

Afghanistan TUP Follow-up 1  
Lady of the Household Survey  
August 2018

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Field	Question	Answer
<b>Cover</b>		
script	<p>Welcome to the Ultra Poor Household Follow-up Survey. Please answer the first few questions before you begin the interview. You will be directed to enter the household at the appropriate time.</p> <p>Please note the following instructions before proceeding:</p> <ol style="list-style-type: none"> <li>1. All script is noted with "SCRIPT" at the start;</li> <li>2. All instructions are noted with "INSTRUCTION". Do not read out loud; these are meant for your action.</li> <li>3. All hints are noted in italics;</li> <li>4. DO NOT PROMPT ANSWER OPTIONS unless directed to do so in hint;</li> </ol>	
a1	<p>Capture standard GPS location using the tablet.</p> <p><i>Make sure you are standing away from trees and building coverage.</i></p>	
date_v	Is today (current date)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
date_a	<p>What date is it today?</p> <p><i>Question relevant when: \${date_v} = "No"</i></p>	
time_v	Is the time (current time)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
time_a	<p>What time is it right now?</p> <p><i>Question relevant when: \${time_v} = "No"</i></p>	
a2	Please select your name	
a2_v	<p>Is \${a2} the correct enumerator name?</p> <p><i>Response constrained to: = "Yes"</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a3	Please select supervisor name	
a3_v	<p>Is \${a3} the correct supervisor name?</p> <p><i>Response constrained to: = "Yes"</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a5	Enter name of district	<input type="checkbox"/> Dowlat Abad <input type="checkbox"/> Dehadi <input type="checkbox"/> Nahre Shahee <input type="checkbox"/> Khulm
a6	Enter name of village	
hh_id	Enter the household ID.	
hh_id_2	<p>Re-enter household ID.</p> <p><i>Response constrained to: = \${hh_id}</i></p>	
confirm_name	Is [pre-loaded name] the name of the household head?	<input type="checkbox"/> Yes <input type="checkbox"/> No
confirm_name_2	<p>Is [pre-loaded name] the name of any other household member?</p> <p><i>Excluding household head.</i></p> <p><i>Question relevant when: \${confirm_name} = "No"</i></p> <p><i>Response constrained to: =1</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
script	<p>Please enter the full name and father's name of the Head of the Household</p> <p><i>Question relevant when: \${confirm_name_2} = "Yes"</i></p>	
new_hhhead_name1	<p>Full name:</p> <p><i>Question relevant when: \${confirm_name_2} = "Yes"</i></p>	
new_hhhead_fname	<p>Father's name:</p> <p><i>Question relevant when: \${confirm_name_2} = "Yes"</i></p>	

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new_hhhead_nickname	Please enter any other name or nickname used by the Head of the Household <i>Leave blank if none</i>  <i>Question relevant when: \${confirm_name_2} = "Yes"</i>	
a7	Is this the first, second, or third visit to this household?	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Other (please specify)
a7_o	You indicated "other" in the previous question. Please specify which visit this is to this household.  <i>Question relevant when: \${a7} = "Other (please specify)"</i> <i>Response constrained to: &gt;=4 and &lt;=5</i>	
instruction	INSTRUCTION: You can now enter the household and begin the interview.	
a8	Hello, my name is \${a2}. We are conducting a survey for the TUP project (Targeting the Ultra Poor), which includes questions on characteristics of your household and your well-being. May I please speak with the lady of your household? Lady of the household is the woman who has the greatest knowledge of the household consumption, activities, and assets.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a9	Why is the lady of your household not available?  <i>Question relevant when: \${a8} = "No"</i>	<input type="checkbox"/> Lead female is not at home <input type="checkbox"/> There is no lead female in the household <input type="checkbox"/> Other (please specify)
a9_o	Please specify why the lady of the household is not available.  <i>Question relevant when: \${a9} = "Other (Please specify)"</i>	
instruction	INSTRUCTION: The correct respondent is not available. Please stop the interview, and come again at a different time. Please save this form before you leave the household. Submit the form only if you are not able to find the respondent at the end of the day.  <i>Question relevant when: \${a9} = "Lead female is not at home"</i>	
a8_m	If there is no lady in the household, could I please speak with the household head? <i>Household head is the person who provides the main economic support for your household and makes important decisions.</i>  <i>Question relevant when: \${a9} = "There is no lead female in the household"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a9_m	Why is the household head not available?  <i>Question relevant when: \${a8_m} = "No"</i>	<input type="checkbox"/> Household head is not at home <input type="checkbox"/> Other (please specify)
a9_o_m	Please specify why the household head is not available.  <i>Question relevant when: \${a9_m} = "Other (please specify)"</i>	
instruction	INSTRUCTION: The correct respondent is not available. Please stop the interview, and come again at a different time. Please save this form before you leave the household. Submit the form only if you are not able to find the respondent at the end of the day.	
a10	What is the respondent's primary language?	<input type="checkbox"/> Dari <input type="checkbox"/> Pashto <input type="checkbox"/> Uzbek <input type="checkbox"/> Turkmen <input type="checkbox"/> Other <input type="checkbox"/> Don't know
a10_o	Please specify what "other" language the respondent speaks.  <i>Question relevant when: \${a10} = "Other"</i>	
consent_script	Hello, my name is \${a2}. I am working on a study of the World Bank in collaboration with the Microfinance Investment Support Facility for Afghanistan (MISFA) to understand how to improve the livelihoods of the poorest populations in the country. For this, I would like to come to your home and ask	

