

Republic of Iraq
 Ministry of Planning
 Central Statistical Organization (CSO)
 In cooperation with KRSO
 Iraq Household Socio Economic Survey 2012
 (IHSES 2012)

Part 1: Socio Economic Data

1	2	3
WAVE NUMBER	TEAM NUMBER	INTERV NB

HOUSEHOLD IDENTIFIER				
4			5	
Cluster serial N			HH	

A. GEOGRAPHICAL LOCATION OF THE HOUSEHOLD						
		NAME	CODE			
6	Governorate			12	Street /Zokak	
7	Qadha'			13	House number	
8	Nahiya			14	District	
9	Hay			15	Village	
10	Mahlla			Environment		
11	BLOCK			Urban 1 RURAL 2		
				17	Building census No	

B.- GPS COORDINATES		
18	LATITUDE N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19	LONGITUD L / E	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

C.- HOUSEHOLD IDENTIFICATION	
20	Head of household name
21	Work address:

D.- CONTACT INFORMATION	
22	Fixed telephone: <input type="text"/>
23	Mobile number: <input type="text"/>

OTHER NUMBERS				
	24	25	26	Codes for question 25 RELATIVE 1 NEIGHBOR 2 OTHER 3
	NAME	Relationship to the head of house	PHONE NUMBER	
1				
2				
3				
4				

27 Household size

28 Number of households in the dwelling

E. FIELD STAFF							
		29	30	31			32
		NAME	CODE	DATE			SIGNATURE
				DAY	MONTH	YEAR	
1	INTERVIEWER:						
2	TEAM LEADER						
3	CENTRAL SUPERVISOR						
4	GOVERNORATE COORDINATOR						

33 Filling up the questionnaire data

1	DONE COMPLETELY	5	XIST
2	PARTIALLY COMPLETED	6	UND
3	DONE COMPLETELY OR PARTIALLY BY	7	PIED
4	NOT ACHIEVED: THE HOUSEHOLD RE	8	ANAL

F. RECORD OF VISITS			
34	35	36	37
VISIT NUMBER	DATE	FIELD STAFF CODE	COMMENTS
1	___/___/___		
2	___/___/___		
3	___/___/___		
4	___/___/___		
5	___/___/___		
6	___/___/___		
7	___/___/___		
8	___/___/___		

SECTION 1: HOUSEHOLD ROSTER

NUMBER OF LINES COMPLETED

INDIVIDUAL ID CODE	101	102	103			104
	NAME INTERVIEWER: WRITE THE NAME OF THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY THE NAME OF THE SPOUSE, THEN THE CHILDREN AS PER AGE (THE ONES WHO ARE UNMARRIED FIRST, THEN THE ONES WHO ARE MARRIED WITH THEIR FAMILIES...HUSBAND / WIFE AND THEIR CHILDREN) THEN THE NAME OF THE FATHER / MOTHER, THEN THE BROTHER / SISTER THEN THE OTHER RELATIVES THEN THOSE WHO ARE NOT RELATED TO THE HOUSEHOLD	GENDER MALE 1 FEMALE 2	DATE OF BIRTH What is the date of birth of ..[NAME]..?			AGE IN FULL YEARS
			DAY	MONTH	YEAR	IF LESS THAN 1 WRITE ZERO AGE IN YEARS
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						

SECTION 1: HOUSEHOLD ROSTER

SECTION 1: HOUSEHOLD ROSTER

INDIVIDUAL ID CODE	105		106		107		108		109		
	ONLY FOR HOUSEHOLD MEMBERS 12 YEARS OF AGE OR OLDER		Was .[NAME].. born in this governorate ?		In which governorate was .[NAME] born?						
	What is ... [NAME]'s ... relationship to the head of the household?	106	107	INTERVIEWER:		COPY THE ID CODE OF THE SPOUSE. IF MORE THEN ONE WIFE, WRITE THE CODE OF THE FIRST ONE		DUHOK 11 WASIT 26			
	WIFE/ HUSBAND 2	What's your marital status?						ERBIL 15 SALAH AL-DEEN 27			
	DAUGHTER / SON 3							SULAIMANIYA 13 NAJAF 28			
	SON/DAUGHTER -IN-LAW 4							NAYNAWA 12 QADISIYA 31			
	MARRIED 1							KIRKUK 14 MUTHANNA 32			
	GRANDCHILD 5	NEVER MARRIED 2 << 108						DIYALA 21 THI-QAR 33			
	MOTHER OR FATHER 6							ANBAR 22 MAYSAN 34			
	SISTER OR BROTHER 7	DIVORCED 3 << 108						BAGHDAD 23 BASRAH 35			
	OTHER RELATIVES 8	SEPARATED 4 << 108						BABYLON 24 OTHER 90			
	NOT RELATIVE 9	WIDOW 5 << 108						KERBELA 25			
				WRITE '98' IF SPOUSE NOT IN THE HOUSEHOLD							
				SPOUSE ID CODE							
01	1										
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											

