



CENTRAL STATISTICAL AGENCY  
**2015/16 ETHIOPIAN SOCIOECONOMIC SURVEY**

Form ERSS-H (15/16)



**STRICTLY CONFIDENTIAL**

**Household Questionnaire**

**COVER**

1			2			3			4			5			6			7		
Region			Zone			Woreda			Town (For rural code 8)			Subcity (For rural code 88)			Kebele/FA			EA		
Code			Code			Code			Code			Code			Code			Code		
8				9				10				11				12				
Household ID				Household Size				Household Head Name				Village name where the HH lives								

STAFF DETAILS	Name		Signature	Date		
				DD	MM	YY
26. Enumerator						
27. Supervisor						
28. Coordinator/Statistician						
29. Data Editor 1						
30. Data Editor 2 (Verifier)						
31. Data Entry clerk						
32. Data Entry Verifier						

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

QUESTIONNAIRE \_\_\_ OF \_\_\_ TOTAL -

**FIRST INTERVIEW**

13. DATE OF FIRST INTERVIEW:

/ /
-----

[DATE / MONTH / YEAR]

14. TIME FIRST INTERVIEW STARTED

:
---

15. TIME FIRST INTERVIEW ENDED

:
---

16. SECTIONS MISSING/INCOMPLETE AFTER 1ST INTERVIEW

Cover	Sec 1	Sec 2	Sec 3	Sec 4	Sec 5A	Sec 5B	Sec 6	Sec 7	Sec 8	Sec 9	Sec 10	Sec 11	Sec 12	Sec 13	Sec 14	Sec 15

**SECOND INTERVIEW**

17. DATE OF SECOND INTERVIEW VISIT:

/ /
-----

[DATE / MONTH / YEAR]

18. TIME SECOND INTERVIEW STARTED

:
---

19. TIME SECOND INTERVIEW ENDED

:
---

20. SECTIONS MISSING/INCOMPLETE AFTER 2ND INTERVIEW

Cover	Sec 1	Sec 2	Sec 3	Sec 4	Sec 5A	Sec 5B	Sec 6	Sec 7	Sec 8	Sec 9	Sec 10	Sec 11	Sec 12	Sec 13	Sec 14	Sec 15

**THIRD INTERVIEW**

21. DATE OF THIRD INTERVIEW VISIT:

/ /
-----

[DATE / MONTH / YEAR]

22. TIME THIRD INTERVIEW STARTED

:
---

23. TIME THIRD INTERVIEW ENDED

:
---

24. SECTIONS MISSING/INCOMPLETE AFTER 3RD INTERVIEW

Cover	Sec 1	Sec 2	Sec 3	Sec 4	Sec 5A	Sec 5B	Sec 6	Sec 7	Sec 8	Sec 9	Sec 10	Sec 11	Sec 12	Sec 13	Sec 14	Sec 15

25. GPS COORDINATES OF THE DWELLING (UTM READING).

LATITUDE (N)						

LONGITUDE (E)						

-----AFTER COMPLETING EACH VISIT, PLEASE MAKE OBSERVATIONS ON 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.

-----THIS SECTION TO BE COMPLETED BY SUPERVISOR-----

33. STATUS OF QUESTIONNAIRE	FIELD ONLY		DATA ENTRY ONLY	
		Code		Code

<u>Response Status</u>		
1	Refused.....	4
2	Household Not Located...	5
3	Moved Away...	6
	Other (Specify).....	7

34. BRANCH NAME & CODE		
	NAME	CODE

Adama =1 Addis Ababa=2 Ambo = 3 Arbaminch = 4 Asayita =5 Assosa =6 Bahirdar =7 Asebe Teferi = 8 Debrebirhan = 9 Dessie =10 Diredawa =11 Gambela =12 Goba =13 Gondar =14 Harar =15 Hawassa =16 Hossana =17 Jigjiga=18 Jimma =19 Mekele = 20 Mizan Teferi =21 Negele =22 Nekemit =23 Shire =24 Sodo =25

**SECTION 1: HOUSEHOLD ROSTER**

I N D I V I D U A L  I D	4c.	4d.	4e.	4f.	4g.			4h.	5.	6.	7.	8.
	Is [NAME] still a member of this household?  YES.....1 NO.....2 (▶Q22)	Is the sex recorded on flap F accurate?  YES.....1 (▶Q4f) NO.....2	What is the correct sex of [NAME]?  MALE.....1 FEMALE....2	CHECK IF THE AGE RECORDED ON THE PRINTOUT IS THE SAME AS THE ANSWER GIVEN FOR Q4.  YES, THE SAME.....1 (▶Q5) NO, DIFFERENT..2	What is [NAME]'s day, month, and year of birth?  <u>CODES FOR MONTHS</u> SEPTEMBER..1 OCTOBER...2 NOVEMBER...3 DECEMBER...4 JANUARY...5 FEBRUARY...6 MARCH.....7 APRIL.....8 MAY.....9 JUNE.....10 JULY.....11 AUGUST...12 PAGUME...13			What is [NAME]'s correct age?	For how many months during the last 12 months was [NAME] away from the household?  NUMBER OF MONTHS	IS RESPONDENT 10 YEARS AND OLDER?  YES.....1 NO.....2 (▶Q11)	What is [NAME]'s main religion?  ORTHODOX.....1 CATHOLIC.....2 PROTESTANT....3 MUSLEM.....4 TRADITIONAL...5 PAGAN.....6 WAKIFATA.....7 OTHER (Specify).8	What is [NAME]'s marital status?  NEVER MARRIED.....1 (▶Q11) MARRIED (MONOGAMOUS)...2 MARRIED (POLYGAMOUS)...3 DIVORCED.....4 (▶Q11) SEPERATED.....5 (▶Q11) WIDOWED.....6 (▶Q11)
					DAY	MONTH	YEAR					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												















**SECTION 3: HEALTH**

FOR CHILDREN 10 YEARS AND YOUNGER, ASK THEIR CAREGIVER THE QUESTIONS.

I N D I V I D U A L  I D	1.	2.			3.	4.		5.	6a.	6b.	6c.	6d.	
	During the past 4 weeks has [NAME] consulted a health practitioner or traditional healer or visited a health facility? (Regardless of whether sick or not)  YES.....1 NO.....2 (▶Q3)	For what reason(s) did [NAME] consult this person?  LIST UP TO 3 REASONS.  CHECK UP OR OTHER PREVENTIVE CARE (NOT LINKED TO PREGNANCY).....1 PRENATAL CHECKUP...2 GIVING BIRTH.....3 FOLLOW UP APPOINTMENT FOR EARLIER OR CHRONIC ILLNESS....4 FOLLOWUP APPOINTMENT FOR EARLIER ACCIDENT...5 NEW OR ACUTE ILLNESS.....6 NEW INJURY.....7 OTHER (SPECIFY)....8			During the past 4 weeks has [NAME] suffered from an illness or injury?  YES....1 NO.....2 (▶Q8a)	What was the sickness/ injury [NAME] faced?  LIST UP TO 2 ILLNESSES  MALARIA.....1 DIARRHEA.....2 INJURY.....3 DENTAL.....4 OPHTHALMIC.....5 SKIN DISEASE.....6 EAR/NOSE/THROAT (ENT).....7 TUBERCULOSIS.....8 OTHER (SPECIFY).....9		For how many days was [NAME] absent from usual activity due to this illness/injury during the last 4 weeks? If not absent please record 0	Whom did [NAME] consult for this illness or injury in the last 4 weeks?  TRADITIONAL HEALER.1 DOCTOR.....2 DENTIST.....3 NURSE.....4 MEDICAL ASST.....5 MIDWIFE.....6 PHARMACIST.....7 CHEMIST.....8 NO ONE.....9 ▶Q7 OTHER (SPECIFY)...10	Where did [NAME] receive or consult medical assistance primarily?  HOSPITAL.....1 HEALTH CENTER....2 HEALTH POST.....3 CLINICS.....4 PHARMACY.....5 TRADITIONAL HEALER'S HOME....6 PATIENT'S HOME...7 OTHER (SPECIFY)...8	How much did [NAME] pay for the first consultation, including any medicine or test prescribed even if purchased elsewhere? If no expenses please record 0.	How long did it take to travel (one way) to your first consultation?  IF CONSULTATION AT PATIENT'S HOME, PUT '0'  THEN, SKIP TO ▶Q8a	
		REASON #1	REASON #2	REASON #3		ILLNESS #1	ILLNESS #2	NUMBER OF DAYS			BIRR	HOURS	MINUTES
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													









**SECTION 4: TIME USE AND LABOR**

FOR CHILDREN 7-10 YEARS, ASK THEIR CAREGIVER THE QUESTIONS.