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	<p>you some questions about you and your family including your economic activities, your household's consumption, and other questions about you and your family's well-being. This will take approximately 2.5 hours of your time.</p> <p>You will not directly benefit from taking part in this study but we hope the information you provide us will help us understand better how to reduce poverty in the country. Any information collected today will remain confidential and will only be used for this study. Your name will never be identified; the study will focus on the responses all the participants as a group, and they may be used for publication or presentation of the results. Your information will be stored for five (5) years after the study is over in a separate registry maintained by the investigators. In order to verify the research study data, monitors from the Ethics Board may review these records.</p> <p>Your participation in this study is voluntary. Taking part is your choice; you can choose not to participate or tell us to stop at any time and your decision will not affect you or your family in any way. You will not be giving up any of your legal rights by agreeing to be in this research. If you have any questions about the study you may ask them now or I can provide you with a contact from MISFA, or from our research team in Kabul, and ask them before you agree to participate. If you decide to participate, you may feel uncomfortable with some questions; in that case, you can choose not to answer that question and move to the next, or stop your participation at any time without explanation, and without any prejudice.</p> <p>Please make sure any questions you have are answered before you agree to participate. You may have a copy of this consent form and contact the study staff with future questions.</p> <p>1. If you have questions in the future regarding the research, please contact one of the members of our research team:</p> <p>Munir Ahmad Ahmadi Phone: +93 070 020 4217 Email: munirahmadahmadi93@gmail.com</p> <p>2. If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the researcher, please contact the Institutional Review Board at:</p> <p>Assistant Director Human Research Protection Program Office of Research Integrity and Assurance Princeton University Phone: +1 (609) 258-0865 Email: irb@princeton.edu</p>	
a12	Do I have your consent for this interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>INSTRUCTION: The respondent did not give consent. Please stop the interview here. Please save the form before you leave the house.</p> <p><i>Question relevant when: \${a12} = "No"</i></p>	
mobile_phone_consent_script	<p>We would like to ask your additional consent to use mobile phone records as well as M-Paisa transaction and balance information from your household to measure economic conditions. Mobile phone record is the information of a mobile phone communication (phone call and text message) which includes the following.</p> <ul style="list-style-type: none"> <li>- Date and time of the communication</li> <li>- Phone number of the other person you communicated</li> <li>- Duration of the phone call</li> </ul>	

