



CONFIDENTIAL

Republic of Liberia

Liberia Institute of Statistics and Geo-Information Services

HOUSEHOLD INCOME AND EXPENDITURE SURVEY (HIES 2014-2015)

This information is collected under the National Statistical Act by the National Legislature

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE

SECTION A-1: HOUSEHOLD IDENTIFICATION

	CODE	
1. COUNTY:	<input type="text"/>	<input type="text"/>
2. DISTRICT:	<input type="text"/>	<input type="text"/>
3. CLAN:	<input type="text"/>	<input type="text"/>
4. ENUMERATION AREA	<input type="text"/>	<input type="text"/>
5. HOUSEHOLD ID (FROM LIST) :	<input type="text"/>	<input type="text"/>
6. NAME OF HOUSEHOLD HEAD:	<input type="text"/>	
7. LOCALITY (URBAN=1, RURAL=2):	<input type="text"/>	
8. FULL HOUSEHOLD IDENTIFICATION:	<input type="text"/>	

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MARK BOX WITH AN 'X' AND NUMBER FORMS BELOW IF YOU USE MORE THAN THIS SINGLE FORM TO COLLECT INFORMATION FROM THIS HOUSEHOLD. IF SO, BE SURE TO MARK IN THE SAME WAY THE OTHER FORMS USED FOR THIS HOUSEHOLD

FORM ____ OF ____ TOTAL

9. DESCRIPTION OF LOCATION OF HOUSEHOLD - INCLUDE ANY IDENTIFYING CHARACTERISTICS OF DWELLING, NAME OF NEIGHBOURING HOUSEHOLDS & KEY PERMANENT CONTACTS, PHONE NUMBER (IF ANY).

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SECTION A-2: SURVEY STAFF DETAILS

10. NAME OF ENUMERATOR:

11. ENUMERATOR CODE:

12. TIME INTERVIEW START : AM PM

13. DATE OF INTERVIEW (DD/MM/YYYY): / / (ENUMERATOR **▶NEXT PAGE**)

14. NAME OF FIELD SUPERVISOR:

15. FIELD SUPERVISOR CODE:

16. DATE OF QUESTIONNAIRE INSPECTION (DD/MM/YYYY): / /

17. NAME OF DATA ENTRY CLERK:

18. DATA ENTRY CLERK CODE:

19. DATA ENTRY DATE (DD/MM/YYYY): / /

20. 2ND DATA ENTRY CLERK NAME:

21. 2ND DATA ENTRY CLERK CODE:

22. 2ND DATA ENTRY DATE (DD/MM/YYYY): / /

OBSERVATIONS DURING THE INTERVIEW	
RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.	

MEANINGS FOR COMMON SKIP PATTERNS/ABBREVIATIONS	
▶	SKIP TO A SPECIFIC QUESTION IF CHOSEN
▶ NEXT PERSON	SKIP TO THE NEXT PERSON IF CHOSEN
▶ NEXT SECTION	SKIP TO THE NEXT MODULE/SECTION IF CHOSEN
LD	LIBERIAN DOLLARS
USD	UNITED STATES DOLLARS

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

Liberia Institute of Statistics and Geo-Information Services (LISGIS) selects at random several thousand households in each county of Liberia to ask them questions about how they are living. The responses which are provided by the households to these questions are intended to help the government of Liberia to do a better job in meeting the needs of all Liberians.

Your household was selected as one of those to which these questions will be asked this time. You were not selected for any specific reason. Simply your name was on a list of all of the households in this area, and your name was chosen randomly.

I would like to ask the questions in this form to you as head of household or spouse of the head. I will also need to ask questions to other members of your household. These questions will take several hours to complete and will be undertaken over two or three days. All of your answers will be held in confidence. The answers which you and the members of your household might give me will only be used by LISGIS or under its supervision.

Before I start, do you have any questions or is there anything which I have said on which you would like any further clarification? May I proceed with interviewing you and members of your household?

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SECTION B: HOUSEHOLD MEMBER ROSTER

IN ORDER TO MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USE THE FOLLOWING PROBE QUESTIONS TO THE HEAD OF THE HOUSEHOLD:

1. First, ask names of all the head of the household's immediate family who normally live and eat their meals together here.
 2. Write down names, sex, age and relationship to household head. **FILL IN QUESTIONS 1 TO 7.**
 3. Then ask names of any other persons related to the head of the household or any other household member that normally lives and eats their meals together here. **FILL IN QUESTIONS 1 TO 7**
 4. Also ask about other persons not here who normally live and eat their meals here. For example, household members studying elsewhere or traveling. **FILL IN QUESTIONS 1 TO 7.**
 5. Then ask names of any other persons not related to the head of the household or other household members, but who normally live and eat their meals together here such as live-in servants. **FILL IN QUESTIONS 1 TO 7**

IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.

I N D I V I D U A L	1.	2.	3.	4.	5.	6.	7.	8.	9.
	NAME	Sex	Does [NAME] possess a birth certificate or proof of registration of birth from a civil authority?	What is the proof of birth registration?	In what month and year was [NAME] born? IF [NAME] POSSESSES A BIRTH REGISTRATION PROOF USE THAT TO DETERMINE AGE PUT "99" IF DON'T KNOW	How old is [NAME]? IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR CHECK MANUAL FOR ESTIMATING USING HISTORICAL EVENTS. CHECK THAT AGE IN QUESTION 6 AND YEAR OF BIRTH IN QUESTION 5 ARE CONSISTENT. PUT "999" IF DON'T KNOW	What is [NAME]'s relationship to the head of household? HEAD.....1 SPOUSE.....2 SON/DAUGHTER.....3 STEP SON /DAUGHTER.4 SISTER/BROTHER.....5 GRANDCHILD.....6 FATHER/MOTHER.....7 SON/DAUGHTER IN LAW.....8 BROTHER/SISTER IN LAW.....9 FATHER/MOTHER IN LAW.....10 OTHER RELATIVE (SPECIFY).....11 LIVE-IN MAID/DOMESTIC HELP.....12 LIVE-IN MAID'S / DOMESTIC HELP'S RELATIVE.....13 OTHER NON RELATIVES (SPECIFY).....14	Did [NAME] eat meals in this household in the last 7 days?	For how many days in the last 30 days was [NAME] present?
	(LIST HOUSEHOLD HEAD ON LINE 1. HOUSEHOLD HEAD IS SOMEONE WHO MAKES THE FINANCIAL DECISIONS IN THE HOUSEHOLD MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.)	M..1 F..2	YES..1 NO...2 (►5)	CERTIFICATE FROM MINISTRY OF HEALTH.....1 REGISTERED AT CLINIC/HOSPITAL...2 OTHER, SPECIFY.....3	JANUARY.....01 FEBRUARY.....02 MARCH.....03 APRIL.....04 MAY.....05 JUNE.....06 JULY.....07 AUGUST.....08 SEPTEMBER.....09 OCTOBER.....10 NOVEMBER.....11 DECEMBER.....12	YEARS		YES..1 NO...2	DAYS
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ONLY FOR AGES 12 AND ABOVE

I N D I V I D U A L I D	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.						
	For how many months in total during the last 12 months has [NAME] been present in this household? CANNOT EXCEED 12 NUMBER OF MONTHS	What tribe/ethnic background does [NAME] come from? TRIBE CODES GIO.....1 KPELLE.....2 MANO.....3 VAI.....4 KRU.....5 GOLA.....6 GREBO.....7 BASSA.....8 MANDINGO.....9 MENDE.....10 KRAHN.....11 LORMA.....12 DEI.....13 KISSI.....14 BELLE.....15 GBANDI.....16 SARPO.....17 CONGO.....18 OTHER, SPECIFY.19 NONE.....20	Where is [NAME]'s biological father? IF FATHER IS MEMBER OF HH, COPY ID. (►15) LIVING OUTSIDE OF HH.....97 (►14) DEAD.....98 DOES NOT KNOW.....99 (►14)	What was [NAME]'s age when [NAME]'s father died? PUT "999" IF DON'T KNOW	What was the highest level of school completed by [NAME]'s father? NO SCHOOL.....1 SOME ELEMENT-ARY.....2 ELEMENTARY COMPL-ETED.....3 SOME JUNIOR-HIGH.....4 JUNIOR HIGH COMPLETED.....5 SOME SENIOR HIGH.....6 SENIOR HIGH COMPLETED.....7 MORE THAN SENIOR HIGH.....8 DON'T KNOW9	Where is [NAME]'s biological mother? IF MOTHER IS MEMBER OF HH, COPY ID. (►18) LIVING OUTSIDE OF HH.....97 (►17) DEAD.....98 DOES NOT KNOW.....99 (►17)	What was [NAME]'s age when [NAME]'s mother died? PUT "999" IF DON'T KNOW	What was the highest level of school completed by [NAME]'s mother? NO SCHOOL.....1 SOME ELEMENT-ARY.....2 ELEMENTARY COMPL-ETED.....3 SOME JUNIOR-HIGH.....4 JUNIOR HIGH COMPLETED.....5 SOME SENIOR HIGH.....6 SENIOR HIGH COMPLETED.....7 MORE THAN SENIOR HIGH.....8 DON'T KNOW9	IS [NAME] AGED 12 YEARS OR ABOVE? YES..1 NO...2 (►NEXT SEC)	What is [NAME]'s marital status? MONOGAMOUS MARRIED...1 POLYGAMOUS MARRIED...2 LIVING TO-GETHER...3 SEPARATED...4 (►25) DIVORCED...5 (►25) NEVER MARRIED...6 (►25) WIDOW(ER)...7 (►25)	Does at least one spouse/partner live in this household now? YES.1 NO..2 (►23)	WRITE ID CODES OF SPOUSES WHO LIVE IN THE HOUSEHOLD 1 2 3 4						
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INDIVIDUAL	22. What type of marriage ceremony did [NAME] have?	23. Does [NAME] have a spouse living outside of this household?	24. How many spouses does [NAME] have who are residing outside of this household?	25. For how many years have you lived in this community? ENTER 99 IF LIVED HERE SINCE BIRTH, THEN (▶ 29)	26. From which town/village/community/country did [NAME] move? [WRITE THE COUNTRY IF OUTSIDE LIBERIA] SEE CODES FOR COUNTY AT BACK OF QUESTIONNAIRE	27. Why did [NAME] move here?	28. In which town/village/community/ country was [NAME] born? [WRITE THE COUNTRY IF OUTSIDE LIBERIA] SEE CODES FOR COUNTY AT BACK OF QUESTIONNAIRE	29. In the past 12 months, how often has [NAME] followed news or current affairs using the following?	
	COURT.....1 RELIGIOUS...2 TRADITIONAL...3 RELIGIOUS & TRADITIONAL...4 RELIGIOUS & COURT.....5 TRADITIONAL & COURT.....6 NONE.....7 (▶25) OTHER, SPECIFY...8	YES...1 NO...2 (▶25)	ONLY MEN SHOULD BE ASKED	NUMBER OF SPOUSES	NUMBER OF YEARS	CODES FOR COUNTRIES USA.....101 UK.....102 AUSTRALIA.....103 GUINEA.....104 SIERRA LEONE...105 GHANA.....106 NIGERIA.....107 IVORY COAST...108 SOUTH AFRICA...109 OTHER, SPECIFY.110	WORK RELATED.....1 SCHOOL/STUDIES...2 MARRIAGE.....3 OTHER FAMILY REASONS.....4 BETTER SERVICES/HOUSING.....5 LAND / PLOT.....6 SECURITY.....7 OTHER, SPECIFY...8	CODES FOR COUNTRIES USA.....101 UK.....102 AUSTRALIA.....103 GUINEA.....104 SIERRA LEONE...105 GHANA.....106 NIGERIA.....107 IVORY COAST...108 SOUTH AFRICA...109 OTHER, SPECIFY.110	ALMOST DAILY.....1 A FEW TIMES A WEEK...2 A FEW TIMES A MONTH...3 A FEW TIMES A YEAR...4 NEVER.....5
Spouse Number 1 2 3 4		NUMBER OF SPOUSES		NUMBER OF YEARS	TOWN/VILLAGE/ COMMUNITY/ COUNTRY NAME	COUNTRY/COUNTY CODES	TOWN/VILLAGE/ COMMUNITY/ COUNTRY NAME	COUNTRY/COUNTY CODES	(▶NEXT SECTION)
								ONLY FOR NEWS OR CURRENT AFFAIRS PURPOSES.	
								RADIO T.V. NEWS PAPER PALAVA HUT	