INDIVIDUAL ID CODE	FATHER			MOTHER		
	110	111	112	113	114	115
	Does your father live in this household?	COPY THE ID CODE OF THE FATHER	What was the highest degree that your father completed?	Does your mother live in this household?	COPY THE ID CODE OF THE MOTHER	What was the highest class that your mother completed?
	YES 1		NO CERTIFICATE, ILLITERATE 01	YES 1		NO CERTIFICATE, ILLITERATE 01
	NO 2		NO CERTIFICATE, ONLY READ 02	NO 2		NO CERTIFICATE, ONLY READ 02
	<<		NO CERTIFICATE, READ AND WRITE 03	<<		NO CERTIFICATE, READ AND WRITE 03
	112		ELEMENTARY 04	115		ELEMENTARY 04
	DIED 3		INTERMEDIATE (MID SCHOOL) 05	DIED 3	<< NEXT PERSON	INTERMEDIATE (MID SCHOOL) 05
	<<		SECONDARY 06	<<		SECONDARY 06
	112		VOCATIONAL 07	115		VOCATIONAL 07
		FATHER'S ID CODE	DIPLOMA FROM AN INSTITUTION 08			DIPLOMA FROM AN INSTITUTION 08
			BACHELOR DEGREE 09			BACHELOR DEGREE 09
			HIGHER DIPLOMA 10			HIGHER DIPLOMA 10
			MASTERS DEGREE 11			MASTERS DEGREE 11
			PHD. (DOCTORATE) 12			PHD. (DOCTORATE) 12
			OTHER 13			OTHER 13
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						

SECTION 2: MIGRATION

INDIVIDUAL ID CODE	201	202	203		204	205		206		
	ID CODE OF RESPONDENT	Did (mention name) stay for 6 months continuously in another place?	What is the previous place of residence for [name]?		What type of environment was it?	What is the date of changing the previous place of residence for [name]?		What is the main security reason for changing the place of residence?		
	WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	YES 1 NO 2 Next person >>	DUHOK	11	WASIT			WORK	01	
			ARBEEL	15	SALAH AL-DEEN	27			STUDY OR COMPLETE STUDY	02
			SULAIMANIYA	13	NAJAF	28			MARRIAGE, DIVORCE OR BECOMING	03
			NAYNAWA	12	QADISIYA	31			ACCOMPANY HOUSEHOLD	04
			KIRKUK	14	MUTHANNA	32			FORCED DISPLACEMENT OR MIGRATION	05
			DIYALA	21	THI-QAR	33	GOVERNORATE	1	BACK FROM FORCED DISPLACEMENT	06
			ANBAR	22	MAYSAN	34	OTHER URBAN AREAS	2	DISPLACEMENT FOR SECURITY REASON	07
			BAGHDAD	23	BASRAH	35	RURAL	3	CONVENTIONAL ARMED CONFLICT	08
			BABYLON	24	OTHER COUNTRY	205 << 90			CIVIL CONFLICT	09
			KERBELA	25					CRIMINAL AND RELATED	10
									Other (mention...)	11
	ID CODE OF RESPONDENT					MONTH	YEAR			
01										
02										
03										
04										
05										
06										
07										
08										
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15										
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17										
18										

SECTION 3: RATIONS

PART A: RATIONS RECEIVED

301 Does the household receive rations according to the ration card? 302 Why not?

YES 1 << 302.A HOUSEHOLD NAME WAS RE 1
 NO 2 HOUSEHOLD NEVER HAD A 2 << PART B
 OTHER 3

302-A How many household members are recorded in the ration card / cards for this household?

303 What is the total cost including bags paid by the HH to the ration agent? Thousand Dinars

CODE	ITEM NAME	UNIT OF MEASURE	304	305	306	307	308
			In the past 12 months, for how many months did this household receive this item? Write (0) if did not receive	When was the last time this household received ..[ITEM].. from the Ration Agent? WITHIN THE PAST MONTH 1 More than one month and up to three months 2 WITHIN THE PAST 12 MONTHS 3 MORE THAN 12 MONTHS AGO 4 << NEXT ITEM NEVER 5 << NEXT ITEM	How much ITEM did you receive that time?	How many months does this quantity cover?	What price would you pay in the market to buy the ..[ITEM].. of same quality? THOUSAND DINARS PER UNIT
			NO. OF MONTHS		QUANTITY	MONTHS	
1	Wheat flour	KG					
2	Rice	KG					
3	Sugar	KG					
4	Vegetable oil	Liter					
5	Vegetable fat	KG					
6	Infant formula	KG					
7	Other 1 _____	KG					
8	Other 2 _____	KG					

CODE	ITEM NAME	UNIT OF MEASURE	309	310	311	312
			How much of the ITEM did you give away? Write (0) if nothing	How much of the ITEM received did you sell or barter-out? Write (0) if nothing and move to next item	What was the total amount received/imputed value from the ITEM sold or bartered-out? THOUSAND DINARS	Why did you sell or barter-out this ITEM? QUALITY IS TOO LOW 1 WE DON'T NEED IT 2 NEED FOR MONEY 3 OTHER 4
			QUANTITY	QUANTITY		
1	Wheat flour	KG				
2	Rice	KG				
3	Sugar	KG				
4	Vegetable oil	Liter				
5	Vegetable fat	KG				
6	Infant formula	KG				
7	Other 1 _____	KG				
8	Other 2 _____	KG				