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	<p>- Nearest cell phone tower where you had the communication</p> <p>To collect mobile phone records, we will ask your mobile phone numbers and their account owners, network carriers and subscription periods. You will not directly benefit from taking part on this, but we hope the additional information will allow the principal investigators to understand how to better measure economic conditions. These phone records will be used for research purposes only and no other information, including the actual content of the call, will be collected. No one besides the principal investigators on this study will have access to your personal information, and any such information will be removed as soon as this study is completed.</p> <p>Again, your participation in each part of this study is completely voluntary. Taking part is your choice; you can choose not to participate or tell us to stop at any time without explanation: your decision will not affect you or your family in any way. You will not be giving up any of your legal rights by agreeing to be in this research. If you have any questions about the study you may ask them now or I can provide you with the contacts mentioned previously.</p> <p><i>Question relevant when: \${a12} = "Yes"</i></p>	
a12_mobile	Do I have your consent for collecting and using mobile phone usage data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a13	<p>We will not collect any mobile phone usage data from your household. However, we would still like to ask a phone number for future contact. Phone number will only be used to reach you for a follow-up survey expected to be done within the next 1 to 2 years. We will not use this phone number for any other purposes.</p> <p>May I ask a phone number for future contact?</p> <p><i>Question relevant when: \${a12_mobile} = "No"</i></p>	
a14	<p>Please enter the phone number which can be used to reach you later</p> <p><i>Please enter your 10-digit phone number. It must start with 0.</i></p> <p><i>Question relevant when: \${a13} = "Yes"</i>  <i>Response constrained to: (regex(,,"^0(.*\$") and (string-length(,)=10)) or .=-98 or .=-99</i></p>	
<b>Module 1: Saliva Sample Collection (A)</b>		
Script consent_saliva	<p>Today, we are here to ask you to provide us with a small sample of saliva. The sample will be collected using a special container. You will be asked to drool on a tube, a procedure which is completely risk-free. The sample of saliva will not contain any identifying information, which means that your name will never be identified. It will be sent to a laboratory and it will be analyzed to measure cortisol levels, which will help us to identify some health conditions. The results will be kept confidential and stored on password-protected computers. The sample of saliva will be destroyed once analyzed. You will not directly benefit from taking part in this study but your participation would help us to better understand how to reduce poverty in the country.</p> <p>Your participation in this study is completely voluntary. Taking part is your choice; you can choose not to participate or tell us to stop at any time without explanation: your decision will not affect you or your family in any way. You will not be giving up any of your legal rights by agreeing to be in this research. If you have any questions about the study you may ask them now or I can provide you with a contact from MISFA, or from our research team in Kabul, and ask them before you agree to participate.</p>	

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	<p>Please make sure any questions you have are answered before you agree to participate. You may have a copy of this consent form and contact the study staff with future questions.</p> <p>1. If you have questions in the future regarding the research, please contact one of the members of our research team:</p> <p>Munir Ahmad Ahmadi Phone: +93 070 020 4217 Email: munirahmadahmad193@gmail.com</p> <p>2. If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the researcher, please contact the Institutional Review Board at:</p> <p>Assistant Director Human Research Protection Program Office of Research Integrity and Assurance Princeton University Phone: +1 (609) 258-0865 Email: irb@princeton.edu</p>	
a12_saliva	Do I have your consent to proceed with the collection of a saliva sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a13_saliva	<p>Why did the respondent refuse? DO NOT PROMPT</p> <p>Question relevant when: \${a12_saliva}=0</p>	<input type="checkbox"/> They said it was against their religious beliefs <input type="checkbox"/> They were afraid doing so would cause harm to them or would make them ill <input type="checkbox"/> They believed the sample was not going to be used to analyze saliva but for some other, negative purpose <input type="checkbox"/> They felt that their stress levels and whatever else could be learned from their saliva sample was private and so did not want anyone to analyze the saliva sample. <input type="checkbox"/> They felt that collecting and analyzing the saliva sample is useless and a waste of time. <input type="checkbox"/> They felt that the method of collecting the saliva sample - putting the salivette in the mouth - was too intrusive <input type="checkbox"/> They were afraid of putting the salivette into their mouth. <input type="checkbox"/> Don't know
script	<p>SCRIPT:</p> <p>Now I will explain to you how the SaliCaps work. With these SaliCaps, we collect saliva samples to identify some health conditions. First, please rinse your mouth by drinking a sip of water.</p> <p>INSTRUCTIONS: Please allow the participant a moment to rinse his/her mouth.</p> <p>SCRIPT: Please take the SaliCap and open it by removing the cap. Do not remove the labels. Allow saliva to flow to the base of the mouth. Then, with head tilted forward, please release the saliva into the tube with help of the piece of straw.</p> <p>Please repeat until sufficient sample is collected, reserving air space in the vial. It is sufficient to fill half of the tube with saliva.</p> <p>INSTRUCTIONS: Wait until enough saliva is collected. Please refuse any sample tinged with red or even pink to avoid blood contamination</p> <p>SCRIPT:</p> <p>Many thanks. Now you can close the SaliCap. Please put it back in the container, check it is well closed, and place it back on your table.</p>	
a18	Was the sample collected at [current time]?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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a18_v	At what time was the sample collected? Question relevant when: \${a18} = "No"	
<u>time_collection</u>	<u>SurveyCTO-captured time of sample collection</u>	
sample_barcode	Now paste the label on the Salicap from the bottom to the top and scan the barcode.	
barcode_text1	We did not notice a barcode. If you could not scan it, please enter it manually	
barcode_text2	Please re-enter the barcode	
barcode_note	The two numbers do not match, please verify they match <i>Question relevant when: \${barcode_text1} != \${barcode_text2}</i>	
barcode_pic	Please take a picture of the barcode	
script	Now I would like to ask you some questions about activities that you may have performed today.	
a19	Have you performed any of the following activities today? <input type="checkbox"/> Eat food <input type="checkbox"/> Smoke cigarette or tobacco <input type="checkbox"/> Drink tea <input type="checkbox"/> Perform intense physical activity <input type="checkbox"/> Take medication (including pills) <input type="checkbox"/> Chew tobacco or used naswar	
a16_1	At what time did you last Eat food? <i>Question relevant when: selected( \${a19}, "Eat food")</i>	
a16_2	At what time did you last Smoke cigarette or tobacco? <i>Question relevant when: selected( \${a19}, "Smoke cigarette or tobacco")</i>	
a16_3	At what time did you last Drink tea? <i>Question relevant when: selected( \${a19}, "Drink tea")</i>	
a16_4	At what time did you last Perform intense physical activity? <i>Question relevant when: selected( \${a19}, "Perform intense physical activity")</i>	
a16_5	At what time did you last Take medication (including pills)? <i>Question relevant when: selected( \${a19}, "Take medication (including pills)")</i>	
a16_6	At what time did you last Chew tobacco or used naswar? <i>Question relevant when: selected( \${a19}, "Chew tobacco or used naswar")</i>	
a17	At what time did you wake up this morning?	
instruction	INSTRUCTION: You are now at the end of Module 1: Saliva Sample Collection (A). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 2: Household Roster (B)</b>		
script	First I would like to ask who the members of this household are. By that I mean all people, including children, who • live under this "roof" or who have lived within the same house at least 6 months in the past year, and • when they are together, they share food from a common source, and • contribute to and/or share in a common resource pool.	
(a) If there is no baseline roster information		
b3	Including you, how many household members live in this household? <i>Remember to include all people, including children, who • live under this "roof" or who have lived within the same house at least 30 days in the past year, and</i>	