I N D I V I D U A L  I D	1.	2.		3.		4.	5.	6.	7.	8.	9.
	MARK 'X' IF MEMBER IS 7 YEARS OR OLDER  ONLY ASK QUESTIONS IF MEMBER IS 7 YEARS AND OLDER	How many hours and minutes did [NAME] spend yesterday collecting water?		How many hours and minutes did [NAME] spend yesterday collecting firewood (or other fuel materials)?		How many hours in the last seven days did [NAME] spend on household agricultural activities (including livestock and fishing-related activities) whether for sale or for household use?	How many hours in the last seven days did [NAME] run or help with any kind of non-agricultural or non-fishing household business, big or small, for his or herself or for the household?	How many hours in the last seven days did [NAME] engage in casual, part-time, or temporary labour?	How many hours in the last seven days did [NAME] do any work for a wage, salary, commission, or any payment in kind, excluding temporary?	How many hours in the last seven days did [NAME] engage in an unpaid apprenticeship?	At any time over the last 12 months, was [NAME] employed in any kind of job, including part-time labour, for wage, salary, commission or any payment in kind, for anyone who is not a member of the household?
		RECORD ZERO IF NO PARTICIPATION	RECORD ZERO IF NO PARTICIPATION	RECORD ZERO IF NO PARTICIPATION	RECORD ZERO IF NO PARTICIPATION	RECORD ZERO IF NO PARTICIPATION	RECORD ZERO IF NO PARTICIPATION	RECORD ZERO IF NO PARTICIPATION	RECORD ZERO IF NO PARTICIPATION	RECORD ZERO IF NO PARTICIPATION	RECORD ZERO IF NO PARTICIPATION
	HOURS	MINUTES	HOURS	MINUTES	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											









**SECTION 4B- SAVINGS**

ENUMERATOR: THIS MODULE IS FOR HOUSEHOLD MEMBERS 18 AND OLDER ONLY

I N D I V I D U A L  I D	1.	2.	3.					4.				5.	6.	7.
	IS HOUSEHOLD MEMBER 18 YEARS OR OLDER?  YES.....1 NO.....2 (▶NEXT MEMBER)	An account can be used to take a loan, save, transfer money or receive wages.  Do you have a registration or account book at a bank, microfinance institution, SACCO, mobile banking (M-Birr and hello cash) or other formal financial institution?  YES.....1 NO.....2 (▶Q7)	At which institution(s) do you currently have a registration or account book?  Ask each respondent if they own a registration or account book at each of the following institutions (i) Private Banks (like Dashan or Awash); (ii) Public Banks (like Commercial Bank of Ethiopia); (iii) Microfinance Institution (like Omo or Sidama); (iv) Saving and Credit Cooperative (like Alte) or (v) Other formal financial institutions (specify).					In the last 12 months, have you used any of the following products or services?  Ask each respondent if they use				Do you know where to complain if you have any problems with a financial service provider?	Do you know what to do if your financial institution fails?	In the last 12 months, have you saved in any way (like equb or savings account)?  YES...1 NO...2 (▶Q13)
			PRIVATE BANK	PUBLIC BANK	MICROFINANCE BANK	SACCO	OTHER (specify)	ATM/ DEBIT CARD	ONLINE BANKING	MOBILE BANKING	AGENT BANKING			
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														



13.	14.	15.	16.																	
<p>On average, how often would you be able to save 600 Birr?</p> <p>ROUND UP TO THE NEAREST TIME FRAME</p> <p>DAILY.....1 WEEKLY.....2 MONTHLY.....3 ONCE IN 3 MONTHS..4 ONCE IN 6 MONTHS..5 ONCE A YEAR.....6 WHenever I get the monye...7</p>	<p><b>ENUMERATOR: SKIP IF RESPONENT HAS A FORMAL ACCOUNT (ANSWERED 'YES' TO Q2).</b></p> <p>Why doesn't [NAME] own an account for things like saving or transferring money? READ OUT EACH ANSWER, LIST MAXIMUM OF 3 REASONS.</p> <p>PROCEDURE IS TOO COMPLEX OR HAS TOO MANY REQUIREMENTS...1 FINANCIAL INSTITUTIONS ARE TOO FAR.....2 ACCOUNTS ARE TOO EXPENSIVE TO USE.....3 I DON'T UNDERSTAND THE BENEFITS.....4 I DON'T KNOW WHERE OR HOW TO OPEN AN CCOUNT.....5 PREFER INFORMAL SERVICES.....6 RELIGIOUS REASONS.....7 I DO NOT TRUST BANKS.....8 I DON'T HAVE A REASON.....9 OTHER (SPECIFY).....10</p>	<p>Insurance is when you pay small amounts of money over time to an insurance provider that will compensate you in case of unexpected shocks (for example on your livestock or health).</p> <p>In the last 12 months, have you owned/used any formal insurance product (like life insurance)?</p> <p>YES...1 NO....2 ▶ Q17</p>	<p>In the last 12 months, how did you insure yourself?</p> <p>YES...1 NO....2 SKIP TO ▶ Q18</p>						PRIVATE INSURANCE COMPANIES (LIKE NILE OR NICE)	PUBLIC INSURANCE COMPANIES (LIKE ETHIOPAN INSURANCE CORPORATION)	EMPLOYER	MICROFINANCE INSTITUTION	OTHER FORMAL FINANCIAL INSTITUTION (SPECIFY)							
1ST	2ND	3RD																		



**SECTION 5A: FOOD LAST 7 DAYS**

F O O D  I D	1.	2.	3.	4.	5.	6.
	Over the past one week (7 days), did you or others in your household consume any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.  YES . . . 1 NO . . . 2 ► NEXT ITEM	How much in total did your household consume in the past week?  SEE UNIT CODES ABOVE	How much came from purchases? IF NONE RECORD 0 AND SKIP TO Q5.  SEE UNIT CODES ABOVE	How much did you spend?  BIRR	How much came from own production? IF NOT CONSUMED FROM OWN PRODUCTION RECORD 0.  SEE UNIT CODES ABOVE	How much came from gifts and other sources? IF NONE RECORD 0.  SEE UNIT CODES ABOVE
		QUANTITY    UNIT CODE	QUANTITY    UNIT CODE		QUANTITY    UNIT CODE	QUANTITY    UNIT CODE

CEREALS											
1	Teff										
2	Wheat										
3	Barley										
4	Maize										
5	Sorghum										
6	Millet										
60	Other cereal (SPECIFY) _____										
PULSES & NUTS											
7	Horsebeans										
8	Field Pea										
9	Chick Pea										
10	Lentils										
11	Haricot Beans										
110	Ground nuts										
111	Other pulse or nut (SPECIFY) _____										

**SECTION 5A: FOOD LAST 7 DAYS**

F O O D  I D	1. Over the past one week (7 days), did you or others in your household consume any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.  YES . . . 1 NO . . . 2 ► NEXT ITEM	2. How much in total did your household consume in the past week?  SEE UNIT CODES ABOVE	3. How much came from purchases? IF NONE RECORD 0 AND SKIP TO Q5.  SEE UNIT CODES ABOVE	4. How much did you spend?  BIRR	5. How much came from own production? IF NOT CONSUMED FROM OWN PRODUCTION RECORD 0.  SEE UNIT CODES ABOVE	6. How much came from gifts and other sources? IF NONE RECORD 0.  SEE UNIT CODES ABOVE	
		QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE

