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SECTION 1: HOUSEHOLD REGISTER

1.9 What is the ID code of the mother of this member?	1.8 Does the mother of this member live in the household? 1. Yes 2. No >> NEXT MEMBER	1.7 What is the ID code of the father of this member?	1.6 Does the father of this member live in the household? 1. Yes 2. No >>1.8	1.5 What is the ID code of the spouse of this member? IF MAN HAS MORE THAN ONE WIFE, WRITE ID CODE OF FIRST WIFE IF NOT IN HOUSEHOLD, ENTER "99"	1.4 What is the marital or engagement status of this member? 1. Married 2. Divorced, separated >>1.6 3. Widow, widower >>1.6 4. Never married, but engaged >>1.6 5. Never married, not engaged >>1.6	1.3 Age IF LESS THAN ONE YEAR ENTER "00"	1.2 Sex 1. Male 2. Female	1.1 Relationship of all household members to head of household. Put head of household first. Write the name and the relationship for each member.		ID CODE
ID CODE		ID CODE		ID CODE	CODE	Age		CODE	NAME	
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 01
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 02
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 03
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 04
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 05
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 06
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 07
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 08
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 09
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 10

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<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 14
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 15
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 16
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 17
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 18
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 19
<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>	1 2 3 4 5 <input type="checkbox"/> 00000	<input type="text"/>	1 2 <input type="checkbox"/> 00	<input type="text"/>		<input type="text"/> 20

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<p>2.15 What kind of kitchen/cooking facilities does this dwelling have? <input type="checkbox"/></p> <p>1 Kitchen is separate room in dwelling <input type="radio"/></p> <p>2 Kitchen is part of another room within dwelling (or part of tent area) <input type="radio"/></p> <p>3 Cooking room separate outside of dwelling <input type="radio"/></p> <p>4 Cooking done in the open <input type="radio"/></p> <p>5 Other (specify _____) <input type="radio"/></p>	<p>2.14 Do you have an outstanding debt as a result of purchasing this dwelling, construction/repairs on this dwelling, advance rental payments, or mortgage? <input type="checkbox"/></p> <p>1 Yes <input type="radio"/> 1 2 <input type="radio"/></p> <p>2 No <input type="checkbox"/> <input type="radio"/> <input type="radio"/></p>	<p>2.13 If you were to purchase this dwelling today, how much would it cost? IF DO NOT KNOW PUT 888</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p style="text-align: right;">AFS</p>											

SECTION 2: HOUSING AND UTILITES

<p>2.18 How many of these rooms are used exclusively by your household? (Exclude corridors, balconies) IF KUCHI, RECORD NUMBER OF TENTS</p> <p>1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROOMS/TENTS</p>	<p>2.17 Are any of these rooms shared with another household? <input type="checkbox"/></p> <p>1 Yes <input type="radio"/> 1 <input type="radio"/></p> <p>2 No >>2.19 <input type="radio"/> 2 <input type="radio"/></p>	<p>2.16 How many rooms (both exclusively yours and shared) does your household occupy? (Exclude corridors, balconies)</p> <p>IF KUCHI, RECORD NUMBER</p> <p>ROOMS/TENTS</p> <table style="width: 100%;"> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 5</td> <td><input type="radio"/> 9</td> </tr> <tr> <td><input type="radio"/> 2</td> <td><input type="radio"/> 6</td> <td><input type="radio"/> 10</td> </tr> <tr> <td><input type="radio"/> 3</td> <td><input type="radio"/> 7</td> <td><input type="radio"/> 11</td> </tr> <tr> <td><input type="radio"/> 4</td> <td><input type="radio"/> 8</td> <td><input type="radio"/> 12</td> </tr> </table>	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12
<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9												
<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10												
<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11												
<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12												

<p>2.21 During the past 30 days, how many days and how many hours per day on average has electricity been supplied to your household from this source?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Number of Days</th> <th style="width: 50%;">Hours Per Day</th> </tr> </thead> <tbody> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> </tbody> </table>	Number of Days	Hours Per Day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>2.20 Has your household had electricitiy at any time in the past 30 days from any of these sources (mark ALL that apply)?</p> <table style="width: 100%;"> <tr> <td>YES <input type="radio"/></td> <td>NO <input type="radio"/></td> <td>Electric grid</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td>Government Generator</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td>Personal generator (engine)</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td>Personal generator (hydro)</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td>Community generator (engine)</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td>Community generator (hydro)</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td>Solar</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td>Wind</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> <td>Battery</td> </tr> </table> <p style="text-align: center;">IF ALL NO IN 2.20>> 2.22</p>	YES <input type="radio"/>	NO <input type="radio"/>	Electric grid	<input type="radio"/> 1	<input type="radio"/> 2	Government Generator	<input type="radio"/> 1	<input type="radio"/> 2	Personal generator (engine)	<input type="radio"/> 1	<input type="radio"/> 2	Personal generator (hydro)	<input type="radio"/> 1	<input type="radio"/> 2	Community generator (engine)	<input type="radio"/> 1	<input type="radio"/> 2	Community generator (hydro)	<input type="radio"/> 1	<input type="radio"/> 2	Solar	<input type="radio"/> 1	<input type="radio"/> 2	Wind	<input type="radio"/> 1	<input type="radio"/> 2	Battery	<p style="text-align: center;">SURVEYOR EVALUATION:</p> <p>2.19 Access to this dwelling is through:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="radio"/> 1</td> <td>Footpath</td> </tr> <tr> <td><input type="radio"/> 2</td> <td>Unpaved Road</td> </tr> <tr> <td><input type="radio"/> 3</td> <td>Paved Road</td> </tr> </table>	<input type="checkbox"/>		<input type="radio"/> 1	Footpath	<input type="radio"/> 2	Unpaved Road	<input type="radio"/> 3	Paved Road
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<input type="radio"/> 2	Unpaved Road																																																										
<input type="radio"/> 3	Paved Road																																																										