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	<ul style="list-style-type: none"> <li>• when they are together, they share food from a common source, and</li> <li>• contribute to and/or share in a common resource pool.</li> </ul>	
script	Please enter the full name and father's name of the household member you want to add: <i>This question is repeated for each household member</i>	
name	Full name: <i>This question is repeated for each household member</i>	
fname	Father's name: <i>This question is repeated for each household member</i>	
nickname	Please enter any other name or nickname used by this household member or leave blank if none <i>Leave blank if none</i> <i>This question is repeated for each household member</i>	
<b>(b) If there is baseline roster information</b>		
b17	I am going to read the list of household members from the last time we were here. Could you please confirm which of the following people are still members of the household? <i>Please read one by one, and select all the member who still belong to the household. Repeat the list one more time.</i>	<input type="checkbox"/> (List of household members collected from the baseline)
script	Let me read you the list of the household members that are still part of this household. <i>(List of household members selected in b17)</i>	
b20	Why is (household member who left) no longer a household member? <i>This question is repeated for each household member not selected in b17.</i>	<input type="checkbox"/> Moved because of marriage <input type="checkbox"/> Moved because of work <input type="checkbox"/> Moved to study <input type="checkbox"/> Passed away <input type="checkbox"/> Other (please specify)
b20_o	Please specify why is (household member who left) no longer a household member  <i>Question relevant when: \${b20} = "Other (please specify)"</i>	
b21	Is there any household member who is not included in this list? <i>Remember to include all people, including children, who</i> <ul style="list-style-type: none"> <li>• live under this "roof" or who have lived within the same house at least 30 days in the past year, and</li> <li>• when they are together, they share food from a common source, and</li> <li>• contribute to and/or share in a common resource pool.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b22	How many household members are not on this list?  <i>Question relevant when: \${b21} = "Yes"</i>	
script	Please enter the full name and father's name of (household member) <i>This question is repeated for each household member in the baseline roster and in the current roster</i>	
script	You mentioned there is/are \${b22} new household member(s). Please enter the full name and father's name of the household member you want to add: <i>This question is repeated for each household member NOT in the baseline roster but in the current roster</i>	
name2	Full name: <i>This question is repeated for each household member</i>	
fname2	Father's name: <i>This question is repeated for each household member</i>	
nickname	Please enter any other name or nickname used by this household member or leave blank if none <i>Leave blank if none</i> <i>This question is repeated for each household member</i>	
<b>(c) For all households</b>		
note_members_all	Let me read you the list of the household members one more time. Is the list of members correct? <i>Go back and correct the names if necessary</i> <i>(List of current household roster)</i> <i>Response constrained to: .="Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
respondent_hh	Please confirm who the respondent is from this list	<input type="checkbox"/> (List of current household roster)