PART B: CONSUMPTION OF RATION ITEMS AND SIMILAR DURING THE PAST 30 DAYS

CODE	ITEM NAME	UNIT OF MEASURE	313	314	315	316	317	318	319
			How much ..[ITEM].. did this household consume during the past 30 days? Write (0) if nothing and move to next item	How much of this ..[ITEM].. consumed was received as part of your ration?	How much of the ..[ITEM].. you consumed was purchased? Write (0) if nothing and move to question 318	What was the total value of the ..[ITEM].. you purchased?	Why was this purchase of ... [ITEM]...made? RATION WAS NOT ENOUGH 1 RATION AND OTHER SOURCES NOT ENOUGH 2 WE WANTED BETTER QUALITY THAN THE RATION 3 OTHER 4	How much of the ..[ITEM].. you consumed was received as a gift?	How much of the ..[ITEM].. you consumed was produced by the household?
			QUANTITY	QUANTITY	QUANTITY	THOUSAND		QUANTITY	QUANTITY
1	Wheat flour	KG							
2	Rice	KG							
3	Sugar	KG							
4	Vegetable oil	Liter							
5	Vegetable fat	KG							
6	Infant formula	KG							
7	Other 1 _____								
8	Other 2 _____								

SECTION 4: HOUSING

A. CHARACTERISTICS OF THE DWELLING

401 How many households live in this dwelling?

402 Besides the household members, how many other people live in this dwelling?

403 How long have you been staying in this housing unit NUMBER OF YEARS

INTERVIEWER: OBSERVE N

404 TYPE OF HOUSEHOLD UNIT

HOUSE 1
FLAT 2
CLAY HOUSE 3
BAMBOO HOUSE 4
OTHER (SPECIFY) 5

405 PRINCIPAL MATERIAL OF THE WALLS

BRICK 1
STONE 2
CEMENT BLOCKS 3
THERMO STONE 4
CONCRETE READY MADE / PRE-CAST 5
CLAY 6
BAMBOO 7
OTHER (SPECIFY) 8

406 PRINCIPAL MATERIAL OF THE CEILING

REINFORCED CONCRETE CASTING 1
IRON BARS 2
WOOD 3
OTHER (SPECIFY) 4

407 PRINCIPAL MATERIAL OF THE FLOOR

TILES 1
BRICK 2
CONCRETE CASTING 3
EARTH 4
OTHER (SPECIFY) 5

408 What is the area of ...?

(A) TOTAL AREA OF THE DWELLING (SQUARE METER)

(B) BUILT AREA OCCUPIED BY THIS HOUSEHOLD (SQUARE METER)

(C) TOTAL AREA OF LAND (SQUARE METER)

A. CHARACTERISTICS OF THE DWELLING

PARTS OF THE HOUSING UNIT USED BY THE HOUSEHOLD

How many rooms of [TYPE OF ROOM] do you have ...

LINE NUMBER	DIVISIONS OF THE HOUSING UNIT	409	410
		exclusively use of this household	jointly use with other households
		NUMBER	NUMBER
1	Bedroom		
2	Hall		
3	Guest's Room		
4	Dining Room		
5	Other rooms (children, library...)		
6	Kitchen		
7	Bathroom		
8	Bathroom with utilities		
9	Separate utilities		
10	Storage		
11	Garage with ceiling		
12	garden		

B. ACCESS TO WATER AND DISPOSAL OF WASTES

411 How does your household mainly dispose of its garbage?

COLLECTED BY THE MUNICIPALITY OR PUT IN DESIGNATED CONTAINER 1 << 413
THROWN OUTSIDE HOUSING UNIT 3 << 413
BURNED 4 << 413
BURIED 5 << 413
OTHER (SPECIFY) 6 << 413

412 How frequent is the garbage collected?

DAILY 1
TWO OR MORE TIMES A WEEK 2
ONCE A WEEK 3
MORE THAN WEEKLY 4

413 What is the main sewage disposal system used by this household?

PUBLIC NETWORK 1
SEPTIC TANK 2
COVERED DRAIN 3
OPEN DRAIN 4
OTHER (SPECIFY) 5

414 What is the main source of water?

CONNECTED 1
PUBLIC NETWORK TAP 2
TANKER 3
RIVER/CANAL/CREEK/ WHEEL 4
OPEN WELL / COVERED WELL 5
POND LAKE 6
SPRING 7
KEHRIZ (MAN-BUILT SPRING) 8
OTHER (SPECIFY) 9