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<p>2.26 Which main toilet facility does your household use?</p> <p>1 None (open field, bush) or Sahrahi >>>2.30</p> <p>2 Dearan (area inside or outside compound but not pit)>>>2.30</p> <p>3 Open pit</p> <p>4 Traditional covered latrine</p> <p>5 Improved latrine</p> <p>6 Flush latrine</p> <p>7 Other (specify _____)</p> <p style="text-align: center;">1 2 3 4 5 6 7</p> <p style="text-align: center;"><input type="checkbox"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>2.25 How much did this household spend in the last month for each type of fuel used in the household? (Afghanis) If did not spend anything put "0"</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="text-align: center; padding: 5px;">ELECTRICITY</td> </tr> <tr> <td colspan="4" style="border-top: 1px dashed black;"></td> <td></td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="text-align: center; padding: 5px;">GAS</td> </tr> <tr> <td colspan="4" style="border-top: 1px dashed black;"></td> <td></td> </tr> <tr> <td style="border: 1px solid black; 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border-collapse: collapse;"> <tr> <td style="width: 80%;">1 None</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>2 Oil lamp</td> <td style="text-align: right;">1 <input type="radio"/></td> </tr> <tr> <td>3 Candles</td> <td style="text-align: right;">2 <input type="radio"/></td> </tr> <tr> <td>4 Electricity from grid</td> <td style="text-align: right;">3 <input type="radio"/></td> </tr> <tr> <td>5 Generator</td> <td style="text-align: right;">4 <input type="radio"/></td> </tr> <tr> <td>6 Battery</td> <td style="text-align: right;">5 <input type="radio"/></td> </tr> <tr> <td>7 Gas</td> <td style="text-align: right;">6 <input type="radio"/></td> </tr> <tr> <td>8 Firewood</td> <td style="text-align: right;">7 <input type="radio"/></td> </tr> <tr> <td>9 Other (specify _____)</td> <td style="text-align: right;">8 <input type="radio"/></td> </tr> <tr> <td></td> <td style="text-align: right;">9 <input type="radio"/></td> </tr> </table> <p>2.23 In the past 30 days, what has been the household's main source of cooking fuel?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 40%;">1 Animal dung</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 5</td> <td><input type="radio"/> 9</td> <td>2 Bushes (ping)/ twigs, branches</td> </tr> <tr> <td></td> <td></td> <td></td> <td>3 Crop residues</td> </tr> <tr> <td><input type="radio"/> 2</td> <td><input type="radio"/> 6</td> <td><input type="radio"/> 10</td> <td>4 Firewood</td> </tr> <tr> <td></td> <td></td> <td></td> <td>5 Charcoal/ coal</td> </tr> <tr> <td><input type="radio"/> 3</td> <td><input type="radio"/> 7</td> <td></td> <td>6 Kerosene or oil</td> </tr> <tr> <td></td> <td></td> <td></td> <td>7 Gas</td> </tr> <tr> <td><input type="radio"/> 4</td> <td><input type="radio"/> 8</td> <td></td> <td>8 Electricity</td> </tr> <tr> <td></td> <td></td> <td></td> <td>9 Scavenged material/ trash</td> </tr> <tr> <td></td> <td></td> <td></td> <td>10 Other (specify _____)</td> </tr> </table>	1 None	<input type="checkbox"/>	2 Oil lamp	1 <input type="radio"/>	3 Candles	2 <input type="radio"/>	4 Electricity from grid	3 <input type="radio"/>	5 Generator	4 <input type="radio"/>	6 Battery	5 <input type="radio"/>	7 Gas	6 <input type="radio"/>	8 Firewood	7 <input type="radio"/>	9 Other (specify _____)	8 <input type="radio"/>		9 <input type="radio"/>				1 Animal dung	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	2 Bushes (ping)/ twigs, branches				3 Crop residues	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	4 Firewood				5 Charcoal/ coal	<input type="radio"/> 3	<input type="radio"/> 7		6 Kerosene or oil				7 Gas	<input type="radio"/> 4	<input type="radio"/> 8		8 Electricity				9 Scavenged material/ trash				10 Other (specify _____)
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				STRAW, PING, MANURE																																																																																																																											
1 None	<input type="checkbox"/>																																																																																																																														
2 Oil lamp	1 <input type="radio"/>																																																																																																																														
3 Candles	2 <input type="radio"/>																																																																																																																														
4 Electricity from grid	3 <input type="radio"/>																																																																																																																														
5 Generator	4 <input type="radio"/>																																																																																																																														
6 Battery	5 <input type="radio"/>																																																																																																																														
7 Gas	6 <input type="radio"/>																																																																																																																														
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			10 Other (specify _____)																																																																																																																												
<p>2.27 Is your toilet facility located within the compound of your household?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1 Yes</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>2 No >>>2.29</td> <td style="text-align: right;">1 <input type="radio"/></td> </tr> <tr> <td></td> <td style="text-align: right;">2 <input type="radio"/></td> </tr> </table>	1 Yes	<input type="checkbox"/>	2 No >>>2.29	1 <input type="radio"/>		2 <input type="radio"/>	<p>2.24 What is the main source of heating for this house in winter?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 40%;">1 No heating in house</td> </tr> <tr> <td><input type="radio"/> 1</td> <td><input type="radio"/> 5</td> <td><input type="radio"/> 9</td> <td>2 Electricity</td> </tr> <tr> <td></td> <td></td> <td></td> <td>3 Gas</td> </tr> <tr> <td><input type="radio"/> 2</td> <td><input type="radio"/> 6</td> <td><input type="radio"/> 10</td> <td>4 Kerosene/ diesel /petrol</td> </tr> <tr> <td></td> <td></td> <td></td> <td>5 Firewood</td> </tr> <tr> <td><input type="radio"/> 3</td> <td><input type="radio"/> 7</td> <td><input type="radio"/> 11</td> <td>6 Charcoal</td> </tr> <tr> <td></td> <td></td> <td></td> <td>7 Coal</td> </tr> <tr> <td><input type="radio"/> 4</td> <td><input type="radio"/> 8</td> <td></td> <td>8 Straw, bushes/twigs , manure</td> </tr> <tr> <td></td> <td></td> <td></td> <td>9 Scavenged materials/ trash</td> </tr> <tr> <td></td> <td></td> <td></td> <td>10 Chem</td> </tr> <tr> <td></td> <td></td> <td></td> <td>11 Other (specify _____)</td> </tr> </table>				1 No heating in house	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	2 Electricity				3 Gas	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	4 Kerosene/ diesel /petrol				5 Firewood	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11	6 Charcoal				7 Coal	<input type="radio"/> 4	<input type="radio"/> 8		8 Straw, bushes/twigs , manure				9 Scavenged materials/ trash				10 Chem				11 Other (specify _____)																																																																												
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<p>2.28 Is the toilet facility shared with other households?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1 Yes</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>2 No</td> <td style="text-align: right;">1 <input type="radio"/></td> </tr> <tr> <td></td> <td style="text-align: right;">2 <input type="radio"/></td> </tr> </table>	1 Yes	<input type="checkbox"/>	2 No	1 <input type="radio"/>		2 <input type="radio"/>	<p>2.29 Is your dwelling connected to a sewage system?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1 Yes</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>2 No</td> <td style="text-align: right;">1 <input type="radio"/></td> </tr> <tr> <td></td> <td style="text-align: right;">2 <input type="radio"/></td> </tr> </table>	1 Yes	<input type="checkbox"/>	2 No	1 <input type="radio"/>		2 <input type="radio"/>																																																																																																																		
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SECTION 2: HOUSING AND UTILITES (WATER)

2.32 What has been the second most important source of drinking water in the past 30 days? Secondary SOURCE	2.31 What has been the main source of drinking water in the past 30 days? MAIN SOURCE	2.30 What are ALL the sources of drinking water that your household has used in the last 12 months? (Interviewer: Read each source and mark yes or no for every source)		
<input type="radio"/>	<input type="radio"/>	YES <input type="radio"/> 1	<input type="radio"/> 2 NO	Shallow open wells-public
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Shallow open wells-in compound
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Hand pump- Public
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Hand pump- In compound
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Bored wells- hand pump
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Bored wells- motorized
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Spring- unprotected
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Spring protected
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Pipe scheme - gravity
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Pipe scheme- motorized
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Piped municipal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Arhad
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Kariz
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	River, Lake, Channel
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Kanda
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Nawar Dan Dam
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Pool Howz
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Drainage
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Bowser/ Water tanker
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Bottled water/ mineral water
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	Other (specify_____)