SEEDS (UNPROCESSED)										
12	Niger Seed									
13	Linseed									
131	Other seed (SPECIFY) _____									
VEGETABLES										
14	Onion									
141	Green chili pepper (kariya)									
142	Red pepper (berbere)									
143	Greens (kale, cabbage, etc.)									
144	Tomato									
145	Other vegetable (SPECIFY) _____									
FRUITS										
15	Banana									
151	Orange									
152	Other fruit (SPECIFY) _____									
TUBERS & STEMS										
16	Potato									
17	Kocho									
26	Bula									
170	Sweet potato									
171	Boye/Yam									
172	Cassava									
173	Godere									
174	Other tuber or stem (SPECIFY) _____									

**SECTION 5A: FOOD LAST 7 DAYS**

F O O D  I D	1.	2.	3.	4.	5.	6.
	Over the past one week (7 days), did you or others in your household consume any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.  YES . . . 1 NO . . . 2 ► NEXT ITEM	How much in total did your household consume in the past week?  SEE UNIT CODES ABOVE	How much came from purchases? IF NONE RECORD 0 AND SKIP TO Q5.  SEE UNIT CODES ABOVE	How much did you spend?	How much came from own production? IF NOT CONSUMED FROM OWN PRODUCTION RECORD 0.  SEE UNIT CODES ABOVE	How much came from gifts and other sources? IF NONE RECORD 0.  SEE UNIT CODES ABOVE
		QUANTITY    UNIT CODE	QUANTITY    UNIT CODE	BIRR	QUANTITY    UNIT CODE	QUANTITY    UNIT CODE

MEAT, POULTRY, & FISH										
180	Goat & mutton meat									
181	Beef									
182	Poultry									
183	Fish									
OTHER										
19	Milk									
20	Cheese									
201	Butter/ghee									
202	Oils (processed)									
21	Eggs									
22	Sugar									
23	Salt									
BEVERAGES & STIMULANTS										
24	Coffee									
203	Tea									
204	Soft drinks/Soda									
205	Beer									
206	Tella									
25	Chat / Kat									
BEVERAGES & STIMULANTS										
195	Purchased Injera									
196	Purchased Bread or Biscuits									
197	Pasta/Maccaroni									
198	Other prepared food and consumed at Home									

**CONSUMPTION UNITS**

UNIT	SIZE	UNIT CODE
Kilogram		1
Gram		2
Litres		4
Centilitres		5
Jog		8
Melekiya		9
Birchiko	Small	31
Birchiko	Medium	32
Birchiko	Large	33
Esir	Small	61
Esir	Medium	62
Esir	Large	63
Festal	Small	71
Festal	Medium	72
Festal	Large	73
Kerchat/Kemba	Small	91
Kerchat/Kemba	Medium	92
Kerchat/Kemba	Large	93
Kubaya/Cup	Small	101
Kubaya/Cup	Medium	102
Kubaya/Cup	Large	103

UNIT	SIZE	UNIT CODE
Kunna/Mishe/Kefer/Enkib	Small	111
Kunna/Mishe/Kefer/Enkib	Medium	112
Kunna/Mishe/Kefer/Enkib	Large	113
Medeb	Small	131
Medeb	Medium	132
Medeb	Large	133
Piece/number	Small	141
Piece/number	Medium	142
Piece/number	Large	143
Sahin	Small	151
Sahin	Medium	152
Sahin	Large	153
Sini	Small	171
Sini	Large	172
Tasa/Tanika/Shember/Selemon	Small	181
Tasa/Tanika/Shember/Selemon	Medium	182
Tasa/Tanika/Shember/Selemon	Large	183
Zorba/Akara	Small	191
Zorba/Akara	Medium	192
Zorba/Akara	Large	193
Other (Specify)		900

**SECTION 5B: FOOD AGGREGATE**

		1.	2.
	ITEM	In the past one week (7 days), did you or anyone in your household consume any [ITEM]?  YES.....1 NO.....2 ▶ NEXT ITEM	Over the past one week (7 days), how many <b>days</b> did you or others in your household consume any [ITEM]?  NUMBER OF DAYS
1	TEFF		
2	Other cereal (rice, sorghum, millet, maize, wheat bread, etc)		
3	Potatoes and other root crops		
4	Pasta, Macaroni and Biscuits		
5	Sugar or sugar products (honey, jam)		
6	Beans, Haricot Beans, lentils, nuts and other pulses		
7	Vegetables (including relish and leaves)		
8	Fruits		
9	Beef, sheep, goat, or other red meat and pork		
10	Poultry		
11	Eggs		
12	Fish		
13	Oils/fats/butter		
14	Milk/yogurt/cheese/other dairy		
15	Other condiments (Spice, Salt, Pepper, etc)		
16	Kocho/Bula		

3.
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 (▶ Q6)
<input type="checkbox"/>

	4.	5.
FOR Q4-5: IF NOT SHARED, RECORD ZERO.	What was the total number of days in which any meal was shared with people [...]?	What was the total number of meals that were shared over past 7 days with [...]?
	NUMBER OF DAYS	NUMBER OF MEALS
A	Children 0-5 years	
B	Children 6-15 years	
C	Adults 16-65 years	
D	People over 65 years old	

		6.	7.
MEAL		<p>In the <u>past 7 days</u>, did members of this household consume any of the following meals or drinks away from home?(from resturants, relatives or friends)</p> <p>YES. ....1 NO. ....2 ▶ NEXT ITEM</p>	<p>How much did you or other household members pay, in total in the last 7 days for [MEAL/DRINK]? If free, please estimate what it would have cost if you had to pay.</p>
		BIRR	
A	Full meals (e.g. Enjera made of teff/millet/barley with any type of stew, kocho/kocho with meat, rice with sauce, etc.)	Breakfast	
B		Lunch	
C		Dinner	
D	Snacks such as Kolo, bread, biscuits, cakes, etc.		
E	Dairy based beverages such as milk, yoghurt etc.		
F	Vegetables and roasted or boiled items such as (carrot, potatoes, boiled/roasted corn, sugar cane etc)		
G	Non alcoholic drinks (coffee, tea, fruit juice, soda etc.)		
H	Alcoholic drinks		

**SECTION 6: NON-FOOD EXPENDITURE**

**LAST ONE MONTH**

I T E M  C O D E	1.	2.
	Over the past <u>one month</u> , did your household purchase or pay for any [ITEM]?	How much did your household pay in total?
	YES...1 NO....2 ►NEXT ITEM	BIRR
1	Matches	
2	Batteries	
3	Candles (tua'af), incense	
4	Laundry soap/OMO/endod/besana leaves	
5	Hand/body soap	
6	Other personal care goods (incl.sendel,matent,..)	
7	Charcoal	
8	Firewood	
9	Kerosene	
10	Cigarettes, tobacco, suret, gaya	
11	Transport	
12	House rent	

**LAST 12 MONTHS**

I T E M  C O D E	3.	4.
	Over the past <u>12 months</u> , did your household purchase or pay for any [ITEM]?	How much did your household pay in total?
	YES...1 NO....2 ►NEXT ITEM	BIRR
1	Clothes/shoes/fabric for MEN (18 years and older)	
2	Clothes/shoes/fabric for WOMEN (18 years and older)	
3	Clothes/shoes/fabric for BOYS (less than 18 years)	
4	Clothes/shoes/fabric for GIRLS (less than 18 years)	
5	Kitchen equipment (cooking pots, etc.)	
6	Linens (sheets, towels,blankets)	
7	Furniture (Chair, table, closet etc.)	
8	Lamp/torch	
9	Ceremonial expenses	
10	Contributions to IDDIR	
11	Donations to the churches and mosques	
12	Taxes and levies	

