



CENTRAL STATISTICAL AGENCY
2011/12 ETHIOPIAN RURAL SOCIOECONOMIC SURVEY

Form ERSS-H (11/12)



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			Agricultural Sample Survey Code		Household Head Name				Village name where the HH lives				

PUBLIC DISCLOSURE
AUTHORIZED

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

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19. TIME SECOND INTERVIEW ENDED

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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

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23. TIME THIRD INTERVIEW ENDED

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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.

LATITUDE (N)								
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LONGITUDE (E)								
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STAFF DETAILS	Name	ID Code	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						

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>			
Complete.....	1	Refused.....	4
Partially Complete.....	2	Household Not Located...	5
Not at Home.....	3	Moved Away...	6
		Other (Specify).....	7

SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L	1.	2.	3.	4.	5.	6.	7.
	<p style="text-align: center;">NAME</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> </div>	<p>What is [NAME]'s relationship to the head of household?</p> <p>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 NON RELATIVES.15</p>	<p>What is the sex of [NAME]?</p> <p>MALE....1 FEMALE..2</p>	<p>How old is [NAME] (COMPLETED YEAR)?</p> <p>IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.</p> <p>(If 5 years and over give YEARS only. If less than 5 years in age give YEARS and MONTHS. If less than one month put "0")</p> <p style="text-align: center;">YEARS Months</p>	<p>For how many months during the last 12 months was [NAME] away from the household?</p> <p style="text-align: center;">NUMBER OF MONTHS</p>	<p>IS RESPONDENT 10 YEARS AND OLDER?</p> <p>YES.1 NO..2 (▶ Q11)</p>	<p>What is [NAME]'s main religion?</p> <p>ORTHODOX.....1 CATHOLIC.....2 PROTESTANT.....3 MUSLEM.....4 TRADITIONAL....5 PAGAN.....6 WAKIFATA.....7 OTHER (Specify).8</p>
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L	1. NAME <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.) </div>	8. What is [NAME]'s marital status? NEVER MARRIED.....1 ▶ 11) MARRIED (MONOGAMOUS) ...2 MARRIED (POLYGAMOUS) ...3 DIVORCED.....4 ▶ 11) SEPERATED.....5 ▶ 11) WIDOWED.....6 ▶ 11)	9. Does [NAME]'s spouse/partner live in this household now? ASK ABOUT FIRST WIFE FOR RESPONDENT WITH MULTIPLE WIVES YES.1 NO..2 (▶ Q11)	10. WRITE ID CODE OF CURRENT SPOUSE (OR FIRST WIFE) WHO LIVE IN THE HOUSEHOLD. COPY SPOUSE ID FROM ROSTER	11. In what region were you born? TIGRAY.....1 AFAR.....2 AMHARA.....3 OROMIA.....4 SOMALIE.....5 BENSHAGUL GUMUZ.....6 SNNP.....7 GAMBELLA.....12 HARARI.....13 ADDIS ABABA.....14 DIREDAWA.....15 OUTSIDE OF ETHIOPIA (SPECIFY).....16	12. Does [NAME]'s biological father live in this household? ASK ONLY FOR 18 YEARS AND YOUNGER YES..1 NO...2 (▶ Q14)	13. RECORD ROSTER ID OF [NAME]'S BIOLOGICAL FATHER. COPY ID FROM ROSTER (▶ Q15)	14. Is [NAME]'s biological father alive? ASK ONLY FOR 18 YEARS AND YOUNGER YES..1 NO...2
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SECTION 1: HOUSEHOLD ROSTER

SECTION A: HOUSEHOLD ROSTER

INDIVIDUAL	1.	15.	16.	17.	18.	19.	20.
	NAME	What is/was [NAME]'s biological father's highest educational level completed? ASK ONLY FOR 18 YEARS AND YOUNGER (USE ATTACHED EDUCATION CODES)	Does [NAME]'s biological mother live in this household? ASK ONLY FOR 18 YEARS AND YOUNGER	RECORD ROSTER ID OF [NAME]'S BIOLOGICAL MOTHER.	Is [NAME]'s biological mother alive? ASK ONLY FOR 18 YEARS AND YOUNGER	What is/was [NAME]'s biological mother's highest educational level completed? ASK ONLY FOR 18 YEARS AND YOUNGER (USE ATTACHED EDUCATION CODES)	What is/was [NAME]'s biological father's main industry of occupation? ASK ONLY FOR 18 YEARS AND YOUNGER
	<p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p>	LEVEL	<p>YES..1</p> <p>NO...2 (▶ Q18)</p>	COPY ID FROM ROSTER then ▶ Q19	<p>YES..1</p> <p>NO...2</p>	LEVEL	<p>Agriculture...1</p> <p>Mining...2</p> <p>Manufacturing...3</p> <p>Professional/Scientific/Technical Activities...4</p> <p>Electricity..5</p> <p>Construction..6</p> <p>Transportation...7</p> <p>Buying and Selling...8</p> <p>Financial Services...9</p> <p>Personal Services...10</p> <p>Education....11</p> <p>Health.....12</p> <p>Public Administration...13</p> <p>Other, Specify....14</p>
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SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	1.	21.
	NAME	What is/was [NAME]'s biological mother's main industry of occupation? ASK ONLY FOR 18 YEARS AND YOUNGER
	<p>LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)</p>	<p>Agriculture...1 Mining...2 Manufacturing...3 Professional/Scientific/Technical Activities...4 Electricity..5 Construction..6 Transportation...7 Buying and Selling..8 Financial Services...9 Personal Services...10 Education....11 Health.....12 Public Administration...13 Other, Specify....14</p>
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SECTION 2: EDUCATION