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SECTION C: EDUCATION

RESPONDENTS: 5 YEARS AND ABOVE

I N D I V I D U A L I D	1. IS [NAME] 5 YEARS OR ABOVE?	2. IS PERSON ANSWERING FOR HIMSELF/HERSELF?	3. WHAT IS THE ID CODE OF THE PERSON ANSWERING FOR [NAME]?	4. Can [NAME] read and write in English? YES.....1 NO.....2	5. Can [NAME] read and write in any other language? YES.....1 NO.....2	6. Did [NAME] ever go to primary or secondary school or university and above? DO NOT INCLUDE POLYTECHNIC, VOCATIONAL, OR ADULT EDUCATION CLASSES	7. Why did [NAME] never go to primary, secondary school or university and above? TOO YOUNG TO ATTEND SCHOOL..1 STILL IN PRE-SCHOOL.....2 NO MONEY3 POOR QUALITY OF SCHOOLS.....4 ILLNESS OR DISABILITY.....5 NOT INTERESTED.....6 PARENTS DID NOT LET ME.....7 HAD TO WORK OR HELP AT HOME.8 SCHOOL TOO FAR FROM HOME...9 SCHOOL CONFLICT WITH BELIEFS.....10 CIVIL UNREST IN COUNTRY...11 OTHER (SPECIFY).....12	8. At what age did [NAME] start primary school?	9. Is [NAME] currently in school (2013-2014) or (2014-2015) even if school is not in session?	10. What year did [NAME] leave school for the last time? PUT "9999" IF DON'T KNOW	11. What is the highest grade completed by [NAME]?
	YES..1 NO...2 (▶SEC D)	YES..1 (▶4) NO...2		BOTH READING AND WRITING	BOTH READING AND WRITING	YES..1 (▶8) NO...2	▶31 FILL UPTO TWO MAIN REASONS REASON 1 REASON 2	AGE	YES..1 (▶12) NO...2	YEAR	PRIMARY G1.....11 ▶31 G2.....12 ▶31 G3.....13 ▶31 G4.....14 ▶31 G5.....15 ▶31 G6.....16 ▶31 JUNIOR HIGH G7.....17 ▶31 G8.....18 ▶31 G9.....19 ▶26 SENIOR HIGH G10....20 ▶26 G11....21 ▶26 G12....22 ▶26 UNIVERSITY U1.....23 ▶26 U2.....24 ▶26 U3.....25 ▶26 U4.....26 ▶26 MASTERS & ABOVE U5+.....27 ▶26

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INDIVIDUAL ID	12. What grade is [NAME] currently attending (school year 2013-2014) or (2014-2015), even if school is not in session?	13. Was [NAME] in school in the last school year (2012-2013 or 2013-2014)?	14. What grade was [NAME] attending in the last school year?	15. CHECK Q12: IS [NAME] CURRENTLY ATTENDING SCHOOL?	16. Who owns the school [NAME] attends?	17. Is this school a boarding school?	18. How does [NAME] usually go to school?	19. How long does it take [NAME] to get to school by this means of transportation?	20. Has [NAME] missed school in the last two weeks?	21. Why was [NAME] absent from school?	
	PRIMARY G1.....11 G2.....12 G3.....13 G4.....14 G5.....15 G6.....16 JUNIOR HIGH G7.....17 G8.....18 G9.....19 SENIOR HIGH G10.....20 G11.....21 G12.....22	UNIVERSITY U1.....23 U2.....24 U3.....25 U4.....26 MASTERS & ABOVE U5+.....27	PRIMARY G1.....11 G2.....12 G3.....13 G4.....14 G5.....15 G6.....16 JUNIOR HIGH G7.....17 G8.....18 G9.....19 SENIOR HIGH G10.....20 G11.....21 G12.....22 UNIVERSITY U1.....23 U2.....24 U3.....25 U4.....26 MASTERS & ABOVE U5+.....27	YES..1 NO...2 (▶15)	YES..1 NO...2 (▶26)	GOVERNMENT.....1 CHURCH/MISSIONARY SCHOOL.....2 ISLAMIC SCHOOL...3 PRIVATE NON-RELIGIOUS.....4 COMMUNITY.....5 OTHER, SPECIFY.....6	YES..1 (▶20) NO...2	ON FOOT.....1 SCHOOL BUS.....2 PRIVATE BICYCLE.....3 CAR.....4 MOTORCYCLE.....5 CANOE.....6 OTHER, SPECIFY...7 PUBLIC TAXI.....8 BUS.....9 MOTORCYCLE.....10 CANOE.....11 OTHER, SPECIFY...12	YES..1 NO...2 (▶22)	PUBLIC HOLIDAY...1 SCHOOL CLOSED NOT IN BREAK...2 SCHOOL CLOSED IN BREAK.....3 ABSENCE TEACHER...4 ILLNESS CHILD.....5 ILLNESS HH MEMBER.6 FUNERAL.....7 DISCIPLINARY ACTION BY PARENTS.....8 CANNOT MEET COSTS.9 CHILD REFUSED...10 CHILD HAD TO WORK.....11 SUSPENSION BY SCHOOL.....12 TEACHERS ON STRIKE13 OTHER, SPECIFY...14	
	MINUTES										

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INDIVIDUAL	22. Does [NAME] use textbooks for school? YES..1 NO...2 (▶24)	23. Where do the textbooks come from? BORROWED FROM SCHOOL.....1 PURCHASED BY HOUSEHOLD...2 BORROWED FROM FRIEND / RELATIVE...3 BORROWED FROM SCHOOL AND PURCHASED BY HOUSEHOLD...4 BORROWED FROM SCHOOL <u>AND</u> FRIEND / RELATIVE...5 OTHER, SPECIFY.....6	24. In the past seven days, approximately how much time did [NAME] spend on homework or studying? IF NONE, WRITE '0' HOURS MINUTES	25. Has [NAME] had any problems at school? SELECT UP TO 2 NO PROBLEMS (SATISFIED).....1 INADEQUATE BOOKS/SUPPLIES..2 POOR TEACHING.....3 NOT ENOUGH TEACHERS.....4 POOR ATTENDANCE OF TEACHERS.....5 OVERCROWDED CLASSROOMS.....6 TOO EXPENSIVE.....7 FACILITIES IN BAD CONDITION.....8 LONG DISTANCE TO SCHOOL.....9 OTHER, SPECIFY...10	26. Did [NAME] take the Grade 9 WAEC (West Africa Examination Council Exam)? YES.....1 NO.....2 (▶28)	27. Did [NAME] pass or fail in the exam? PASS.....1 FAIL.....2 DON'T KNOW..3	28. Did [NAME] take the Grade 12 WAEC (West Africa Examination Council) Exam? YES..1 NO..2 (▶31)	29. In what year did [NAME] take the exam? IF DON'T KNOW, WRITE 9999 YEAR	30. Did [NAME] pass or fail in the exam? PASS.....1 FAIL.....2 DON'T KNOW.3	31. Has [NAME] ever attended any professional, polytechnic, vocational or adult education class? YES..1 NO..2 (▶35)	32. What kind of professional / polytechnic / vocational / adult education class did you take? LITERACY.....1 AUTOMECHANIC.....2 COMPUTER COURSE...3 PLUMBING.....4 CARPENTRY.....5 MASONRY.....6 TAILORING.....7 CATERING.....8 SOAP-MAKING.....9 TIE AND DYE.....10 HAIRDRESSING/ BEAUTY/MAKE-UP...11 ELECTRICIAN.....12 DRIVING.....13 ART & CRAFTS....14 AGRICULTURE.....15 FIRST AID.....16 NURSING.....17 OTHER, SPECIFY...18
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I N D I V I D U A L I D	33. How many months did [NAME] attend this professional / polytechnic / vocational / adult education class? <div style="border: 1px solid black; padding: 2px; width: fit-content;"> IF LESS THAN ONE MONTH, WRITE 1 </div>	34. What year did [NAME] finish his/ her professional / polytechnic / vocational / adult education class? ENTER 9999 IF NOT YET COMPLETED	35. HAS [NAME] COMPLETED HIS/HER HIGHER EDUCATION (UNIVERSITY), DEGREE OR PROFESSIONAL / POLYTECHNIC / VOCATIONAL / ADULT EDUCATION CLASS? <div style="border: 1px solid black; padding: 2px;"> CHECK Q11: IF 26 OR 27.....1 CHECK Q12: IF 27.....1 CHECK Q34: IF NOT 9999.....1 ALL OTHER OPTIONS.....2 (▶38) </div>	36. Was [NAME] able to find a job after completing his / her higher education (university) degree or polytechnic / vocational / adult education class? YES . . 1 NO . . 2 (▶38)	37. How much time did it take to gain employment after [NAME] completed his/her higher education degree or polytechnic / vocational / adult education class? MONTHS	38. How much was spent on [NAME]'s education in the last 12 months by members of your household: <div style="border: 1px solid black; padding: 5px; text-align:center; margin-bottom: 5px;"> IF THERE WAS NO EXPENDITURE, WRITE '0' </div> <div style="border: 1px solid black; padding: 5px; text-align:center; margin-bottom: 5px;"> OTHER MATERIALS INCLUDE: SCHOOL BAGS, RAINCOATS/UMBRELLAS, STATIONERY, FILES AND FOLDERS </div> <div style="border: 1px solid black; padding: 5px; text-align:center; margin-bottom: 5px;"> ANSWER FOR THOSE WHO ANSWERED "YES" FOR QUESTION 9 OR ARE CURRENTLY ATTENDING POLYTECHNIC, VOCATIONAL OR ADULT EDUCATION CLASS </div> <div style="border: 1px solid black; padding: 5px; text-align:center;"> INCLUDE PRE-SCHOOL EXPENDITURES IN THE PAST TWELVE MONTHS </div> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:33%; text-align:center;">a) School Fees</td> <td style="width:33%; text-align:center;">b) Books & Notebooks</td> <td style="width:33%; text-align:center;">c) Uniforms</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align:center;">LD USD</td> <td style="text-align:center;">LD USD</td> <td style="text-align:center;">LD USD</td> </tr> </table>	a) School Fees	b) Books & Notebooks	c) Uniforms				LD USD	LD USD	LD USD
	a) School Fees	b) Books & Notebooks	c) Uniforms												
LD USD	LD USD	LD USD													
NUMBER OF MONTHS					MONTHS										

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I N D I V I D U A L I D	How much was spent on [NAME]'s education in the last 12 months by members of your household									
	IF THERE WAS NO EXPENDITURE, WRITE '0'									
	OTHER MATERIALS INCLUDE: SCHOOL BAGS, RAINCOATS/UMBRELLAS, STATIONERY, FILES AND FOLDERS									
	ANSWER FOR THOSE WHO ANSWERED "YES" FOR QUESTION 9 OR ARE CURRENTLY ATTENDING POLYTECHNIC, VOCATIONAL OR ADULT EDUCATION CLASS									
	INCLUDE PRE-SCHOOL EXPENDITURES IN THE PAST TWELVE MONTHS									
d) Transport provided by School		e) Extra tuition		f) Other Materials		g) Other Contribution		TOTAL (a+b+c+d+e+f+g)		
LD	USD	LD	USD	LD	USD	LD	USD	LD	USD	

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SECTION D: HEALTH

ASK INFORMATION FROM ALL HOUSEHOLD MEMBERS. RESPONDENTS 15 YEARS AND ABOVE RESPOND FOR THEMSELVES. HOUSEHOLD HEAD/ INDIVIDUAL RESPONSIBLE FOR RESPONDENTS BELOW 15 YEARS RESPOND FOR THOSE BELOW 15.