**SECTION 7: FOOD SECURITY**

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 on average per day in your household?	
	A	B	C	D	E	F	G	H	A.	B.
	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 consumption 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?	5 yrs and above	Children (6-59 months)
	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	NUMBER	NUMBER

4. Do all household members eat roughly the same diet?  YES...1 (► Q6) NO...2	5. Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods?  MORE DIVERSE -----1 LESS DIVERSE -----2			6. 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	7. In which months of the last 12 months did you experience this incident ?  MARK X IN EACH COLUMN FOR 2007, 2008								8. What was the cause of this situation?  LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM.				
	A	B	C		2007 (EC)												
	Men	Women	Children (6-59 months)		Feb	Mar	Apr	May	Jun	Jul	Aug	A.				B.	C.
					Sep	Oct	Nov	Dec	Jan			1ST				2ND	3RD

**CODES FOR Q8**

INADEQUATE HOUSEHOLD STOCKS DUE TO DROUGHT/POOR RAINS.....1  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO CROP PEST DAMAGE.....2  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO SMALL LAND SIZE.....3  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LACK OF FARM INPUTS.....4  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LACK OF FARM TOOLS/DROUGHT ANIMALS, PLOUGH ETC.....5

FOOD IN THE MARKET WAS VERY EXPENSIVE.....6  
 NOT ABLE TO REACH THE MARKET DUE TO HIGH TRANSPORTATION COSTS...7  
 MARKET VERY FAR FROM THE VILLAGE.....8  
 NO FOOD IN THE MARKET.....9  
 FLOODS/WATER LOGGING/HAILSTORM.....10  
 OTHER, SPECIFY.....11

**SECTION 8: SHOCKS**

C O D E	SHOCK	1.	2.	3.	4.					5.	6.				
		During the last 12 months, was your household affected by [SHOCK]?	Rank the three most significant shocks you experienced - Most Severe (1), Second Most Severe (2), Third Most Severe (3).		As a result of this [SHOCK], did your [...] ...							What did your household do in response to this [SHOCK] to try to regain your former welfare level?			
		YES...1 NO...2 ▶ NEXT SHOCK			READ RESPONSES FOR EACH COLUMN  INCREASE.....1 DECREASE.....2 DID NOT CHANGE..3					LIST UP TO 3 ANSWERS BY ORDER OF IMPORTANCE. USE CODES ON THE RIGHT.	During the last 12 months, how many times did [SHOCK] occur?	During the last 2 years, how many times did [SHOCK] occur?			
					INCOME	ASSETS	FOOD PRODUC.	FOOD STOCKS	FOOD PURCH.	1ST	2ND	3RD			
101	Death of household member (Main bread earner)			THE QUESTIONS TO THE RIGHT SHOULD											
101a	Death of Underfive children or abortion Stillbirth														
101b	Death of other household member														
102	Illness of household member														
103	Loss of non-farm jobs of household member														
104	Drought														
105	Flood														
106	Landslides/ Avalanches														
107	Heavy rains preventing work														
108	Other crop damage			THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNIN G THE THREE MOST											
109	Price fall of food items														
110	Price rise of food items														
111	Increase in price of inputs (seed, fertilizer)														
112	Great loss/death of livestock														
113	Fire														
114	Theft/Robbery and other violence														
115	Involuntary loss of house/land														
116	Displacement (due to government development projects)														
117	Local Unrest/Violence														
118	Other (Specify)														

CODES FOR Q4:  
 RELIED ON OWN SAVINGS.....1  
 RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS.....2  
 RECEIVED UNCONDITIONAL HELP FROM GOVERNMENT.....3  
 RECEIVED UNCONDITIONAL HELP FROM NGO/RELIGIOUS INSTITUTION.....4  
 CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF MEALS PER DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.).....5  
 EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE EMPLOYMENT.....6  
 ADULT HOUSEHOLD MEMBERS WHO WERE PREVIOUSLY NOT WORKING HAD TO FIND WORK.....7  
 HOUSEHOLD MEMBERS MIGRATED.....8  
 REDUCED EXPENDITURES ON HEALTH AND/OR EDUCATION.....9  
 OBTAINED CREDIT.....10  
 SOLD AGRICULTURAL ASSETS.....11  
 SOLD DURABLE ASSETS.....12

CODES FOR Q4:  
 RELIED ON OWN SAVINGS.....1  
 RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS.....2  
 RECEIVED UNCONDITIONAL HELP FROM GOVERNMENT.....3  
 RECEIVED UNCONDITIONAL HELP FROM NGO/RELIGIOUS INSTITUTION.....4  
 CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF

**SECTION 9: HOUSING**

<b>2.</b> How long has this household been living in this dwelling?		<b>3.</b> On what basis does the household occupy the dwelling?  PRIVATELY OWNED...1 FREE OF RENT.....2 RENTED.....3 OTHER (SPECIFY)...4	<b>4.</b> How many rooms (excluding kitchen, toilet and bath room) does the household occupy?	<b>5.</b> The walls of the main dwelling are predominantly made of what material?  WOOD AND MUD.....1 WOOD AND THATCH.....2 WOOD ONLY.....3 STONE ONLY.....4 STONE AND MUD.....5 STONE AND CEMENT.....6 BLOCKS, PLASTERED WITH CEMENT.....7 BLOCKS, UNPLASTERED....8 BRICKS.....9 MUD BRICKS (TRADITIONAL).....10 STEEL ("LAMERA").....11 CARGO CONTAINER.....12 PARQUET OR POLISHED WOOD.....13 CHIP WOOD.....14 CORRUGATED IRON SHEET.15 ASBESTOS.....16 REED/BAMBOO.....17 OTHER, SPECIFY.....18	<b>6.</b> The roof of the main dwelling is predominantly made of what material?  CORRUGATED IRON SHEET.....1 CONCRETE/CEMENT...2 THATCH.....3 WOOD AND MUD.....4 BAMBOO/REED.....5 PLASTIC CANVAS.....6 ASBESTOS.....7 BRICKS.....8 OTHERS.....9	<b>7.</b> The floor of the main dwelling is predominantly made of what material?  MUD/DUNG.....1 BAMBOO /REED.....2 WOOD PLANKS.....3 PARQUET OR POLISHED WOOD.....4 CEMENT SCREED.....5 PLASTIC TILES.....6 CEMENT TILES.....7 BRICK TILES.....8 CERAMIC/MARBLE TILES.9 OTHERS.....10	<b>8.</b> What type of kitchen does the household use?  NO KITCHEN.....1 A ROOM USED FOR TRADITIONAL KITCHEN INSIDE THE HOUSING UNIT.....2 A ROOM USED FOR TRADITIONAL KITCHEN OUT SIDE THE HOUSING UNIT.....3 A ROOM USED FOR MODERN KITCHEN INSIDE THE HOUSING UNIT.....4 A ROOM USED FOR MODERN KITCHEN OUT SIDE THE HOUSING UNIT.....5 OTHER (SPECIFY).....6
YEARS	MONTHS						
<b>9.</b> What is the primary type of oven (Mitad) used for baking Injera/bread?  TRADITIONAL MITAD (OVEN) REMOVABLE...1 TRADITIONAL MITAD (NOT REMOVABLE)...2 IMPROVED ENERGY SAVING MITAD (RURAL TECHNOLOGY PRODUCT)...3 ELECTRIC MITAD.....4 NONE.....5		<b>10.</b> What type of toilet facilities does the household use?  FLUSH TOILET .....1 PIT LATRINE, VENTILATED VIP...2 PIT LATRINE, WITH SLAB.....3 PIT LATRINE, WITHOUT SLAB...4 COMPOSTING TOILET...5 BUCKET.....6 FIELD /FOREST.....7 (►Q10C) OTHERS (SPECIFY) ....8	<b>10b</b> Is this toilet facility shared with other households?  YES...1 NO...2	<b>10c</b> Is there a place in your dwelling or yard/plot where household members can wash their hands?  YES, IN DWELLING...1 YES, IN YARD/PLOT..2 NO.....3 (►Q12)	<b>10d</b> At this moment, is there water available at this hand washing location?  YES...1 NO...2	<b>10e</b> At this moment, do you have any soap, detergent, ash, mud, or sand available for hand washing?  YES, SOAP /DETERGENT...1 YES, ASH.....2 MUD/SAND.....3 NO.....4	<b>12.</b> What type of solid waste disposal facilities does the household use?  WASTE DISPOSABLE VEHICLE.....1 WASTE DISPOSAL CONTAINER.....2 DUG-OUT.....3 THROW WAY.....4 USE ASERTILIZER....5 BURNING THE WASTE....6 COLLECTED BY MUNICIPALITY (PUBLIC DUMP).....7 OTHER (SPECIFY).....8