FOR CHILDREN 5-10 YEARS, ASK THEIR CAREGIVER THE QUESTIONS.

I N D I V I D U A L I D	NAME	1. MARK 'X' IF MEMBER IS 5 YEARS OR OLDER	2. Can you read and write in any language?	3. Have you ever attended school?	4. What was the main reason you never attended school? Working (Job) ...1 Working (home)...2 Parents do noth think it is important...3 Expensive...4 Lack of money...5 Too far away...6 Marriage ...7 Illnes ...8 Disability...9 Family member disability...10 Death of parent/s.....11 Separation of parents....12 Ignorance.....13 Too young....14 Too old15 Other (Specify)....16	5. What is the highest grade you completed? USE ATTACHED EDUCATION CODES	6. Are you currently attending school?
	LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)	ONLY ASK QUESTIONS IF MEMBER IS 5 YEARS AND OLDER	YES..1 NO...2	YES..1 (▶ Q5) NO...2	(▶ Q18)	LEVEL	YES..1 (▶ Q8) NO...2
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SECTION 2: EDUCATION

I N D I V I D U A L I D	NAME	<p>7. Why are you not currently in school?</p> <p>HAD ENOUGH SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS3 NO TIME/NO INTEREST.....4 LACK OF MONEY.....5 MARITAL OBLIGATION.....6 SICKNESS.....7 DISABILITY.....8 SEPARATION OF PARENTS.....9 DEATH OF PARENTS.10 TOO OLD TO ATTEND.....11 DOMESTIC OBLIGATION.....12 OTHERS (SPECIFY) 13</p> <p>(▶ Q18)</p>	<p>8. Which grade are you attending?</p> <p style="text-align: center;">USE EDUCATION CODES ON OPPOSITE PAGE</p> <p style="text-align: center;">GRADE</p>	<p>9. What kind of organization runs the school that you are attending?</p> <p>GOVERNMENT.....1 MISSION/RELIGIOUS WITH FEE.....2 MISSION/RELIGIOUS FREE OF CHARGE.....3 PRIVATE.....4 COMMUNITY.....5 INTERNATIONAL COMMUNITY.....6 OTHER (SPECIFY)7</p>	<p>10. Were you absent from school last month for more than a week?</p> <p>YES..1 NO...2 (▶ Q12)</p>	<p>11. What is the main the reason for being absent from school?</p> <p>SICK.....1 DEATH IN THE FAMILY2 HAD TO WORK.....3 OTHER (SPECIFY)...4</p>	
	LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)						

SECTION 2: EDUCATION

I N D I V I D U A L I D	NAME	12. By what means do you go to school?	13. How much time does it take you to get to school? (in minutes)	14. Do you receive any scholarship or assistance to attend school from any organization or the government?	15. For the current school year, what is the value of this assistance, including the value of in-kind assistance and cash?	16. During the past 12 months, what did your household spend on your school fees	17. During the past 12 months, what did your household spend on your school books, uniforms, stationary etc.. for school?	18. Do you plan to attend school next year?
	LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)	FOOT1 BICYCLE2 MOTORCYCLE...3 PRIVATE CAR..4 TAXI.....5 BUS.....6 CAMEL/DONKEY.7 OTHER (SPECIFY)8	0 - 15 ...1 16 - 30 ..2 31 - 45 ..3 46 - 60 ..4 61 - 90...5 91 - 120..6 120 +.....7	YES..1 NO...2 (► Q16)	BIRR	BIRR	BIRR	YES..1 NO...2
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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	NAME LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)	1.	2.	3.	4.	5.	6.	7.
		Have you faced any health problem during the last 2 months? YES..1 NO...2 (▶ Q4)	What was the sickness/ injury you faced? 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 were you absent from your usual activity due to the health problem during the last 2 months? NUMBER OF DAYS	Have you received medical assistance or consulted from health institutions or traditional healers during the last 2 months? (Regardless of whether sick or not)	Where did you receive or consult medical assistance primarily? Hospital.....1 Health center....2 Health post.....3 Clinics.....4 Pharmacy.....5 Traditional healer.....6 Religious/spiritual.....7 Other (specify)...8	What was the main reason for you not to consult health institutions/ traditional healer during the last two months? Lack of money.....1 Expensive.....2 Too far3 Do not believe in medicine.....4 Lack of health professional.....5 Poor quality/ service.....6 Did not require medical assistance.7 Other (specify).....8	Have you consulted any medical assistance during the last 12 months? (Regardless of whether sick or not)
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SECTION 3: HEALTH