INDIVIDUAL	1. IS [NAME] ANSWERING FOR HIMSELF/HERSELF?	2. WHAT IS THE ID CODE OF THE PERSON ANSWERING FOR [NAME]?	3. Did [NAME] visit a health care provider in the last thirty days?	4. What was the main reason(s) for the most recent visit in the last thirty days? <table border="0" style="width: 100%; font-size: small;"> <tr> <td>FEVER, MALARIA .. 1</td> <td>BLOOD PRESSURE .19</td> </tr> <tr> <td>DIARRHEA2</td> <td>URINARY TRACT INFECTION... .20</td> </tr> <tr> <td>TYPHOID.....3</td> <td>DIABETES21</td> </tr> <tr> <td>STOMACH ACHE . . .4</td> <td>MENTAL DISORDER.22</td> </tr> <tr> <td>VOMITING5</td> <td>TB23</td> </tr> <tr> <td>SORE THROAT. . . .6</td> <td>SEXUALLY TRANSMITTED DISEASE24</td> </tr> <tr> <td>UPPER RESPIRATORY (SINUSES)7</td> <td>BURN25</td> </tr> <tr> <td>LOWER RESPIRATORY (CHEST, LUNGS). .8</td> <td>FRACTURE26</td> </tr> <tr> <td>FLU.9</td> <td>WOUND27</td> </tr> <tr> <td>COUGH/ BREATHING DIFFICULTIES . .10</td> <td>POISONING28</td> </tr> <tr> <td>HEADACHE11</td> <td>PREGNANCY29</td> </tr> <tr> <td>FAINING12</td> <td>CANCER.30</td> </tr> <tr> <td>SKIN PROBLEM . .13</td> <td>PILE.31</td> </tr> <tr> <td>DENTAL PROBLEM .14</td> <td>UNSPECIFIED LONG-TERM ILLNESS32</td> </tr> <tr> <td>EYE PROBLEM. . .15</td> <td>PREVENTATIVE CARE.....33</td> </tr> <tr> <td>EAR/NOSE/THROAT..16</td> <td>ACCIDENT.....34</td> </tr> <tr> <td>PAIN IN BACK / LIMBS / JOINTS...17</td> <td>OTHER (SPECIFY).35</td> </tr> <tr> <td>HEART PROBLEM. .18</td> <td></td> </tr> </table>	FEVER, MALARIA .. 1	BLOOD PRESSURE .19	DIARRHEA2	URINARY TRACT INFECTION... .20	TYPHOID.....3	DIABETES21	STOMACH ACHE . . .4	MENTAL DISORDER.22	VOMITING5	TB23	SORE THROAT. . . .6	SEXUALLY TRANSMITTED DISEASE24	UPPER RESPIRATORY (SINUSES)7	BURN25	LOWER RESPIRATORY (CHEST, LUNGS). .8	FRACTURE26	FLU.9	WOUND27	COUGH/ BREATHING DIFFICULTIES . .10	POISONING28	HEADACHE11	PREGNANCY29	FAINING12	CANCER.30	SKIN PROBLEM . .13	PILE.31	DENTAL PROBLEM .14	UNSPECIFIED LONG-TERM ILLNESS32	EYE PROBLEM. . .15	PREVENTATIVE CARE.....33	EAR/NOSE/THROAT..16	ACCIDENT.....34	PAIN IN BACK / LIMBS / JOINTS...17	OTHER (SPECIFY).35	HEART PROBLEM. .18		5. What health care provider did [NAME] mainly visit for the most recent visit in the last thirty days? <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> ENSURE THAT THE REASONS AND PROVIDER ARE </div> <table border="0" style="width: 100%; font-size: small;"> <tr> <td>GOVERNMENT HOSPITAL....1</td> <td>PRIVATE HOSPITAL.....2</td> </tr> <tr> <td>RELIGIOUS HOSPITAL.....3</td> <td>GOVERNMENT CLINIC.....4</td> </tr> <tr> <td>PRIVATE CLINIC.....5</td> <td>RELIGIOUS CLINIC.....6</td> </tr> <tr> <td>DISPENSARY/PHARMACY /DRUGSTORE.....7</td> <td>TTM/NGO/SOCIAL WORKER..8</td> </tr> <tr> <td>PRIVATE DOCTOR/DENTIST.9</td> <td>OTHER, SPECIFY.....10</td> </tr> </table>	GOVERNMENT HOSPITAL....1	PRIVATE HOSPITAL.....2	RELIGIOUS HOSPITAL.....3	GOVERNMENT CLINIC.....4	PRIVATE CLINIC.....5	RELIGIOUS CLINIC.....6	DISPENSARY/PHARMACY /DRUGSTORE.....7	TTM/NGO/SOCIAL WORKER..8	PRIVATE DOCTOR/DENTIST.9	OTHER, SPECIFY.....10	6. What means of transport did [NAME] use to get to the health care provider for the most recent visit in the last thirty days? BY FOOT.....1 <u>PRIVATE</u> BICYCLE.....2 CAR.....3 MOTORCYCLE.....4 OTHER, SPECIFY...5 <u>PUBLIC</u> TAXI.....6 BUS.....7 MOTORCYCLE.....8 CANOE.....9 OTHER, SPECIFY...10 <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> ONE WAY </div>	7. How long did it take [NAME] to reach the health care provider by this means of transportation for the most recent visit in the last thirty days? <div style="border: 1px solid black; padding: 10px; text-align: center; width: fit-content; margin: 0 auto;"> ANSWER IN MINUTES </div> <p style="text-align: center; margin-top: 20px;">MINUTES</p>	8. Did [NAME] have any problems during the most recent visit the health care provider in the last thirty days? YES.....1 NO.....2 (▶10)
	FEVER, MALARIA .. 1	BLOOD PRESSURE .19																																																				
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PRIVATE DOCTOR/DENTIST.9	OTHER, SPECIFY.....10																																																					
YES..1 (▶3) NO...2		YES..1 NO...2 (▶15)	REASON 1	REASON 2																																																		

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INDIVIDUAL ID	9. What problems did [NAME] face during the most recent visit to the health care provider in the last thirty days?	10. What was the source of payment for the most recent visit to the health care provider in the last thirty days for [NAME]?	11. How much did [NAME] spend in total on the most recent visit to the health care provider in the last thirty days for prescription medicines, tests, consultations and in-patient fees, if any in the last thirty days?	12. During the most recent illness(es) in the last thirty days, for how many days did [NAME] have to stop [NAME]'s normal activities because of the reasons listed in Question 4?	13. In the last thirty days, did anyone else in the household have to stop their normal activities to take care of [NAME] for the reason(s) listed in Question 4? YES..1 NO..2 (▶15)	14. In the past thirty days, who in the household had to take care of [NAME] for the reasons listed in Question 4 in the last thirty days? And for how many days?	15. How much did the household spend on [NAME] in the <u>last thirty days</u> for <u>medical consultations, prescription medicines, pre-natal visits, medical treatments like (bandages, injection), vaccinations, prescription medicines etc</u> that are not already covered previously?		
	POOR BUILDING / MEDICAL TOOLS.....1 LONG WAITING TIME...2 POORLY TRAINED STAFF.....3 TOO EXPENSIVE.....4 LACK OF MEDICINE.....5 UNSUCCESSFUL TREATMENT.....6 LONG DISTANCE/TIME TAKEN TO HEALTH FACILITY.....7 OTHER, SPECIFY.....8	FREE TREATMENT.....1 (▶12) HEALTH INSURANCE (100%).....2 (▶12) OWN CASH.....3 PARTLY HEALTH INSURANCE AND PARTLY OWN CASH ..4 HAD TO WORK FOR PROVIDER.5 USE OF ASSET.....6 TOOK LOAN.....7 MONEY FROM RELATIVES / FRIENDS.....8 OTHER, SPECIFY.....9	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.			ENTER ID NUMBER OF HOUSEHOLD MEMBER THAT TOOK CARE OF [NAME] FROM ROSTER	DO NOT INCLUDE OVERNIGHT STAYS AT A MEDICAL FACILITY OR VISITS TO A TRADITIONAL HEALER.	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	
	OPTION 1	OPTION 2	LD	USD	DAYS	ID	DAYS	LD	USD

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INDIVIDUAL ID	16. Other than the amounts already provided, how much in total did the household spend on [NAME] in the last <u>thirty days</u> for <u>non-prescription medicines</u> , for which a doctor's recommendation was not used? <div style="border: 1px solid black; padding: 2px; width: fit-content;">INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.</div>		17. During the last <u>12 months</u> , was [NAME] <u>hospitalized overnight in a medical facility</u> ? YES...1 NO...2		18. How many times was [NAME] hospitalized in the last twelve months? What was the total number of nights for all of these overnight hospitalizations?		19. What type of illness or injury did [NAME] have that led to [NAME]'s treatment at the hospitalization / overnight stay in a medical facility? FEVER, MALARIA .. 1 BLOOD PRESSURE .19 DIARRHEA2 URINARY TRACT INFECTION... .20 TYPHOID.....3 DIABETES21 STOMACH ACHE . . .4 MENTAL DISORDER.22 VOMITING5 TB23 SORE THROAT. . . .6 SEXUALLY TRANSMITTED DISEASE24 UPPER RESPIRATORY (SINUSES)7 BURN25 LOWER RESPIRATORY (CHEST, LUNGS) . .8 FRACTURE26 FLU.9 WOUND27 COUGH/ BREATHING DIFFICULTIES . .10 POISONING28 HEADACHE11 PREGNANCY29 FAINTING12 CANCER.30 SKIN PROBLEM . .13 PILES.31 DENTAL PROBLEM .14 UNSPECIFIED LONG-TERM ILLNESS32 EYE PROBLEM. . .15 PREVENTATIVE CARE.....33 EAR/NOSE/THROAT..16 ACCIDENT.....34 PAIN IN BACK / LIMBS / JOINTS...17 OTHER (SPECIFY).35 HEART PROBLEM. .18		20. What was the total cost of [NAME]'s overnight hospitalization(s) in the past twelve months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.		21. During the last <u>12 months</u> , did [NAME] <u>visit or stay overnight(s) at a traditional healer's or faith healer's dwelling</u> ? YES...1 NO...2		22. What was the total cost for [NAME]'s medicines and visit to the traditional healer or faith healer? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.		23. IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD) YES...1 (▶30) NO...2	
	LD	USD	▶21	NUMBER OF TIMES	TOTAL NIGHTS FOR ALL HOSPITALIZATIONS	1	2	LD	USD	▶23	LD	USD	▶23	LD	USD	

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INDIVIDUALS 5 YEARS AND ABOVE (Q 24-29)						ALL INDIVIDUALS				WOMEN 12-49 YEARS (Q 34-38)		
24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.
Because of a physical, mental or emotional health condition...						Did [NAME] sleep under a mosquito net yesterday ?	Was the mosquito net treated with insecticide?	How did the household obtain this mosquito net?	IS THE RESPONDENT A WOMAN AGED 12 TO 49 YEARS?	In the last 24 months, did [NAME] <u>give birth</u> to a child, even if that child lived only a short time?	Did [NAME] regularly go to a health care provider when [NAME] was pregnant with [NAME]'s last child born in the last 24 months?	Where did [NAME] deliver [NAME]'s last child born in the last 24 months?
Does [NAME] have difficulty seeing, even if he/she is wearing glasses? NO, NOT AT ALL.....1 YES, SOME DIFFICULTY..2 YES, A LOT OF DIFFICULTY..3 CANNOT PERFORM.....4	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid? USE CODES FROM Q24	Does [NAME] have difficulty walking or climbing steps? USE CODES FROM Q24	Does [NAME] have difficulty remembering or concentrating? USE CODES FROM Q24	Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting etc)? USE CODES FROM Q24	Using your usual [NAME] OF LANGUAGE] does [NAME] have difficulty communicating; for example understanding or being understood? USE CODES FROM Q24	YES....1 NO.....2 (▶33)	YES....1 NO.....2	FREE GIFT.....1 PURCHASED.....2	YES..1 NO...2 (▶39)	YES..1 NO...2 (▶NEXT SECTION)	YES..1 NO...2	GOVERNMENT HOSPITAL....1 PRIVATE HOSPITAL.....2 RELIGIOUS HOSPITAL.....3 GOVERNMENT CLINIC.....4 PRIVATE CLINIC.....5 RELIGIOUS CLINIC.....6 TRADITIONAL HEALER'S DWELLING.....7 HOME.....8 OTHER, SPECIFY.....9
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CHILDREN <5 YEARS (Q 39-46)

I N D I V I D U A L	37. Who delivered this child? DOCTOR OR CLINICAL OFFICER.....1 NURSE.....2 TRAINED/PROFESSIONAL MIDWIFE (TM)....3 TRADITIONAL-UNTRAINED MIDWIFE.....4 TRADITIONAL HEALER.....5 FRIEND OR RELATIVE.....6 SELF.....7 OTHER, SPECIFY.....8	38. Was this birth registered? YES...1 NO...2	39. IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD) YES...1 NO...2 (▶NEXT SECTION)	40. Has [NAME] had diarrhea in the last fourteen days? YES...1 NO...2 (▶NEXT SECTION)	41. Now I would like to know how much [NAME] was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, more than usual, or nothing to drink? LESS.....1 ABOUT THE SAME...2 MORE.....3 NOTHING TO DRINK..4 DON'T KNOW.....5	42. When [NAME] had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? LESS.....1 ABOUT THE SAME...2 MORE.....3 NOTHING TO EAT...4 DON'T KNOW.....5	43. Was [NAME] given any of the following to drink: Oral rehydrati on salts (ORS)? YES...1 NO...2	44. Was [NAME] given any of the following to drink: A home-made fluid (for example : salt, sugar, water)? YES...1 NO...2	45. Did [NAME] seek advice or treatment for the diarrhea? YES...1 NO...2 (▶NEXT SECTION)	46. Where did [NAME] seek advice or treatment? RECORD UP TO 3 FROM LIST BELOW GOVERNMENT HOSPITAL....1 PRIVATE HOSPITAL.....2 RELIGIOUS HOSPITAL....3 GOVERNMENT CLINIC.....4 PRIVATE CLINIC.....5 RELIGIOUS CLINIC.....6 DISPENSARY/PHARMACY /DRUGSTORE.....7 TTM/NGO/SOCIAL WORKER..8 PRIVATE DOCTOR.....9 OTHER, SPECIFY.....10 (▶NEXT SECTION) 1 2 3
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SECTION E: LABOUR