SECTION 4: HOUSING

B. ACCESS TO WATER AND DISPOSAL OF WASTES

415 Are there interruptions in the supply of water from the public network?

NO INTERRUPTIONS 1
 INTERRUPTION ONCE OR LESS MONTHLY 2
 INTERRUPTION ONCE OR LESS WEEKLY 3
 INTERRUPTION MORE THAN ONCE A WEEK 4
 INTERRUPTION DAILY 5
 NO PUBLIC NETWORK << 418 6

416 Is the water coming from the public network sufficient?

YES 1 << (418)
 NO 2

417 How do you address shortage in water supply?

PURCHASE 1
 RIVER OR CREEK 2
 well 3
 BRINGING WATER FROM PUBLIC TAP IN THE AREA 4
 BRING WATER FROM ANOTHER AREA 5
 USING WATER PUMP 6
 OTHER (SPECIFY) 7

418 Is the water treated before use?

YES, BY BOILING 1
 YES, BY FILTERING 2
 YES, BY CHEMICAL TREATMENT 3
 YES, USING BOTTLED WATER 4
 NO 5

A drinking?

B cooking?

B. ACCESS TO WATER AND DISPOSAL OF WASTES

419 What type of toilet does your household have?

FLUSHED TOILET 1
 NON-FLUSHED TOILET 2
 USE OF OTHER FACILITY 3 << 421
 NO TOILET 4 << 421

420 What is the status of the toilet?

INSIDE DWELLING EXCLUSIVE FOR HOUSEHOLD 1
 INSIDE DWELLING AND SHARED 2
 OUTSIDE DWELLING EXCLUSIVE FOR HOUSEHOLD 3
 OUTSIDE DWELLING AND SHARED 4

C. ACCESS TO SOURCES OF ELECTRICITY

SOURCE	SOURCE DESCRIPTION	421	422	423	Only for common generator	
		Does your household use electricity from ..[SOURCE]..? YES 1 NO 2 Next >>	How many days per week did your household use ..[SOURCE].. during the past 7 days? Write (0) if the household did not use this source during the period mentioned above and move to next source DAYS / WEEK	What was the daily average of electric power supplied during past seven days? HOURS / DAY	424 How many hours of suscription per day does your household have? HOURS PER DAY	425 What's the number of amperes included in the suscription? AMPERES
1	PUBLIC NETWORK					
2	common generator					
3	Private generator					

SECTION 4: HOUSING

C. ACCESS TO SOURCES OF ELECTRICITY

426	What are the two main sources of energy used for ..[ACTIVITY]..?		
	ELECTRICITY FROM PUBLIC NETWORK	1	
	ELECTRICITY FROM SHARED GENERATOR	2	
	ELECTRICITY FROM PRIVATE GENERATOR	3	
	LIQUID GAS CYLINDERS	4	
	KEROSENE	5	
	WOOD, COAL, PLANT-SOURCES	6	
	DUNG OF ANIMALS	7	
	OTHER (SPECIFY: _____)	8	
		FIRST	SECOND
1	cooking		
2	lighting		
3	heating		
4	Cooling		
5	warming water		

D. OWNERSHIP STATUS AND RENT

427	What is the ownership status of this dwelling?	
	OWNED BY THE HOUSEHOLD	1 << 429
	PRIVATE SECTOR	2
	PUBLIC SECTOR	3
	GOVERNMENTAL SECTOR	4
	OTHER (SPECIFY)	5
428	What is the type of occupancy of this dwelling?	
	RENTED	1
	PROVIDED BY EMPLOYER	2
	FREE WITH ARRANGEMENT WITH OW 3	
	FREE WITHOUT ARRANGEMENT WITH-	4
	RANDOM HOUSING	5
	OTHER (SPECIFY: _____)	6
429	If you were to reside in a similar dwelling, what would be the estimated rental monthly value?	
		THOUSAND DIN

E. ACCESS TO FACILITIES

		430	431
	TYPE OF SERVICE	What's the distance from this housing unit to the nearest ...[FACILITY NAME]..?	How long does it normally take you to get to ..[FACILITY NAME].., in the mean of transport expected to be used by
		Write distance to nearest service even if it is not used by the KM (0.000)	للوصول للخدمة حتى MINUTES
1	Elementary school		
2	Intermediate, basic or high school		
3	Public hospital		
4	Private clinic		
5	Public medical center		
6	Pharmacy		
7	Police station		
8	Post office		
9	Place of worship		
10	Youth center		
11	Bank		
12	Fire station		
13	Municipal council		
14	Private bus stop/taxi		
15	Markets		
16	Paved road		
17	Ration agent		