I N D I V I D U A L I D	NAME LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)	8.	9.	10.	11.					
		How many times have you consulted any medical assistance during the last 12 months?	Have you been sick for at least 3 consecutive months during the last 12 months? (Excluding accident)	Have you or the household received any assistance free of charge for the long-term illness?	Do you get the assistance free of charge from the following sources?					
					Government Institution	NGO	HIV/ AIDS related	Social/ Community	Traditional/ religious	OTHERS
NUMBER		YES..1 NO...2 (▶ Q12)	YES..1 NO...2 (▶ Q12)	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	
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SECTION 3: HEALTH

I N D I V I D U A L I D	NAME	12. Do you have difficulty seeing, even if you are wearing glasses?	13. Do you have difficulty hearing, even if you are wearing a hearing aid?	14. Do you have difficulty walking or climbing steps?	15. Do you have difficulty remembering or concentrating?	16. Do you have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc?	17. Using your usual language, do you have difficulty communicating; for example understanding or being understood?	18. ENUMERATOR: CHECK QUESTIONS 12 TO 17. DID THE RESPONDENT HAVE ANY DIFFICULTY?	19. Does this difficulty reduce the amount of work you can do at home, at work or at school? Yes, all the time.1 Yes, sometimes....2 No.....3 NA (If not working or attending school).....4
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)</p> </div> <p style="text-align: center;">QUESTIONS 12 to 17, READ RESPONSES: No difficulty.....1 Yes - Some difficulty.....2 Yes - A lot of difficulty.....3 Cannot Perform Activity At All.4</p>	<p>YES..1 NO...2 (► Q20)</p>							

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SECTION 3: HEALTH

I N D I V I D U A L I D	NAME	20.	21.			22.	23.	24.
	<p>LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)</p>	<p>IS THIS MEMBER AGES 6-59 MONTHS (LESS THAN 5 YEARS OLD)?</p> <p>YES...1 NO...2 (▶ NEXT SECTION)</p>	2 DIGIT	2 DIGIT	2 DIGIT	<p>WEIGHT IN KILOGRAMS (KGS)</p> <p>KILOGRAM</p>	<p>LENGTH OR HEIGHT (IN CENTIMETERS)</p> <p>CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN) CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)</p>	<p>RESULT OF MEASUREMENT</p> <p>MEASURED...1 NOTPRESENT...2 SICK OR INJURED...3 REFUSED4 OTHER (SPECIFY)...5</p>
DAY			MONTH	YEAR EC				
1						___ . ___	___ . ___	
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SECTION 4: TIME USE AND LABOUR

MAIN JOB OVER THE LAST 12 MONTHS

I N D I V I D U A L I D	9.	10.	11.	
	<p>NAME</p> <p>LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)</p> <p>YES..1 NO...2 (► Q31)</p>	<p>At any time over the last 12 months, were you employed for a job, including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding <i>temporary</i>, for anyone who is not a member of your household?</p> <p>WRITTEN DESCRIPTION</p>	<p>Describe your main job over the last 12 months.</p> <p>WRITTEN DESCRIPTION</p> <p>SUPERVISOR: OCCUP. CODE</p>	<p>Describe what kind of trade or business your main job over the last 12 months is connected with. (describe the main product or service)</p> <p>WRITTEN DESCRIPTION</p> <p>SUPERVISOR: INDUSTRY CODE</p>
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SECTION 4: TIME USE AND LABOUR

I N D I V I D U A L I D	12.	13.	14.	15.	16.	17.	18.	19.
	<p>NAME</p> <p>LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)</p>	<p>Is your employer for your main occupation over the last 12 months...</p> <p>READ RESPONSES</p> <p>Private Company...1 Private Individual...2 Government...3 State-Owned Enterprise (Parastatal)...4 Public Works Program...5 Church/Religious Organization...6 Political Party...7 Other (Specify)...8</p>	<p>In how many months over the last 12 months did you work at this job?</p> <p>NUMBER OF MONTHS</p>	<p>During these months, approximately how many weeks per month did you work at this job?</p> <p>NUMBER OF WEEKS / MONTH</p>	<p>During these weeks, approximately how many hours per week did you work at this job?</p> <p>NUMBER OF HOURS / WEEK</p>	<p>How much was your last payment for wages/salary?</p> <p>BIRR</p>	<p>What period of time do each of your salary/wages payments cover?</p> <p>TIME UNIT Hour.....1 Day.....2 Week.....3 Fortnight..4 Month.....5 Quarter...6 1/2 year...7 Year.....8</p>	<p>How much do you usually receive in allowances or gratuities, including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported?</p> <p>WRITE "0" IF NONE. ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED.</p> <p>IF NOTHING, RECORD ZERO, ► Q20.</p> <p>BIRR</p>
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SECTION 4: TIME USE AND LABOUR