RESPONDENTS 10 YEARS AND OLDER

I N D I V I D U A L I D	1. IS THE HOUSEHOLD MEMBER 10 YEARS OR ABOVE?	2. IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	3. WHAT IS THE ID CODE OF THE PERSON ANSWERING FOR [NAME]?	4a. In the last 12 months , did [NAME] work as an unpaid apprentice even if just for one hour?	4b. In the last 12 months , did [NAME] work as an employee for a wage, salary, commission or any payment in kind; including doing paid apprenticeship, domestic work or paid agriculture (farm, livestock, fisheries) work even if for one hour?	4c. In the last 12 months , did [NAME] own a non-farm business of any size for themselves or the household, even if for one hour?	4d. In the last 12 months , did [NAME] help in any kind of non-farm business run by this household, even if for one hour?	4e. In the last 12 months , did [NAME] work on household agricultural activities (including farming, raising livestock or fishing, whether for sale or for household food) even if just for one hour?	5. CHECK: Q4A,Q4B, Q4C,Q4D, Q4E: IS THE ANSWER TO AT LEAST ONE QUESTION A 'YES'?	6. Based on the responses just given for work / job in the last 12 months, how would [NAME] define his/her primary and secondary activity? A PAID EMPLOYEE / PAID APPRENTICE.....1 SELF-EMPLOYED (NON-AGRIC)WITH EMPLOYEES.....2 SELF-EMPLOYED (NON-AGRIC) WITHOUT EMPLOYEES.....3 UNPAID FAMILY HELPER (NON-AGRICULTURE).....4 UNPAID FAMILY HELPER (FARM, LIVESTOCK OR FISHERIES).....5 OWNER OF FARM,LIVESTOCK OR FISHERIES BUSINESS.....6 UNPAID APPRENTICESHIP.....7 CODE 99 IF NO SECONDARY ACTIVITY
	YES...1 NO...2	YES...1 (▶4a)		YES....1 NO.....2	YES.....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES..1 NO...2	
	(▶NEXT SECTION)	NO...2	ID CODE						(▶7a)	
										LIST UPTO TWO
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I N D I V I D U A L I D	7a. In the last <u>7 days</u> , did [NAME] work as an unpaid apprenticeship even if just for one hour?	7b. In the last <u>7 days</u> , did [NAME] work as an employee for a wage, salary, commission or any payment in kind; including doing paid apprenticeship, domestic work or paid agriculture (farm, livestock, fisheries) work even if for one hour?	7c. In the last <u>7 days</u> , did [NAME] <u>own</u> a non-farm business of any size for themselves or the household, even if for one hour?	7d. In the last <u>7 days</u> , did [NAME] <u>help</u> in any kind of non-farm business run by this household, even if for one hour?	7e. In the last <u>7 days</u> , did [NAME] work on household agricultural activities (including farming, raising livestock or fishing, whether for sale or for household food) even if just for one hour?	8. CHECK: Q7A, Q7B, Q7C, Q7D, Q7E: IS THE ANSWER TO AT LEAST ONE QUESTION A 'YES'?	STOP AND COMPLETE SECTION E PORTION ON ROSTER FLAP	9. Based on the responses just given for work / job in the last 7 days, how would [NAME] define his/her primary and secondary activity? A PAID EMPLOYEE / PAID APPRENTICE.....1 SELF-EMPLOYED (NON-AGRIC) WITH EMPLOYEES.....2 SELF-EMPLOYED (NON-AGRIC) WITHOUT EMPLOYEES.....3 UNPAID FAMILY HELPER (NON-AGRICULTURE).....4 UNPAID FAMILY HELPER (FARM, LIVESTOCK OR FISHERIES).....5 OWNER OF FARM, LIVESTOCK OR FISHERIES BUSINESS....6 UNPAID APPRENTICESHIP....7	10. Although [NAME] did not do any work during the last 7 days, did [NAME] have a job or own farm or enterprise at which [NAME] will definitely return to work?	
	YES....1 NO.....2	YES.....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES..1 NO...2 (▶10)		▶15	YES..1 (▶15) NO...2	
	LIST UPTO TWO									
CODE 99 IF NO SECONDARY ACTIVITY										
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Unemployment		Wage Jobs/Paid Apprenticeships (Primary)						
I N D I V I D U A L I D	11. Was [NAME] available for work during the last thirty days? YES..1 (▶13) NO...2	12. Why was [NAME] not available for work during the last thirty days? IN SCHOOL.....1 BUSY WITH HOUSEHOLD DUTIES.....2 RETIRED.....3 TOO YOUNG.....4 TOO OLD.....5 SICK.....6 DISABLED.....7 OTHER, SPECIFY.....8 <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">▶15</div>	13. Has [NAME] taken any steps within the past thirty days to look for work? YES..1 NO...2 (▶15)	14. What steps has [NAME] taken? LIST TWO MOST RELEVANT REGISTERED WITH A RECRUITMENT AGENCY (EITHER PUBLIC, PRIVATE INSTITUTION OR INTERNET).....1 REPLIED TO ADVERTISEMENTS IN NEWSPAPERS, POSTERS OR INTERNET.....2 INQUIRING FROM PERSONS WITH PUBLIC OR PRIVATE SECTOR JOB CONTRACTS.....3 CHECKED AT WORKSITES, FARMS, FACTORIES, MARKETS.....4 NETWORKING WITH FRIENDS/RELATIVES...5 LOOKED FOR ASSETS TO START OWN ENTERPRISE.6 SEEKING FINANCE OR PERMISSION TO START OWN ENTERPRISE.....7 OTHER, SPECIFY.....8 <div style="display: flex; justify-content: space-around; border-top: 1px solid black; border-bottom: 1px solid black;"> FIRST SECOND </div>	15. CHECK THE FLAP: WHAT ARE THE ANSWERS TO QUESTIONS 4B AND 7B? YES TO 4B OR 7B.....1 (▶17) YES TO BOTH 4B AND 7B.....2 NO TO BOTH 4B AND 7B.....3 (▶54)	16. Did [NAME] work in the same wage job in the last 7 days and the last 12 months? IF NO, ASK ABOUT [NAME]'S WAGE JOB IN THE LAST 7 DAYS FIRST YES..1 NO...2	17. Who is [NAME]'s employer for this work? GOVERNMENT.....1 POLITICAL PARTY.2 COOPERATIVE.....3 NGO4 INT'L ORG.....5 RELIGIOUS ORG...6 PRIVATE SECTOR..7 OTHER, SPECIFY..8	18. What kind of work does [NAME] usually do in this job? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Eg: Primary School Teacher, Tax Accountant, Corporate Lawyer, Teaching Assistant, Nurse Carpenter etc. </div> FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR. [CODE: ISCO CODE] <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> DESCRIPTION CODE </div>

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Wage Jobs/Paid Apprenticeships (Primary)

I N D I V I D U A L I D	<p>19. What kind of trade or business is it connected with? DESCRIBE THE TRADE THE JOB IS CONNECTED TO.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Eg: Education, Ministry of Labor, Construction, Telecommunication etc. </div> <p>FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR.</p> <p>[CODE: ISIC SECTOR]</p>	<p>20. How many people altogether work at the place where [NAME] does this work?</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ENTER CODE "000" IF NOT KNOWN </div> <p>TOTAL NUMBER</p>	<p>21. How do you usually travel to work?</p> <p>ON FOOT.....1 EMPLOYER PROVIDED TRANSPORT.....2</p> <p><u>PRIVATE</u> BICYCLE.....3 CAR.....4 MOTORCYCLE.....5 CANOE.....6 OTHER, SPECIFY.....7</p> <p><u>PUBLIC</u> TAXI.....8 BUS.....9 MOTORCYCLE.....10 CANOE.....11 OTHER, SPECIFY..12</p>	<p>22. How long does it take [NAME] to get to work from [NAME]'s home?</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> TIME ONE WAY ONLY </div> <p>HOURS MINUTES</p>	<p>23. Does [NAME] receive wages, salary or other payments either in cash, bank deposits or cheques from this employer for this work?</p> <p>YES...1 (▶25) NO...2</p>	<p>24. What is the main reason [NAME] receives no payment for this work?</p> <p>APPRENTICESHIP OR UNPAID TRAINEESHIP...1 PAYING OFF DEBT.....2 OTHER, SPECIFY.....3</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ▶28 </div>	<p>25. How much was [NAME]'s last payment? What period of time did this payment cover?</p> <p>IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment does [NAME] expect? What period of time did this payment cover?</p> <p style="text-align:center;">CODES FOR PERIOD</p> <p>DAY.....1 WEEK.....2 FORTNIGHT (TWO WEEKS)....3 MONTH.....4 QUARTER (THREE MONTHS)....5 HALF YEAR.....6 YEAR.....7</p>		
	DESCRIPTION	CODE	TOTAL NUMBER		HOURS MINUTES			LD	USD

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Wage Jobs/Paid Apprenticeships (Primary)								Wage Jobs/Paid Apprenticeships (Secondary)			
I N D I V I D U A L I D	26. Does [NAME] receive any payment for this work in any other form? [APART FROM SALARY] EG: <u>SCRATCH CARDS, GAS SLIP, BAG OF RICE ETC.</u>	27. What is the value of those payments over the last 30 days?	28. During the last 12 months, for how many months did [NAME] work in this job? MAX AMOUNT: 12 MONTHS	29. Of the number of months worked in the 12 months, how many weeks per month did [NAME] usually work in this job? MAX AMOUNT: 4 WEEKS	30. Of the number of months worked in the last 12 months, how many hours per week did [NAME] usually work in this job? MAX AMOUNT: 168 HOURS	31. In the last 7 days, how many hours did [NAME] work in this job? MAX AMOUNT: 168 HOURS	32. What type of position does [NAME] hold? PERMANENT.....1 FIXED-TERM WITH DURATION≥ 1 YEAR WITH PENSION.....2 FIXED-TERM WITH DURATION≥ 1 YEAR WITHOUT PENSION.....3 TEMPORARY/SEASONAL/FREELANCE WITH PENSION.....4 TEMPORARY/SEASONAL/FREELANCE WITHOUT PENSION.....5 SELF EMPLOYED.....6	33. Does this job have a contract?	34. Does the job provide health insurance benefits to [NAME]?	35. Other than the job just discussed, has [NAME] had any other sort of wage employment or paid apprenticeship? CHECK BACK TO QUESTION 6 OR 9 FOR SECONDARY JOB TO VERIFY IF [NAME] IS A PAID EMPLOYEE (OPTION 1)	36. Who is [NAME]'s employer for this secondary wage work? GOVERNMENT.....1 POLITICAL PARTY..2 COOPERATIVE.....3 NGO4 INT'L ORG.....5 RELIGIOUS ORG...6 PRIVATE SECTOR..7 OTHER, SPECIFY..8
	YES...1 NO....2 (▶28)	LD USD	MONTHS	WEEKS	HOURS	HOURS	YES..1 NO...2	YES..1 NO...2	YES...1 NO....2 (▶54)		

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Wage Jobs/Paid Apprenticeships (Secondary)

I N D I V I D U A L I D	37. What kind of work does [NAME] usually do in this (second) job? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. Eg: Primary School Teacher, Tax Accountant, Corporate Lawyer, Teaching Assistant, Nurse Carpenter etc. FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR. [CODE: ISCO CODE]	38. What kind of trade or business is this (second) job connected with? DESCRIBE THE TRADE THE JOB IS CONNECTED TO. Eg: Education, Ministry of Labor, Construction, Telecommunication etc. FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR. [CODE: ISIC SECTOR]	39. How many people altogether work at the place where [NAME] does this work? TOTAL NUMBER	40. How do you usually travel to work? ON FOOT.....1 EMPLOYER PROVIDED TRANSPORT.....2 <u>PRIVATE</u> BICYCLE.....3 CAR.....4 MOTORCYCLE.....5 CANOE.....6 OTHER, SPECIFY.....7 <u>PUBLIC</u> TAXI.....8 BUS.....9 MOTORCYCLE.....10 CANOE.....11 OTHER, SPECIFY..12	41. How long does it take [NAME] to get to work from [NAME]'s home? TIME ONE WAY ONLY	42. Does [NAME] receive wages, salary or other payments either in cash or in other forms from this employer for this work? YES...1 (▶44) NO...2	43. What is the main reason [NAME] receives no payment for this work? APPRENTICESHIP OR UNPAID TRAINEESHIP.1 PAYING OFF DEBT....2 OTHER, SPECIFY.....3 ▶47
	DESCRIPTION	CODE	DESCRIPTION	CODE	HOURS	MINUTES	

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Wage Jobs/Paid Apprenticeships (Secondary)

INDIVIDUAL	44. How much was [NAME]'s last payment? What period of time did this payment cover? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment does [NAME] expect? What period of time did this payment cover? CODES FOR PERIOD DAY.....1 WEEK.....2 FORTNIGHT (TWO WEEKS) .3 MONTH.....4 QUARTER (THREE MONTHS) .5 HALF-YEAR.....6 YEAR.....7			45. Does [NAME] receive any payment for this work in any other form? [APART FROM SALARY] EG: <u>SCRATCH CARDS. GAS</u> <u>SLIP. BAG</u> <u>OF RICE</u> <u>ETC.</u> YES...1 NO....2			46. What is the value of those payments over the last 30 days?			47. During the last 12 months, for how many months did [NAME] work in this second job? MAX AMOUNT: 12 MONTHS			48. Of the number of months worked in the last 12 months, how many weeks per month did [NAME] usually work in this second job? MAX AMOUNT: 4 WEEKS			49. Of the number of months worked in the last 12 months, how many hours per week did [NAME] usually work in this second job? MAX AMOUNT: 168 HOURS			50. In the last 7 days, how many hours did [NAME] work in this second job? MAX AMOUNT: 168 HOURS			51. What type of position does [NAME] hold? PERMANENT.....1 FIXED-TERM WITH DURATION≥ 1 YEAR WITH PENSION.....2 FIXED-TERM WITH DURATION≥ 1 YEAR WITHOUT PENSION.....3 TEMPORARY/SEASONAL/FREELANCE WITH PENSION.....4 TEMPORARY/SEASONAL/FREELANCE WITHOUT PENSION.....5 SELF EMPLOYED.....6			52. Does this job have a contract? YES..1 NO...2			53. Does the job provide health insurance benefits to [NAME]? YES..1 NO...2		
	LD	USD	PERIOD	(▶47)	LD	USD	MONTHS	WEEKS	HOURS	HOURS																				