SECTION 4: HOUSING

E. ACCESS TO FACILITIES (CONT)

<p>432 Does the household members suffer from transportation problems? YES 1 NO 2 << 434</p>	<input style="width: 60px; height: 20px;" type="text"/>	<p>434 What type of main road leads to the dwelling?</p> <table border="0"> <tr><td>PAVED ROAD, NO PAVEMENT</td><td style="text-align: right;">1</td></tr> <tr><td>PAVED ROAD, NON-PAVED PAVEMENT</td><td style="text-align: right;">2</td></tr> <tr><td>PAVED ROAD, PAVED PAVEMENT</td><td style="text-align: right;">3</td></tr> <tr><td>SOIL ROAD</td><td style="text-align: right;">4</td></tr> <tr><td>OTHER</td><td style="text-align: right;">5</td></tr> <tr><td>THERE IS NO LAND ROAD</td><td style="text-align: right;">6</td></tr> </table>	PAVED ROAD, NO PAVEMENT	1	PAVED ROAD, NON-PAVED PAVEMENT	2	PAVED ROAD, PAVED PAVEMENT	3	SOIL ROAD	4	OTHER	5	THERE IS NO LAND ROAD	6	<input style="width: 60px; height: 20px;" type="text"/>				
PAVED ROAD, NO PAVEMENT	1																		
PAVED ROAD, NON-PAVED PAVEMENT	2																		
PAVED ROAD, PAVED PAVEMENT	3																		
SOIL ROAD	4																		
OTHER	5																		
THERE IS NO LAND ROAD	6																		
<p>433 What are the problems?</p> <table border="0"> <tr><td>BAD CONDITIONS OF THE ROAD</td><td style="text-align: right;">1</td></tr> <tr><td>TRAFFIC JAMS AND</td><td style="text-align: right;">2</td></tr> <tr><td>CONDENSATIONS</td><td style="text-align: right;">3</td></tr> <tr><td>SCARCITY OR DISTANT</td><td style="text-align: right;">4</td></tr> <tr><td>HARD TO REACH THE</td><td style="text-align: right;">5</td></tr> <tr><td>TRANSPORT MEANS</td><td style="text-align: right;">6</td></tr> <tr><td>PERSONAL SECURITY</td><td style="text-align: right;">6</td></tr> <tr><td>OTHER</td><td style="text-align: right;">6</td></tr> </table>	BAD CONDITIONS OF THE ROAD	1	TRAFFIC JAMS AND	2	CONDENSATIONS	3	SCARCITY OR DISTANT	4	HARD TO REACH THE	5	TRANSPORT MEANS	6	PERSONAL SECURITY	6	OTHER	6	<p>1st</p> <input style="width: 60px; height: 20px;" type="text"/>		<p>2nd</p> <input style="width: 60px; height: 20px;" type="text"/>
BAD CONDITIONS OF THE ROAD	1																		
TRAFFIC JAMS AND	2																		
CONDENSATIONS	3																		
SCARCITY OR DISTANT	4																		
HARD TO REACH THE	5																		
TRANSPORT MEANS	6																		
PERSONAL SECURITY	6																		
OTHER	6																		
	<p>3rd</p> <input style="width: 60px; height: 20px;" type="text"/>																		

F. EXPENSES ON HOUSING

LINE NUMBER	TYPE OF HOUSING EXPENSE INTERVIEWER: Writ all expenditures if related in whole or part to the household consumption use. Do not write the expenditure if it is not related to the said use	435	436	437	438
		Has this household paid for ..[TYPE OF EXPENSE].. during the past 12 months? YES 1 NO 2 << NEXT TYPE	How much was the last payment that this household made for ..[TYPE OF EXPENSE]..? THOUSAND DINARS	How many days did this last payment covered? NUMBER OF DAYS	What is the estimated proportion of use for non household consumption such as production and sale activities carried out within the housing unit? PERCENTAGE
1	water and sewer bill				
2	Electricity from the public network bill				
3	Bill for electricity generated from a common generator				
4	Land / Phone Line bill				
5	Housing unit rent				
6	Amount paid to rations agent for value of rations and value of sacs/bags				

SECTION 4: HOUSING

G. HOUSING QUALITY PERCEPTION

LINE NUMBER	ENVIRONMENTAL IMPACT TYPE	439
		Is your household affected for this..[ENVIRONMENTAL IMPACT TYPE]...?
		LARGELY AFFECTED 1
		LITTLE EFFECT 2
		VERY LITTLE EFFECT 3
		NO AFFECT AT ALL 4
1	Smoke and gases	
2	Dust	
3	Bad odor	
4	Noise	
5	Insects, rodents, dogs or other animals	
6	Garbage near residential unit	
7	Rain and stagnant water	
8	Outlets of sanitary systems	
9	Humidity	
10	Insufficient ventilation	
11	Security risks	
12	Insufficient lighting	

LINE NUMBER	FACILITY	440
		Are.. [FACILITY] sufficient to fulfil the needs of your household?
		EXTREMELY INADEQUATE 1
		INADEQUATE 2
		ADEQUATE 3
		EXCELLENT 4
1	Number of rooms	
2	Areas of rooms	
3	Bathroom(s)	
4	Other utilities inside	
5	Utilities outside	

441 What is the main method of cooling or conditioning the housing unit?

AIR-CONDITIONER	1
COOLER	2
FAN	3
OTHER (SPECIFY: _____)	4
NONE	5

H. BASIC NEEDS INCOME

442 In your view, what's the minimum monthly income that your household needs to cover your basic needs?

THOUSAND DINARS:

508	509	510	511		512	513	514	INDIVIDUAL ID CODE	515	516				517			518			519
Is the school / university you are currently (were) enrolled public or private?	What is the main mean of transportation to the school or university (highest in time)	How much total time it takes to get to this school / university?	What is the number of school years and the repeat years that you have spent?		How many days of the last school month, were you supposed to attend school / university?	How many days were you absent in the last school month that you attended school/university?	What is the main reason for being absent from school some days, during the last school month?		Do you use the Internet?	Place of Internet usage as per importance				What are the areas of usage of the Internet (as per importance)?			What is the purpose of your using the Internet (as per importance)?			What is the total number of hours you use the Internet per week?
GOVERNMENT IN IRAQ 1	WAKING 1 PRIVATE CAR 2		(A) Total number of school years (if less than one year write (0))	(B) NUMBER OF REPEATED YEARS	NUMBER OF DAYS	NUMBER OF DAYS	REMOVED OR QUIT SCHOOL 1 ILLNESS / INJURY 2 HAD TO HELP WITH HOUSEHOLD CHORES 3 MISTREATMENT OF THE TEACHER/ INSTRUCTOR/ 14 HAD TO WORK 5 FAMILY MEMBERS SICK OR DIED 6 NOT SAFE TO GO 7 OTHER 8	YES 1 NO 2 Next >>	Home 1 Internet Café 2 Educational Institute 3 Work 4 Mobile phone OTHER 6	Email 1 Chat 2 Talk to others 3 Search sites 4 OTHER 5	Pleasure 1 Talk relatives friends 2 Work / Job 3 Study and research 4 OTHER 5	hour / week								
PRIVATE IN IRAQ 2	PUBLIC TRANSPORT (TAXI, BUS...) 3												1 2 3 4	1 2 3	1 2 3					
OTHER IN IRAQ 3	MOTORCYCLE 4 BICYCLE 5 OTHER 6																			
OTHER COUNTRY 4																				
>> 511																				
			01					01												
			02					02												
			03					03												
			04					04												
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			15					15												
			16					16												
			17					17												
			18					18												

SECTION 6: HEALTH

PART A: CHRONIC ILLNESS AND DISABILITIES - ALL HOUSEHOLD MEMBERS

INDIVIDUAL ID CODE	601	602	603	604	605	606	607	608	609
	ID CODE OF RESPONDENT	Do you suffer from any continuous, medically diagnosed disability that is expected to continue for six months or more?	What's the severity of the disability?	How many years ago did you become disabled (oldest disability)?	Do you suffer from any medically diagnosed chronic illness?	How many years ago did you become chronically ill?	Have you received any help for disability / chronic disease during last 90 days?	How satisfied with the medical care received	Why you did not receive any help for disability / chronic disease during last 90 days?
	WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION		SLIGHT 1 CONSIDERABLE 2 COMPLETE 3 DISABILITY		YES 1 NO 2 607		NO DISABILITY / NO CHRONIC 1 << 610 DID NOT RECEIVE ANY HELP 2 << 609 Government hospital 3 PRIMARY HEALTH CARE CENTER 4 popular clinic 5 OTHER GOVERNMENT HEALTH 6 PRIVATE SPECIALISED HOSPITAL 7 Doctor in private clinic 8 PRIVATE LABORATORY 9 PRIVATE PHARMACY 10 OTHER INSIDE IRAQ 11 OTHER COUNTRY 12	VERY 1 SATISFIED 2 SOMEWHAT 3 SATISFIED 4 NOT SATISFIED 4	NOT ABLE TO PAY EXPENSES 1 THE MEDICAL SERVICE IS TOO FAR 2 THE MEDICAL SERVICE IS DIFFICULT OR UNSAFE TO REACH 3 LONG WAITING TIME 4 POOR QUALITY OF MEDICAL STAFFING 5 DO NOT TRUST AVAILABLE MEDICAL CARE 6 LACK OF MEDICAL EQUIPMENT 7 MEDICAL SERVICES NOT GOOD 8 OTHER 9
	ID CODE OF RESPONDENT			N. OF YEARS		N. OF YEARS		For all the answers, go to question 610	
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SECTION 6: HEALTH

