k Expelled/dismissed	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
l Orphaned	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
m Unsafe school environment for girls	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

GO TO NEXT PERSON

O-10 ASK O10 IF PERSON IS AGE 18 OR UNDER

Why has [NAME] not started school? (YOU MAY MARK MORE THEN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a Too young	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
b Too far away	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
c Lack of money/too expensive	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
d Is working (home or job)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
e Useless/uninteresting	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
f Illness	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
g Orphaned	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
h Other	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

P - HEALTH

Reference Number

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
P-1	**IF PERSON IS MALE OR UNDER AGE 12 OR OVER AGE 49 GO TO P3**									

Did [NAME] have live birth in last 12 months?

	1	2	3	4	5	6	7	8	9	10
Yes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
No	N	N	N	N	N	N	N	N	N	N

IF RESPONSE IS NO GO TO P3

P-2 Did [NAME] receive pre-natal care during the pregnancy and post–natal care after delivery?

	1	2	3	4	5	6	7	8	9	10
Pre-natal care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Post-natal care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

P-3 Was the child registered?

	1	2	3	4	5	6	7	8	9	10
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	N	N	N	N	N	N	N	N	N	N

P-4 Which of the following sickness(es)/injury(ies) did [NAME] suffer in the last four weeks?

	1	2	3	4	5	6	7	8	9	10
a Fever/malaria	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
b Diarrhea/abdominal pains	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
c Pain in back, limbs, or joints	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
d Cough/breathing difficulties	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
e Skin problems	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
f Ear, nose , throat or eye	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
g Dental	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
h Accident	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
I Other	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
j None	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

P-5 Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?

	1	2	3	4	5	6	7	8	9	10
Health provider	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Traditional healer	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
No	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

IF RESPONSE IS NO GO TO P9

P-6 What kind of health provider did [NAME] see?

	1	2	3	4	5	6	7	8	9	10
Government hospital	0	0	0	0	0	0	0	0	0	0
Government health center	1	1	1	1	1	1	1	1	1	1
Government health clinic	2	2	2	2	2	2	2	2	2	2
Other public facility	3	3	3	3	3	3	3	3	3	3
Private hospital/clinic	4	4	4	4	4	4	4	4	4	4
Pharmacy	5	5	5	5	5	5	5	5	5	5
Private doctor/dentist	6	6	6	6	6	6	6	6	6	6
Mobile clinic	8	8	8	8	8	8	8	8	8	8
Black bagger/drug peddler	8	8	8	8	8	8	8	8	8	8
Other private facility	9	9	9	9	9	9	9	9	9	9
Traditional										

P-7 How did [NAME] pay for her/his consultation?

	1	2	3	4	5	6	7	8	9	10
Free	1	1	1	1	1	1	1	1	1	1
Self/household paid	2	2	2	2	2	2	2	2	2	2
Employee	3	3	3	3	3	3	3	3	3	3
Insurance	4	4	4	4	4	4	4	4	4	4
Other	5	5	5	5	5	5	5	5	5	5

P-8 Did [NAME] have any problem at the time of the visit?
(YOU MAY MARK MORE THEN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a No problem (satisfied)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
b Facilities were not clean	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
c Long waiting time	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
d No trained professionals	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
e Too expensive	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
f No essential drugs available	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
g Treatment unsuccessful	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
h Long distance to health facility	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
I Health care services provided by men	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
j Other	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

GO TO NEXT PERSON

P-9 Why did [NAME] not use medical care in the last 4 weeks?

(YOU MAY MARK MORE THEN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a No need	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
b Too expensive	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
c No health facility in/ near the community	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
d Lack of confidence	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
e Little mobility outside the community	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
f Health care services provided by men	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
g Other	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Q – HOUSEHOLD ASSETS

Reference Number

Q-1 Does the household or a household member own the dwelling?

Owns the dwelling ①
Rents the dwelling ②
Uses without paying rent ③
Nomadic or temporary dwelling ④

Q-2 What type of documents do you have to prove your occupancy?

Land deed/certificate of occupancy ①
Leasehold ②
Freehold ③
Tenancy agreement ④
Receipt for payment ⑤
None ⑥

Q-3 Are you in risk of being forced to leave the household and/or land?

( ) Yes ( ) No

Q-4 How many acres of cultivatable land are owned by the household? (With one decimal e.g. 24.7)

Q-5 How does the amount of land owned compare to one year ago?

Less now ①
Some now ②
More now ③
Don't know ④

Q-6 Does the household use land it does not own?