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Unpaid Apprenticeships										General
I N D I V I D U A L I D	54. CHECK THE FLAP: WHAT ARE THE ANSWERS TO QUESTION 4A OR 7A? YES TO 4A OR 7A.....1 YES TO BOTH 4A AND 7A.....2 NO TO BOTH 4A AND 7A.....3 (▶62)	55. What kind of work does [NAME] usually do in this unpaid apprenticeship? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. Eg: Carpenter helper, nurse, mason helper, auto- mechanic helper etc. REMEMBER THAT THESE ARE ALL UNPAID APPRENTICES. FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR. [CODE: ISCO CODE]	56. What kind of trade or business was this unpaid apprenticeship connected with? Eg: Education, Ministry of Labor, Construction, Telecommunication etc. FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR. [CODE: ISIC SECTOR]	57. Who is [NAME]'s main employer for this unpaid apprenticeship? GOVERNMENT.....1 POLITICAL PARTY..2 COOPERATIVE.....3 NGO4 INT'L ORG.....5 RELIGIOUS ORG...6 PRIVATE SECTOR..7 OTHER, SPECIFY..8	58. During the last 12 months, for how many months did [NAME] work in this unpaid apprenticeship? MAX AMOUNT: 12 MONTHS MONTHS	59. Of the months worked the last 12 months, how many weeks per month did [NAME] usually work in this unpaid apprenticeship? MAX AMOUNT: 4 WEEKS WEEKS	60. Of the months worked in the last 12 months, how many hours per week did [NAME] usually work in this unpaid apprenticeship? MAX AMOUNT: 168 HOURS HOURS	61. In the last 7 days, how many hours in did [NAME] work in this unpaid apprenticeship? MAX AMOUNT: 168 HOURS HOURS	62. In the last 7 days, did [NAME] help without being paid in any kind of non-farm business or businesses run by this household, even if it was only for one hour? VERIFY ANSWER PROVIDED WITH Q7D YES..1 NO...2 (▶64)	
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General

I N D I V I D U A L I D	63. In the last 7 days, how many hours did [NAME] work as an unpaid family worker on a non-farm household business or businesses? MAX AMOUNT: 168 HOURS	64. CHECK THE FLAP: WHAT IS THE ANSWER TO QUESTION 4E OR 7E? YES TO 4E OR 7E.....1 YES TO BOTH 4E AND 7E.....2 NO TO BOTH 4E AND 7E.....3 (▶69)	65. During the last 12 months, for how many months did [NAME] spend on household agricultural activities (including farm, livestock or fishing, whether for sale or for household food)? MAX AMOUNT: 12 MONTHS	66. Of the months worked in last 12 months, how many weeks per month did [NAME] spend on household agricultural activities (including farm, livestock or fishing, whether for sale or for household food)? MAX AMOUNT: 4 WEEKS	67. Of the months worked in the last 12 months, how many hours per week did [NAME] spend on household agricultural activities (including farm, livestock or fishing, whether for sale or for household food)? MAX AMOUNT: 168 HOURS	68. In the last 7 days, how many hours did [NAME] spend on household agricultural activities (including farm, livestock or fishing, whether for sale or for household food)? MAX AMOUNT: 168 HOURS	69. How much time did [NAME] spend yesterday collecting firewood (or charcoal)? [ROUND TRIP, INCLUDING GOING, COLLECTING, WAITING, RETURNING] [IF NONE WRITE '0']	70. How much time did [NAME] spend yesterday collecting/ fetching water? [ROUND TRIP, INCLUDING GOING, COLLECTING, WAITING, RETURNING] [IF NONE WRITE '0']	HOURS	MONTHS	WEEKS	HOURS	HOURS	MINUTES	HOURS	MINUTES

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SECTION F: FOOD CONSUMPTION OUTSIDE THE HH

DO NOT INCLUDE GIFTS OF [ITEM] GIVEN OUT BY [NAME] BUT DO INCLUDE GIFTS OF [ITEM] RECEIVED BY [NAME].

I N D I V I D U A L I D	1. Did [NAME] eat or drink any meals/snacks/drinks outside the household in the past 7 days?	2. In the past 7 days did [NAME] eat any full meals (<u>breakfast, lunch or dinner</u>) outside the household ?	3. What was the value of these meals?		4. Other than the meals already mentioned, did [NAME] eat or drink any <u>barbecued meat, chips, roast plantain, cassava, corn, bread, cake, tea, haitai, coffee, fruits or any other snacks</u> outside the household in the past 7 days?	5. What was the value of these snacks?		6. Other than the meals already mentioned, did [NAME] drink any <u>palm wine, club beer and other local or commercial alcoholic brews,</u> outside the household in the past 7 days ?	7. What was the value of those drinks?		8. Other than the meals already mentioned, did [NAME] drink any <u>soft drinks, juices and other non-alcoholic drinks including water</u> outside the household in the past 7 days ?	9. What was the value of those drinks?		10. Other than the meals already mentioned, did [NAME] eat any <u>sweets, ice-cream</u> outside the household in the past 7 days?	11. What was the value of these snacks?	
	YES...1 NO...2	YES...1 NO...2			YES...1 NO...2			YES...1 NO...2			YES...1 NO...2			YES...1 NO...2		
	(▶SEC G)	(▶4)	LD	USD	(▶6)	LD	USD	(▶8)	LD	USD	(▶10)	LD	USD	(▶SEC G)	LD	USD

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FLAP OF NAMES (FOR SECTION E: FILL 1 IF EITHER ONE IS YES; 2 IF BOTH ARE YES; 3 IF BOTH ARE NO)

I N D I V I D U A L I D	NAME	SEX	AGE	I N D I V I D U A L I D	SEC 'E'							
					YES TO 4A OR 7A?	YES TO 4B OR 7B?	YES TO 4E OR 7E?	YES TO 4C OR 4D?				

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12				12				

SECTION H: FAMILY/HOUSEHOLD NON-FARM ENTERPRISES

1a. Over the past 12 months, has anyone in your household operated any non-agricultural income-generating enterprise which produces goods or services or has anyone in your household owned a shop or operated a trading business?

YES...1 (▶2)
NO...2

1b. **ENUMERATOR:** CHECK THE FLAP FOR MODULE E (LABOUR): WHAT IS THE ANSWER TO QUESTION 4C OR 4D?

YES TO 4C OR 4D.....1
YES TO BOTH 4C AND 4D....2
NO TO BOTH 4C AND 4D ...3 (▶SECTION I)

<p>2. Please provide details on the main product or service of each [ENTERPRISE] that your household operated during the past 12 months.</p> <p>PROVIDE A WRITTEN DESCRIPTION CONCERNING THE MAIN PRODUCT / SERVICE OF EACH ENTERPRISE THAT THE HOUSEHOLD OPERATED DURING THE PAST 12 MONTHS, BEFORE GOING ON TO Q3. PLEASE INCLUDE BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY IN THE LAST 12 MONTHS.</p>	<p>3. Which members of the household are engaged in this [ENTERPRISE]? Fill in the ID numbers from the roster.</p> <p>MONTHS: During the last 12 months, for how many months did [NAME] work in the non-farm household business or businesses ?</p> <p>WEEKS: Of the months worked in the last 12 months, for how many weeks per month did [NAME] work in the non-farm household business or businesses?</p> <p>HOURS: Of the months worked in the last 12 months, for how many hours per week did [NAME] work in the non-farm household business or businesses?</p> <p>FILL OUT THE APPROPRIATE NUMBER OF MONTHS, WEEKS AND HOURS FOR EACH INDIVIDUAL MEMBER WITHIN THE HOUSEHOLD ENGAGED IN A NON FARM ENTERPRISE.</p>																				
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>MONTHS COLUMN RANGES BETWEEN 1 AND 12. WEEKS COLUMN RANGES BETWEEN 1 AND 4. HOURS PER WEEK COLUMN RANGE BETWEEN 1 AND 168.</p> </div>																					
WRITTEN DESCRIPTION	ISIC CODE	PERSON 1				PERSON 2				PERSON 3				PERSON 4				PERSON 5			
		ID	MONTHS	WEEKS	HOURS																

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E N T E R P R I S E I D	TRADERS AND SHOPKEEPERS						PRODUCERS & SERVICES										
	12. What kind of business is this?		13. What are total revenues of sales of <u>traded goods</u> that your [ENTERPRISE] normally receives per week/month?			14. What are the final costs of <u>traded goods</u> that your [ENTERPRISE] deals with per week/month?			15. What are total revenues of sales from <u>sale of goods produced or services provided</u> that your [ENTERPRISE] normally receives per week/month?			16. What was your total expenditure on wages/salary in the last week/month?			17. What was your total expenditure on raw materials in the last week/month?		
	TRADER / SHOPKEEPER...1 PRODUCER.....2 (▶15) SERVICES.....3 (▶15)		INCLUDE ALL COSTS ASSOCIATED WITH THE ENTERPRISE SUCH AS WAGES, OPERATING EXPENSES SUCH AS FUEL, ELECTRICITY, RENT <div style="border: 1px solid black; padding: 5px; display: inline-block;">▶ 19</div>			DO NOT INCLUDE SALARIES FOR HOUSEHOLD MEMBERS											
		TIME PERIOD WEEK...1 MONTH..2													TIME PERIOD WEEK...1 MONTH..2		TIME PERIOD WEEK...1 MONTH..2
		LD	USD	LD	USD	LD	USD	LD	USD	LD	USD	LD	USD				

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E N T E R P R I S E I D	18. How much were your other operating expenses (for this business) such as rent, fuel, kerosene, electricity etc. in the last week/month?		19. How many months out of the past twelve months was the enterprise in operation?	20. Is this company officially registered with the government? YES 1 NO 2 (►SEC I)	21. IF YES, Provide the registration number of the Liberia Business Register (LBR) as given on the registration certificate.
	TIME PERIOD				
	LD	USD			

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SECTION I: FOOD SECURITY

[ASK PERSON MOST KNOWLEDGEABLE ABOUT FOOD PREPARATION IN THE HOUSEHOLD / HOUSEHOLD HEAD'S SPOUSE]

1. In the past 7 days, did you worry that your household would not have enough food? YES...1 NO...2	2. In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO.								3. How many meals, including breakfast are taken per day by household members? A 5 years and above B Children (6-59 months) LEAVE BLANK IF NO CHILDREN	4. What did your children below 5 years old (0-59 months) have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN UNDER AGE 5, RECORD "00".	5. What did your children between 5 to 13 years old have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN 5-13, RECORD "00".
	A	B	C	D	E	F	G	H			
	Rely on less preferred foods?	Limit the variety of foods eaten?	Limit portion size at meal-times?	Reduce number of meals eaten in a day?	Restrict amount of food eaten by adults for small children to eat?	Borrow food, or rely on help from a friend or relative?	Have no food of any kind in your household?	Go a whole day and night without eating anything?			
	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS			

6. Do all household members eat roughly the same diet? YES...1 (▶8) NO...2	7. Who in the household usually eats a more diverse variety of foods or a less diverse variety of foods? MORE DIVERSE...1 LESS DIVERSE...2			8. In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household? YES...1 NO...2 (▶ NEXT SECTION)	9. When did you experience this incident? MARK X IN EACH OF THE COLUMNS REPRESENTING THE TWELVE MONTHS PRIOR TO THE INTERVIEW IN WHICH THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD.												10. What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM.			
	A	B	C		2013													A	B	C
	Men (5 years and above)	Women (5 years and above)	Children (6-59 months)		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec		1ST	2ND	3RD
			2014																	
			Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec						

CODES FOR 4 AND 5

TEA/MILK-TEA/DRINK WITH SUGAR.....1
 FRESHLY PREPARED SOLID FOOD ONLY.....2
 OVERNIGHT FOOD.....3
 TEA/DRINK WITH FRESHLY PREPARED SOLID FOOD...4
 TEA/DRINK WITH OVERNIGHT FOOD.....5
 BREASTMILK.....6
 TINNED/POWDERED MILK.....7
 INFANT FORMULA.....8
 WATER + GLUCOSE.....9
 ORAL REHYDRATION SOLUTION.....10
 CEREAL/PORRIDGE/PUDDING.....11
 NOTHING.....12
 OTHER, SPECIFY.....13

CODES FOR 10A, 10B & 10C

INADEQUATE HOUSEHOLD STOCKS DUE TO EARLY OR HEAVY RAIN/FLOODS...1
 INADEQUATE HOUSEHOLD STOCKS DUE TO LATE RAIN/DROUGHT.....2
 INADEQUATE FOOD STOCKS DURING PLANTING SEASON (HUNGER TIME).....3
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO PLANT DISEASE/INSECTS...4
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO BIRD/GRASS CUTTER (GROUNDHOG) ATTACKS.....5
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LANDSLIDE/EROSION.....6
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO SMALL LAND SIZE.....7
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LACK OF FARM INPUTS.....8
 FOOD IN THE MARKET WAS VERY EXPENSIVE.....9
 INACCESSIBLE MARKETS DUE TO HIGH TRANSPORTATION COSTS/BAD ROADS.10
 NO FOOD IN THE MARKET.....11
 OTHER, SPECIFY.....12

SECTION J: HOUSING, WATER AND SANITATION

[ASK HOUSEHOLD HEAD]