Part (b): acute diseases, accidents and injuries: all household members

INDIVIDUAL ID CODE	610	611	
	Did you suffer from any acute disease or injury during last 90 days?	What is the last acute disease or injury during last 90 days?	
		A- acute disease	B- ACCIDENT OR INJURY
	YES 1	Sugar 01	INFLAMMATION OF THE THYROID 16
	NO 2	HYPERTENSION 02	SKIN DISEASES AND FLORAL 17
	<<	HEART DISEASE 03	DISEASE LEADING TO DISABILITY 18
	620	KIDNEY 04	URINARY TRACT INFECTION 19
		TUMORS 05	INFECTIOUS AND PARASITIC DISEASES 20
		CHOLESTEROL 06	OTHER DISEASES 21
		MENTAL ILLNESS 07	NONE 22
		PSYCHOLOGICAL DISEASES 08	
		ORGANS (PARALYSIS) 09	
		GASTRO ENTERITIS 10	
		THYROID 11	
		VIRAL HEPATITIS 12	
		RESPIRATORY DISEASES 13	
		MATERNAL DISEASES 14	
		HEMATOLOGY 15	
			RUPTURE 01
			WOUNDS IN THE HEAD AND INTERNAL INJURIES 02
			SINKING 03
			SUFFOCATION 04
			FRACTURES 05
			TOXINS 06
			BURNS 07
			RUN OVER BY A CAR 08
			WORK-RELATED ACCIDENTS 09
			OTHER 10
			NONE 11
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SECTION 6: HEALTH

PART B: ACUTE ILLNESSES, ACCIDENTS AND INJURY- ALL HOUSEHOLD MEMBERS

INDIVIDUAL ID CODE	612	613	614	615	616	617	618	619
	How many days were you absent from your normal activities due to this acute illness or injury?	Did you receive medical care because of this acute illness or injury?	Where did you receive medical care? Government hospital 01 PRIMARY HEALTH CARE CENTER / popular clinic 02 OTHER GOVERNMENT HEALTH INSTITUTIONS 03 PRIVATE SPECIALISED HOSPITAL / Doctor in private clinic 04 PRIVATE LABORATORY 05 PRIVATE PHARMACY 06 YES 1 NO 2 << 619	How satisfied are you with medical treatment you received? VERY SATISFIED 1 SATISFIED 2 SOMEWHAT SATISFIED 3 NOT SATISFIED 4	Where is the medical service? SAME NAHIA 1 SAME QADA 2 SAME GOVERNORATE 3 IN ANOTHER GOVERNORATE 4 OTHER COUNTRY >> 619	What's the main means of commuting to this education facility? WAKING 1 PRIVATE CAR 2 PUBLIC TRANSPORT 3 MOTORCYCLE 4 BICYCLE 5 OTHER 6	How long did it take to reach the health facility by the mean(s) of transport actually used by the household? << 620 MINUTES	Why did not receive medical care for this disease, injury or accident? NOT ABLE TO PAY EXPENSES 01 DIFFICULTY OF SECURING THE MEAL 02 LACK OF DOCTOR / NURSE 03 LACK OF DOCTOR 04 LACK OF MEDICAL FACILITIES 05 POOR QUALITY OF MEDICAL STAFFING 06 LACK OF MEDICAL EQUIPMENT 07 DISEASE WAS SLIGHTLY 08 THE LACK OF AN APPROPRIATE SERVICE 09 SOCIAL REASONS 10 Because of the security situation 11 LONG WAITING TIME 12 OTHER 13
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SECTION 6: HEALTH

Part C: Fertility

All married, divorced, widowed women aged 12-49 years

INDIVIDUAL ID CODE	620	621	622	BIRTHS DURING THE PAST 12 MONTHS				625	626
	INTERVIEWER: REFER TO QUESTIONS (102), (104) AND (106) Do you ... [The name] ... Had previously been married, aged 12-49 years? YES 1 NO 2 NEXT PERSON << NEXT PERSON	Have you ever given birth to a child? Live births only	Did you give birth during the past 12 months? YES 1 NO 2 NEXT PERSON << NEXT PERSON	623	624		Who assisted with the delivery of this last child?		Have you ever experienced any types of birth complication? DOCTOR (PUBLIC) 1 DOCTOR (PRIVATE) 2 NURSE OR OTHERS (PUBLIC) 3 NURSE/MIDWIFE (PRIVATE) 4 TRADITIONAL BIRTH ATTENDANT 5 JEDDAH ARAB (UNTRAINED) 6 OTHER (SPECIFY) 7 NOBODY ASSISTED 8 YES 1 NO 2
				How many boys and girls have you given birth to during the past 12 months?	How many of the boys and girls that have you given birth to during the past 12 months, are still alive?				
				A.	B.	A.	B.		
			BOYS	GIRLS	BOYS	GIRLS			
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SECTION 6: HEALTH

PART D: MORTALITY DURING THE PAST 12 MONTHS

627 During the last 12 months, that is since ..[MONTH]..last year, has any member of the household (child or grown up) died?

YES 1
 NO 2 << SECTION 7

628 How many members of the household (child or grown up) died during the last 12 m Number

MAKE A LIST OF ALL DECEASED PERSONS, AND ASK QUESTIONS 630 to 632 for each one of them

DEATH NUMBER	629	630	631	632
	NAME OF DECEASED PERSON	GENDER	AGE OF DECEASED PERSON (IN COMPLETED YEARS)	REASON FOR DEATH
		MALE 1 FEMALE 2		SICKNESS 1 ACCIDENT 2 MILITARY OPERATIONS 3 PREGNANCY 4 GIVING BIRTH 5 POSTNATAL 6 OTHER 7
			AGE IN YEARS	
01				
02				
03				
04				
05				
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09				
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Section Seven: Anthropometrics

For all households include members who are less than 60 months old. Other members (60 months and older) are also included if the order of the household in the cluster is 1, 4 or 7.