No ①
Rented ②
Sharecropped ③
Private land provided free ④
Open access to land ⑤

IF RESPONSE IS NO GO TO F7

Q-7 How many acres of land does the household use that it does not own? (with one decimal, e. g. 24.7)

Q-8 How does the amount of other land used compare with one year ago?

Less now ①
Some now ②
More now ③
Don't know ④

Q-9 Does the household use any of the following agricultural inputs?

a None Ⓨ
b Fertilizer Ⓨ
c Improved seeds Ⓨ
d Fingerlings Ⓨ
e Hooks and Nets Ⓨ
f Insecticides Ⓨ
g Others Ⓨ

IF RESPONSE IS NONE GO TO Q11

Q-10 What is the main source of agriculture inputs?

Open Market ①
Government ②
NGO/ Donor agency ③
Cooperative ④
Other ⑤

Q-11 Livestock

A Number owned now	**B** Number compared to number owned 12 months ago
	1 Less now
	2 Same now
	3 More now
	4 Don't know
Cattle	
Sheep	① ② ③ ④
Goat	① ② ③ ④
Pigs	① ② ③ ④
Chickens	① ② ③ ④
Ducks	① ② ③ ④
Other birds	① ② ③ ④
	① ② ③ ④

Q-12 Does the household own any of the following?

Include items Only if they Are in working condition

a Electric iron Ⓨ Ⓝ
b Charcoal iron Ⓨ Ⓝ
c refrigerator Ⓨ Ⓝ
d Television Ⓨ Ⓝ
e VCR/DVD Ⓨ Ⓝ
f Radio Ⓨ Ⓝ
g Mobile/ cell phone Ⓨ Ⓝ
h Computer Ⓨ Ⓝ
i Generator Ⓨ Ⓝ
j Fan Ⓨ Ⓝ
k Mattress or bed Ⓨ Ⓝ
l Watch or clock Ⓨ Ⓝ
m Sewing machine Ⓨ Ⓝ
n Modern Stove Ⓨ Ⓝ
o Canoe/boat Ⓨ Ⓝ
p Bicycle Ⓨ Ⓝ
q Motorcycle Ⓨ Ⓝ
r Car or truck Ⓨ Ⓝ

Q-13 How often in the last year did you have problem satisfying the following needs of the household?

	Not Apper	Never	Seldoom	Sometimes	Often	Always
a. Food needs	⓪	①	②	③	④	⑤
b. School fees	⓪	①	②	③	④	⑤
c. House rent	⓪	①	②	③	④	⑤
d. Utility bills	⓪	①	②	③	④	⑤
e. Health bills	⓪	①	②	③	④	⑤

Q-14 How do you compare the overall economic situation of the COMMUNITY with one year ago?

Much worse now ①
A little worse now ②
Same ③
A little better now ④
Much better now ⑤
Don't know ⑥

Q-15 How do you compare the level of crime and safety in your NEIGHBORHOOD with one year ago?

Much worse now ①
A little worse now ②
Same ③
A little better now ④
Much better now ⑤
Don't know ⑥

Q-16 Who contributes most to household income? (record member number from section B)

Q-17 Who else in the household contributes to household income? (record member numbers from section B)

Q-18 From what source(s) do you and/or other members of the household receive income ?

a Paid work
b Aid from organization/agency
c Aid from government
d Individual donation (except family)
e Donation from family/relatives
f Begging
g Remittances

R – HOUSEHOLD AMENITIES

Reference Number ☐☐

R-1 What is the material of the floors of the house?

Earth/mud ①
Wood planks ②
Stone ③
Tiles ④
⑤
Cement/ Concrete ⑥
Polished wood
Other_____ ⑦

R-2 What is the material of the roof of the house?

Thatch/grass/straw ①
Corrugated iron sheet/ zinc/ tin ②
Tarpaulin/plastic sheet ③
Cement/ concrete ④
Roofing tiles ⑤
Asbestos ⑥
Other_____ ⑦

R-3 What is the material of the wall of the house?

Mud and wattle ①
Mud bricks Ⓨ
Corrugated iron sheet/ zinc/ tin ③
Stone/ burnt bricks/ clay bricks ④
Sandcrete/ cement blocks ⑤
Timber/wood ⑥
Poles/ reeds/ mats ⑦
Tarpaulin/ plastic sheet ⑧
Other_____ ⑨

R-4 What is the type of the housing unit?

Share room ①
Single room ②
Flat ③
Duplex ④
Whole building ⑤
Other_____ ⑥

R-5 Does your household provide you and your household members with adequate space for living?

Yes Ⓨ   No Ⓝ

R.6 How many room does this household occupy?

EXCLUDE BATHROOMS, TOILETS, KITCHEN, PANTRY, AND STOREROOMS

☐☐

R-7 What is the household's main source of drinking water?