SECONDARY JOB OVER THE LAST 12 MONTHS

I N D I V I D U A L I D	NAME	20.	21.	22.
	LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)	At any time over the last 12 months, were you employed for a second job, including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding <i>temporary</i> , for anyone who is not a member of your household?	Describe your secondary job over the last 12 months.	Describe what kind of trade or business your secondary job over the last 12 months is connected with.
		YES..1 NO...2 (► Q31)	WRITTEN DESCRIPTION	SUPERVISOR: OCCUP. CODE
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SECTION 4: TIME USE AND LABOUR

I N D I V I D U A L I D	23.	24.	25.	26.	27.	28.	29.	30.
	<p>NAME</p> <p>LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)</p>	<p>Is your employer for your secondary job over the last 12 months...</p> <p>READ RESPONSES</p> <p>Private Company...1 Private Individual...2 Government.....3 State-Owned Enterprise (Parastatal).....4 Public Works Program.....5 Church/Religious Organization.....6 Political Party...7 Other (Specify)...8</p>	<p>In how many months over the last 12 months did you work at this job?</p> <p>NUMBER OF MONTHS</p>	<p>During these months, approximately how many weeks per month did you work at this job?</p> <p>NUMBER OF WEEKS / MONTH</p>	<p>During these weeks, approximately how many hours per week did you work at this job?</p> <p>NUMBER OF HOURS / WEEK</p>	<p>How much was your last payment for wages/salary?</p> <p>BIRR</p>	<p>What period of time do each of your salary payments cover?</p> <p>TIME UNIT Hour.....1 Day.....2 Week.....3 Fortnight..4 Month.....5 Quarter...6 1/2 year...7</p>	<p>How much do you usually receive in allowances or gratuities, including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? WRITE "0" IF NONE. ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED.</p> <p>IF NOTHING, RECORD ZERO, ► Q31.</p> <p>BIRR</p>
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SECTION 4: TIME USE AND LABOUR

PSNP LABOUR

OTHER TEMPORARY/CASUAL LABOUR

I N D I V I D U A L I D	SECTION 4: TIME USE AND LABOUR	PSNP LABOUR		OTHER TEMPORARY/CASUAL LABOUR		
	NAME LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)	31. In the past 12 months have you been employed as temporary labour by the PSNP program? YES..1 NO...2 (► 34)	32. For how many days did you work for the PSNP program in the last 12 months? DAYS	33. How much income did you get for those days worked? BIRR	34. Did you do any other casual/temporary labour work in the past 12 months? YES..1 NO...2 (► 37)	35. For how many days did you do this work in the last 12 months? DAYS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

SECTION 4: TIME USE AND LABOUR

UNPAID LABOUR OVER THE LAST 12 MC

I N D I V I D U A L I D	NAME	37.	38.
	LIST HOUSEHOLD HEAD ON LINE 1. 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 IDENTIFICATION PAGE.)	At any time over the last 12 months, did you work for other households, free of charge, as exchange labourer or to assist for nothing in return? YES..1 NO...2 (▶ NEXT SECTION)	Over the last 12 months, for how many households in total did you work as exchange labourer or to assist for nothing in return? NUMBER OF HHs IN TOTAL
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
9			
10			

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. <small>YES...1 NO...2▶ NEXT ITEM</small>	How much in total did your household consume in the past week?		How much came from purchases? IF NONE RECORD 0.		How much did you spend?		How much came from own production? IF NONE RECORD 0.		How much came from gifts and other sources? IF NONE RECORD 0.	
	QUANTITY	UNIT	QUANTITY	UNIT	BIRR		QUANTITY	UNIT	QUANTITY	UNIT	

CEREALS											
1	Teff										
2	Wheat										
3	Barley										
4	Maize										
5	Sorghum										
6	Millet										
PULSES											
7	Horsebeans										
8	Chick pea										
9	Field pea										
10	Lentils										
11	Haricot beans										
OIL SEEDS											
12	Niger seed										
13	Linseed										

CODES FOR UNIT:

Gram	1
Cm	2
Cubic Centimeter	3
Number	4
Meter	5
Pair	6
Box	7
Roll	11
Pack	12
Tuba	14
Araba	16
Kg	20
Cup	31
Liter	32
Meter Square	33

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?		How much came from purchases? IF NONE RECORD 0.		How much did you spend?		How much came from own production? IF NONE RECORD 0.		How much came from gifts and other sources? IF NONE RECORD 0.	
	QUANTITY	UNIT	QUANTITY	UNIT	BIRR	QUANTITY	UNIT	QUANTITY	UNIT		

VEGETABLES & FRUITS

14	Onion										
15	Banana										

TUBERS & STEMS

16	Potato										
17	Kocho/ Bula										

OTHERS

18	Meat										
19	Milk										
20	Cheese										
21	Eggs										
22	Sugar										
23	Salt										

STIMULANTS

24	Coffee										
25	Chat/Kat										

CODES FOR UNIT:

- Gram 1
- Cm 2
- Cubic Centimeter 3
- Number 4
- Meter 5
- Pair 6
- Box 7
- Roll 11
- Pack 12
- Tuba 14
- Araba 16
- Kg 20
- Cup 31
- Liter 32
- Meter Square 33

SECTION 5B: FOOD AGGREGATE

	ITEM	1. In the past one week (7 days), did you or anyone in your household consume any [ITEM]? YES . . . 1 NO . . . 2 ► Q3	2. Over the past one week (7 days), how many days did you or others in your household consume any [ITEM]? NUMBER OF DAYS
1	Enjera (teff)		
2	Other cereal (rice, sorghum, millet, wheat bread, etc)		
3	Potatoes		
4	Pasta, Macaroni and Biscuits		
5	Sugar or sugar products (honey, jam)		
6	Beans, lentils, nuts		
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 ► NEXT SECTION <input type="checkbox"/>
--

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

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]? YES...1 NO...2 ► NEXT ITEM	How much did your household pay in total? BIRR
1	Matches	
2	Batteries	
3	Candles (tua'af), incense	
4	Laundry soap/OMO/endod/besana leaves	
5	Hand soap	
6	Other personal care goods (incl.sendel,matent,..)	
7	Charcoal	
8	Firewood	
9	Kerosene	
10	Cigarettes, tobacco, suret, gaya	
11	Transport	

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]? YES...1 NO...2 ► NEXT ITEM	How much did your household pay in total? BIRR
1	Clothes/shoes/fabric for MEN	
2	Clothes/shoes/fabric for WOMEN	
3	Clothes/shoes/fabric for BOYS	
4	Clothes/shoes/fabric for GIRLS	
5	Kitchen equipment (cooking pots, etc.)	
6	Linens (sheets, towels,blankets)	
7	Furniture	
8	Lamp/torch	
9	Ceremonial expenses	
10	Contributions to IDDIR	
11	Donations to the church	
12	Taxes and levies	

SECTION 7: FOOD SECURITY

<p>1. In the past 7 days, did you worry that your household would not have enough food?</p> <p>YES...1 NO...2</p>	<p>2. In the past 7 days, how many days have you or someone in your household had to:</p> <p>IF NO DAYS, RECORD ZERO.</p> <table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> <td>H</td> </tr> <tr> <td>Rely on less preferred foods?</td> <td>Limit the variety of foods eaten?</td> <td>Limit portion size at meal-times?</td> <td>Reduce number of meals eaten in a day?</td> <td>Restrict consumption by adults for small children to eat?</td> <td>Borrow food, or rely on help from a friend or relative?</td> <td>Have no food of any kind in your household?</td> <td>Go a whole day and night without eating anything?</td> </tr> <tr> <td>DAYS</td> <td>DAYS</td> <td>DAYS</td> <td>DAYS</td> <td>DAYS</td> <td>DAYS</td> <td>DAYS</td> <td>DAYS</td> </tr> </table>								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 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?	DAYS	<p>3. How many meals, including breakfast are taken on average per day in your household?</p> <table border="1"> <tr> <td>A. Adults (5 yrs and above)</td> <td>B. Children (6-59 months)</td> </tr> <tr> <td>NUMBER</td> <td>NUMBER</td> </tr> </table> <p>LEAVE BLANK IF NO CHILDREN</p>		A. Adults (5 yrs and above)	B. Children (6-59 months)	NUMBER	NUMBER							
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 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?																															
DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS																															
A. Adults (5 yrs and above)	B. Children (6-59 months)																																					
NUMBER	NUMBER																																					

<p>4. Do all household members eat roughly the same diet?</p> <p>YES...1 ▶ Q6 NO...2</p>	<p>5. Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods?</p> <p>MORE DIVERSE...1 LESS DIVERSE...2</p> <table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> </tr> <tr> <td>Men</td> <td>Women</td> <td>Children (6-59 months)</td> </tr> </table>			A	B	C	Men	Women	Children (6-59 months)	<p>6. In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household?</p> <p>YES...1 NO...2 ▶ NEXT SECTION</p>	<p>7. In which months of the last 12 months did you experience this incident ?</p> <p>MARK X IN EACH COLUMN FOR 2003, 2004</p> <table border="1"> <tr> <td colspan="12" style="text-align: center;">2003 (EC)</td> </tr> <tr> <td></td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td>Jun</td> <td>Jul</td> <td>Aug</td> <td colspan="3"></td> </tr> <tr> <td colspan="12" style="text-align: center;">2004 (EC)</td> </tr> <tr> <td>Sep</td> <td>Oct</td> <td>Nov</td> <td>Dec</td> <td colspan="8"></td> </tr> </table>								2003 (EC)													Jan	Feb	Mar	Apr	May	Jun	Jul	Aug				2004 (EC)												Sep	Oct	Nov	Dec									<p>8. What was the cause of this situation?</p> <p>LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM.</p> <table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> </tr> <tr> <td>1ST</td> <td>2ND</td> <td>3RD</td> </tr> </table>			A	B	C	1ST	2ND	3RD
A	B	C																																																																									
Men	Women	Children (6-59 months)																																																																									
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Sep	Oct	Nov	Dec																																																																								
A	B	C																																																																									
1ST	2ND	3RD																																																																									