INDIVIDUAL ID CODE	701	702	703	704	705	706	707			
	Interviewer: Is the person's age less than 60 months? YES 1 NO 2 << 703	What's ..[NAME].. age in months? Write (0) if less than a month AGE IN MONTHS	RESULT OF THE MEASUREMENT MEASURED 1 COULD NOT MEET THE PERSON AFTER MULTIPLE 2 << NEXT TOO ILL OR DISABLED 3 << NEXT REFUSED 4 << NEXT Other (specify) 5 << NEXT	RECORD HEIGHT IN CENTIMETERS USING ONE DECIMAL CENTIMETERS (000.0)	IF 24 MONTHS OR LESS: HOW WAS MEASURED STANDING 1 LYING 2	RECORD WEIGHT IN KILOGRAMS USING ONE DECIMAL KILOGRAMS (000.0)	DATE OF MEASUREMENT	DAY	MONTH	YEAR
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03										
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SECTION 8: JOB SEARCH AND PAST EMPLOYMENT

ALL HOUSEHOLD MEMBERS 6 YEARS AND MORE

INDIVIDUAL ID CODE	801	802	803
		How many hours did you work during the past week including working for family businesses or businesses of relatives, as an employee or self-employed, for paid or unpaid work and excluding house chores?	Why you didn't work, even for an hour, during the last 7 days?
		TOO YOUNG, LOW AGE 01	Next person >>
		FULL-TIME STUDENT 02	>> 809
		SOCIAL REASONS 03	
		I HAVE A CONTRACT AND WILL START WORK SOON 04	806 <<
		INABILITY / HANDICAP 05	
		RETIRED 06	
		TOO OLD 07	
		HOUSE WIFE 08	
		I HAVE NO DESIRE 09	
		TEMPORARILY ABSENT DUE TO ILLNESS OR VACATION OR OTHER REASON 10	YES 1
		Due to the end of work (seasonal ..) 11	<< 805
		I WAS DISMISSED 12	NO 2
		I WAS UNABLE TO GET A JOB 13	
		DUE TO SECURITY REASONS 14	
	IF MORE THAN ZERO << 803	OTHER 15	
	NUMBER OF HOURS		
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SECTION 8: JOB SEARCH AND PAST EMPLOYMENT

ALL HOUSEHOLD MEMBERS 6 YEARS AND MORE

INDIVIDUAL ID CODE	804	805	806		
	Why don't you want work/ more work?	When did you last take any action to look for work (or more work) of any type?	What did you do to get a job?		
	I CANNOT FIND A JOB 01		REGISTERED AT LABOR OFFICE 1		
	I CURRENTLY WORK FULL TIME 02 Next person >>		ASKED FRIENDS/RELATIVES 2		
			APPLIED DIRECTLY TO EMPLOYER(S) 3		
		LAST SEVEN DAYS 1			
	SATISFIED WITH MY STATUS 03	DURING THE PAST MONTH 2	FOLLOWED JOB OPPORTUNITY ANNOUNCEMENTS 4		
	HOUSEWORK DEDICATED FEMALE 04	Before one month to less than six months 3	PROMOTED MY WORK VIA AN ADVERTISED 5		
	SOCIAL TIES 05	LESS THAN A YEAR 4	TRIED TO FIND WORK ABROAD 6 <<		
	TOO OLD FOR WORK OR RETIRED 06	MORE THAN A YEAR 5	CONTACTED NGOS 7 808		
	TOO YOUNG FOR MORE WORK 07	NEVER 6	CONTACTED THE LOCAL GOVERNMENT 8		
	STUDENT 08 << 809	<< 808	CONTACTED THE CENTRAL GOVERNMENT 9		
	UNABLE TAKE MORE WORK 09		OTHER MEANS 10		
	HAVE INCOME NO NEED TO WORK 10				
	DUE TO THE STATE OF SECURITY 11				
	INABILITY / HANDICAP 12				
	OTHER 13				
			FIRST	SECOND	THIRD
01					
02					
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SECTION 8: JOB SEARCH AND PAST EMPLOYMENT

ALL HOUSEHOLD MEMBERS 6 YEARS AND MORE

INDIVIDUAL ID CODE	807		808	809		810		811	
	When did you register at the Labor Office?		If a job had been available during the past week or will be available the coming two weeks, would you have been able and willing to start working ?	Do you work or have worked full-time paid work?	What kind of profession you practiced in your last full-time work?		When did you stop doing the last full-time job you had?		
				Yes, in the past 1 Yes, currently 2 NO 3	Next person >>				
			YES 1 NO 2						
	MONTH	YEAR			JOB DESCRIPTION	CODE	MONTH	YEAR	
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COMMENTS

Sequence	DATE	Name of commentator	job title	Note	SIGNATURE
1	_/_/___/___				
2	_/_/___/___				
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