<p><b>13.</b> What is the main source of drinking water in the rainy season?</p> <p>PIPED WATER INTO DWELLING.....1 ▶ 13E  PIPED WATER INTO YARD/PLOT.....2 ▶ 13E  PIPED WATER PUBLIC TAP/STANDPIPE ..3 ▶ 13C  TUBEWELL/BOREHOLE.....4  PROTECTED DUG WELL.....5  UNPROTECTED DUGWELL...6  PROTECTED SPRING.....7  UNPROTECTED SPRING...8  RAINWATER COLLECTION..9  PIPED WATER KIOSK/RETAILER.....10 ▶13C  BOTTLED WATER.....11 ▶ 13C  CART WITH SMALL  TANK/DRUM.....12 ▶ 13C  TANKER-TRUCK.....13 ▶ 13C  SURFACE WATER  (RIVER, DAM, LAKE,  POND, STREAM, CANAL,  IRRIGATION CHANNELS).14  OTHER, SPECIFY.....15</p>	<p><b>13b.</b> Where is the source located?</p> <p>IN THE DWELLING.....1  ▶13E  PRIVATE  YARD/PLOT.....2 ▶13E  NEIGHBOR'S  YARD/SHARED  COMPOUND.....3  PUBLIC SPACE..4</p>	<p><b>13c.</b> How long does it take to go there (the source of water indicated in Q13b), get water, and come back? (in minutes)</p> <p>LESS THAN 15...1  16-30.....2  31-45.....3  46-60.....4  61-90.....5  91-120.....6  MORE THAN 120...7</p>	<p><b>13d.</b> Out of which time spent for waiting. (in minutes)</p> <p>LESS THAN 15...1  16-30.....2  31-45.....3  46-60.....4  61-90.....5  91-120.....6  MORE THAN 120...7</p>	<p><b>13e.</b> In the dry season, is your household's main source of drinking water <b>different</b> than your main source in the rainy season?</p> <p>YES.....1  NO.....2  (▶Q15A)</p>	<p><b>14.</b> What is the main source of drinking water in the dry season?</p> <p>PIPED WATER INTO DWELLING.....1 ▶ 15A  PIPED WATER INTO YARD/PLOT.....2 ▶ 15A  PIPED WATER PUBLIC TAP/STANDPIPE ..3 ▶ 14C  TUBEWELL/BOREHOLE.....4  PROTECTED DUG WELL.....5  UNPROTECTED DUGWELL...6  PROTECTED SPRING.....7  UNPROTECTED SPRING...8  RAINWATER COLLECTION..9  PIPED WATER KIOSK/RETAILER.....10 ▶14C  BOTTLED WATER.....11 ▶ 14C  CART WITH SMALL  TANK/DRUM.....12 ▶ 14C  TANKER-TRUCK.....13 ▶ 14C  SURFACE WATER  (RIVER, DAM, LAKE,  POND, STREAM, CANAL,  IRRIGATION CHANNELS).14  OTHER, SPECIFY.....15</p>	<p><b>14b.</b> Where is the source located?</p> <p>IN THE DWELLING.....1 ▶15A  PRIVATE  YARD/PLOT.....2 ▶15A  NEIGHBOR'S  YARD/SHARED  COMPOUND.....3  PUBLIC SPACE..4</p>
---	---	---	---	---	---	--

<p><b>14c.</b> How long does it take to go there (the source of water indicated in Q14b), get water, and come back? (in minutes)</p> <p>LESS THAN 15..1  16-30.....2  31-45.....3  46-60.....4  61-90.....5  91-120.....6  MORE THAN 120.7</p>	<p><b>14d.</b> Out of which time spent for waiting. (in minutes)</p> <p>LESS THAN 15...1  16-30.....2  31-45.....3  46-60.....4  61-90.....5  91-120.....6  MORE THAN 120...7</p>	<p><b>15a.</b> During the past month, how much did you pay for water, including any fees or costs of transportation, delivery, etc for this water?</p> <p>IF NONE, RECORD "0".</p> <p>BIRR</p>	<p><b>16a.</b> Do you do anything to the water to make it safer to drink? REFERS TO THE WATER THEY ARE USING/DRINKING NOW.</p> <p>YES.....1  NO.....2  (▶Q17)</p>	<p><b>16b.</b> What do you do to make the water safe for drinking?</p> <p>BOIL.....1  ADD  BLEACH/CHLORINE...2  USE A WATER  FILTER...3  SOLAR  DISINFECTION...4  LET IT STAND AND  SETTLE.....5  OTHER,  SPECIFY.....6</p>	<p><b>17.</b> Does any member of the household (including the household head) own another building, dwelling, or house? EXCLUDING MAID/GUARDS</p> <p>YES.....1  NO.....2  (▶Q19)</p>	<p><b>18.</b> How many buildings and dwellings does the household own in total, including other houses owned?</p> <p>SUM UP ALL HOUSES OWNED BY HOUSEHOLD MEMBERS EXCLUDING MAID/GUARDS</p>	<p><b>19.</b> What is the main Source of light for the household? IF THE RESPONSE TO THIS QUESTION IS CODE 5-13 SKIP TO Q21</p> <p>ELECTRICITY METER- PRIVATE...1  ELECTRICITY METER- SHARED...2  ELECTRICITY FROM GENERATOR...3  SOLAR ENERGY.....4  BIO -GAS.....5  ELECTRICAL BATTERY.....6  LANTERN .....7  LIGHT FROM DRY CELL WITH  SWITCH.....8  KEROSENE LIGHT LAMP IMPORTED).9  LOCAL KEROSENE LAMP (KURAZ)...10  CANDLE/WAX .....11  FIRE WOOD.....12  OTHER (SPECIFY).....13</p> <p>IF THE RESPONSE TO THIS QUESTION IS CODE 4-13 SKIP TO Q21</p>
--	---	--	---	---	--	---	--



**SECTION 10: ASSETS**

I T E M  C O D E	ITEM NAME	1.	2.	
		How many of this [ITEM] does your household own?  IF NONE RECORD 0 AND MOVE TO NEXT ITEM	Who in the household owns the [ITEM]?  LIST UP TO TWO MEMBERS FROM HOUSEHOLD ROSTER	
		NUMBER OF ITEMS	HH ROSTER ID #1	HH ROSTER ID #2
1	Kerosene stove			
2	Cylinder gasstove			
3	Electric stove			
4	Blanket/Gabi			
5	Mattress and/or Bed			
6	Wrist watch/clock			
7	Fixed line telephone			
8	Mobile Telephone			
9	Radio/ tape recorder			
10	Television			
11	CD/VCD/DVD/Video Deck			
12	Satelite Dish			
13	Sofa set			
14	Bicycle			
15	Motor cycle			
16	Cart (Hand pushed)			
17	Cart (animal drawn)- for transporting people and goods			
18	Sewing machine			

I T E M  C O D E	ITEM NAME	1.	2.	
		How many of this [ITEM] does your household own?  IF NONE RECORD 0 AND MOVE TO NEXT ITEM	Who in the household owns the [ITEM]?  LIST UP TO TWO MEMBERS FROM HOUSEHOLD ROSTER	
		NUMBER OF ITEMS	HH ROSTER ID #1	HH ROSTER ID #2
19	Weaving equipment			
20	Mitad-Electric			
21	Energy saving stove (lakech, mirt etc)			
22	Refrigerator			
23	Private car			
24a	Jewels - Gold (in grams)			
24b	Jewels - Silver (in grams)			
25	Wardrobe			
26	Shelf for storing goods			
27	Biogas pit			
28	Water storage pit			
30	Sickle (Machid)			
31	Axe (Gejera)			
32	Pick Axe (Geso)			
33	Plough (Traditional)			
34	Plough (Modern)			
35	Water Pump			

**SECTION 11A: NON-FARM ENTERPRISE**

Over the past 12 months has anyone in this household...