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	<i>You should be speaking with the Lady of the household or the Head of the household</i>	
a8_m_name	Who is the Head of your Household? This would be the person who provides the main economic support for your household and makes important decisions.  <i>Question relevant when: <math>\\$ \{a8\} = \text{"Yes"}</math></i>	<input type="checkbox"/> (List of current household roster)
a8_name	Who is the Lady of the Household? This would be the woman who has the greatest knowledge of the household consumption, activities, and assets. <i>Question relevant when: <math>\\$ \{a8\} = \text{"No"}</math> and <math>\\$ \{a9\} \neq \text{"There is no lead female in the household"}</math></i>	<input type="checkbox"/> (List of current household roster)
b24	Could you confirm which household member from this list corresponds to the name [recipient name]?  <i>Question relevant when: household is part of treatment group</i>	<input type="checkbox"/> (List of current household roster) <input type="checkbox"/> This person is not part of the household anymore <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know who this person is
b25	Why is [recipient name] not part of the household?  <i>Question relevant when: <math>\\$ \{b24\} = \text{"Other (please specify)"}</math></i>	
b5	What is the relationship of [household member] to [name of household head] (the head of your household)?	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
b5_o	Please specify the relationship of [household member] to [name of household head] (the head of the household).  <i>Question relevant when: <math>\\$ \{b5\} = \text{"Other unrelated (please specify)"}</math></i>	
b5_ladyhh	What is the relationship of [household member] to [name of lady of the household] (the lady of the household)?  <i>Question relevant when there is a lady of the household.</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend

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		<input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
b5_ladyhh_o	Please specify the relationship of [household member] to [name of lady of the household] (the lady of the household).  <i>Question relevant when: \${b5_ladyhh} = "Other unrelated (please specify)"</i>	
b6	Is [household member] male or female?	<input type="checkbox"/> Male <input type="checkbox"/> Female
b8_year	How old is [household member] in years? <i>In years. If don't know, please enter -99.            Response constrained to: (&gt;=0 and &lt;=110) or .=-99</i>	
b8_month	You said that [household member] is 2 years old or less. How old is [household member] in months? <i>Please enter a number between 0 and 24. If don't know, please enter -99.            Question relevant when: \${b8_year} &lt;=2 and \${b8_year} !=-99            Response constrained to: (&gt;=0 and &lt;=24) or .=-99</i>	
b26	Out of the past 12 months, how many months did [household member] spend out of the village?	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
b27	Why did [household member] spend \${b26} month(s) out of the village? <i>Select all that apply            Question relevant when: \${b26} &gt;1</i>	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Security reasons <input type="checkbox"/> Other economic reason <input type="checkbox"/> Other family reason <input type="checkbox"/> Other, please specify
b27_o	Please specify what other reason. <i>Question relevant when: selected( \${b27}, "Other, please specify")</i>	
b28	Where did [household member] travel most recently? <i>Question relevant when: \${b26} &gt;1</i>	<input type="checkbox"/> Another village in Afghanistan <input type="checkbox"/> Iran <input type="checkbox"/> Kabul <input type="checkbox"/> Mazar Sharif <input type="checkbox"/> Another country <input type="checkbox"/> Other (please specify)
b28_o	Please specify where [household member] traveled to. <i>Question relevant when: selected( \${b28}, "Other (please specify)")</i>	
b12	What is [household member]'s marital or engagement status?  <i>Question relevant when: \${b8_y}&gt;=10</i>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced or separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never married and never engaged <input type="checkbox"/> Never married and engaged <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
b16	What is the last year of schooling completed by [household member]?  <i>Question relevant when: \${b8_y}&gt;=6</i>	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7