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<p>2.44 Do you have any document that shows ownership of this dwelling? <input type="checkbox"/></p> <p>1 Yes, deed (registered) 1 <input type="radio"/></p> <p>2 Yes, qawala-urfee (sale document) 2 <input type="radio"/></p> <p>3 Yes, another document 3 <input type="radio"/></p> <p>4 I don't know 4 <input type="radio"/></p> <p>5 No 5 <input type="radio"/></p> <p>6 Refuse to answer 6 <input type="radio"/></p>	<p>2.39 How many minutes does it take to walk, one way, to this second source of water? IF DO NOT WALK, PUT "0"</p> <p style="text-align: right;">Minutes <input style="width: 40px;" type="text"/></p>	<p>2.33 How much did you pay (or will you pay) for water from this (MAIN DRINKINGWATER SOURCE) for the last month? IF WILL PAY NOTHING, PUT "0"</p> <p style="text-align: right;">Afghanis <input style="width: 40px;" type="text"/></p>																										
<p>2.45 Do you pay rent to live in this dwelling? <input type="checkbox"/></p> <p>1 No, do not have to pay >>2.47 1 <input type="radio"/></p> <p>2 Yes, pay in services to owner (hamsaya) 2 <input type="radio"/></p> <p>3 Yes, pay in cash or goods 3 <input type="radio"/></p>	<p>2.40 How many minutes, on average, do you spend waiting in queue each time you go for water at this (SECONDARY SOURCE OF WATER)?</p> <p style="text-align: right;">Minutes <input style="width: 40px;" type="text"/></p>	<p>2.34 How many minutes does it take to walk, one way, to this main source of water? IF DO NOT HAVE TO WALK, PUT "0"</p> <p style="text-align: right;">Minutes <input style="width: 40px;" type="text"/></p>																										
<p>2.46 How much money per month does your household pay to live in this dwelling? (If pay in goods or services, estimate the value per month)</p> <p>AFS PER MONTH >>2.48 <input style="width: 40px;" type="text"/></p>	<p>2.41 Do you have another dwelling that you own or occupy at other times of the year? <input type="checkbox"/></p> <p>1 Yes 1 <input type="radio"/></p> <p>2 No >>SECTION 3 2 <input type="radio"/></p>	<p>2.35 How many minutes, on average, do you spend waiting in queue each time you go for water at this (MAIN SOURCE OF WATER)?</p> <p style="text-align: right;">Minutes <input style="width: 40px;" type="text"/></p>																										
<p>2.47 If you were to purchase this dwelling today, how much would it cost? IF DO NOT KNOW, PUT 888.</p> <p>AFS <input style="width: 60px;" type="text"/></p>	<p>2.42 Where is this other dwelling located? <input type="checkbox"/></p> <p>1 Same location as first dwelling 1 <input type="radio"/></p> <p>2 Same province, urban 2 <input type="radio"/></p> <p>3 Same province, rural 3 <input type="radio"/></p> <p>4 Other province, urban 4 <input type="radio"/></p> <p>5 Other province, rural 5 <input type="radio"/></p> <p>6 Outside Afghanistan 6 <input type="radio"/></p>	<p>2.36 Are you able to access this main water source whenever you want? <input type="checkbox"/></p> <p>1 Yes, always 1 <input type="radio"/></p> <p>2 Yes, usually 2 <input type="radio"/></p> <p>3 No, sometimes can't get water 3 <input type="radio"/></p> <p>4 No, often can't get water 4 <input type="radio"/></p>																										
<p>2.48 Do you rent this second dwelling to others when you are not occupying it? <input type="checkbox"/></p> <p>1 Yes 1 <input type="radio"/></p> <p>2 No 2 <input type="radio"/></p>	<p>2.43 How did you acquire second this dwelling or what is your occupancy status?</p> <p>1 Inherited dwelling or given by family 1 <input type="radio"/></p> <p>2 Purchased dwelling 2 <input type="radio"/></p> <p>3 Built dwelling 3 <input type="radio"/></p> <p>4 Own - given free, charity 4 <input type="radio"/></p> <p>5 Mortgaged used by mortgager >>2.45 5 <input type="radio"/></p> <p>6 Tenant (renting) >>2.45 6 <input type="radio"/></p> <p>7 Caretaker >>2.45 7 <input type="radio"/></p> <p>8 Relative or friend of owner >>2.45 8 <input type="radio"/></p> <p>9 Squatter >>2.45 9 <input type="radio"/></p> <p>10 Other (Specify _____) 10 <input type="radio"/></p>	<p>2.37 SURVEYOR: Is there a secondary source of water marked in 2.32? <input type="checkbox"/></p> <p>1 Yes 1 <input type="radio"/></p> <p>2 No >>2.41 2 <input type="radio"/></p>																										
<p>2.49 For which months do you live in the second dwelling?</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">Never</td> <td style="width: 10%;">Feb</td> <td style="width: 10%;">Jan</td> <td style="width: 10%;">Dec</td> <td style="width: 10%;">Nov</td> <td style="width: 10%;">Oct</td> <td style="width: 10%;">Sept</td> <td style="width: 10%;">Aug</td> <td style="width: 10%;">July</td> <td style="width: 10%;">June</td> <td style="width: 10%;">May</td> <td style="width: 10%;">April</td> <td style="width: 10%;">March</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Never	Feb	Jan	Dec	Nov	Oct	Sept	Aug	July	June	May	April	March	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p><input type="radio"/> 3 <input type="radio"/> 7</p> <p><input type="radio"/> 4 <input type="radio"/> 8</p>	<p>2.38 How much did you pay (or will you pay) for water from this (SECONDARY WATER SOURCE) for the last month?</p> <p style="text-align: right;">Afghanis per month <input style="width: 40px;" type="text"/></p>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																

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SECTION 3: LIVESTOCK

3.5 Which household member mainly manages these [ANIMALS]?	3.4 If you sold all of these [ANIMALS] today, how much could you sell them for?	3.3 How many of these are productive females?	3.2 How many of the following animals does your household own today? (if zero, write "0" and >>NEXT ITEM)	3.1 Does any member of your household own any livestock, including poultry at the present time? <div style="text-align: right;"> <input type="checkbox"/> 1 Yes 1 <input type="radio"/> 2 No >>3.13 2 <input type="radio"/> </div>																																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">ID CODE</td> </tr> </table>			ID CODE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> </table>								<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> </table>				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">Cattle (meat and dairy)</td> </tr> </table>				Cattle (meat and dairy)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">Oxen, yaks</td> </tr> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">Horses</td> </tr> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">Donkeys</td> </tr> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">Camels</td> </tr> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">Goats</td> </tr> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">Sheep</td> </tr> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">Chickens</td> </tr> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 5px;">Turkeys, Ducks and Geese/</td> </tr> </table>			Oxen, yaks			Horses			Donkeys			Camels			Goats			Sheep			Chickens			Turkeys, Ducks and Geese/
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		ID CODE																																											
			Other livestock																																										
3.8 Did your household obtain information, medicine for livestock or veterinary help for livestock in the last 12 months? <div style="text-align: right;"> <input type="checkbox"/> 1 Yes 1 <input type="radio"/> 2 No >>3.12 2 <input type="radio"/> </div>	3.7 Which type of livestock have you vaccinated in the past 12 months? MARK ALL THAT APPLY <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div style="width: 55%;"> Cattle Sheep Goats Poultry Other livestock </div> </div>			3.6 In the past 12 months have you vaccinated any of your livestock or poultry? <div style="text-align: right;"> <input type="checkbox"/> 1 Yes 1 <input type="radio"/> 2 No >>3.8 2 <input type="radio"/> </div>																																									
3.9 How many times did you use this service in the past 12 months? <table style="width: 100%; text-align: center;"> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> </table> Times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12																					
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1	2	3	4	5	6	7	8	9	10	11	12																																		

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<p>3.16 Where did your household sell the majority of [ITEM]?</p> <p>1 Local butcher 2 Individual locally 3 Local Market 4 Regional Market 5 Local Trader 6 Other, specify _____</p>	<p>3.15 How much IN TOTAL did you receive (Afghanis)?</p>	<p>3.14 What quantity of [ITEM] did you sell in the last 12 months? (if zero, write "0" and >>NEXT ITEM)</p>	<p>3.10 What was the main kind of veterinary service, clinic or provider you or your household members used?</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>1 Government veterinary service 1 <input type="radio"/></p> <p>2 VFU (veterinary field unit) 2 <input type="radio"/></p> <p>3 Other NGO veterinary service 3 <input type="radio"/></p> <p>4 Private veterinary service 4 <input type="radio"/></p> <p>5 Other, specify _____ 5 <input type="radio"/></p>												
<p>1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<p>Live cattle, sheep, goats, horses, etc</p>
<p>1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<p>Meat from sheep, cattle, goats, horses etc</p> <p style="text-align: right;">KG</p>
<p>1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<p>Live poultry (chicken, geese, turkey, duck)</p>
<p>1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<p>Meat from poultry (chicken, geese, turkey,</p> <p style="text-align: right;">KG</p>
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<p>1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<p>Hides, leather, skins</p> <p style="text-align: right;">PIECES</p>
<p>1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							<p>Eggs</p> <p style="text-align: right;">NO</p>
			<p>3.11 Were you satisfied with the veterinary services that you received from this main kind of service, clinic or provider?</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>1 Yes >>3.13 1 <input type="radio"/></p> <p>2 No, too expensive >>3.13 2 <input type="radio"/></p> <p>3 No, bad advice >>3.13 3 <input type="radio"/></p> <p>4 No, didn't offer medicines needed >>3.13 4 <input type="radio"/></p> <p>5 No, other, specify _____ >>3.13 5 <input type="radio"/></p>												
			<p>3.12 Why did you not use any advice or help from veterinary services in the past 12 months ? MARK MAIN REASON</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>1 Did not need help, medicine or advice 1 <input type="radio"/></p> <p>2 Had too few animals/ poultry 2 <input type="radio"/></p> <p>3 Could not afford/ too expensive 3 <input type="radio"/></p> <p>4 Too far away 4 <input type="radio"/></p> <p>5 Do not know how to find/obtain 5 <input type="radio"/></p> <p>6 Veterinary service would not work with me 6 <input type="radio"/></p> <p>7 Do not trust veterinary service 7 <input type="radio"/></p> <p>8 Not safe to go 8 <input type="radio"/></p> <p>9 Other, specify _____ 9 <input type="radio"/></p>												
			<p>3.13 Did your household sell any live animals, meat, poultry, wool, cashmere, hides or eggs in the past 12 months?</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>1 Yes 1 <input type="radio"/></p> <p>2 No >>4.1 2 <input type="radio"/></p>												

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SECTION 4: AGRICULTURE

4.5 How did you or someone in your household acquire this irrigated land? MARK ALL THAT APPLY

Inherited

Purchased

Other, Specify _____

4.4 How many jeribs of irrigated land without garden plot did you or a member of your household own in the most recent summer cultivation season? IF ZERO>>4.6

jeribs

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IRRIGATED LAND (Excluding Garden Plot)

4.3 Did you or anyone in your household own or have access to any irrigated land in the most recent summer cultivation season, excluding a garden plot?