Piped into dwelling/ yard/ plot ①
Public tap/ standpipe ②
Bore hole/ tube well/ mechanical well ③
Protected well/ spring ④
Unprotected well/ spring ⑤
Surface water river, lake, pond ⑥
Collected rain water ⑦
Water vendor/ bowser/ bottled ⑧
Other_____ ⑨

R-8 What kind of toilet facility does your household use?

None/ bush/ field/ water ①
Flush to sewer ②
Flush to septic tank ③
Ventilated covered pit latrine (VIP) ④
Covered pit latrine (with slab) ⑤
Uncovered pit latrine (without slab) ⑥
Pan/ bucket ⑦
Hanging toilet/ latrine (over water ⑧
Other_____ ⑨

R-9 What is the main fuel used for cooking?

Firewood ①
Charcoal ②
Kerosene/ Oil ③
Gas ④
Electricity ⑤
Crop residue/ sawdust ⑥
Animal waste ⑦
Palm oil ⑧
Other_____ ⑨

R-10 What is the main source used for lighting?

Kerosene/ paraffin ①
Gas ②
Mains/ electricity ③
Generator ④
Battery ⑤
Candles ⑥
Firewood ⑦
Palm oil ⑧
Other_____ ⑨

R-11 What kind of garbage disposal does your household use?

Collected government ①
Collected private ②
Government bin ③
Disposal within compound ④
Burning ⑤
Burial ⑥
None/Unauthorized heap ⑦
Other_____ ⑧

R-12 Does your household protect you and your household members from?

a Rain   (Y)
b Damp (Y)
c Wind   (Y)
d Heat   (Y)
e Cold   (Y)

R-13 What measures does your household take to prevent malaria?
(YOU MAY MARK MORE THAN ONE ANSWER)

a None Ⓨ
b Bed net Ⓨ
c Insecticide Ⓨ
d Anti-malaria drug Ⓨ
e Fumigation Ⓨ
f Insecticide treated net Ⓨ
g Maintain good drainage Ⓨ
h Maintain good sanitation Ⓨ
i Herbs Ⓨ
j Burn leaf (tobacco, etc.) Ⓨ
k Window/ door net Ⓨ
l Other_____ Ⓨ

R-14 Is your household located in an area with?

a Access to safe drinking water Ⓨ
Access to sanitation facilities Ⓨ
c Access to market place(s) Ⓨ
d Access to job/work opportunities Ⓨ
e Access to primary school Ⓨ
f Access to secondary school Ⓨ
g Access to health-care services Ⓨ
h Access to justice services Ⓨ
i Access to religious services Ⓨ
j No polluted sites or sources of pollution Ⓨ

R-15 How long does it take to walk from your household to the nearest…….?

a Supply of safe drinking water ☐☐ ☐☐

b Food market ☐☐ ☐☐

c Public transportation ☐☐ ☐☐

d Primary school ☐☐ ☐☐

e Secondary school ☐☐ ☐☐

f Health facility ☐☐ ☐☐

g All season road ☐☐ ☐☐

h Any road (vehicle) ☐☐ ☐☐

i Police station ☐☐ ☐☐

j Court ☐☐ ☐☐

R-16 Is it safe for children, women, persons with disabilities and/or elderly to reach from your household…?

a Water sources   Ⓨ Ⓝ
b Sanitation facilities Ⓨ Ⓝ
c School facilities   Ⓨ Ⓝ
d Health facilities   Ⓨ Ⓝ

S – DISPLACEMENT/FOOD AID

Displaced households

S-1 Was your household displaced because of of the war since 1990?

Yes Ⓨ
No Ⓝ **IF NO GO TO H.5**

S- 2 Have you returned to your place of origin ?

Yes Ⓨ
No Ⓝ **IF NO GO TO H.4**

S-3 When did you return to your place of origin?

Year [ ][ ][ ] **GO TO H.8**

S-4 What reason stop your household from returning to your place of origin? (NAME UP TO THREE PROBLEMS)

1 Will not find work/ earn enough money
2 Lack of seeds and tool to farm
3 Need to complete education in current location
4 Lack of services (health, education, water) in area of return
5 Road / bridge destroyed
6 No money/ funds to return
7 No transportation to return
8 Prefer to say in current location
9 Other specify_____

[ ] [ ] [ ]

Food Aid & External Assistance

S-5 In your opinion, have the members of your household eaten in the last 12 months?

a Enough food   Yes Ⓨ
b Adequate food Yes Ⓨ

S-6 Has any member of your household stayed with nothing to eat/ without eating at all for one or more days in the last 30 days?

a One day   Yes Ⓨ
b Two or three days   Yes Ⓨ
c Four to seven days Yes Ⓨ
d More than seven days. Specify [ ][ ]

S-7 How many times did you eat yesterday?

a One time   Yes Ⓨ
b Two times   Yes Ⓨ
c Three times   Yes Ⓨ
d More than three times Yes Ⓨ

Food Aid & External Assistance

S-8 Has any member of your household received food aid (including school feeding) in the last 12 months?