1 ... owned a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?

YES . . 1  
NO . . . 2

2 ... processed and sold any agricultural by-products, including flour, local beer (tella), 'areke", "enjera", seed, etc., but excluding livestock by-products, fresh/processed fish?



3 ... owned a trading business on a street or in a market?

4 ... offered any service or sold anything on a street or in a market, including firewood, home-made charcoal, construction timber, woodpoles, traditional medicine, mats, bricks, cane furniture, weave baskets, thatch grass etc.?

5 ... owned a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc?

6 ... driven a household-owned taxi or pick-up truck to provide transportation or moving services?

YES . . 1  
NO . . . 2

7 ... owned a bar or restaurant?

8 ...owned any other non-agricultural business, even if it is a small business run from home or on a street?

8b. ENUMERATOR: DID THE HOUSEHOLD HAVE A NON-FARM ENTERPRISE IN WAVE 2?

YES . . 1  
NO . . . 2



9. ENUMERATOR: IS THERE A "1" FOR ANY OF THE QUESTIONS 1 THROUGH 8b?

YES . . 1  
NO . . . 2

►Section 11B, Q18

**INCLUDE HOUSEHOLD BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY DURING THE PAST 12 MONTHS.**

**SECTION 11B: NON-FARM ENTERPRISE**

E N T E R P R I S E  I D	1.			1a.	1b.	1c.	2.	3.		3b.	3c.
	What income generating enterprises did individuals in this household operate over the last 12 months?  FIRST LIST ALL NON-FARM ENTERPRISE, COPIED FROM WAVE 2 HOUSEHOLD QUESTIONNAIRE. THIS INCLUDES BUSINESSES THAT ARE CURRENTLY OPERATING AND ANY THAT ARE NOW CLOSED. ALL ENTERPRISES MUST BE COPIED IN THE EXACT SEQUENCE LISTED IN THE WAVE 2 HH QUESTIONNAIRE.  ANY NEW NON-FARM ENTERPRISES SHOULD BE ADDED TO THE END AND MUST GET A NEW ID.			Is this a new enterprise?  YES....1 (▶ Q2) NO.....2	Was this enterprise in operation in the last 12 months?  YES....1 (▶ Q2) NO.....2	Why was this enterprise not in operation in the last 12 months? LEGAL PROBLEMS...1 COULD NOT OBTAIN INPUTS.....2 LACK OF DEMAND...3 LOW PROFILE.....4 COULD NOT OBTAIN CREDIT.....5 TOO MUCH DEBT...6 SECURITY ISSUES..7 OTHER (SPECIFY)..8  ▶ NEXT ENTERPRISE, UNLESS LAST ENTERPRISE ▶ Q18	Where does this enterprise operate primarily? HOME, INSIDE RESIDENCE.....1 HOME, OUTSIDE RESIDENCE.....2 TRADITIONAL MARKET.....3 SHOP IN COMMERCIAL AREA.....4 ROADSIDE.....5 MOBILE.....6 RIVER/LAKES/PONDS.....7 CONSTRUCTION SITES.....8 OTHER (SPECIFY).....9	Who owns/owned this enterprise in the household?  LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER  FIRST OWNER ID      SECOND OWNER ID		Is the owner of this enterprise providing the responses to these questions?  YES....1 (▶ Q3D) NO.....2	Who from the household is providing the responses to these questions?  ROSTER ID #
	WRITTEN DESCRIPTION OF ACTIVITIES			SECTOR CODES							
	PRIMARY CODE	SECONDARY CODE									
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

E N T E R P R I S E  I D	3d.		4.		4b.	4c.	4d.	4e.		4f.
	Who in the household makes decisions regarding the earnings from this enterprise?		What were the two main sources of start-up capital for this enterprise?		In the last 12 months, did you try to get credit for this enterprise from banks and other formal financial agencies?	Did you eventually get the credit from the banks OR other formal financial agencies for this enterprise?	In the last 12 months, did you get any credit to operate this enterprise ?	In the last 12 months, what was the source of credit that has been used to operate this enterprise?		In the last 12 months, how much have you borrowed for this enterprise?
	ROSTER ID #1	ROSTER ID #2	PRIMARY	SECONDARY	YES.....1 NO.....2 (▶ Q4d)	YES.....1 NO.....2	YES.....1 NO.....2 (▶ Q4g)	1ST SOURCE	2ND SOURCE	BIRR
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

E N T E R P R I S E  I D	4g.	4h.	5.		6.		7.	8.			9.	10.	11.
	In the last 12 months, did the enterprise have any loans that it was repaying (in cash or kind)?  YES.....1 NO.....2 (► Q5)	In the last 12 months, what is the amount repaid on loans for the enterprise?	When did this enterprise start operating?		To whom does/did this enterprise mostly sell its products?		Are the activities of this enterprise seasonal?  YES..1 NO...2 (► Q9)	During the last 12 months, in which months was enterprise activity highest?  RANK IN ORDER OF IMPORTANCE			During the last 12 months of operation, how many months was this enterprise active?	In those months when operating, what is the average number of days per month in which the enterprise operates?	How many hired workers did this enterprise employ in the months in which the enterprise was operating?  EXCLUDE MEMBERS OF THE HOUSEHOLD
			BIRR	MONTH	4 DIGIT EC YEAR	RESPONSE 1		RESPONSE 2	MONTH	MONTH			
								1st	2nd	3rd			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

E N T E R P R I S E  I D	12.						13.	14.				15.
	Which household members worked in this enterprise in the last 12 months?  RECORD HOUSEHOLD ROSTER ID OF EACH PERSON WHO WORKED IN THE ENTERPRISE. PROMPT FOR ALL PAID <b>AND</b> UNPAID WORKERS.						During the months the enterprise was operating in the last 12 months, what were average monthly sales?	During the months the enterprise was operating in the last 12 months, what were average monthly operating costs (including stocks and hired labour)?				Over the past 12 months, what share of total household cash income came from this enterprise?  ALMOST NONE...1 ABOUT 25%...2 ABOUT HALF...3 ABOUT 75%...4 ALMOST ALL...5
	PAID			UNPAID			BIRR	BIRR				ALL OTHER OPERATING COSTS
	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID		WAGES	PURCHASE OF GOODS FOR SALE	RAW MATERIALS	TRANSPORTATION	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

E N T E R P R I S E  I D	16. List three most important constraints to non-farm business operations and growth?			17. Does the enterprise have a license?
	REFER TO CONSTRAINT CODES ON THE RIGHT			YES..1 NO...2
	1st	2nd	3rd	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

18. Is any member of this household planning to open a non-farm enterprise in the next 12 months?	19. List up to three primary constraints preventing HH members from opening a non-farm enterprise.		
YES.....1 NO.....2	REFER TO CONSTRAINT CODES ON THE RIGHT		
	1st	2nd	3rd