1 Yes

2 No >>4.21

4.2 Which household member (or members) manages the agriculture and makes the decisions?

FIRST ID CODE

2ND ID CODE

4.1 Do you or any of your household members own or manage agriculture land or a garden plot?

1 Yes, both own and cultivate

2 Yes, only owned

3 Yes, only cultivate

4 No >>5.1

4.10 How many jeribs of irrigated land did you or your household rent out during the most recent summer cultivation season?

jeribs

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4.9 How many jeribs of irrigated land did you or your household sharecrop out during the most recent summer cultivation season?

jeribs

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4.8 How many jeribs of irrigated land did you or your household mortgage in during the most recent summer cultivation season?

jeribs

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4.7 How many jeribs of irrigated land did you or your household rent in during the most recent summer cultivation season?

jeribs

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4.6 How many jeribs of irrigated land did you or your household sharecrop in during the most recent summer cultivation season?

jeribs

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4.14 How many jeribs of irrigated land did you or your household cultivate in the most recent summer cultivation season? IF ZERO>>4.18

jeribs

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4.13 What was the main reason for not cultivating the irrigated land in the most recent summer cultivation season?

1

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4.12 How many jeribs of irrigated land did you or your household leave fallow in the main summer cultivation season? IF ZERO>>4.14

jeribs

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4.11 How many jeribs of irrigated land did you or your household mortgage out during the most recent summer cultivation season?

jeribs

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<p>4.43 Although you sold wheat just after harvest, did you have to or do you expect to have to buy wheat for your household later in the season?</p> <p style="text-align: right;">1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/></p> <p style="text-align: right;">1 <input type="radio"/> 2 <input type="radio"/></p>	<p>4.41 To whom did you primarily sell your wheat?</p> <p>1 Buyer from the village/ city <input type="radio"/> 1 <input type="radio"/> 5 <input type="radio"/> 9 2 Buyer from outside the village/city 3 Consumers in the same village/city 4 Consumers outside the village/city <input type="radio"/> 2 <input type="radio"/> 6 <input type="radio"/> 10 5 Traders/retailers in local food market 6 Regional market <input type="radio"/> 3 <input type="radio"/> 7 7 Millers in the village/city 8 Millers from outside village/city <input type="radio"/> 4 <input type="radio"/> 8 9 Contract sale 10 Other (Specify ___)</p>	<p>4.34 Did your household cultivate any crops on any land in the most recent summer cultivation season? <input type="checkbox"/></p> <p style="text-align: right;">1 Yes <input type="radio"/> 2 No >>>4.44 <input type="radio"/></p> <p>4.35 For your crop farming activities, what is your main source of ploughing? <input type="checkbox"/></p> <p style="text-align: right;">1 Manual cultivation <input type="radio"/> 2 Animal ploughing <input type="radio"/> 3 Mechanical/tractor <input type="radio"/></p> <p>4.36 Did your household grow rice in the most recent season? <input type="checkbox"/></p> <p style="text-align: right;">1 Yes <input type="radio"/> 2 No >>>4.38 <input type="radio"/></p> <p>4.37 How many kilograms of rice seed did you get for the most recent season from the following sources?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Purchased</td> <td>Own stock</td> <td>Gov't</td> <td>NGOs</td> </tr> <tr> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>KG</td> <td>KG</td> <td>KG</td> <td>KG</td> </tr> </table>	Purchased	Own stock	Gov't	NGOs	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	KG	KG	KG	KG
Purchased	Own stock	Gov't	NGOs											
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>											
KG	KG	KG	KG											
<p>4.44 Did your household use any DAP or UREA fertilizers in the past summer cultivation season? <input type="checkbox"/></p> <p style="text-align: right;">1 Yes <input type="radio"/> 2 No >>>4.48 <input type="radio"/></p> <p style="text-align: right;">1 <input type="radio"/> 2 <input type="radio"/></p>	<p>4.42 When did you sell most of your wheat? <input type="checkbox"/></p> <p>1 All immediately after harvest <input type="radio"/> 1 <input type="radio"/> 2 Half or more immediately after harvest <input type="radio"/> 2 <input type="radio"/> 3 All later in season>>>4.44 <input type="radio"/> 3 <input type="radio"/> 4 Half or more later in season>>>4.44 <input type="radio"/> 4 <input type="radio"/></p>	<p>4.38 Did your household grow winter wheat in the most recent winter season? <input type="checkbox"/></p> <p style="text-align: right;">1 Yes <input type="radio"/> 2 No >>>4.40 <input type="radio"/></p> <p>4.39 How many kgs of winter wheat seed did you get for the most recent winter season from the following sources?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Purchased</td> <td>Own stock</td> <td>Gov't</td> <td>NGOs</td> </tr> <tr> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>KG</td> <td>KG</td> <td>KG</td> <td>KG</td> </tr> </table>	Purchased	Own stock	Gov't	NGOs	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	KG	KG	KG	KG
Purchased	Own stock	Gov't	NGOs											
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KG	KG	KG	KG											
<p>4.45 How much UREA and DAP fertilizers did your household use in the most recent summer cultivation season, and what was the main source of the fertilizer?</p>	<p>UREA</p> <p><input type="text"/><input type="text"/><input type="text"/></p> <p>KG</p> <p>DAP</p> <p><input type="text"/><input type="text"/><input type="text"/></p> <p>KG</p>	<p>Did you buy any Urea on credit? <input type="checkbox"/></p> <p style="text-align: right;">1 <input type="radio"/> 1 Yes 2 <input type="radio"/> 2 No</p> <p>Did you buy any Urea on credit? <input type="checkbox"/></p> <p style="text-align: right;">1 <input type="radio"/> 1 Yes 2 <input type="radio"/> 2 No</p>												
<p>4.40 In this last year, did your household sell any wheat that you produced? <input type="checkbox"/></p> <p style="text-align: right;">1 Yes, sold wheat that produced <input type="radio"/> 2 No, produced but did not sell wheat >>>4.44 <input type="radio"/> 3 No, did not produce wheat >>>4.44 <input type="radio"/></p>														