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Field	Question	Answer
		<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 2-year college degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't Know
b11	Can [household member] read and/or write? <i>Question relevant when: \${b8_y}&gt;=6</i>	<input type="checkbox"/> Neither <input type="checkbox"/> Read only <input type="checkbox"/> Write only <input type="checkbox"/> Read and write <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
b15a	Is [household member] currently enrolled in school? <i>Question relevant when: \${b8_y} &gt;=6 and \${b8_y} &lt;=18</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
b18	In which grade is [household member] currently enrolled in school? <i>Please enter the number between 0 and 12. If don't know, please enter -99.</i> <i>Question relevant when: \${b15a} = "Yes"</i> <i>Response constrained to: .&gt;=0 and .&lt;=12 or .=-99</i>	
b19	How many days from school did [household member] miss in the past 4 weeks? <i>Please enter the number between 1 to 28. If don't know, please enter -99.</i> <i>Question relevant when: \${b15a} = "Yes"</i> <i>Response constrained to: .&gt;=0 and .&lt;=28 or .=-99</i>	
b15_b	What is the main reason that [household member] is not attending school? <i>Question relevant when: \${b15a} = "No"</i>	<input type="checkbox"/> No school/school too far <input type="checkbox"/> Studied as far as needed <input type="checkbox"/> Poor health/disability <input type="checkbox"/> Family didn't allow <input type="checkbox"/> School didn't allow <input type="checkbox"/> Security concerns <input type="checkbox"/> Marriage <input type="checkbox"/> Child needed to work to help family <input type="checkbox"/> Didn't like school/didn't learn enough <input type="checkbox"/> Schooling too expensive <input type="checkbox"/> No female teachers <input type="checkbox"/> School temporarily not functioning <input type="checkbox"/> Child too young <input type="checkbox"/> Not of school-going age (too old) <input type="checkbox"/> Other reason (specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
b15_o	Please specify the main reason why [household member] is not attending school <i>Question relevant when: \${b12_b} = "Other reason (please specify)"</i>	
a8_m_av	Is the household head available to be interviewed today? <i>Question relevant when: \${a8} = "Yes and household head is male"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
script	What is a day and time that the household head will be at home to be interviewed? <i>Question relevant when: \${a8} = "No"</i>	
a8_m_av_date	Date <i>Question relevant when: \${a8} = "No"</i>	
a8_m_av_time	Time <i>Question relevant when: \${a8} = "No"</i>	
a8_m_av_perm	Or <i>Question relevant when: \${a8} = "No"</i>	<input type="checkbox"/> The household head is away for a long time

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Field	Question	Answer
a8_m_nosvy_det_error	Please select the date and time that the male household head will be home to be interviewed OR select that he will be away for a long time. <i>Question relevant when: <math>\\$a8\_m\_av = "No"</math> and <math>\\$a8\_m\_av\_date = today()</math> and <math>\\$a8\_m\_notav\_perm \neq "1"</math></i>	
instruction	You are now at the end of Module 2: Household Roster (B). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 3: Consumption (C)</b>		
Script	Now, I would like to ask you questions about the food consumed by your household in the last 7 days.	
(a) Food consumption		
c3	Which of these items has your household eaten in the last 7 days? <i>Prompt options.</i>	<input type="checkbox"/> Rice (high quality) <input type="checkbox"/> Rice (low quality) <input type="checkbox"/> Wheat flour <input type="checkbox"/> Naan not made at home <input type="checkbox"/> Barley <input type="checkbox"/> Maize <input type="checkbox"/> Beans <input type="checkbox"/> Mung <input type="checkbox"/> Chickpeas <input type="checkbox"/> Lentils <input type="checkbox"/> Pasta <input type="checkbox"/> Other bread and/or cereal <input type="checkbox"/> None
c3_o	If other, please specify. <i>Question relevant when: selected( <math>\\$c3</math> ), "Other bread and/or cereal"</i>	
c3_i	On how many days did the household eat [item] in the last 7 days?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
c3_a	How much [item] did your household eat in the last 7 days? <i>Enter amount in kilograms. For naan enter in pieces. Enter - 99 if don't know, - 98 if don't answer</i> <i>Response constrained to: <math>\geq 0</math> or <math>\cdot = -98</math> or <math>\cdot = -99</math></i>	
c3_s	What was the main source of the [item] that you consumed?	<input type="checkbox"/> Purchase <input type="checkbox"/> Own production <input type="checkbox"/> Bartered/payment in kind <input type="checkbox"/> Borrowed/taken on credit <input type="checkbox"/> Received as gift from friends or family <input type="checkbox"/> Food aid from organization <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c3_s_o	If other, please specify. <i>Question relevant when: <math>\\$c3\_3 = "Other"</math></i>	
c4	Which of these meat items has your household eaten in the last 7 days? <i>Prompt options.</i>	<input type="checkbox"/> Beef <input type="checkbox"/> Veal <input type="checkbox"/> Mutton <input type="checkbox"/> Goat <input type="checkbox"/> Chicken <input type="checkbox"/> Liver <input type="checkbox"/> Dried Meat <input type="checkbox"/> Fish <input type="checkbox"/> Other meat and/or fish <input type="checkbox"/> None
c4_o	If other, please specify.	