Yes Ⓨ
No Ⓝ **IF NO GO TO H.7**

S- 9 What type of program provided the food aid? (MARK ALL THAT APPLY)

a. School feeding (meals, take home) Ⓨ
b. Food for community projects Ⓨ
c. Food for pregnant/ breastfeeding women/ children Ⓨ
d. Food for displace families/ refugees Ⓨ
e. Food for returning household Ⓨ
f. Other specify_____ Ⓨ

S-10 Did you or any member of your household benefit from any of the following types of assistance in the last 12 months?

Type of assistance	Yes No	Provider
a. Money allowance/ loans	Ⓨ Ⓝ	[ ]
b. For education (school materials)	Ⓨ Ⓝ	[ ]
c. For medical services	Ⓨ Ⓝ	[ ]
d. Construction/ building materials	Ⓨ Ⓝ	[ ]
e. Water and/ or sanitation	Ⓨ Ⓝ	[ ]
f. Agricultural assistance (tools, seeds, training	Ⓨ Ⓝ	[ ]

Provider Coder

1 Government
2 UN
3 NGO
4 Church/ Mosque
5 Community
6 Relative / Friend
7 Other

S--11 Does your household or one of your members participate in one or more of the following support system among neighbors or community members? (MARK ALL THAT APPLY)

a. None ①
b. Agriculture production/ home gardening ②
c. Cooking ③
d. Children care ④
e. Cleaning/ Brushing ⑤
f. Repair/ maintain community infrastructure ⑥
g. Contributions to community members in need ⑦
h. Other ⑧

T – SUBJECTIVE POVERTY

Reference Number

T-1 How do you feel about your livelihood based on your current income

Living very well ①
Living reasonably well ②
Living carefully ③
Living with difficulty ④

T-2 Do you feel that the following items are necessary to maintain a minimum standard of living
(ASK THE QUESTION FOR EACH LINE)

[Y=Yes, N=No]

FOOD:
01 Eat three meals every day Ⓨ Ⓝ
02 Eat tubers/ cereals/ rice every day Ⓨ Ⓝ
03 Eat vegetables every day Ⓨ Ⓝ
04 Eat meat every day Ⓨ Ⓝ

Clothing:
05 Having at least two outfits Ⓨ Ⓝ
06 Having at least two pairs of shoes Ⓨ Ⓝ

Housing:
07 To have housing (owner or renter) Ⓨ Ⓝ
08 To have access to water and electricity Ⓨ Ⓝ
09 To have tables and beds in the house Ⓨ Ⓝ

Health, personal needs:
10 Afford health care Ⓨ Ⓝ
11 Afford personal needs Ⓨ Ⓝ

Employment:
12 To have stable, long term employment Ⓨ Ⓝ

Transport:
13 Afford taxi/ bus/ pickup/ motorbike to work Ⓨ Ⓝ

Education, leisure: 14 Be able to sent all children to school Ⓨ Ⓝ
15 To have a radio Ⓨ Ⓝ
16 To have a television Ⓨ Ⓝ

T-3 How would you rate your standard of living in relation to other households in your community?

The poorest ①
Fairly poor ②
Middle ③
Fairly rich ④
The richest ⑤

T- 4 What is the minimum amount per month needed to satisfy your household basic needs?
($ Liberian)

T- 5 What is your household financial situation?

You save a lot of money ①
You save a little money ②
You satisfy your basic needs ③
You need to use your savings ④
You need to borrow money ⑤

T-6 Is your household income?