<p>1. How did you get this house?</p> <p>OWNER OCCUPIED.....1 EMPLOYER PROVIDED - SUBSIDIZED.....2 (▶4) EMPLOYER PROVIDED - FREE.....3 (▶5) RENTED.....4 (▶4) FREE.....5 (▶5)</p>	<p>2. What kind of documentation do you have of ownership of the dwelling?</p> <p>USE CODES AT RIGHT</p>	<p>3. Has there been any conflict (ethnic or family) associated with the ownership status of this dwelling?</p> <p>YES.....1 NO.....2</p> <p>▶5</p>	<p>4. How much does this household pay per month to rent this dwelling?</p> <p>INCLUDE VALUE OF IN-KIND PAYMENTS FOR RENT</p> <p>▶6</p>		<p>5. Estimate the rent per month you could receive if you rented this dwelling?</p>		<p>6. In the past year, how much have you paid on repairs and improvements to your dwelling (plumbing, electrician, etc?)</p>		<p>7. How many habitable rooms in each unit does this household occupy?</p> <p>DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE</p>		<p>8. The walls of the main dwelling are predominantly made of what materials?</p> <p>MUD AND STICKS.....1 MUD BRICKS.....2 ZINC/IRON/TIN.....3 STONE/CLAY BRICKS..4 SANDCRETE/ CEMENT BLOCKS.....5 WOOD OR TIMBER.....6 POLES/REEDS/BAMBOO, GRASS OR MAT.....7 TARPULIN/PLASTIC SHEET.....8 OTHER, SPECIFY.....9</p>	<p>CODES FOR Q2 CERTIFICATE/OFFER OF THE RIGHT OF OCCUPANCY.....1 TITLE DEED FOR LAND.2 LETTER OR ALLOCATION FROM VILLAGE GOV'T / TRIBAL DEEDS.....3 SQUATTER RIGHTS / SETTLEMENT PERMIT..4 LAND SALE AGREEMENT.....5 INHERITANCE LETTER..6 LEASE (FOR RENTERS)..7 NO DOCUMENTATION AT ALL.....8 OTHER TITLE (SPECIFY).....9</p>
			LD	USD	LD	USD	LD	USD	MAIN DWELLING	OTHER DWELLINGS		

<p>9. The roof of the main dwelling is predominantly made of what materials?</p> <p>CONCRETE/ CEMENT.....1 ROOFING TILES..2 ASBESTOS.....3 IRON SHEETS, ZINC/TIN.....4 TARPULIN / PLASTIC SHEET.5 STRAW, GRASS, BAMBOO OR THATCH.....6 OTHER, SPECIFY..7</p>	<p>10. The floor of the main dwelling is predominantly made of what materials?</p> <p>EARTH/ MUD.....1 CEMENT.....2 TILES.....3 WOOD/ PLANKS...4 STONE.....5 OTHER, SPECIFY..6</p>	<p>11. How does the household dispose of its garbage?</p> <p>COLLECTED BY GOVERNMENT....1 COLLECTED BY PRIVATE FIRM..2 GOVERNMENT BIN.....3 BURY.....4 BURN.....5 DISPOSAL WITHIN COMPOUND....6 ABANDON/UNAUTHORISED SITE/ BUSH.....7 OTHER, SPECIFY.....8</p>	<p>12. What is the main toilet facilities usually used in this household?</p> <p>FLUSH/POUR FLUSH TOILET FOR HOUSEHOLD USE ONLY.....1 FLUSH/ POUR FLUSH TOILET SHARED WITH OTHER HOUSEHOLDS...2 COVERED PIT LATRINE.....3 OPEN PIT LATRINE...4 VENTILATED IMPROVED PIT LATRINE (VIP)..5 BUSH/BEACH/BURY...6 (▶15) OTHER, SPECIFY.....7</p>	<p>13. In the last 12 months, have you paid to have your latrine pit or septic tank emptied?</p> <p>YES.....1 NO.....2 (▶15)</p>	<p>14. How much did you pay to for this service?</p>		<p>15. What is HH main source of electricity?</p> <p>NONE.....1 COMMUNITY GENERATOR.....2 OWN GENERATOR...3 ELECTRICITY FROM POWER SUPPLIER (LEC)..4 SOLAR PANELS.....5 CAR /MOTORCYCLE BATTERY.....6 OTHER, SPECIFY.....7</p>	<p>16. What is the household's major fuel used for lighting?</p> <p>NONE.....1 ELECTRICITY..2 KEROSENE /PARAFFIN...3 CANDLE.....4 PALM OIL/ (JACKO) LAMP.5 CHINESE LAMP.6 WOOD.....7 TORCHLIGHT...8 OTHER, SPECIFY.....9</p>	<p>17. What major fuel is used for cooking by the household?</p> <p>ELECTRICITY..1 KEROSENE/OIL.2 GAS.....3 CHARCOAL....4 WOOD.....5 OTHER, SPECIFY....6</p>
					LD	USD			

18. What is the household's main source of drinking water in the rainy season? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">USE CODES FROM BELOW</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">IF 1 (▶21)</div>	19. How long does it take to get water from drinking water source to this house in the rainy season? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">GO AND RETURN TRIP INCLUDE WAITING TIME</div>	20. Out of these [READ] minutes, how long do you spend waiting?	21. What is the household's main source of drinking water in the dry season? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">USE CODES FROM BELOW</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">IF 1 (▶24)</div>	22. How long does it take to get water from drinking water source to this dwelling in the dry season? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">GO AND RETURN TRIP, INCLUDE WAITING TIME</div>	23. Out of these [READ] minutes, how long do you spend waiting?	24. What principal measures are taken by this household to ensure the safety of drinking water? BOIL.....1 USE WATER FILTER.....2 STRAIN THROUGH A CLOTH.....3 TREATED WITH CHEMICALS.....4 MINERAL WATER..5 OTHER, SPECIFY..6 NONE.....7 <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">MARK UP TO 2</div>	25. What is the household's main source of water for cooking? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">USE CODES FROM BELOW</div>	26. What is the household's main source of water for washing (for example laundry, bathing, etc)? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">USE CODES FROM BELOW</div>
	MINUTES	MINUTES		MINUTES	MINUTES	1 2	RAINY SEASON DRY SEASON	RAINY SEASON DRY SEASON

	27. MARK X FOR EACH WATER SOURCE REPORTED IN QUESTIONS 18, 21, 25 & 26. THEN ASK Q28 FOR EACH OF THESE SOURCES.	28. How much did the household spend on each source of water in the past 7 days?	
		LD	USD
1 Pipe or Pump Indoors			
2 Pipe or Pump Outdoors			
3 Public standpipe/tap			
4 Boreholes/Tubewell/Mechanical Well			
5 Neighbouring household			
6 Water vendor (Clean Water)			
7 Push-Push Water Vendor			
8 Closed Well			
9 Open Well			
10 River, Lake or Creek			
11 Rainwater			
12 Bottled Water/Drum/Plastic Bag			
13 Other, specify			

CODES FOR 18, 21, 25 & 26

PIPE OR PUMP INDOORS.....1
PIPE OR PUMP OUTDOORS.....2
PUBLIC STANDPIPE/TAP.....3
BOREHOLES/TUBEWELL/MECHANICAL WELL.4
NEIGHBORING HOUSEHOLD.....5
WATER VENDOR (CLEAN WATER).....6
PUSH PUSH WATER VENDOR.....7
CLOSED WELL8
OPEN WELL9
RIVER, LAKE OR CREEK.....10
RAINWATER.....11
MINERAL (BOTTLED/DRUM/PLASTIC)12
OTHER, SPECIFY.....13

SECTION K: CONSUMPTION OF FOOD OVER PAST ONE WEEK IN THE HOUSEHOLD

[ASK PERSON MOST KNOWLEDGEABLE ABOUT FOOD PREPARATION IN THE HOUSEHOLD / HOUSEHOLD HEAD'S SPOUSE]

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household?	2. How many days did your household eat/drink this item in the past 7 days?	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?			4. Of the total amount that was eaten/drank in the past seven days, how much came from purchases?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?		6. Of the total amount that was eaten/drank in the past seven days, how much came from own-production?		7. Of the total amount that was eaten/drank in the past seven days, how much came from gifts and other sources?		D E L I N E N U M B E R
			YES . . 1 NO . . . 2 (▶NEXT)	DAYS	UNIT	QUANTITY	UNIT	QUANTITY	LD	USD	UNIT	QUANTITY	UNIT	
			KG. 1 LITRE. 2 NUMBER. 3 CUP. 4 PILE. 5 SACK. 6 BAG. 7 CAN. 8 PACK. 9 BIG DINO. 10 SMALL DINO. 11 SCHNAPPS. 12 BUNCH. 13 TIE. 14 OTHER, SPECIFY. 15	KG. 1 LITRE. 2 NUMBER. 3 CUP. 4 PILE. 5 SACK. 6 BAG. 7 CAN. 8 PACK. 9 BIG DINO. 10 SMALL DINO. 11 SCHNAPPS. 12 BUNCH. 13 TIE. 14 OTHER, SPECIFY. 15					KG. 1 LITRE. 2 NUMBER. 3 CUP. 4 PILE. 5 SACK. 6 BAG. 7 CAN. 8 PACK. 9 BIG DINO. 10 SMALL DINO. 11 SCHNAPPS. 12 BUNCH. 13 TIE. 14 OTHER, SPECIFY. 15	KG. 1 LITRE. 2 NUMBER. 3 CUP. 4 PILE. 5 SACK. 6 BAG. 7 CAN. 8 PACK. 9 BIG DINO. 10 SMALL DINO. 11 SCHNAPPS. 12 BUNCH. 13 TIE. 14 OTHER, SPECIFY. 15				
Cereals and Cereal products														1
0101	Local Rice													2
0102	Imported Rice (including pusswa, butter rice, etc.)													3
0103	Corn (Maize)													4
0104	Other cereals (Specify)													5
0105	Corn flour, Wheat flour/Farina, Semolina													6
0106	Other flours (specify)													7
0107	Bread (long bread, round bread, Lebanese bread etc.)													8
0108	Pasta products (macaroni, spaghetti)													9
0109	Fritters (Callah), Pastry and Doughnut, Biscuits and Cakes, Corn bread, Rice bread, Short bread etc.													10
Starches (Roots, Tubers, Bananas, Plantain)														11
0201	Cassava roots													12
0202	Cassava flour (fufu), gari													13
0203	Yams													14
0204	Sweet potatoes													15
0205	Irish Potatoes													16
0206	Plantains													17

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household?	YES . . 1 NO . . . 2 (▶NEXT)	2. How many days did your household eat/drink this item in the past 7 days?	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?			4. Of the total amount that was eaten/drunk in the past seven days, how much came from purchases?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?		6. Of the total amount that was eaten/drunk in the past seven days, how much came from own-production?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from gifts and other sources?		D E L I N E N U M B E R
				DAYS	UNIT	QUANTITY	UNIT	QUANTITY	LD	USD	UNIT	QUANTITY	UNIT	QUANTITY	
0207	Bitter balls/Kitilay														18
0208	Eddoes														19
0209	Other roots and tubers (specify)														20
Sugar and Sweets															
0301	Sugar														22
0302	Sweets (Candies, etc)														23
0303	Chocolate/Ice Creams														24
0304	Honey, syrups,														25
0305	Jams, marmalade, jellies														26
Pulses, Dry															
0401	Dried beans														28
0402	Dried peas														29
0403	Other lentils and pulses														30
Nuts and Seeds and Oil															
0501	Kola Nut/Beetel Nut														32
0502	Groundnuts in shell/shelled/butter, Groundpea														33
0503	Groundnut oil														34
0504	Coconuts oil														35
0505	Palm nuts														36
0506	Palm oil														37

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [...] within the household?	YES...1 NO...2 (▶NEXT)	2. How many days did your household eat/drink this item in the past 7 days?	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?			4. Of the total amount that was eaten/drunk in the past seven days, how much came from purchases?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?		6. Of the total amount that was eaten/drunk in the past seven days, how much came from own-production?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from gifts and other sources?		D E L I N E N U M B E R
				DAYS	UNIT	QUANTITY	UNIT	QUANTITY	LD	USD	UNIT	QUANTITY	UNIT	QUANTITY	
0507	Palm Kernel Oil														38
0508	Argo Oils/ Vegetable Oils / Olive Oil														39
0509	Butter, margarine and other not fat butter														40
0510	Other seeds/nuts or products from nuts/seeds (cotton, soya)														41
0511	Sesame Seeds / Beneseeds														42
0512	Animal fats														43
Vegetables															44
0601	Fresh tomatoes														45
0602	Onions														46
0603	Garlic														47
0604	Cassava Leaves														48
0605	Cabbage, Lettuce														49
0606	Okra														50
0607	Collard Greens														51
0608	Potato greens/ sweet potato greens														52
0609	Other green leaves (falong, oseille)														53
0610	Eggplant														54
0611	Carrots														55
0612	Green beans														56
0613	Ginger														57

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household?	YES . . 1 NO . . . 2 (▶NEXT)	2. How many days did your household eat/drink this item in the past 7 days?	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?			4. Of the total amount that was eaten/drunk in the past seven days, how much came from purchases?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?		6. Of the total amount that was eaten/drunk in the past seven days, how much came from own-production?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from gifts and other sources?		D E L I N E N U M B E R
				DAYS	UNIT	QUANTITY	UNIT	QUANTITY	LD	USD	UNIT	QUANTITY	UNIT	QUANTITY	
0614	Other vegetables														58
Fruits															59
0701	Bananas														60
0702	Citrus fruits (oranges, lemon, tangerines, lime, etc.)														61
0703	Mangoes														62
0704	Papayas / Paw Paw														63
0705	Avacados / Butter Pear														64
0706	Pineapples														65
0707	Coconuts (mature/immature)														66
0708	Grapefruit														67
0709	Cucumber														68
0710	Other fruits (guava, apples, watermelon, etc)														69
Meat, meat products, fish															70
0801	Eggs														71
0802	Goat/mutton meat														72
0803	Sheep/lamb meat														73
0804	Beef (cow) including minced sausage, liver etc.														74
0805	Corned Beef														75
0806	Pork including sausages and bacon														76
0807	Pig Feet														77