CODES FOR 8A, 8B & 8C

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/ DRAUGHT 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

SECTION 9: HOUSING

1.	2.		3.	4.	5.	6.	7.
<p>Did the household exist 12 months ago?</p> <p>YES...1 NO....2</p>	<p>How long has this household been living in this dwelling?</p> <p>Years Months</p>		<p>On what basis does the household occupy the dwelling?</p> <p>PRIVATELY OWNED..1 FREE OF RENT....2 RENTED.....3 OTHER (SPECIFY)..4</p>	<p>How many rooms (excluding kitchen, toilet and bath room) does the household occupy?</p>	<p>The walls of the main dwelling are predominantly made of what material?</p> <p>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</p>	<p>The roof of the main dwelling is predominantly made of what material?</p> <p>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</p>	<p>The floor of the main dwelling is predominantly made of what material?</p> <p>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</p>
<p>8. What type of kitchen does the household use?</p> <p>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</p>	<p>9. What is the primary type of oven (Mitad) used for baking Injera/bread?</p> <p>TRADITIONAL MITAD (OVEN) REMOVABLE..1 TRADITIONAL MITAD (NOT REMOVABLE)...2 IMPROVED ENERGY SAVING MITAD (RURAL TECHNOLOGY PRODUCT).....3 ELECTRIC MITAD....4 NONE.....5</p>		<p>10. What type of toilet facilities does the household use?</p> <p>FLUSH TOILET -PRIVATE.1 FLUSH TOILET -SHARED..2 PIT LATRINE PRIVATE-VENTILATED.....3 PIT LATRINE SHARED-VENTILATED.....4 PIT LATRINE PRIVATE-NOT VENTILATED.....5 PIT LATRINE SHARED- NOT VENTILATED.....6 BUCKET.....7 FIELD /FOREST.....8 OTHERS.....9</p>	<p>11. What type of bathing facilities does the household have?</p> <p>BATHTUB PRIVATE..1 BATHTUB SHARED...2 SHOWER PRIVATE...3 SHOWER SHARED...4 A ROOM RESERVED FOR BATHING (PRIVATE).....5 A ROOM RESERVED FOR BATHING (SHARED).....6 NO FIXED PLACE FOR BATHING.....7</p>	<p>12. What type of solid waste disposal facilities does the household use?</p> <p>WASTE DISPOSABLE VEHICLE.....1 WASTE DISPOSAL CONTAINER.....2 DUG-OUT.....3 THROW AWAY.....4 USE AS FERTILIZER...5 BURNING THE WASTE..6 COLLECTED BY MUNICIPALITY (PUBLIC DUMP).....7 OTHER (SPECIFY)....8</p>	<p>13. What is the main source of drinking water in the rainy season?</p> <p>TAP INSIDE THE HOUSE.....1 PRIVATE TAP IN THE COMPOUND.....2 SHARED TAP IN COMPOUND.....3 COMMUNAL TAP OUTSIDE COMPOUND.....4 WATER FROM KIOSKS/RETAILER...5 PROTECTED WELL / SPRING (PRIVATE)...6 PROTECTED WELL / SPRING (SHARED)...7 UNPROTECTED WELL OR SPRING.....8 RIVER /LAKE/ POUND.9 RAIN WATER.....10 OTHER (SPECIFY)...11</p>	<p>14. What is the main source of drinking water in the dry season?</p> <p>TAP INSIDE THE HOUSE.....1 PRIVATE TAP IN THE COMPOUND.....2 SHARED TAP IN COMPOUND.....3 COMMUNAL TAP OUTSIDE COMPOUND.....4 WATER FROM KIOSKS/RETAILER...5 PROTECTED WELL / SPRING (PRIVATE)...6 PROTECTED WELL / SPRING (SHARED)...7 UNPROTECTED WELL OR SPRING.....8 RIVER /LAKE/ POUND.9 OTHER (SPECIFY)...10</p>