Very Unstable ①
Somewhat stable ②
Stable ③

T- 7 During the past year, your household living standard:

Increased ①
Stay the same ②
Decreased ③

T- 8 During the past year, your community living standards:

Improved ①
Stayed the same ②
Decreased ③

T-9 In your opinion, what does it mean to be poor?
(ASK THE QUESTION FOR EACH LINE)

[Y=Yes, N=No]

1. Being unable to satisfy the basic level of subsistence Ⓨ Ⓝ
2. Having difficult material condition Ⓨ Ⓝ
3. Having a low level of human capital (education, health) Ⓨ Ⓝ
4. Being marginalized, excluded from society Ⓨ Ⓝ
5. Being vulnerable to life's various challenges Ⓨ Ⓝ
6. Being unable to influence the condition of life Ⓨ Ⓝ

T- 10 Are you satisfied that your household meets minimum needs such as…?
(ASK THE QUESTION FOR EACH LINE)

1=Satisfied
2=Somewhat satisfied
3=Not at all satisfied
4=Not applicable

FOOD:
01 Eat three meals every day ① ② ③ ④
02 Eat tubers/ cereals/ rice every day ① ② ③ ④
03 Eat vegetables every day ① ② ③ ④
04 Eat fish/ meat every day ① ② ③ ④

Clothing:
05 Having at least two outfits ① ② ③ ④
06 Having at least two pairs of shoes ① ② ③ ④

Housing:
07 Having access to water and electricity ① ② ③ ④
08 Have furniture in the house ① ② ③ ④

Health, personal needs:
09 Afford health care and medication when ill ① ② ③ ④
10 Afford personal needs(soap, hair care etc) ① ② ③ ④

Transport:
11 Afford taxi/ bus/ pickup/ motorbike to work ① ② ③ ④

Education, leisure: 12 Provide for children's education ① ② ③ ④
13 Have a radio ① ② ③ ④
14 Have a television ① ② ③ ④

T-11 Is any member of your household a member of an association
(ASK THE QUESTION FOR EACH LINE)

[Y=Yes, N=No]

1 Community Ⓨ Ⓝ
2 Religious Ⓨ Ⓝ
3 Professional Ⓨ Ⓝ
4 Political Ⓨ Ⓝ
5 Family Ⓨ Ⓝ
6 Other specify_____ Ⓨ Ⓝ

T-12 Who can your household depend on to provide assistance during difficult periods?
(ASK THE QUESTION FOR EACH LINE)

[Y=Yes, N=No]

1 Neighbors Ⓨ Ⓝ
2 Religious Association Ⓨ Ⓝ
3 Professional Association Ⓨ Ⓝ
4 Friends Ⓨ Ⓝ
5 Extended family Ⓨ Ⓝ
6 Other Ⓨ Ⓝ

T- 13 Do you think the reduction of poverty is a priority to government?

Yes Ⓨ
No Ⓝ

T-14 What do you think is the most important measure that the government should take to prove your household living standard?

01 Create employment
02 Improving access to education
03 Improving access to health education
04 Pave roads
05 Improving access to housing
06 improve access to credit
07 Improve access to water and electricity
08 Increase salaries
09 regulate prices of basic commodities
10. Fight against corruption
11.Other_____

U. HUMAN RIGHTS

HUMAN RIGHTS PRINCIPLES: HUMAN DIGNITY

U-1.1 Which of the following do you think are the THREE most important in your life?

FOR HOUSEHOLD MEMBERS 15 YEARS OLD AND ABOVE

	1	2	3	4	5	6	7	8	9	10
1 To have a job	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
2 To have good health	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
3 To have good standard of living	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
4 To get an education (myself)	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
5 To get a good education for my children	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
6 To be able to participate in public life	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
7 To live a life free of hunger	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
8 To live in a country where there is no war	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
9 To live in a country without violence	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
10 To live in a country without corruption	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
11 To have a happy family life	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
12 To live in freedom	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
13 To be faithful to my religion	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
14 To life free of fear	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
15 To live in a country with an effective/good justice system	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ

Q U-4 AND U-5 ARE TO BE RESPONDED BY THE HEAD OF THE HOUSEHOLD. FOR OTHER HOUSEHOLD MEMBERS GO TO U-6

HUMAN RIGHTS STANDARDS

ENUMERATOR:
1. READ THE DEFINITION OF HUMAN RIGHTS IN LIBERIAN SIMPLE ENGLISH (SEE LAST PAGE OF THIS QUESTIONNAIRE). 2. BASED ON THE SIMPLIFIED VERSION OF THE UNVERSAL DECLARATION OF HUMAN RIGHTS , ASK THE RESPONDANT TO IDENTIFY THREE MAIN HUMAN RIGHTS CONCERNS.
3. RELATE THEM TO THREE ARTICLES OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS .