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household?	YES . . . 1 NO . . . 2 (▶NEXT)	2. How many days did your household eat/drink this item in the past 7 days?	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?			4. Of the total amount that was eaten/drunk in the past seven days, how much came from purchases?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?		6. Of the total amount that was eaten/drunk in the past seven days, how much came from own-production?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from gifts and other sources?		D E L I N E N U M B E R
				DAYS	UNIT	QUANTITY	UNIT	QUANTITY	LD	USD	UNIT	QUANTITY	UNIT	QUANTITY	
0808	Live Chicken														78
0809	Frozen Chicken														79
0810	Chicken Feet														80
0811	Other Domestic Fowl (Ducks, Guinea fowl, game birds etc)														81
0812	Meat from other domesticated animals														82
0813	Smoked Fish (dried/salted)														83
0814	Fresh Fish (cassava fish, cavalla fish, mackerel, snappers, soul fish etc.)														84
0815	Canned fish (sardines etc)														85
0816	Crustaceans and mollusks (crab, shrimp etc)														86
0817	Other aquatic products														87
0818	Wild/Bush meat (Porcupine gazelle, palm worms, chenilles, monkey meat)														88
Milk and dairy products															89
0901	Canned milk/ condensed milk														90
0902	Milk products (like cream, cheese, yoghurt etc)														91
0903	Powdered Milk														92
0904	Fresh milk (directly from animal)														93
Spices and other foods															94
1001	Salt														95

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household?	YES . . 1 NO . . . 2 (▶NEXT)	2. How many days did your household eat/drink this item in the past 7 days?	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?			4. Of the total amount that was eaten/drunk in the past seven days, how much came from purchases?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?		6. Of the total amount that was eaten/drunk in the past seven days, how much came from own-production?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from gifts and other sources?		D E L I N E N U M B E R
				UNIT	QUANTITY	UNIT	QUANTITY	LD	USD	UNIT	QUANTITY	UNIT	QUANTITY		
1002	Dry Pepper													96	
1003	Fresh Pepper													97	
1004	Bouillon cubes (maggi, jumbo, etc)													98	
1005	Tomato Paste													99	
1006	Fresh Yeast													100	
1007	French Fries Potato													101	
1008	Tomato Ketchup													102	
1009	Baby Foods (e.g. rice based, wheat based etc.)													103	
1010	Other spices and condiments													104	
Beverages															
1101	Coffee and cocoa													106	
1102	Tea, Herbal Tea (Lipton's)													107	
1103	Chocolate drinks (ovaltine, etc)													108	
1104	Fruit Juice													109	
1105	Mineral Water													110	
1106	Other raw materials for drinks													111	
1107	Bottled/Canned soft drinks(coke/pepsi etc)													112	
1108	Local Beer (Club, Stout)													113	
1109	Imported Beer (Heineken, Becks, Savanna)													114	
1110	Nicom / Palm wine / Cane Juice													115	
1111	Other alcoholic beverages (Gin, Johnny Walker, Dewar etc)													116	

8. Over the past one week (7 days), did any people that you did not list as household members [READ LIST FROM HH ROSTER] eat any meals in your household?

YES= 1
 NO = 2
 SKIP TO SECTION L1 IF Q8=NO

IF NOT SHARED, RECORD ZERO IN BOTH COLUMNS.		9. With how many people not listed as household members were meals shared with over the past 7 days?	10. What was the total number of meals that were shared over past 7 days with people not listed as household members?
		NUMBER OF PEOPLE	NUMBER OF MEALS
A	Children 0-5 years		
B	Children 6-15 years		
C	Adults 16 and above		

SECTION L1: NON-FOOD EXPENDITURES – Past seven & thirty days

SEVEN DAY RECALL

ITEM CODE	1. Over the past 7 days, did you purchase any [...]?	2. How much did you pay in total?		D E N U M B E R L I N E
		YES...1 NO...2 (▶NEXT ITEM)	LD	
101	Cigarettes (Lucky Strike / Marlborough), tobacco, snuff			1
102	Matches			2
103	Public transport (does not include transport provided by school)			3
104	Candles			4
105	Car Washing/Parking Fees			5
106	Garbage Collection			6
107	Shoe Shining			7
108	Mosquito Coil / Insecticide Spray			8
109	Cell phone scratch card (vouchers)			9
110	Petrol or diesel			10

THIRTY DAY RECALL

ITEM CODE	1. Over the past 30 days, did you purchase or pay for any [...]?	2. How much did you pay in total?		D E N U M B E R L I N E
		YES...1 NO...2 (▶NEXT ITEM)	LD	
201	Kerosene/Paraffin			11
202	Electricity			12
203	Bottled Gas/Propane(for lighting/cooking)			13
204	Shoe Polish			14
205	Wood and other solid fuels			15
206	Other energy sources (batteries, etc.)			16
207	Pets (Purchase of cats, dogs, veterinary and other services)			17
208	Admission charges (local video club, cinema, stadium, concert)			18
209	Newspapers and Magazines			19

THIRTY DAY RECALL

ITEM CODE	1. Over the past 30 days, did you purchase or pay for any [...]?	2. How much did you pay in total?		D E N U M B E R L I N E
		YES...1 NO...2 (▶NEXT ITEM)	LD	
210	Charcoal			20
211	Milling fees, grain			21
212	Bar soap (bath/body soap/ palmolive / life buoy)			22
213	Laundry soap/Powder Soap (Clothes)			23
214	Toothpaste, toothbrush			24
215	Vehicle rental			25
216	Personal services (barber, manicure, pedicure, facial)			26
217	Toilet paper			27
218	Glycerine, Vaseline, skin creams, personal oils and lotions			28
219	Other personal/beauty products products (shampoo, razor blades, cosmetics, hair products, nail polish, powder, oil etc.)			29
220	Household cleaning products (dish soap, toilet cleansers, broom, brush etc.)			30
221	Disposable Diapers (Pampers, etc.)			31
222	Light bulbs			32
223	Internet, postage stamps or other postal fees			33
224	Donation - to church, mosque, charity, beggar, etc.			34
225	Motor vehicle service, repair, or parts			35
226	Oil change / grease job (car, motor bike, etc.)			36
227	Repair / pumping of tires, wheels			37
228	Bicycle service, repair, or parts			38
229	Wages paid to domestic help			39
230	Bleach (Chlorax)			40
231	Laundry Services			41
232	Game of Chance (Winners, lottery etc.)			42
233	Photocopying / Printing / Typing			43
234	Wheel Barrow / Porter			44

SECTION L2: NON-FOOD EXPENDITURES – Past twelve months

ITEM CODE	1. Over the past twelve months, did you purchase or pay for any [...]?		2. How much did you pay in total?		D E N U M B E R
	YES...1 NO...2 (▶NEXT ITEM)		LD	USD	
301	Carpet, rugs				1
302	Drapes, curtains				2
303	Linen - towels, sheets, blankets				3
304	Mattress (Foam)				4
305	Sports & hobby equipment, musical instruments (drums, horn, etc. Do NOT include radios/CD Player)				5
306	Film, film processing, camera, video camera				6
307	Building items - bricks, timber, zinc sheets, tools, pipes				7
308	Cement				8
309	Paint				9
310	Bucket				10
311	Travel expenses (other city or country / pilgrimage)				11
312	Insurance - health, auto, home, life				12
313	Losses to theft (value of items or cash lost)				13
314	Fines or legal/administrative fees				14
315	Bride price /Marriage costs etc				15
316	Funeral costs				16
317	Jewelry				17
318	Garments for men (shirts, underpants, undershirt, t-shirt, trousers, khaki shirt/trouser, pyjama, shorts, socks, suits, cloth wraps, lappa, fabric etc.)				18
319	Garments for women (dress, lappa suit, blouses, bra, underwear, skirts, boubou, jeans, skirt, lappa, cloth wrap, fabric etc.)				19
320	Garments for children and babies				20
321	Sewing costs, Tailoring and Seamstress Costs, Clothing Repair Costs (for men, women and children)				21
322	Footwear for men (leather shoes, plastic sandals, sneakers, sports shoes etc.)				22
323	Footwear for women (sandals, heels, sneakers, etc.)				23

ITEM CODE	1. Over the past twelve months, did you purchase or pay for any [...]?		2. How much did you pay in total?		D E N U M B E R
	YES...1 NO...2 (▶NEXT ITEM)		LD	USD	
324	Footwear for children and babies				24
325	Accessories (handkerchiefs, belts, hats, ties, watches, handbags etc.)				25
326	Other clothing articles (buttons, thread, etc.)				26
327	Repairs to household durables and personal items (radios, watches, other appliances etc.)				27
328	Moving and Shipping Expenses				28
329	Taxes for income, property, etc.				29
330	Games and Toys (Chess, Cards, Checkers, Dolls, etc.)				30
331	Writing and Drawing materials (notebooks, envelopes, etc)				31
332	Financial fees (banks, money transfers Western Union / Moneygram)				32
333	Other transport related expenses (vehicle inspection, driving school, etc.)				33
334	Farm Implements (cutlass, handhoe, shovel, digger, axe, rake, pingalay, saw, chapiah, etc.)				34
335	Other costs not stated elsewhere				35

SECTION M: HOUSEHOLD ASSETS

CODE	1. How many [ITEMS] does your household own? [IF NONE WRITE '0'] DO NOT FILL QUESTIOS 2-6. ASK Q1 FIRST FOR ALL ITEMS AND THEN PROCEED ASKING QUESTIONS 2-6 FOR THOSE ITEMS THAT ARE NOT LISTED AS 0 IN QUESTION 1.	2. Number of [ITEM]s purchased in the past twelve months? [IF NONE WRITE '0' AND SKIP TO Q4]		3. What did the household pay for all [ITEM]s purchased in the past twelve months? RECORD THE TOTAL COST OF ALL ITEMS MENTIONED IN Q2		4. What is the age of the most recently purchased [ITEM]?		5. How much did household pay for the most recently purchased [ITEM]? RECORD THE COST OF THE MOST RECENTLY PURCHASED ITEM MENTIONED IN Q4		6. What price would you get today if you resold the most recently purchased [ITEM]? RECORD THE EXPECTED SELLING PRICE OF THE MOST RECENTLY PURCHASED ITEM MENTIONED IN Q4		D E L I N E N U M B E R
		NUMBER	NUMBER	LD	USD	YEARS	MONTHS	LD	USD	LD	USD	
401	Radio, Radio Cassette, CD player, Tape Recorder											1
402	Telephone(mobile)											2
403	Refridgerator or freezer											3
404	Sewing Machine											4
405	Video / DVD / Television											5
406	Chairs (local/imported)											6
407	Sofas/Armchair (local/imported)											7
408	Tables (local/imported)											8
409	Watches											9
410	Beds (local/imported)											10
411	Cupboards, chest-of-drawers, boxes, wardrobes,bookcases, dresser											11
412	Small appliances (Lanterns / Pails / Hammer)											12
413	Kerosene Lamp											13
414	Personal Computer / Printer / Scanner/ Photocopier											14
415	Cooking pots											15
416	Cups, other kitchen utencils (knives, forks, spoons etc)											16
417	Pressing Iron (Charcoal or electric)											17
418	Electric/gas/kerosene/coal stove or cooker											18
419	Water-heater											19
420	Books											20
421	Calculator											21
422	Motor cars, vans											22
423	Trucks, Mini Buses											23
424	Motor cycle											24
425	Bicycle											25
426	Electric Fan											26
427	Airconditioner											27
428	Satellite Dish / Antenna / DSTV											28
429	Generator											29
430	Leather and Skins											30
431	Other, specify											31

SECTION N: ASSISTANCE, GROUPS AND OTHER SOURCES OF INCOME

1. Did you or members of your household receive any assistance in the past 12 months from private, government or any non-governmental institution (such as church, NGO or international organization) of the following kind? EXCLUDE SELF-HELP GROUPS. GO TO QUESTION 7 IF "NO" FOR ALL CHOICES.		2. What is the name of the organization/program who provided this assistance? GOVERNMENT.....1 NGO/INT'L ORG.....2 RELIGIOUS INST (CHURCH, MOSQUE).....3 PRIVATE INST.....4 OTHER SPECIFY.....5		3. How much cash did your household receive from this organization in the last 12 months? WRITE "0" IF NO CASH RECEIVED		4. What was the value of food the household received from this organization in the last 12 months?		5. What was the value of any other in-kind assistance received in the last 12 months?		6. Which members of the household participated in this program? LIST UP TO 3 ROSTER ID		
				LD USD		LD USD		LD USD		1 2 3		
A.	Pensions and Social Security Allowances											
B.	Veteran / Disability Allowance											
C.	School feeding, Scholarships for school (all level)											
D.	Food for displaced families/refugees											
E.	Food/Cash for elderly											
F.	Food/Cash for pregnant, breastfeeding women and children.											
G.	For Construction/building materials											
H.	Agricultural assistance (tools, seeds, training):											
I.	Food/Cash for Community Projects/any work											
J.	Medical services											
K.	Other assistance (not listed above), specify:											
7. How much did the household receive as rental property income or other rental income in the last 12 months? ENTER 0 IF NO REVENUE RECEIVED FROM SOURCE		8. How much revenue did the household make from sale of a house or other asset in the last 12 months? ENTER 0 IF NO REVENUE RECEIVED FROM SOURCE		9. How much revenue did the household make from sale of a car or other capital good in the last 12 months? ENTER 0 IF NO REVENUE RECEIVED FROM SOURCE		10. How much revenue did the household make from lottery winnings in the last 12 months? ENTER 0 IF NO REVENUE RECEIVED FROM SOURCE						
LD USD		LD USD		LD USD		LD USD						

11. Is anyone in the household a member of a credit or savings group (SUSU)? YES...1
 NO...2 (►SECTION O)

- CODES FOR Q17**
- SUBSISTENCE NEEDS.....1
 - MEDICAL COST.....2
 - SCHOOL FEES.....3
 - CEREMONY (WEDDING/FUNERAL ETC) .4
 - PURCHASE LAND.....5
 - PURCHASE AGRICULTURAL INPUTS/TOOLS.....6
 - OTHER BUSINESS INPUTS.....7
 - PURCHASE/CONSTRUCTION OF DWELLING.....8
 - OTHER, SPECIFY.....9

12 Please list all household members who are members of groups		13 How often does [NAME] contribute to the group? PERIOD DAY...1 WEEK...2 MONTH...3 YEAR...4		14 How much does [NAME] give each time?		15 When was the last time [NAME] withdrew money? IF NEVER, ENTER "0" ►NEXT ROW		16 How much did [NAME] withdraw?		17 What was the main reason [NAME] took money out this last time? USE CODES ABOVE	18 How much will [NAME] pay for this loan including interest?		19 How long will it take [NAME] to repay the loan?
	ROSTER ID CODE	FREQ.	PERIOD	LD	USD	MONTH	YEAR	LD	USD	CODES	LD	USD	MONTHS
A.													
B.													
C.													
D.													
E.													
F.													
G.													
H.													
I.													
J.													
K.													
L.													
M.													
N.													
O.													