**Codes for Q16 & 19 CONSTRAINTS**

- ELECTRICITY
  - 11 = Access
  - 12 = Quality
  - 13 = Cost
- TELECOMMUNICATIONS
  - 21 = Access
  - 22 = Quality
  - 23 = Cost
- WATER
  - 31 = Access
  - 32 = Quality
  - 33 = Cost
- POSTAL SERVICES
  - 41 = Access
  - 42 = Quality
  - 43 = Cost
- TRANSPORTATION
  - 61 = Road access
  - 62 = Road quality
  - 63 = Cost
  - 64 = Facilities to transport goods
- FINANCIAL SERVICES
  - 71 = Difficulty to borrow from family, friends or others
  - 72 = Difficulty to borrow from formal financial institutions
  - 73 = High interest rates
  - 74 = Complicated bank loan procedures (too many forms or not correct documentation)
  - 75= Fear of not being able to pay loan installments
  - 76= Don't know where or how to get a loan

**Codes for Q16 & 19 (continued)**

- MARKETS
  - 81 = Access to markets (distance and cost)
  - 82 = Difficult to obtain information on your product's market
  - 83 = Low demand for goods and services produced
- GOVERNMENT
  - 91 = Corruption
  - 92 = Uncertain economic policy
  - 93 = Restrictive laws and regulations
- SAFETY
  - 101 = Criminality, theft and lawlessness
  - 102 = Conflicts and social friction
- TECHNOLOGY
  - 111 = Lack of training
  - 112= Research costs
  - 113 = Access to computers
  - 114 = Access to information and technology
- REGISTRATION AND PERMITS
  - 121 = Time and cost of registering enterprise
  - 122 = Time and cost of obtaining enterprise permits
  - 123 = Complicated enterprise registration and permit regulations
- TAXATION
  - 131 = High taxes
  - 132 = Unofficial levies
- OTHER
  - 140 = Other (specify)

**SECTION 12: OTHER INCOME**

I T E M  C O D E	SOURCE	1.	2.	3.		4.			5.
		During the last 12 months, did you or any members of your household receive any [SOURCE]?  YES . 1 NO . . 2 ▶ NEXT SOURCE	How much [SOURCE] did your household receive in total during the last 12 months?  ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED  BIRR	Who in your household kept/decided what to do with the money from [SOURCE]?  LIST UP TO 2 FROM HOUSEHOLD ROSTER. HH ROSTER ID CODE # 1    HH ROSTER ID CODE # 2		FROM RURAL AREAS  BIRR	FROM URBAN AREAS  BIRR	FROM OTHER COUNTRIES  BIRR	How was this payment made to you?  CASH.....1 THROUGH A FORMAL ACCOUNT (LIKE A BANK/MFI/SACCO) ..2 THROUGH MOBILE BANKING SERVICES.3 THROUGH REGULATED MONEY TRANSFER SERVICE.....4 Others.....5
<b>Incoming Transfers/Gifts</b>									
101	Cash Transfers/Gifts from Individuals (Friends/Relatives)								
102	Food Transfers/Gifts from Individuals (Friends/Relatives)								
103	Non-Food In-Kind Transfers/Gifts from Individuals (Friends/Relatives)								
<b>Pension &amp; Investment Income</b>									
104	Interest or Other Investment Income								
105	Pension Income								
<b>Rental Income</b>									
106	Income from Shop/Store/ House/ Rental/ Car, Truck, Other Vehicle Rental (DO NOT INCLUDE ANY NON-FARM ENTERPRISE INCOME)								
107	Income from land rental								
108	Income from renting agricultural tools								
109	Income from renting transport animals								
<b>Revenue from Sales of Assets</b>									
110	Income from Real Estate Sales								
111	Income from Household Non-Agricultural Asset Sales								
112	Income from Household Agricultural/Fishing Asset Sales								
<b>Other Income</b>									
113	Inheritance/ Lottery/Gambling Winnings								

**SECTION 13: ASSISTANCE**

1. Did you or members of your household receive any [...] in the past 12 months from the government or a non-governmental institution (such as church)?  EXCLUDE SELF-HELP GROUPS AND FRIENDS  YES...1 NO...2 ▶ NEXT ITEM	2. What is the name of the organization/program who provided this assistance?  GOVERNMENT.....1 INTERNATIONAL NGO.....2 LOCAL NGO.....3 OTHER.....4  SPECIFIC NAME  CODE	3. How much cash did your household receive from this organization in the last 12 months? IF NONE RECORD "0" AND SKIP TO Q4  BIRR	3b. How was the cash payment made to your household?  CASH.....1 THROUGH A FORMAL ACCOUNT (LIKE A BANK/MFI/SACCO).....2 THROUGH MOBILE BANKING SERVICES.....3 THROUGH REGULATED MONEY TRANSFER SERVICE.....4	4. What was the value of food the household received from this organization in the last 12 months? IF NONE RECORD "0"  BIRR	5. What was the value of any other in-kind assistance received in the last 12 months? IF NONE RECORD "0"  BIRR	6. Was this aid given to the entire household or given to specific persons in the household?  ENTIRE HH....1 ▶ NEXT ITEM TO A PERSON...2	7. Which members of the household participated in this program?  LIST UP TO 3  HOUSEHOLD ROSTER ID  1 2 3
A. PSNP (note: do not include PSNP labour activities)							
Other assistance (not PSNP):							
B. Free food							
C. Food-for-work programme or cash-for-work programme							
D. Inputs-for work programme							
E. Other assistance (not listed above), specify: _____							



<b>9.</b> During the last 12 months, did anyone in the household try to borrow from someone outside the household or from an institution and were turned down?  YES...1 NO...2 (▶Q12)	<b>10.</b> Who turned down this request? LIST UP TO 2.  USE CODES BELOW		<b>11.</b> What was main reason for trying to obtain the loan? Was it: [READ RESPONSES]  USE CODES BELOW	<b>12.</b> Is anyone in the household awaiting word on a loan that was applied for during the last 12 months?  YES...1 NO...2 (▶Q15)	<b>13.</b> From whom or which institution was the application made for a loan? LIST UP TO 2.  USE CODES BELOW		<b>14.</b> What was main reason for trying to obtain the loan? Was it: [READ RESPONSES]  USE CODES BELOW.	<b>15.</b> ENUMERATOR: WAS THE ANSWER TO QUESTIONS 1, 9 AND 12 BOTH "NO"?  ANSWER TO ALL THREE QUESTIONS "NO".....1  ANSWER TO ANY ONE OF THESE THREE QUESTIONS IS "YES".....2▶NEXT SECTION	<b>16.</b> Why did no one in the household attempt to borrow in the last 12 months? [LIST UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.]  NO FARM OR BUSINESS.....1 HAVE ADEQUATE .....2 BELIEVED WOULD BE REFUSED.....3 TOO EXPENSIVE.....4 TOO MUCH TROUBLE FOR WHAT IT IS WORTH.....5 INADEQUATE COLLATERAL.....6 DO NOT LIKE TO BE IN DEBT.....7 DO NOT KNOW ANY LENDER.....8 FEAR NOT BE ABLE TO PAY.....9 OTHER (SPECIFY).....10	
	1ST	2ND			1ST	2ND			1ST	2ND

**CODES FOR Q2, Q10& Q13:**

RELATIVE.....1	RELIGIOUS
NEIGHBOUR.....2	INSTITUTION.....6
GROCERY/LOCAL	MICROFINANCE
MERCHANT.....3	INSTITUTIONS.....7
MONEY LENDER	BANK (COMMERCIAL) .. 8
(KATAPILA).....4	NGO.....9
EMPLOYER.....5	OTHER (SPECIFY).....10

**CODES FOR Q4, Q11, & Q14:**

PURCHASE HOUSE/LEASE LAND	FOR	FOR OTHER CROPS.....3
BUSINESS/FARMING.....1		BUSINESS START-UP CAPITAL.....4
PURCHASE AGRICULTURAL INPUTS		EXPANDING BUSINESS.....5
FOR FOOD CROP.....2		PURCHASE NON-FARM INPUTS.....6
PURCHASE INPUTS		OTHER (SPECIFY).....7

**SECTION 15: CONTACT INFORMATION**

1. In order for us to be able to contact the household in the future, could you kindly provide us with telephone numbers?