15.	16.	17.	18.	19.	20.	21.
<p>Does the household have the habit of boiling water before drinking?</p> <p>YES...1 NO....2</p>	<p>Does the household have the habit of purifying drinking water using chemicals?</p> <p>YES...1 NO....2</p>	<p>Does any member of the household (including the household head) own another dwelling or house? EXCLUDING MAID/GUARDS</p> <p>Yes..1 No..2 ► 19</p>	<p>How many dwellings does the household own in total, including other houses owned? SUM UP ALL HOUSES OWNED BY HOUSEHOLD MEMBERS EXCLUDING MAID/GUARDS</p>	<p>What is the main Source of light for the household?</p> <p>ELECTRICITY METER- PRIVATE.....1 ELECTRICITY METER- SHARED.....2 ELECTRICITY FROM GENERATOR.....3 SOLAR ENERGY.....4 BIO -GAS.....5 ELECTRICAL BATTERY.....6 LANTERN7 LIGHT FROM DRY CELL WITH SWITCH.....8 KEROSENE LIGHT LAMP IMPORTED) ...9 LOCAL KEROSENE LAMP (KURAZ)10 CANDLE/WAX11 FIRE WOOD.....12 OTHER (SPECIFY).....13</p>	<p>How many times did the household faced electric power failure/interruption at least lasting for one hour during last week?</p> <p>DON'T USE ELECTRICITY.....1 NO INTERRUPTION..2 ONLY ONCE.....3 TWICE.....4 THREE TIMES.....5 MORE THAN 3TIMES.6</p>	<p>What is the main source of cooking fuel?</p> <p>COLLECTING FIRE WOOD...1 PURCHASE FIRE WOOD.....2 CHARCOAL.....3 CROP RESIDUE /LEAVES...4 DUNG/ MANURE.....5 SAW DUST.....6 KEROSENE.....7 BUTANE -GAS.....8 ELECTRICITY.....9 SOLAR ENERGY.....10 BIO -GAS.....11 NONE.....12 OTHER (SPECIFY).....13</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	Who in the household owns the [ITEM]?	
		NUMBER OF ITEMS	LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER	
			HH ID CODE #1	HH ID CODE #2
1	Kerosene stove			
2	Butane Gas stove			
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	Who in the household owns the [ITEM]? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER	
		NUMBER OF ITEMS	HH ID CODE #1	HH ID CODE #2

19	Weaving equipment			
20	Mitad-Electric			
21	Energy saving stove (lakech, mirt etc)			
22	Refrigerator			
23	Private car			
24	Jewels (Gold and silver)			
25	Wardrobe			
26	Shelf for storing goods			
27	Biogas stove (pit)			
28	Water storage pit			
29	Mofer and Kember			
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...

YES...1

YES...1
NO...2

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.?

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

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?

7 ... owned a bar or restaurant?

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

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

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.?

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

YES...1
NO...2 ▶ Section 11B. Q. 18

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

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 R P R I S E I D	1.		2.		3.		4.		5.	
	What income generating enterprises did individuals in this household operate over the last 12 months? INCLUDE BUSINESSES THAT ARE CURRENTLY OPERATING AND ANY THAT ARE NOW CLOSED		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		What were the two main sources of start-up capital for this enterprise? AGRICULTURAL INCOME...1 NON-FARM SELF-EMPLOYMENT INCOME...2 WAGE OR SALARY INCOME...3 REMITTANCES...4 SALE OF ASSETS...5 BANK OR COOPERATIVE LOAN...6 FAMILY OR FRIENDS LOCATED IN THIS COMMUNITY...7 PRIVATE MONEYLENDERS...8 MICRO CREDIT AND SAVINGS INSTITUTIONS...9 OTHER (SPECIFY)...10		When did this enterprise start operating? 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	
	WRITTEN DESCRIPTION OF ACTIVITIES		SECTOR CODES (ENTERED BY SUPERVISOR)	FIRST OWNER ID	SECOND OWNER ID	PRIMARY	SECONDARY	MONTH	4 DIGIT EC YEAR	
PRIMARY CODE	SECOND-ARY CODE									
1										
2										
3										
4										
5										

E N T E R P R I S E I D	6. To whom does/did this enterprise mostly sell its products? Local consumers or passers-by.....1 Market.....2 Traders.....3 Cooperatives.....4 NGOs.....5 Government.....6 Other (specify)....7		7. Are the activities of this enterprise seasonal? YES...1 NO...2	8. During the last 12 months, in which months was enterprise activity highest? RANK IN ORDER OF IMPORTANCE SEPTEMBER...1 MARCH.....7 OCTOBER...2 APRIL.....8 NOVEMBER...3 MAY.....9 DECEMBER...4 JUNE.....10 JANUARY...5 JULY.....11 FEBRUARY...6 AUGUST...12 PAGUME...13			9. During the last 12 months of operation, how many months was this enterprise active?	10. In those months when operating, how many days per month did the enterprise operate?	11. How many hired workers did this enterprise employ in the months in which the enterprise was operating?	12. Which household members worked in this enterprise in the last 12 months? RECORD HOUSEHOLD ROSTER ID OF EACH PERSON WHO WORKED IN THE ENTERPRISE. LIST UP TO 5 PEOPLE				
	RESPONSE 1	RESPONSE 2	MONTH	MONTH	MONTH	NUMBER OF MONTHS	NUMBER OF DAYS PER MONTH	NUMBER	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID	
	1st	2nd	3rd											
1														
2														
3														
4														
5														

E N T E R P R I S E I D	13. During the months the enterprise was operating in the last 12 months, what were average monthly sales?	14. During the months the enterprise was operating in the last 12 months, what were average monthly operating costs (including stocks and hired labour)?	15. 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	16. List three most important constraints to non-farm business operations and growth? REFER TO CONSTRAINT CODES ON THE RIGHT			17. Does the enterprise have a license? YES..1 NO...2
	BIRR	BIRR		1st	2nd	3rd	