U- 1.2 In your opinion, which are the 3 (three) main human rights concerns in your COMMUNITY? Please give an example.

a.1 UDHR Article ☐☐   a.2 Example HR concern no.1: _____

b.1 UDHR Article ☐☐   b.2 Example HR concern no.2: _____

c.1 UDHR Article ☐☐   c.2 Example HR concern no.3:_____

U- 1.3 In your opinion, which are the 3 (three) main human rights concerns in your WORKPLACE? Please give an example.

a.1 UDHR Article ☐☐   a.2 Example HR concern no.1: _____

b.1 UDHR Article ☐☐   b.2 Example HR concern no.2: _____

c.1 UDHR Article ☐☐   c.2 Example HR concern no.3:_____

HUMAN RIGHTS PRINCIPLES: PARTICIPATION AND INCLUSION

U- 2.1 How often do you participate in decision making in your community on issues that affect your life?

Frequently	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
Sometimes (now and then)	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
Rarely	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
Never	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ

U - 2.2 Which of the following

Organizations /institutions did human rights awareness activities in your community in the last 12 months?

01 Religious institution/group	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
02 Children's association	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
03 Youth/student's association	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
04 Women's organization/group	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
05 Men's organization/group	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
06 Disabled people organization (DPO)	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
07 Human Rights Club	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
08 Other human rights organization/institution	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
09 Parents and teacher's association (PTA)	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
10 Other community-based/civil society organizations (CBO/CSO)	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
11 Local government	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
12 National government	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
99 None										

U-2.3 Have you received any training on any of the following, in the last 12 months?
(YOU MAY MARK MORE THAN ONE ANSWER)

Human rights	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
b Civic education	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
c Conflict resolution	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
d Peace or peace building	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ

U-2.4 Are you a member of one or more associations/organizations listed below?

IF NONE, SKIP TO QUESTION U 2.6

01. Religious institution/group

Coder

02. Children's organization

Coder

03. Youth/student's association

Coder

04 Women's organization/group

Coder

05 Men's organization

Coder

06   Disable people organization (DPO)

Coder

07 Human Rights Club

Coder

Reference Number

U - HUMAN RIGHTS

FOR HOUSEHOLD MEMBERS 15 YEARS OLD AND ABOVE

HUMAN RIGHTS PRINCIPLES: PARTICIPATION AND INCLUSION

	1	2	3	4	5	6	7	8	9	10

08 Other human rights organization/institution
Coder
09 Parents and teachers´ association (PTA)
Coder
10 Other community-based /civil society organization (CBO/CSO)
Coder
13 Political party
Coder
14 Trade union
Coder
15 Market association
Coder
16 Other professional association
Coder
17 Fraternity/sorority
Coder
99 No /None

U- 2.5 If 'YES' to any of the choices in question U 2.4, how often do you participate in the association/organization's activities? (USE CODER below to provide this response in U-2.4)

CODER 01=Frequently 02=Sometimes (now and then) 03=Rarely 04=Never

U-2.6 What is your main regular source of information? (CHOOSE THE MAIN REGULAR ONE)
01 National radio
02 Community radio
03 Television
04 Newspaper
05 Internet
06 Palava Hut
07 Town Hall meeting
08 EL "They Say" (rumors)
09 Other

U. HUMAN RIGHTS

Reference Number

FOR HOUSEHOLD MEMBERS 15 YEARS OLD AND ABOVE

HUMAN RIGHTS: RULE OF LAW

U-3.1 During the last 12 months, was your community affected by any dispute/conflict ?

( ) Yes   ( ) No   ( ) Don't know

U-3.2 If you had a dispute/conflict with an individual, the police, county attorney or a judge what would you do to solve it?

(YOU MAY MARK MORE THAN ONE ANSWER)

INDIVIDUAL	POLICE, COUNTY ATTORNEY, JUDGE

	INDIVIDUAL		POLICE, COUNTY ATTORNEY, JUDGE	
01 Go to Court	( ) Yes	( ) No	( ) Yes	( ) No
02 Work along with human rights organization/institution	( ) Yes	( ) No	( ) Yes	( ) No
03 Have arbitration by community leaders	( ) Yes	( ) No	( ) Yes	( ) No
04 Have arbitration by religious leaders	( ) Yes	( ) No	( ) Yes	( ) No
05 Go to Constituent leaders/representatives	( ) Yes	( ) No	( ) Yes	( ) No
06 Resort to use of violence	( ) Yes	( ) No	( ) Yes	( ) No
07 Go to trial by ordeal (Sassy Wood)	( ) Yes	( ) No	( ) Yes	( ) No

08. Other for Individual. (SPECIFY) _____

09. Other for Police, County Attorney, Judge. (SPECIFY)_____

U-3.3 In your opinion, which of the following is the most common form of violence faced by BOYS or MEN in your community?

1. **BM1** [ ][ ][ ]   2. **BM2** [ ][ ][ ]   3. **BM3** [ ][ ][ ]

U-3.4 In your opinion, which of the following is the most common forms of violence faced by GIRLS or WOMEN in your community?