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Field	Question	Answer
	<i>Question relevant when: selected( \$ {c4}, "Other meat and/or fish")</i>	
c4_i	On how many days did the household eat [meat item] in the last 7 days?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
c4_a	How much [meat item] did your household eat in the last 7 days? <i>Enter amount in kilograms. Enter - 99 if don't know, - 98 if don't answer.</i> <i>Response constrained to: .&gt;=0 or . =-98 or .=-99</i>	
c4_s	What was the main source of the [meat item] that you consumed?	<input type="checkbox"/> Purchase <input type="checkbox"/> Own production <input type="checkbox"/> Bartered/payment in kind <input type="checkbox"/> Borrowed/taken on credit <input type="checkbox"/> Received as gift from friends or family <input type="checkbox"/> Food aid from organization <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c4_s_o	If other, please specify. <i>Question relevant when: \$ {c2_s} = "Other"</i>	
c5	Which of these dairy items has your household eaten in the last 7 days? <i>Prompt options.</i>	<input type="checkbox"/> Milk (fresh) <input type="checkbox"/> Milk (powdered) <input type="checkbox"/> Yogurt <input type="checkbox"/> Curd (chaka) <input type="checkbox"/> Krut (dried) <input type="checkbox"/> Dogh <input type="checkbox"/> Ghee <input type="checkbox"/> Butter <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Other dairy products <input type="checkbox"/> None
c5_o	If other, please specify. <i>Question relevant when: selected( \$ {c5}, "Other dairy products")</i>	
c5_i	On how many days did the household eat [dairy item] in the last 7 days?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
c5_a	How much [dairy item] did your household eat in the last 7 days? <i>If eggs: enter in pieces. Milk and others: enter in kgs. Enter - 99 if don't know, - 98 if don't answer.</i> <i>Enter - 99 if don't know, - 98 if don't answer.</i> <i>Response constrained to: .&gt;=0 or . =-98 or .=-99</i>	
c5_s	What was the main source of [dairy item] consumed by you?	<input type="checkbox"/> Purchase <input type="checkbox"/> Own production <input type="checkbox"/> Bartered/payment in kind <input type="checkbox"/> Borrowed/taken on credit <input type="checkbox"/> Received as gift from friends or family <input type="checkbox"/> Food aid from organization <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know