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

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)
75= Fear of not being able to pay loan installments

1						
2						
3						
4						
5						

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

SECTION 12: OTHER INCOME

I T E M C O D E	SOURCE	1.	2.	3.		4.		
		During the last 12 months, did you or any members of your household receive any [SOURCE]?	How much [SOURCE] did your household receive in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED	Who in your household kept/decided what to do with the money from [SOURCE]?		How much of [SOURCE] came from rural/urban/international locations?		
				LIST UP TO 2 FROM HOUSEHOLD ROSTER.		FROM RURAL AREAS	FROM URBAN AREAS	FROM OTHER COUNTRIES
		YES . 1 NO . . 2 ► NEXT SOURCE	BIRR	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2	BIRR	BIRR	BIRR
Incoming Transfers/Gifts								
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)							
Pension & Investment Income								
104	Interest or Other Investment Income							
105	Pension Income							
Rental Income								
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							
Revenue from Sales of Assets								
110	Income from Real Estate Sales							
111	Income from Household Non-Agricultural Asset Sales							
112	Income from Household Agricultural/Fishing Asset Sales							
Other Income								
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? NAME	CODE	3. How much cash did your household receive from this organization in the last 12 months? IF NONE RECORD BIRR	4. What was the value of food the household received from this organization in the last 12 months? BIRR	5. What was the value of any other in-kind assistance received in the last 12 months? 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:									

SECTION 14: CREDIT

[ASK OF HOUSEHOLD HEAD]

1. Over the past 12 months, did you or anyone else in this household borrow on credit from someone outside the household or from an institution for business or farming purposes, receiving either cash or inputs? YES...1
NO...2 ▶Q9

2.	3.	4.	5.	6.	7.	8.
L O A N N O From whom did you or anyone else in your household borrow on credit money for business or farming over the past 12 months? LIST ALL NAMES BEFORE GOING TO THE NEXT QUESTION.	Which household member was responsible for the loan? LIST UP TO 2 FROM HOUSEHOLD ROSTER CODE HH ROSTER ID CODE # 1 HH ROSTER ID CODE # 2	What was the main reason for obtaining the loan? Was it: [READ CODES ON NEXT PAGE]	When was the loan obtained within the past 12 months? REPORT THE MOST RECENT IF MORE THAN ONE September..1 October....2 November...3 December...4 January....5 February...6 March.....7 April.....8 May.....9 June.....10 July.....11 August....12 PAPHIME 13 4 DIGIT MONTH EC YEAR	Has the loan been re-paid? YES..1 ▶ Q8 NO...2	Approximately when is the loan expected to be paid back? 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 4 DIGIT MONTH EC YEAR	How much was paid (or expect to pay) in total when the loan is paid off (PRINCIPAL & INTEREST)? (THEN ▶ NEXT LOAN. WHEN ALL LOANS DONE, ▶ Q9) BIRR
1						
2						
3						
4						
5						
6						

9.	10.		11.	12.	13.		14.	15.	16.	
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?	Who turned down this request? LIST UP TO 2. USE CODES BELOW		What was main reason for trying to obtain the loan? Was it: [READ RESPONSES] USE CODES BELOW	Is anyone in the household awaiting word on a loan that was applied for during the last 12 months?	From whom or which institution was the application made for a loan? LIST UP TO 2. USE CODES BELOW		What was main reason for trying to obtain the loan? Was it: [READ RESPONSES] USE CODES BELOW.	ENUMERATOR: WAS THE ANSWER TO QUESTIONS 9 AND 12 BOTH "NO"? ANSWER TO BOTH QUESTIONS "NO"..1 ANSWER TO BOTH QUESTIONS NOT "NO"..2 ► NEXT SECTION	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 FARM.....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	
YES..1 NO...2 ► Q12	1ST	2ND		YES..1 NO...2 ► Q15	1ST	2ND			1ST	2ND

CODES FOR Q2, Q10

& Q13:

RELATIVE1
NEIGHBOUR.2
GROCERY/LOCAL
MERCHANT3
MONEY LENDER
(KATAPILA).4
EMPLOYER5

RELIGIOUS
INSTITUTION6
MICROFINANCE
INSTITUTIONS.....7
BANK (COMMERCIAL). 8
NGO. 9
OTHER (SPECIFY). . 10

CODES FOR Q4, Q11, & Q14:

PURCHASE HOUSE/LEASE LAND
BUSINESS/FARMING.....1
PURCHASE AGRI-
CULTURAL INPUTS
FOR FOOD CROP.....2
PURCHASE INPUTS

FOR OTHER

CROPS.....3
FOR
BUSINESS START-
UP CAPITAL.....4
EXPANDING BUSINESS...5
PURCHASE NON-
FARM INPUTS.....6
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. ADDRESS/DESCRIPTION OF LOCATION

3B5. ADDRESS/DESCRIPTION OF LOCATION LSMS