1.**GW1** [ ][ ][ ]

HUMAN RIGHTS: RULE OF LAW

CODER

01= Police
02= Town Chief
03= Clan Chief
04=Paramount Chief
05= Sassy wood person/ witch catcher
06= Tribal Court
07= Community leader
08= Religious leader
09= Justice of the Peace
10= District Commissioner
11= Magisterial Court
12= Human rights organization/ institution
13= Other

U-3.5 If any member of your family faced any of the forms of violence you identified above, to whom would you report it, outside of your family members?

V 1 ☐☐   V4 ☐☐

V2 ☐☐   V5 ☐☐

V3 ☐☐   V6 ☐☐

CODER

01= In the street
02= In the work place
03= At the market place
04= In an LNP police station
05= In a prison/detention center
06=In a school/ university
07=In a health facility
08=In the household
09=Other

U-3.6 Were does each form of violence usually take place?

V 1 ☐☐   V3 ☐☐

V2 ☐☐   V4 ☐☐

CODER

Individual Perpetrators

01= Male family/household member
02= Female family/household member
03= Male community member
04= Female community member
05= Government official
06=Other

U-3.7 Who is (are) the INDIVIDUAL perpetrator(s)?

V1 ☐☐   V4 ☐☐

V2 ☐☐   V5 ☐☐

V3 ☐☐   V6 ☐☐

CODER

Institutional Perpetrators

01= Business enterprise
02=Religious institution
03= Academic institution
04=Secret society
05= Military or security forces
06=Civil society organization
07= International organization
08=Brotherhood or sorority
09=Local Government
10 National Government
11=Other

U- 3.8 Who is (are) the INSTITUTIONAL perpetrator(s)?

V1 ☐☐   V4 ☐☐

V2 ☐☐   V5 ☐☐

V3 ☐☐   V6 ☐☐

U- 3.9 Do you expect the perpetrators to get punished?

Yes ( )   No ( )

U-4.1 What is the Three most common basis of discrimination in your COMMUNITY?

ENUMERATOR: READ PARAGRAPH THAT EXPLAINS "DISCRIMINATION" IN LIBERIAN SIMPLE ENGLISH AT THE BACK OF THIS QUESTIONNAIRE.

01 Sex
02 Age
3 Unmarried/single parent
04 Ethnic group or tribe
05 Race or color
06 National origin
07 Language/regional accent
08 Political opinion
09 Religion
10 Poverty/ economic statues
11 Educational level
12 Disability status
13 HIV/AIDS status
14 Other

U-4.2 What is the Three most common basis of discrimination in your WORKPLACE?

01 Sex
02 Age
03 Unmarried/single parent
04 Ethnic group or tribe
05 Race or color
06 National origin
07 Language/regional accent
08 Political opinion
09 Religion
10 Poverty/ economic statues
11 Educational level
12 Disability status
13 HIV/AIDS status
14 Other
15 Not applicable

1	2	3	4	5	6	7	8	9	10

HUMAN RIGHTS:VULNERABLE GROUPS – WOMEN'S RIGHT

FOR ALL HOUSEHOLD MEMBERS 15 YEARS OLD AND ABOVE

U-4.3 Do you agree or disagree that…?

Education is more important for boys than for girls
Agree
Disagree

Men have more right to a job than women
Agree
Disagree

Women should have equal pay to men for work of equal value
Agree
Disagree

Women should choose who to marry
Agree
Disagree

Girls and young women should choose when to marry
Agree
Disagree

Women should contribute to the household income
Agree
Disagree

Women should have equal access to credit and loan as men
Agree
Disagree

Women should own, rent or inherit land, property and housing
Agree
Disagree

Women should participate in the economic development process
Agree
Disagree

Women should participate in public and political life at all levels
Agree
Disagree

Men make better political leaders than women
Agree
Disagree

Women should have access to justice on an equal basis to men

Agree   O   O   O   O   O   O   O   O   O   O
Disagree   O   O   O   O   O   O   O   O   O   O

Women should appear before traditional courts without their husbands

Agree   O   O   O   O   O   O   O   O   O   O
Disagree   O   O   O   O   O   O   O   O   O   O

U-4.4 In your opinion, do women enjoy equal rights to men in your community?

Yes   Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ
No   Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ

U-4.5 Do you think that women's rights need to be promoted in your community?

Yes   Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ
No   Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ

U-4.6 Does [NAME] have children?

Yes   Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ
No   Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ

IF RESPONSE IS NO GO TO U-5.7

U-4.7 How many children does [NAME] have?

[SPECIFY]   ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

U-4.8 What is the age of [Name's] eldest child?