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<input type="radio"/> Pesticide/ herbicide advice <input type="radio"/> Use of fertilizers <input type="radio"/> Crop/ planting advice <input type="radio"/> Weed control <input type="radio"/> Agriculture mechanization <input type="radio"/> Storage of products <input type="radio"/> Marketing <input type="radio"/> Livestock (Feeding, breeding, management) <input type="radio"/> Veterinary Services <input type="radio"/> Other	<p>4.52 What types of information or products did you request from this main source of advice? MARK ALL THAT APPLY</p>	<p>4.46 In the most recent summer cultivation season, how much of the DAP or UREA that you needed were you able to afford?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1 less than 1/4</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 15%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 1/4</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3 1/2</td> <td style="text-align: right;">3</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>4 2/3</td> <td style="text-align: right;">4</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>5 all</td> <td style="text-align: right;">5</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> <p>4.47 Where do you use chemical fertilizers?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1 Field crops only</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 15%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 Garden plot only</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3 Both field and garden plots</td> <td style="text-align: right;">3</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> <p>4.48 During the most recent summer cultivation season, did your household use pesticides or herbicides?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1 Yes, field crops only</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 15%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 Yes, garden crop only</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3 Yes, both field and garden crops</td> <td style="text-align: right;">3</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>4 No >>4.50</td> <td style="text-align: right;">4</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> <p>4.49 During the past summer cultivation season what was the main source of pesticides/herbicides for your</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1 Private shops</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 15%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 Government distribution</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3 NGO</td> <td style="text-align: right;">3</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> <p>4.50 Did your household get information or advice on your crops or planting methods this year from any agriculture extension worker (MAIL), business or farm store, or NGO?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1 Yes</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 15%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 No >>4.55</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> <p>4.51 What was the main source of your advice on crops and planting methods?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1 Agriculture extension worker (MAIL)</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 15%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 Other agriculture specialist, expert farmers</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3 Shopkeepers</td> <td style="text-align: right;">3</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>4 NGO</td> <td style="text-align: right;">4</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	1 less than 1/4	1	<input type="radio"/>	2 1/4	2	<input type="radio"/>	3 1/2	3	<input type="radio"/>	4 2/3	4	<input type="radio"/>	5 all	5	<input type="radio"/>	1 Field crops only	1	<input type="radio"/>	2 Garden plot only	2	<input type="radio"/>	3 Both field and garden plots	3	<input type="radio"/>	1 Yes, field crops only	1	<input type="radio"/>	2 Yes, garden crop only	2	<input type="radio"/>	3 Yes, both field and garden crops	3	<input type="radio"/>	4 No >>4.50	4	<input type="radio"/>	1 Private shops	1	<input type="radio"/>	2 Government distribution	2	<input type="radio"/>	3 NGO	3	<input type="radio"/>	1 Yes	1	<input type="radio"/>	2 No >>4.55	2	<input type="radio"/>	1 Agriculture extension worker (MAIL)	1	<input type="radio"/>	2 Other agriculture specialist, expert farmers	2	<input type="radio"/>	3 Shopkeepers	3	<input type="radio"/>	4 NGO	4	<input type="radio"/>
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<p>4.53 How many times did you use this service in the past 12 months? 1 2 3 4 5 6 7 8 9 10 11 12</p>																																																																	
<p>4.54 Overall were you satisfied with the information or advice that you received from this main source of advice?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">1 Yes</td> <td style="width: 10%; text-align: right;">>>4.56</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 15%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 No, bad advice</td> <td style="text-align: right;">>>4.56</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3 No, didn't have the products required/ needed</td> <td style="text-align: right;">>>4.56</td> <td style="text-align: right;">3</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>4 No, other, specify _____</td> <td style="text-align: right;">>>4.56</td> <td style="text-align: right;">4</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>			1 Yes	>>4.56	1	<input type="radio"/>	2 No, bad advice	>>4.56	2	<input type="radio"/>	3 No, didn't have the products required/ needed	>>4.56	3	<input type="radio"/>	4 No, other, specify _____	>>4.56	4	<input type="radio"/>																																															
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<p>4.55 What is the main reason you not use any advice or help from extension services or elsewhere in the past 12 months?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">1 Did not need help, products or advice</td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 10%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 Could not afford</td> <td style="text-align: right;">2</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3 Too far away</td> <td style="text-align: right;">3</td> <td style="text-align: right;">3</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>4 Do not know how to find/obtain</td> <td style="text-align: right;">4</td> <td style="text-align: right;">4</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>5 Extension service would not work with me</td> <td style="text-align: right;">5</td> <td style="text-align: right;">5</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>6 Do not trust help/ advice</td> <td style="text-align: right;">6</td> <td style="text-align: right;">6</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>7 Not safe to go/ security</td> <td style="text-align: right;">7</td> <td style="text-align: right;">7</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>8 Other, specify _____</td> <td style="text-align: right;">8</td> <td style="text-align: right;">8</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>			1 Did not need help, products or advice	1	1	<input type="radio"/>	2 Could not afford	2	2	<input type="radio"/>	3 Too far away	3	3	<input type="radio"/>	4 Do not know how to find/obtain	4	4	<input type="radio"/>	5 Extension service would not work with me	5	5	<input type="radio"/>	6 Do not trust help/ advice	6	6	<input type="radio"/>	7 Not safe to go/ security	7	7	<input type="radio"/>	8 Other, specify _____	8	8	<input type="radio"/>																															
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8 Other, specify _____	8	8	<input type="radio"/>																																																														
<p>4.56 Did you listen to agriculture information programmes on the radio or TV in the past 12 months?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">1 Yes, listened to regularly</td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 10%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 Yes, listened occasionally</td> <td style="text-align: right;">2</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3 No, did not listen >>5.1</td> <td style="text-align: right;">3</td> <td style="text-align: right;">3</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>			1 Yes, listened to regularly	1	1	<input type="radio"/>	2 Yes, listened occasionally	2	2	<input type="radio"/>	3 No, did not listen >>5.1	3	3	<input type="radio"/>																																																			
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<p>4.57 Did you find the agriculture information helpful for you?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">1 Yes</td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 5%; text-align: right;">2</td> <td style="width: 10%; text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2 No</td> <td style="text-align: right;">2</td> <td style="text-align: right;">2</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>			1 Yes	1	2	<input type="radio"/>	2 No	2	2	<input type="radio"/>																																																							
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2 No	2	2	<input type="radio"/>																																																														

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<p>5.15 Was this largest loan taken in cash or in-kind? <input type="checkbox"/></p> <p style="text-align: right;">1 In cash 1 <input type="radio"/></p> <p style="text-align: right;">2 In kind 2 <input type="radio"/></p>	<p>5.8 According to current prices, how much do you think you could get if you sold all of them?</p> <p style="text-align: center;">AFG</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table>																									<p>5.7 How many of these items does the household own? IF "0" >>NEXT ITEM</p> <p style="text-align: center;">No. of pieces</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table>									<p style="text-align: center;">5.6</p> <p style="text-align: center;">ITEM</p> <p style="text-align: center;">Mobile Phones</p> <hr/> <p style="text-align: center;">Carpets (khalin) (expensive best quality hand-woven)</p> <hr/> <p style="text-align: center;">Gilim, satrangi, namad, fash (other carpet- production)</p> <hr/> <p style="text-align: center;">Blankets</p> <hr/> <p style="text-align: center;">Kitchen utensils (dishes/ pots and pans)</p>
<p>5.16 Will this largest loan be repaid in cash or in-kind? <input type="checkbox"/></p> <p style="text-align: right;">1 In cash 1 <input type="radio"/></p> <p style="text-align: right;">2 In kind 2 <input type="radio"/></p>																																			
<p>5.17 What was the main use of the largest loan taken in the last year?</p> <p>1 Agricultural inputs</p> <p>2 Opium cultivation</p> <p>3 House purchase</p> <p>4 Home construction or improvement</p> <p>5 Construction other than home</p> <p>6 House rental/ Rental advance</p> <p>7 Private business investment <input type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 11</p> <p>8 Land purchase <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 12</p> <p>9 Food purchases <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 13</p> <p>10 Health emergency <input type="radio"/> 4 <input type="radio"/> 9 <input type="radio"/> 14</p> <p>11 Bride price/ wedding <input type="radio"/> 5 <input type="radio"/> 10</p> <p>12 Haj</p> <p>13 Funeral</p> <p>14 Other (specify _____)</p>	<p>5.12 In the last year, have you or any household members borrowed or obtained funds that you have to (had to) repay from friends, family, employers, banks, NGOs, traders or any other source? <input type="checkbox"/></p> <p style="text-align: right;">1 Yes 1 <input type="radio"/></p> <p style="text-align: right;">2 No >>5.24 2 <input type="radio"/></p>	<p>5.9 How many telephone land lines are there in this dwelling?</p> <p style="text-align: right;">NUMBER 0 1 2 3</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																																	
<p>5.18 Who did you borrow from for this largest loan taken in the past year?</p> <p>1 Family / friends in Afghanistan</p> <p>2 Family / friends outside Afghanistan</p> <p>3 Employer</p> <p>4 Shopkeepers/traders</p> <p>5 Local land owner <input type="radio"/> 1 <input type="radio"/> 5 <input type="radio"/> 9</p> <p>6 Money lender (Hawala) <input type="radio"/> 2 <input type="radio"/> 6 <input type="radio"/> 10</p> <p>7 Micro finance Institution (MFS, NGO)</p> <p>8 Bank <input type="radio"/> 3 <input type="radio"/> 7 <input type="radio"/> 11</p> <p>9 Opium trader</p> <p>10 Mortgaging land/house</p> <p>11 Other (specify _____) <input type="radio"/> 4 <input type="radio"/> 8</p>	<p>5.13 Who are the household members who borrowed or obtained funds in the last year that have to be repaid? (Write identification codes using roster list)</p> <p style="text-align: center;">ID CODE ID CODE ID CODE</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table>							<p>5.10 How many household members have used the Internet in the past 12 months, female and male?</p> <p style="text-align: right;">FEMALE 0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: right;">MALE 0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																											
	<p>5.14 Which of these members took the largest loan in the last year?</p> <p style="text-align: right;">ID CODE</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr> </table>			<p>5.11 How often in the last year was credit used to borrow money to purchase food? <input type="checkbox"/></p> <p style="text-align: right;">1 Never 1 <input type="radio"/></p> <p style="text-align: right;">2 Sometimes 2 <input type="radio"/></p> <p style="text-align: right;">3 Often 3 <input type="radio"/></p> <p style="text-align: right;">4 Always 4 <input type="radio"/></p>																															