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

1A NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_/\_\_\_\_\_

2. In case we are not able to make contact with the household head, could you kindly provide us with the telephone numbers of some other adult members of this household ?

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

2A. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

2B. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

2C. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

3. If you were to move in the next two years, who are the people in this village/town/city who would be most likely to know your new address?

CONTACT INFORMATION FOR REFERENCE PERSON 1

CONTACT INFORMATION FOR REFERENCE PERSON 2

3A1. NAME : \_\_\_\_\_

3B1. NAME : \_\_\_\_\_

3A2. RELATION TO HEAD : \_\_\_\_\_

3B2. RELATION TO HEAD : \_\_\_\_\_

3A3. PHONE (LANDLINE) : \_\_\_\_\_

3B3. PHONE (LANDLINE) : \_\_\_\_\_

3A4. PHONE (CELL) : \_\_\_\_\_

3B4. PHONE (CELL) : \_\_\_\_\_

3A5. VILLAGE NAME \_\_\_\_\_

3B5. A VILLAGE NAME \_\_\_\_\_

**SECTION 1: HOUSEHOLD ROSTER**

**ENUMERATOR:** REFER TO THE COVER SECTION, Q12a.

FOR ALL HOUSEHOLD WITH COMPLETED AGRICULTURE QUESTIONNAIRE , PREFILL ALL HOUSEHOLD MEMBERS FROM AGRICULTURE QUESTIONNAIRE (POST-PLANTING QUESTIONNAIRE). FOR HOUSEHOLDS FROM BIG URBAN HOUSEHOLDS PLEASE PREFILL HOUSEHOLD MEMBERS FROM THE PRINTOUT LISTS

I N D I V I D U A L I D	1.	2.	3.	4.		4b.
	NAME  LIST ALL HOUSEHOLD MEMBERS, COPIED FROM AGRICULTURE QUESTIONNAIRE (FROM POST-PLANTING QUESTIONNAIRE). FOR HOUSEHOLDS FROM BIG URBAN SAMPLE LIST ALL HOUSEHOLD MEMBERS FROM PRINTED LISTS OF WAVE 2 MEMBERS ALL MEMBERS MUST BE COPIED IN THE EXACT SEQUENCE LISTED IN THE PP OR LIVESTOCK ROSTER.  ANY NEW HOUSEHOLD MEMBERS SHOULD BE ADDED TO THE END AND MUST GET A NEW ID.	What is [NAME]'s relationship to the head of household?  HEAD.....1 SPOUSE.....2 SON/DAUGHTER.....3 GRANDCHILD.....4 FATHER/MOTHER.....5 SISTER/BROTHER.....6 NIECE/NEPHEW.....7 UNCLE/AUNT.....8 SON/DAUGHTER IN-LAW.....9 FATHER/MOTHER IN-LAW.....10 BROTHER/SISTER IN-LAW.....11 GRANDPARENTS.....12 OTHER RELATIVES.....13 SERVANT.....14	What is the sex of [NAME]?  MALE.....1 FEMALE.....2	How old is [NAME] (COMPLETED YEAR)? IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.  (If 9 years and over give YEARS only. If less than 9 years in age give YEARS and MONTHS. If less than one month put "0")	YEARS	MONTHS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

EDUCATION CODES (SECTION 2, QUESTIONS 5 AND 8)

BASED ON BOTH CURRICULUMS

KINDERGARTEN, 0 GRADE, NURSERY, OR 1ST GRADE.....	0
1ST GRADE.....	1
2ND GRADE.....	2
3RD GRADE.....	3
4TH GRADE.....	4
5TH GRADE.....	5
6TH GRADE.....	6
7TH GRADE.....	7
8TH GRADE.....	8

BASED ON PREVIUOS CURRICULUM

9TH GRADE.....	9
10TH GRADE.....	10
11TH GRADE.....	11
12TH GRADE.....	12
12TH GRADE + 1 (CERTIFICATE).....	13
TEACHER TRAINING CERTIFICATE.....	14
1ST YEAR COLLEGE.....	15
2ND YEAR COLLEGE.....	16
DIPLOMA.....	17
3RD YEAR COLLEGE.....	18
BACHELOR'S DEGREE PROGRAM (INCLUDING M.D.).....	19
POSTGRADUATE DIPLOMA (M.A., PHD, MPHIL, ETC.).....	20

BASED ON NEW CURRICULUM

9TH GRADE.....	21
10TH GRADE.....	22
11TH GRADE.....	23
12TH GRADE.....	24
CERTIFICATE (10+1) VOCATIONAL AND TECHNICAL COURSE.....	25
LEVEL 2 VOCATIONAL AND TECHINCAL COURSE.....	26
CERTIFICATE (10+2) VOCATIONAL AND TECHNICAL COURSE.....	27
1 YEAR IN 10+3 OR LEVEL 3 VOCATIONAL AND TECHNICAL COURSE.....	28
2 YEARS IN 10+3 OR LEVEL 3 VOCATIONAL AND TECHNICAL COURSE.....	29
DIPLOMA IN 10+3 OR LEVEL 3 VOCATIONAL AND TECHINCAL COURSE.....	30
1ST YEAR COLLEGE.....	31
2ND YEAR COLLEGE.....	32
3RD YEAR COLLEEGE.....	33
BACHELOR'S DEGREE.....	34
ABOVE BACHELOR'S (M.A., PHD, ETC.).....	35
INFORMAL EDUCATION (CAN READ AND WRITE BUT HAS NEVER BEEN IN REGULAR SCHOOL).....	93
ADULT LITERACY PROGRAM .....	94
SATELLITE.....	95
NON-REGULAR (CAN READ AND WRITE BY ATTENDING A RELIGIOUS INSTITUTE SUCH AS KES OR KURAN BUT NEVER ATTENDED REGULAR SCHOOL).....	96
NOT EDUCATED.....	98
DON'T KNOW .....	99

## **OCCUPATION AND INDUSTRY CODES**

### **Occupation Code**

01. Legislators, Senior Government Officials and Managers
02. Professionals/ Physical, Mathematical and Engineering Science Professionals
03. Technicians and Associate Professionals/ Physical and Engineering Science Associate Professionals.
04. Clerks, Office clerks
05. Service Workers and Shop and Market Sales Workers/ Personal and Protective Service workers, Travel attendants and related workers
06. Skilled Agricultural and Fishery Workers Market-Oriented Skilled Agricultural and Fishery Workers
07. Craft And Related Trades Workers, Extraction and Building Trades Workers
08. Plant and Machine Operators and Assemblers, Stationary-Plant and Related Operators
09. Elementary Occupations, Sales And Services Elementary Occupations
10. Army/ Member of the Armed Forces

### **Industry Code**

01. Agriculture, (Hunting, Forestry and Production of Related Products and Services)
02. Fishing, Fish Farms and Service Activities Incidental to Fishing
03. Mining and Quarrying
04. Manufacturing (For example Manufacturing of Food Products Including Processing, Caning and Preserving. Weaving, blacksmith etc)
05. Electricity, Gas, Steam and Hot Water Supply
06. Construction, (contractor, Site Preparation, Land Clearing, building/ home construction)
07. Trade (Wholesale and Retail Trade )
08. Hotels and Restaurants/ Hotels (With Hotel Rooms); Camping Sites and Other Provision of Short-Stay Accommodation
09. Transport, Storage and Communications/ Land Transport – People and Merchandise
10. Financial Intermediation (Except Insurance and Pension Funding)
11. Real Estate, Renting and Business Activities)
12. Public Administration and Defence
13. Education
14. Health and Social Work
15. Other Services
16. Private Households with Employed Persons
17. Extra-Territorial Organizations and Bodies including International Organizations and NGOs