SECTION O: CREDIT

1. Over the past 12 months, did you or anyone else in this household borrow from someone outside the household or from an institution receiving either cash, goods, or services excluding SUSU's? [INCLUDE LOANS FOR AGRICULTURE. PROBE FOR GOODS OR SERVICES RECEIVED ON CREDIT.]

YES...1
 NO...2
 (►SECTION P)

L O A N / C R E D I T	2. What are the names of the persons or institutions from whom you or anyone else in your household borrowed or took credit? LIST ALL PEOPLE OR ORGANIZATIONS BEFORE GOING TO QUESTION 3	3. CODE SOURCE OF LOAN SEE CODES BELOW	4. Which household member was responsible for the loan? ID CODE	5. Was this a cash loan or goods on credit?		6. How much was borrowed or what was the value of the credit?		7. Is the loan/credit repaid? YES...1 (►9) NO...2	8. Approximately when do you expect to pay back the money?		9. Total amount to be paid on the loan including interest.		10. What did you use this loan/credit for?		
				CASH...1	GOODS...2	LD	USD		MONTH	YEAR	LD	USD	FIRST	SECOND	THIRD
1															
2															
3															
4															
5															
6															
7															
8															
9															

JANUARY.....01
 FEBRUARY.....02
 MARCH.....03
 APRIL.....04
 MAY.....05
 JUNE.....06
 JULY.....07
 AUGUST.....08
 SEPTEMBER.....09
 OCTOBER.....10
 NOVEMBER.....11
 DECEMBER.....12

SUBSISTENCE NEEDS.....1
 MEDICAL COST.....2
 SCHOOL FEES.....3
 CEREMONY (WEDDING, FUNERAL ETC) ...4
 PURCHASE LAND.....5
 PURCHASE AGRIC. INPUTS/TOOLS.....6
 OTHER BUSINESS INPUTS.....7
 BUY/BUILD DWELLING.....8
 OTHER (SPECIFY)9

CODES FOR Q3
 COMMERCIAL BANKS.....1
 MICRO-FINANCE INST.....2
 BUILDING SOC./MORTGAGE...3
 INSURANCE COMPANIES.....4
 OTHER FINANCIAL INST.....5

CODES FOR Q3
 GROCERY/LOCAL MERCHANT...7
 EMPLOYER.....8
 RELIGIOUS INST.....9
 NGO.....10
 SELF HELP-GROUPS.....11
 OTHER, SPECIFY.....12

SECTION P: CASH AND GIFTS TRANSFERS
PART A : CASH OR GIFT TRANSFERS RECEIVED

1 Write the ID CODE of the principal respondent to the section:

2 During the last 12 months, did anyone in the household receive cash or goods from other households? YES.....1
 NO.....2 (▶ PART B)

FILL IN COLUMN BY COLUMN

		TRANSFER									
		1	2	3	4	5	6				
3	ID CODE of the household member who received the cash or good from the other household	<input type="text"/>									
4	Relationship of household member in Q3 to the sender? 1 Spouse 5 In-Laws 2 Parent 6 Other relative, specify 3 Child 7 Other Specify 4 Sibling	<input type="text"/>									
5	What is the nature of the transfer? 1 Money 2 Food goods (▶ 7) 3 Non-food goods (▶ 7)	<input type="text"/>									
6	What method was used to receive the money? 1 Bank Transfer 2 Western Union 3 Moneygram 4 Mobile Money 5 Other, specify	<input type="text"/>									
7	Place of residence of the sender USE COUNTRY CODE BELOW IF RECEIVED FROM OUTSIDE LIBERIA; USE COUNTRY CODE AT BACK OF QUESTIONNAIRE IF RECEIVED FROM WITHIN LIBERIA CODES FOR COUNTRIES USA.....101 IVORY COAST...108 UK.....102 SOUTH AFRICA...109 AUSTRALIA.....103 OTHER, SPECIFY..110 GUINEA.....104 SIERRA LEONE...105 GHANA.....106 NIGERIA.....107	<input type="text"/>									
8	What is the principal reason for the transfer ? HOUSEHOLD CONSUMPTION...1 FARMING.....5 EDUCATION.....2 CEREMONY.....6 HEALTH.....3 CONSTRUCTION...7 INVESTMENT OR OTHER, SPECIFY..8 BUSINESS...4	<input type="text"/>									
9	What is the total amount of money received or the value of the goods received during the last 12 months?	LD	<input type="text"/>	LD	<input type="text"/>	LD	<input type="text"/>	LD	<input type="text"/>	LD	<input type="text"/>
		USD	<input type="text"/>	USD	<input type="text"/>	USD	<input type="text"/>	USD	<input type="text"/>	USD	<input type="text"/>

PART B : CASH TRANSFERS OR GIFTS SENT

1 Write the ID CODE of the principal respondent to the section:

2 During the last 12 months, did the household send cash or goods to other households?
 YES.....1
 NO.....2 (▶ SECTION Q)

FILL IN COLUMN BY COLUMN

		TRANSFER									
		1	2	3	4	5	6				
3	ID CODE of the household member who sent cash or goods to other households.	<input type="text"/>									
4	Relationship of household member in Q3 to the receiver? 1 Spouse 5 In-Laws 2 Parent 6 Other relative, specify 3 Child 7 Other Specify 4 Sibling	<input type="text"/>									
5	What is the nature of the transfer sent? 1 Money 2 Food goods (▶ 7) 3 Non-food goods (▶ 7)	<input type="text"/>									
6	What method was used to send the money? 1 Bank Transfer 2 Western Union 3 Moneygram 4 Mobile Money 5 Other, specify	<input type="text"/>									
7	Place of residence of the receiver USE COUNTRY CODE BELOW IF SENT OUTSIDE LIBERIA; USE COUNTRY CODE AT BACK OF QUESTIONNAIRE IF SENT WITHIN LIBERIA <u>CODES FOR COUNTRIES</u> USA.....101 IVORY COAST...108 UK.....102 SOUTH AFRICA...109 AUSTRALIA.....103 OTHER, SPECIFY.110 GUINEA.....104 SIERRA LEONE...105 GHANA.....106	<input type="text"/>									
8	What is the principal reason for the transfer ? HOUSEHOLD CONSUMPTION...1 FARMING.....5 EDUCATION....2 CEREMONY.....6 HEALTH.....3 CONSTRUCTION...7 INVESTMENT OR OTHER, SPECIFY..8 BUSINESS..4	<input type="text"/>									
9	What is the total amount of money sent or the value of the goods sent during the last 12 months?	LD	<input type="text"/>	LD	<input type="text"/>	LD	<input type="text"/>	LD	<input type="text"/>	LD	<input type="text"/>
		USD	<input type="text"/>	USD	<input type="text"/>	USD	<input type="text"/>	USD	<input type="text"/>	USD	<input type="text"/>

SECTION R: PRODUCTION AND SALES OF AGRICULTURAL CROPS OVER THE PAST TWELVE MONTHS

I T E M C O D E	1. Within the <u>past 12 months</u> , did the household produce any	YES...1 NO...2 (▶NEXT ITEM)	2. Did you sell [ITEM] that you produced in the <u>past 12 months</u> ? YES...1 NO...2 (▶NEXT ITEM)	3. What was the value of the sales made in the <u>past 12 months</u> ?		D E L I N E N U M B E R
				LD	USD	
Cereals/Tubers/Roots						1
0101	Corn/Maize					2
0102	Cassava					3
0103	Eddoes					4
0104	Ginger					5
0105	Onions					6
0106	Rice/Paddy					7
0107	Sweet Potatoes					8
0108	Yams					9
0109	Other cereals/tubers/roots (specify)					10
Beans, Nuts						11
0201	Beans/Peas					12
0202	Bread Nut					13
0203	Palm Nuts					14
0204	Sesame/Beneseed					15
0205	Groundnut					16
0206	Kola Nut					17
0207	Worlor					18
0208	Other beans, nuts (specify)					19
Sale of Vegetables and other crops						20
0301	Bitterballs					21
0302	Cabbage					22
0303	Cayenne Pepper					23
0304	Collard Greens					24
0305	Cucumber					25
0306	Egg Plant					26
0307	Fever Leaf					27
0308	Kitilay					28

I T E M C O D E	1. Within the <u>past 12 months</u> , did the household produce any	2. Did you sell [ITEM] that you produced in the <u>past 12 months</u> ?		3. What was the value of the sales made in the <u>past 12 months</u> ?		D E L I N E N U M B E R
		YES...1 NO...2 (▶NEXT ITEM)	YES...1 NO...2 (▶NEXT ITEM)	LD	USD	
0309	Lettuce					29
0310	Okra					30
0311	Pepper					31
0312	Plato					32
0313	Pumpkins					33
0314	Sour-Sour					34
0315	Tomatoes					35
0316	Water Greens					36
0317	Other vegetables (specify)					37
Sale of Fruits						
0401	Avocado					39
0402	Banana					40
0403	Bread Fruit					41
0404	Golden Plum					42
0405	Country Plum					43
0406	German Plum					44
0407	Grapefruit					45
0408	Guava					46
0409	Lemon					47
0410	Lime					48
0411	Monkey Apple					49
0412	Orange					50
0413	Papaw					51
0414	Passion Fruit					52
0415	Pineapple					53
0416	Plantain					54
0417	Water Melon					55
0418	Other fruits (specify)					56

I T E M C O D E	1. Within the <u>past 12 months</u> , did the household produce any	YES..1 NO...2 (▶NEXT ITEM)	2. Did you sell [ITEM] that you produced in the <u>past 12 months</u> ?	YES..1 NO...2 (▶NEXT ITEM)	3. What was the value of the sales made in the <u>past 12 months</u> ?		D E L I N E N U M B E R
					LD	USD	
Cash Crops							57
0501	Cashew Nuts						58
0502	Cocoa						59
0503	Coconut						60
0504	Coffee						61
0505	Cotton						62
0506	Palm Oil						63
0507	Rubber						64
0508	Sugar Cane						65
0509	Tobacco						66
0510	Other cash crops (specify)						67

SECTION T: HOUSEHOLD RECONTACT INFORMATION

GIVE DETAILS OF HOW TO FIND THE HOUSEHOLD, IF NO PHONE WRITE 98.

GPS

(E UTM)

(N UTM)

PROBE AT LEAST FOR THE FOLLOWING:

1. PHONE NUMBER OF HOUSEHOLD HEAD : _____

2. PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

A) NAME : _____ PHONE : _____

B) NAME : _____ PHONE : _____

C) NAME : _____ PHONE : _____

3. REFERENCE PERSON (WITH COMMUNITY)

A) NAME : _____

B) RELATIONSHIP TO HEAD : _____

C) MAIN OCCUPATION : _____

D) LOCATION : _____

E) OTHER : _____

F) PHONE : _____

4. REFERENCE PERSON (OUTSIDE COMMUNITY)

A) NAME : _____

B) RELATIONSHIP TO HEAD : _____

C) MAIN OCCUPATION : _____

D) LOCATION : _____

E) OTHER : _____

F) PHONE : _____

5. ENUMERATOR SIGNATURE _____

6. TIME INTERVIEW END : AM PM

7. DATE INTERVIEW END (DD/MM/YYYY): / /

8. GIFT GIVEN TO THE HOUSEHOLD: RADIO PLATES AND UTENSILS

CODES FOR COUNTIES

Bomi.....	03
Bong.....	06
Grand Bassa.....	09
Grand Cape Mount...	12
Grand Gedeh.....	15
Grand Kru.....	18
Lofa.....	21
Margibi.....	24
Maryland.....	27
Montserrado.....	30
Nimba.....	33
Rivercess.....	36
Sinoe.....	39
River Gee.....	42
Gbarpolu.....	45