SECTION 6: EDUCATION

<p>6.11</p> <p>What are the main reasons for temporary non-enrollment or for lack of attendance at formal school? Up to 2 reasons.</p> <ol style="list-style-type: none"> School too far away/ no school Needed child to work to help family Didn't like school, wasn't learning anything Studied as far as needed/ finished high school Poor health / disability Not allowed to enroll by family Not allowed to enroll by school Security concerns Marriage during school age Schooling too expensive No female teachers School temporarily not functioning Child too young Other (Specify _____) Don't know 	<p>6.10</p> <p>Has this child been absent from school for more than one week in the past month? [Or if school is not in session, was the child absent for more than one week in the last month of the most recent school term?]</p> <p>1. Yes, absent 2. No >>NEXT MEMBER</p>	<p>6.9</p> <p>In which type of school is the child enrolled?</p> <ol style="list-style-type: none"> Public school Private school Religious madrasa School run by NGO 	<p>6.8</p> <p>Is this child currently enrolled in school [or if school is not in session was this child enrolled in the most recent school session]?</p> <p>1. Yes 2. No >>6.11</p>	<p>6.7</p> <p>Is this person 6 -18 years of age?</p> <p>1. Yes 2. No >> NEXT MEMBER</p>	<p>6.6</p> <p>Where is the school located where this household member attained the highest education level?</p> <ol style="list-style-type: none"> Rural Afghanistan Urban Afghanistan Pakistan Iran Other country 	<p>6.5</p> <p>What is the highest level and years in level attended by this household member?</p> <ol style="list-style-type: none"> Primary (1-6) Secondary (1-3) High school (1-3) Teacher college (1-2) University (1-7) Post-grad (1-7) <p>YEAR LEVEL</p>	<p>6.4</p> <p>Has this household member had any home schooling or non-formal schooling, for instance at a masjid, madrassa, or private teacher?</p> <p>1. Yes >>6.11 2. No >>6.11</p>	<p>6.3</p> <p>Has this household member ever attended formal school?</p> <p>1. Yes >>6.5 2. No</p>	<p>6.2</p> <p>Can this household member read and write?</p> <p>1. Yes 2. No</p>	<p>6.1</p> <p>Is this person 6 years or over?</p> <p>1. Yes 2. No >> NEXT MEMBER</p>	<p>ID CODE</p>												
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SECTION 6: EDUCATION

<p>6.11 What are the main reasons for temporary non-enrollment or for lack of attendance at formal school? Up to 2 reasons. 1. School too far away/ no school 2. Needed child to work to help family 3. Didn't like school, wasn't learning anything 4. Studied as far as needed/ finished high school 5. Poor health / disability 6. Not allowed to enroll by family 7. Not allowed to enroll by school 8. Security concerns 9. Marriage during school age 10. Schooling too expensive 11. No female teachers 12. School temporarily not functioning 13. Child too young 14. Other (Specify _____) 15. Don't know</p>	<p>6.10 Has this child been absent from school for more than one week in the past month? [Or if school is not in session, was the child absent for more than one week in the last month of the most recent school term?] 1. Yes, absent 2. No >>NEXT MEMBER</p>	<p>6.9 In which type of school is the child enrolled? 1. Public school 2. Private school 3. Religious madrasa 4. School run by NGO</p>	<p>6.8 Is this child currently enrolled in school [or if school is not in session was this child enrolled in the most recent school session]? 1. Yes 2. No >>6.11</p>	<p>6.7 Is this person 6 -18 years of age? 1. Yes 2. No >>NEXT MEMBER</p>	<p>6.6 Where is the school located where this household member attained the highest education level? 1. Rural Afghanistan 2. Urban Afghanistan 3. Pakistan 4. Iran 5. Other country</p>	<p>6.5 What is the highest level and years in level attended by this household member? 1. Primary (1-6) 2. Secondary (1-3) 3. High school (1-3) 4. Teacher college (1-2) 5. University (1-7) 6. Post-grad (1-7)</p> <p>YEAR LEVEL</p>	<p>6.4 Has this household member had any home schooling or non-formal schooling, for instance at a masjid, madrassa, or private teacher? 1. Yes >>6.11 2. No >>6.11</p>	<p>6.3 Has this household member ever attended formal school? 1. Yes >>6.5 2. No</p>	<p>6.2 Can this household member read and write? 1. Yes 2. No</p>	<p>6.1 Is this person 6 years or over? 1. Yes 2. No >>NEXT MEMBER</p>	<p>ID CODE</p>												
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9.4

SECTION 9A: LABOUR FOR MEMBERS 6-15 YEARS OF AGE

<p>9.7 In the past 7 days how many hours in total did he/she work on household chores, or tending children, cooking, fetching water or other household chores? >>NEXT MEMBER 6-15</p>	<p>9.6 In the past 7 days on average how many hours per day did he/she work ?</p>	<p>9.5 In the past 7 days how many days did he/she work?</p>	<p>Where was this work mainly carried out? 1 At the household dwelling 2 Employer's house 3 Formal Office 4 Factory 5 Plantations/farm/garden 6 Construction site 7 Quarrying sites 8 Shop/Market/ Kiosk/ Restaurant 9 On the street (selling or carrying things, etc) 10 On the street collecting things for household use 11 Other (specify _____)</p>	<p>9.3 What kind of work was this? 1. Regular employee paid to parents in kind 2. Regular employee paid to parents in money 3. Regular employee paid to child in kind 4. Regular employee paid to child in money 5. Casual employee paid to parents 6. Casual employment paid to child 7. His/ her own business (tea selling, other selling, etc.) 8. Unpaid family worker in family business 9. Assisting household in agriculture or livestock activities 10. Other (specify _____)</p>	<p>9.2 Did this child do any work for pay during the past week, or did the child help with a family business or handicrafts or assist with agriculture or livestock or collect things in the street for household use?</p>	<p>9.1 List the members in the household who are 6-15 years of age and put their ID CODE (from Roster, Question 1.1). If there are more than 10 members of the household from 6-15 years, list beginning from the eldest. NAME ID CODE</p>
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SECTION 9B: LABOUR AND MIGRATION OF HOUSEHOLD MEMBERS 16 YEARS AND OVER

<p>9.16 During the last 30 days, did this person attempt to find a job or start his or her own business? 1. Yes >>9.27 2. No</p>	<p>9.15 Although this person reported no work in the last 30 days, did the person do any occasional paid job during this period, - such as helping someone in their business, selling goods in the street, repairing something, washing cars, etc.? 1. Yes >>9.18 2. No</p>	<p>9.14 What is the main reason that this member was absent from work in the last 30 days? 1. Own illness 2. Maternity/child rearing leave 3. Household member sick 4. Retired 5. Work suspension 6. Temporary work load reduction 7. Enterprise closure 8. Bad weather 9. School/education/ training 10. Leave 11. Security situation 12. Other (SPECIFY) }>> 9.18</p>	<p>9.13 Although this member has no reported work in the last 30 days, did the person have a permanent or long term job from which he or she was temporarily absent? 1. Yes 2. No>>9.15</p>	<p>9.12 ARE THERE ANY YES ANSWERS IN QUESTIONS 9.9, 9.10 and 9.11? 1. YES, at least one yes answer in questions 9.9, 9.10 or 9.11 >>9.18 2. NO all answers in questions 9.9, 9.10 and 9.11 are NO</p>	<p>9.11 In the last 30 days, did this person do any non-agricultural work, on own account, - in a business enterprise belonging to the household or member of the household, - e.g. as a trader, barber, shop owner, dressmaker, carpenter, taxi driver, processing farm produce, weaving carpets, making handicrafts, etc.?</p>	<p>9.10 In the last 30 days, did this person do any agricultural work, even free, - on land owned, rented or used by household - such as cultivating /harvesting crops, taking care of livestock or poultry in your HH? 1. Yes 2. No</p>	<p>9.9 In the last 30 days, did this person work for any organization or individual? 1. Yes 2. No</p>	<p>9.8 List the members in the household who are 16 years of age or older and put their ID CODE (from Roster, Question 1.1). NAME ID CODE</p>		
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SECTION 9B: LABOUR AND MIGRATION OF HOUSEHOLD MEMBERS 16 YEARS AND OVER