(SPECIFY)   ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

U- 4.9 Would you give preference to sending to school a son and not a daughter, if schools were too expensive in your community?

Yes   Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ Ⓨ
No   Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ Ⓝ

Reference Number

FOR ALL HOUSEHOLD MEMBERS 15 YEARS OLD AND ABOVE

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
HUMAN RIGHTS:VULNERABLE GROUPS – RIGHT OF PERSONS WITH DISABILITIES										

U- 6.1 In your opinion, do you enjoy access to the following, EQUAL AS OTHERS in the community?

Essential foodstuffs/market place
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Safe drinking water in quantity an quality equal to your basic needs
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Sufficient quantity of water for your basic personal and domestic needs
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Sanitation facilities
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Basic health care
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Treatment by the doctor and/or health workers in a health facility
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Primary education
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Secondary education
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Educational scholarships
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Treatment by the school principal and/or teachers in school
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Technical and/or vocational training
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Job opportunities
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Transportation services
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Public administrative buildings
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Police station
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Court
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Voting booth
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Entertainment or cultural/recreational centers
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

Religious Facilities
Yes: Y Y Y Y Y Y Y Y Y Y
No: N N N N N N N N N N

U- 5.2 Which information/communication technologies and services do you have access to?

a Radio: Y Y Y Y Y Y Y Y Y Y
b TV: Y Y Y Y Y Y Y Y Y Y
c Newspaper: Y Y Y Y Y Y Y Y Y Y
d Internet: Y Y Y Y Y Y Y Y Y Y
e Telephone/mobile phone: Y Y Y Y Y Y Y Y Y Y
f None: N N N N N N N N N N

HUMAN RIGHTS

Reference Number

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10

FOR HOUSEHOLD MEMBERS 15 YEARS OLD AND ABOVE

HUMAN RIGHTS:VULNERABLE GROUPS - PERSONS WITH DISABILITIES

U-5.3 How do you consider your health condition?

a Good
b Not so good
c Bad

U.5.4 Have you ever had access to special services for persons with disabilities?

a Special education
b Braille literacy
c Sign language
d Habilitation services
e Rehabilitation services
f No need

U-5.5 Which of the following disability devices are available
in your community on a regular basis?

a Wheelchair
b Prosthesis/artificial limbs
c Crutches
d Cane
e Hearing aid device
f None
g Don't know

U.5.6 Who helps you to move about on a regular basis?

a Child female household member
b Child male household member
c Other child female
d Other child male
e Adult female household member
f Adult male household member
g Other adult female
h Other adult male
i No need

U-5.7 Do you yourself make the decisions that directly affect your life?

a Always
b Frequently
c Sometimes (now and then)
d Rarely
e Never

U-5.8 In your opinion, do persons with disabilities enjoy equal rights to men in
your community?

Yes
No

U- 5.9 Do you think that the rights of persons with disabilities need to be
promoted in your community?

Yes
No

HUMAN RIGHTS

ANNEX 1 – FORMS OF VIOLENCE AGAINST BOYS OR MEN, GIRLS OR WOMEN

ENUMERATORS: For question 3.3 AND 3.4 use the CODERS below and use the corresponding numbers for the appropriate response.

SEX/AGE OF VICTIMS OF VIOLENCE CODER

First Digit

1 - Boys	1	**5 – Boys and Men**	5
2 – Girls	2	**6 – Girls and Women**	6
3 – Men	3	**7 – Boys and Girls**	7
4 – Women	4	**8 – Men and Women**	8
9 – All community	9		

FORMS OF VIOLENCE CODER

Third and Fourth Digits

01 Abduction
02 Abandonment by spouse
03 Assault
04 Arbitrary detention
05 Armed robbery
06 Attempted rape
07 Beating/Flogging/Spanking
08 Child neglect
09 Child pornography
10 Child sale/Child trafficking
11 Child sexual exploitation/Child prostitution
12 Death threats
13 Detention without trial
14 Ethnic violence/Racial violence
15 Expulsion from community
16 Extrajudicial killing/Disappearance
17 Forced eviction from land/household
18 Forced labor
19 Human trafficking
20 Insult
21 Intimidation
22 Mob violence
23 Physical injury by law enforcement official(s)
24 Rape
25 Request for "cold water" (corruption)
26 Sassy wood
27 Sexual abuse/harassment
28 Sexual exploitation/Prostitution
29 Theft
30 Unfair trial
31 Women trafficking

EXAMPLES:

GIRLS AND WOMEN RAPE

Girls and women code = 6

Rape code = 24

6	2	4

MEN FORCED LABOR

Men code = 3

Forced labor code = 18

3	1	8