<p>9.21 What was this member's daily wage rate during the past month?</p>	<p>9.20 What was the profit for this person in the last 30 days? >>9.22</p>	<p>9.19 What type of job was this main job the member had in the last 30 days? 1. Day laborer>>9.21 2. Salaried worker private sector 3. Salaried worker in public sector 4. Self-employed (share croppers, own account farmers, independent professionals, selling, handcrafts, other private 5. Employer 6. Unpaid family worker >>9.22</p>	<p>9.18 In what sector of the economy is the main job of this member (the one he or she spent the most hours doing in the last 30 days)? 1. Agriculture/ livestock 2. Mining & Quarrying 3. Road construction 4. Construction 5. Manufacturing 6. Transportat., communic. 7. Wholesale trade 8. Retail trade 9. Health 10. Education 11. Other services 12. Public admin/gov't</p>	<p>9.17 What is the main reason this member did not look for a job in the last 30 days? 1. Student/pupil 2. Housewife 3. Retired 4. Handicapped 5. In military service 6. Have already found a job which will start later >>9.27 7. Awaiting recall by employer 8. Waiting for busy season 9. Do not want to work 10. No chances to get a job 11. No jobs 12. Other (SPECIFY)</p>	<p>ID CODE</p>										
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<p>9.26 What were the total earnings from the other work or other jobs for this member in the last 30 days? (Do not count earnings from the main work)</p>	<p>9.25 During the last 30 days, did this member have any other work or have any other job in addition to the main job? 1. Yes 2. No>>9.27</p>	<p>9.24 How many hours per day, on average, did this person work in the past 30 days on a work day for the main job?</p>	<p>9.23 How many days did this person work at the main job in the past 30 days?</p>	<p>9.22 Where did the worker do most of the work at this job? 1 At the household dwelling 2 Employer's house 3 Formal Office 4 Factory 5 Plantations/ farm/ garden 6 Construction 7 Quarrying sites 8 Shop/Market/ Kiosk/ Restaurant 9. On the street fixed location 10. On the street with no fixed location 11. Other (Specify _____)</p>	<p>ID CODE</p>											
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SECTION 9B: LABOUR AND MIGRATION OF HOUSEHOLD MEMBERS 16 YEARS AND OVER

<p>9.34 During the past 5 years, how many months in total has he/she lived abroad?</p>	<p>9.33 Why did this person live outside this area in the last five years (location where spent the most time)? 1. To find work/better work 2. To get a better education 3. To get better health services 4. To get married 5. Lack of security in this area 6. Protection problems (political, religious, ethnic) (Causes of IDPs) 7. Joined military 8. Accompany or join other family members 9. Other (Specify _____)</p>	<p>9.32 Where did this member live? IF MORE THAN ONE LOCATION RECORD THE LOCATION WHERE SPENT THE MOST TIME 1. Same province, urban 2. Same province, rural 3. Other province, urban 4. Other province, rural 5. Pakistan 6. Iran 7. Arabian Peninsula 8. Other (Specify _____)</p>	<p>9.31 In the past 5 years, did this member ever live outside this area for at least 3 consecutive months (exclude travel for recreation and holidays) 1. Yes 2. No >> NEXT PERSON</p>	<p>9.30 Was this member living in this community one year ago? 1. Yes 2. No</p>	<p>9.29 Where did this person spend most of the time during the absence for seasonal work in the past 12 months? 1. Same district, urban 2. Same district, rural 3. Other district, urban 4. Other district, rural 5. Abroad</p>	<p>9.28 How many months was this member away in the past 12 months for seasonal work?</p>	<p>9.27 During the past 12 months, did this person spend one month or more away from the household for seasonal work? 1. Yes 2. No >> 9.30</p>	<p>ID CODE</p>
<input type="text"/>	1 2 3 4 5 6 7 8 9 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ 1 ○ 2	○ 1 ○ 2	1 2 3 4 5 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	○ 1 ○ 2	<input type="text"/>
<input type="text"/>	1 2 3 4 5 6 7 8 9 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ 1 ○ 2	○ 1 ○ 2	1 2 3 4 5 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	○ 1 ○ 2	<input type="text"/>
<input type="text"/>	1 2 3 4 5 6 7 8 9 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ 1 ○ 2	○ 1 ○ 2	1 2 3 4 5 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	○ 1 ○ 2	<input type="text"/>
<input type="text"/>	1 2 3 4 5 6 7 8 9 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ 1 ○ 2	○ 1 ○ 2	1 2 3 4 5 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	○ 1 ○ 2	<input type="text"/>
<input type="text"/>	1 2 3 4 5 6 7 8 9 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ 1 ○ 2	○ 1 ○ 2	1 2 3 4 5 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	○ 1 ○ 2	<input type="text"/>
<input type="text"/>	1 2 3 4 5 6 7 8 9 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ 1 ○ 2	○ 1 ○ 2	1 2 3 4 5 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	○ 1 ○ 2	<input type="text"/>
<input type="text"/>	1 2 3 4 5 6 7 8 9 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ 1 ○ 2	○ 1 ○ 2	1 2 3 4 5 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	○ 1 ○ 2	<input type="text"/>
<input type="text"/>	1 2 3 4 5 6 7 8 9 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ 1 ○ 2	○ 1 ○ 2	1 2 3 4 5 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	○ 1 ○ 2	<input type="text"/>
<input type="text"/>	1 2 3 4 5 6 7 8 9 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ 1 ○ 2	○ 1 ○ 2	1 2 3 4 5 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	○ 1 ○ 2	<input type="text"/>

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SECTION 10: CASH-FOR-WORK and FOOD-FOR-WORK

10.5 Has any member of this household participated in any food for work or food aid programmes during the past 12 months?

1 Yes 1
2 No >> **10.11** 2

10.1 Has any member of your household participated in any cash-for-work programs or income generating programme/projects during the past 12 months?

1 Yes 1
2 No >> **10.4** 2

10.6 If yes, how did food-based programs benefit your household? (SELECT UP TO THREE)

1 No benefit
2 Increased the quantity of food consumed
3 Increased the quality of food consumed
4 Reduced food expenditures
5 Cash from food sales for non-food items
6 Cash from food sales paid off debts
7 Cash from food sales invested in productive assets
8 Improved literacy/education
9 Income generating skills acquired
10 Improved school attendance
11 Other (Specify _____)

10.2 What was the daily labour rate for this work?

Male rate per day Female per day (Afs)

Third			Second			First		
<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9
<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10
<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11
<input type="radio"/> 4	<input type="radio"/> 8		<input type="radio"/> 4	<input type="radio"/> 8		<input type="radio"/> 4	<input type="radio"/> 8	

10.3 How did the cash-for-work/income generating programme(s) benefit your household in the last 12 months? (SELECT UP TO THREE)

1 No benefit
2 Bought more food
3 Paid for education
4 Paid for medical expenses
5 Paid house rent
6 Paid off debts
7 Invested in productive assets
8 Improved literacy/education
9 Income generating skills acquired
10 Other (specify _____)

	Third			Second			First		
>>10.5	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9
	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10
	<input type="radio"/> 3	<input type="radio"/> 7		<input type="radio"/> 3	<input type="radio"/> 7		<input type="radio"/> 3	<input type="radio"/> 7	
	<input type="radio"/> 4	<input type="radio"/> 8		<input type="radio"/> 4	<input type="radio"/> 8		<input type="radio"/> 4	<input type="radio"/> 8	

10.4 Why did none of your household members participate in any cash-for-work programme or income-generating programmes or projects during the past 12 months? MARK ONE MAIN REASON.

1 No programme in area 1
2 Didn't know that there was a program in the area 2
3 No able-bodied person from this household able to participate in food-for-work project 3
4 Household members did not want to participate. 4
5 Household members not selected by Male shura 5
6 Household members not selected by Female shura 6
7 Household members were not selected by Male CDC 7
8 Household members were not selected by Female CDC 8
9 Household members were not selected by project manager from outside of the village 9

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10.10 If yes, how much of each of the following did you sell or trade?

Pulses/beans <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Kg	Vegetable oil <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Kg	Wheat flour/brea <input type="text"/> <input type="text"/> <input type="text"/> Kg
>>NEXT SECTION		
	Salt <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Kg	Sugar <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Kg

10.7 Has any member of your household participated in any of the following food programmes in last 30 days?

- No food programs>>SECTION 11
- Yes, Relief food distribution
- Yes, School feeding
- Yes, Institutional feeding (orphanages, TB patients)
- Yes, Food for Work
- Yes, Food for Training
- Yes, Food for Income Generation

10.11 Why did none of your household members participate in any food aid programmes during the past 12 months? MARK ONE MAIN REASON

- 1 No programme in area
- 2 Didn't know that there was a program in the area
- 3 No able-bodied person from this household able to participate in food-for-work project
- 4 Household members did not want to participate
- 5 Household members were not selected by Male shura
- 6 Household members were not selected by Female shura
- 7 Household members were not selected by Male CDC
- 8 Household members were not selected by Female CDC
- 9 Household members were not selected by project manager from outside of the village

	<input type="checkbox"/>
1	<input type="radio"/>
2	<input type="radio"/>
3	<input type="radio"/>
4	<input type="radio"/>
5	<input type="radio"/>
6	<input type="radio"/>
7	<input type="radio"/>
8	<input type="radio"/>
9	<input type="radio"/>

10.8 How many kilograms of each of the following commodities has your household received in the last 30 days?

Pulses/beans <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Kg	Vegetable oil <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Kg	Wheat flour/brea <input type="text"/> <input type="text"/> <input type="text"/> Kg
	Salt <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Kg	Sugar <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Kg

10.9 Did you sell or trade any of the food aid received the the last 30 days?

	<input type="checkbox"/>
1 Yes	<input type="radio"/>
2 No >> SECTION 11	<input type="radio"/>

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SECTION 12: HOUSEHOLD EXPENDITURES			
What has the household spent in the last 30 DAYS for:			
Total IN LAST 30 DAYS (in Afs)	Expenditure activities in last 30 days	Total IN LAST 30 DAYS (in Afs)	Expenditure activities in last 30 days
[][][][]	Fee for baking bread 12.12	[][][][]	Food & drinks consumed outside the home 12.01
[][][][]	Fixed phone line and use (including PCO booths) 12.13	[][][][]	Cigarettes 12.02
[][][][]	Mobile phone charges (minutes and prepaid) 12.14	[][][][]	Tobacco/ snuff 12.03
[][][][]	Internet service/ internet café, fax, mail 12.15	[][][][]	Matches 12.04
[][][][]	Tranportation fare - bus and taxis 12.16	[][][][]	Laundry powder/ detergents, cleaning 12.05
[][][][][]	Fuel for car/ motor bike (do not include business) 12.17	[][][][]	Soap (hand, toiletry) 12.06
[][][][][]	Taxes formal and informal 12.18	[][][][]	Shampoo 12.07
[][][][][]	Other misc expenses in last 30 days 12.19	[][][][]	Toothpaste 12.08
		[][][][]	Personal grooming (haircuts, etc) for males 12.09
		[][][][]	Fee for public bath 12.10
		[][][][]	Laundry charges 12.11

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What has the household spent in the last 12 MONTHS for?

Expense in last 12 MOS (in Afghanis)	Expenditure activites in the past 12 MONTHS	Expense in last 12 MOS (in Afghanis)	Expenditure activites in the past 12 MONTHS
<input type="text"/>	Children's clothing (including school uniforms) 12.32	<input type="text"/>	House construction and repair (materials&labour) 12.20
<input type="text"/>	Men's shoes 12.33	<input type="text"/>	Medicines 12.21
<input type="text"/>	Women's shoes 12.34	<input type="text"/>	Doctor's fees 12.22
<input type="text"/>	Children's shoes 12.35	<input type="text"/>	Hospital fee/ laboratory fee / X-rays/ operations/radiology 12.23
<input type="text"/>	Fines or debt payments 12.36	<input type="text"/>	Education fees (tuition for school, college, university) 12.24
<input type="text"/>	Weddings and Funerals, Haj 12.37	<input type="text"/>	Textbooks 12.25
<input type="text"/>	Annual celebrations and charitable donations (khair-o-khairat) 12.38	<input type="text"/>	Pen/ Pencil and notebooks (school supplies) 12.26
		<input type="text"/>	Other stationery 12.27
		<input type="text"/>	Repair/ maintenance/ tires for motor vehicles 12.28
12.39 Of all the WHEAT FLOUR consumed by the household in the past 12 months, what percentage was imported wheat flour? PERCENTAGE IMPORTED <input type="text"/> %		<input type="text"/>	Airfare 12.29
12.40 Of all the RICE consumed by the household the last 12 months, what percentage was imported rice? PERCENTAGE IMPORTED <input type="text"/> %		<input type="text"/>	Men's clothing (excluding shoes) 12.30
		<input type="text"/>	Women's clothing (excluding shoes) 12.31

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SECTION 13: HOUSEHOLD SHOCKS & COPING STRATEGIES

13.01 In the last 12 months has the household been negatively affected by any of the following? RECORD UP TO THREE SHOCKS

Affected	Shock	Affected	Shock
<input type="radio"/>	Unusually high increases in food prices.	<input type="radio"/>	NO SHOCKS EXPERIENCED >>13.5
<input type="radio"/>	Unusual decrease in farm gate prices	<input type="radio"/>	Reduced drinking water quantity
<input type="radio"/>	Loss of employment by a household member	<input type="radio"/>	Reduced drinking water quality
<input type="radio"/>	Reduced salary of a	<input type="radio"/>	Reduced agricultural water quality and/or quantity
<input type="radio"/>	Bankruptcy of family business	<input type="radio"/>	Unusually high level of crop pests & diseases
<input type="radio"/>	Serious illness/ accident for working household member	<input type="radio"/>	Opium eradication
<input type="radio"/>	Death of a working household member	<input type="radio"/>	Grew opium last season but not this season
<input type="radio"/>	Death/ illness of other	<input type="radio"/>	Unusually high level livestock
<input type="radio"/>	Theft and/or violence	<input type="radio"/>	Insecurity / violence
<input type="radio"/>	Involuntary loss of house/land	<input type="radio"/>	Reduced availability of grazing areas
<input type="radio"/>	Involuntary loss of livestock	<input type="radio"/>	Reduced availability of Kuchi migration routes
<input type="radio"/>	Other (Specify_____)	<input type="radio"/>	Earthquakes
		<input type="radio"/>	Landslides/avalanches
		<input type="radio"/>	Flooding
		<input type="radio"/>	Late damaging frosts
		<input type="radio"/>	Heavy rains preventing work
		<input type="radio"/>	Severe winter conditions
		<input type="radio"/>	Hailstorms
		<input type="radio"/>	Unusually high level of human disease
		<input type="radio"/>	Large influx of returnees

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13.02 What did the household do to cope with any of these shocks? RECORD ALL THAT APPLY			
	<input type="radio"/> Sold child brides <13 years old <input type="radio"/> Begging <input type="radio"/> Other (Specify _____) <input type="radio"/> Could not do anything to compensate <input type="radio"/> Did not need to do anything to compensate		<input type="radio"/> Reduced quality of diet <input type="radio"/> Reduced quantity of diet <input type="radio"/> Decreased expenditures <input type="radio"/> Increased collection and sale of natural resources <input type="radio"/> Spent savings or investments <input type="radio"/> Loans from family/friends <input type="radio"/> Loans from employer/ moneylenders/ traders/ NGO <input type="radio"/> Purchased food on credit from traders <input type="radio"/> Received help from others in the community <input type="radio"/> Sold appliances, furniture, jewellery, doors, windows, roof <input type="radio"/> Sold income generating equipment <input type="radio"/> Rented out land <input type="radio"/> Mortgaged house or land <input type="radio"/> Sold female reproductive livestock <input type="radio"/> Sold house or land <input type="radio"/> Worked for food only <input type="radio"/> Worked on relief programmes from Government/NGOs/International <input type="radio"/> Out migrated to look for work <input type="radio"/> Joined military <input type="radio"/> Increased child labour <input type="radio"/> Son(s) sent to work as indentured labour
13.6 How often in the last year did you have problems satisfying the food needs of the household? 1 Never 2 Rarely (1 to 2 times) 3 Sometimes (3 to 6 times) 4 Often (a few times every month) 5 Mostly (this happens a lot)	<input type="checkbox"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	13.3 Did any of these shocks reduce household food consumption at all? 1 Yes <input type="checkbox"/> 2 No <input type="radio"/>
1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	13.4 Has the household recovered from the shocks listed in the last 12 months? 1 Not recovered at all <input type="checkbox"/> 2 Partially recovered <input type="radio"/> 3 Completely recovered <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	13.5 How do you compare the overall economic situation of the household with 1 year ago? 1 Much worse <input type="checkbox"/> 2 Slightly worse <input type="radio"/> 3 Same <input type="radio"/> 4 Slightly better <input type="radio"/> 5 Much better <input type="radio"/>