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Field	Question	Answer
c5_s_o	If other, please specify. <i>Question relevant when: \${c3_5}="Other"</i>	
c6	Which of these items has your household consumed in the last 7 days? <i>Prompt options.</i>	<input type="checkbox"/> Vegetable oil, cotton oil or sesame oil <input type="checkbox"/> Animal fat <input type="checkbox"/> Other oils and fat <input type="checkbox"/> None
c6_o	If other, please specify. <i>Question relevant when: selected( \${c6}, "Other oils and fat")</i>	
c6_i	On how many days did the household consume [oil item] in the last 7 days?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
c6_a	How much [oil item] did your household use in the last 7 days? <i>Enter amount in kilograms. Enter - 99 if don't know, - 98 if don't answer.</i> <i>Response constrained to: .&gt;=0 or . =-98 or .=-99</i>	
c6_s	What was the main source of [oil item] consumed by you?	<input type="checkbox"/> Purchase <input type="checkbox"/> Own production <input type="checkbox"/> Bartered/payment in kind <input type="checkbox"/> Borrowed/taken on credit <input type="checkbox"/> Received as gift from friends or family <input type="checkbox"/> Food aid from organization <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c6_s_o	If other, please specify. <i>Question relevant when: \${c6_s}="Other"</i>	
c7	Which of these vegetables has your household eaten in the last 7 days? <i>Prompt options.</i>	<input type="checkbox"/> Potato <input type="checkbox"/> Sweet potato <input type="checkbox"/> Onion <input type="checkbox"/> Tomato <input type="checkbox"/> Okra <input type="checkbox"/> Spinach <input type="checkbox"/> Cauliflower <input type="checkbox"/> Eggplant <input type="checkbox"/> Carrots <input type="checkbox"/> Pumpkin, squash <input type="checkbox"/> Cucumber <input type="checkbox"/> Radish <input type="checkbox"/> Turnip <input type="checkbox"/> Cabbage <input type="checkbox"/> Leek <input type="checkbox"/> Hot pepper <input type="checkbox"/> Wild leafy vegetables <input type="checkbox"/> Coriander <input type="checkbox"/> Mint <input type="checkbox"/> Dried tomatoes <input type="checkbox"/> Dried vegetables <input type="checkbox"/> Pickled vegetables <input type="checkbox"/> Green beans <input type="checkbox"/> Other vegetables <input type="checkbox"/> None
c7_o	If other, please specify. <i>Question relevant when: selected( \${c7}, "Other vegetables")</i>	
c7_i	On how many days did the household eat [vegetable] in the last 7 days?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7

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Field	Question	Answer
c7_a	How much [(vegetable)] did your household eat in the last 7 days?  <i>Enter amount in kilograms. Enter - 99 if don't know, - 98 if don't answer.</i> <i>Response constrained to: .&gt;=0 or .=-98 or .=-99</i>	
c7_s	What was the main source of [(vegetable)] consumed by you?	<input type="checkbox"/> Purchase <input type="checkbox"/> Own production <input type="checkbox"/> Bartered/payment in kind <input type="checkbox"/> Borrowed/taken on credit <input type="checkbox"/> Received as gift from friends or family <input type="checkbox"/> Food aid from organization <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c7_s_o	If other, please specify.  <i>Question relevant when: \${c7_s}="Other"</i>	
c8	Which of these fruits has your household eaten in the last 7 days?  <i>Prompt options.</i>	<input type="checkbox"/> Apple <input type="checkbox"/> Grapes <input type="checkbox"/> Melon/watermelon <input type="checkbox"/> Peach <input type="checkbox"/> Fresh apricots <input type="checkbox"/> Dried apricots <input type="checkbox"/> Orange/citrus <input type="checkbox"/> Plum <input type="checkbox"/> Pomegranate <input type="checkbox"/> Pear <input type="checkbox"/> Banana <input type="checkbox"/> Raisins <input type="checkbox"/> Fresh mulberries <input type="checkbox"/> Dried mulberries <input type="checkbox"/> Mangoes <input type="checkbox"/> Walnuts <input type="checkbox"/> Pistachio <input type="checkbox"/> Almonds <input type="checkbox"/> Other fruit and/or nuts <input type="checkbox"/> None
c8_o	If other, please specify.  <i>Question relevant when: selected( \${c8}, "Other")</i>	
c8_i	On how many days did the household eat [(fruit)] in the last 7 days?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
c8_a	How much [(fruit)] did your household eat in the last 7 days?  <i>Enter amount in kilograms. Enter - 99 if don't know, - 98 if don't answer.</i> <i>Response constrained to: .&gt;=0 or .=-98 or .=-99</i>	
c8_s	What was the main source of [(fruit)] consumed by you?	<input type="checkbox"/> Purchase <input type="checkbox"/> Own production <input type="checkbox"/> Bartered/payment in kind <input type="checkbox"/> Borrowed/taken on credit <input type="checkbox"/> Received as gift from friends or family <input type="checkbox"/> Food aid from organization <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c8_s_o	If other, please specify.  <i>Question relevant when: \${c8_s}="Other"</i>	
c9	Which of these items has your household eaten in the last 7 days?  <i>Prompt options.</i>	<input type="checkbox"/> White sugar <input type="checkbox"/> Brown sugar <input type="checkbox"/> Honey <input type="checkbox"/> Chocolates

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Field	Question	Answer
		<input type="checkbox"/> Candy, sheringack <input type="checkbox"/> Sweetner <input type="checkbox"/> Other sweets <input type="checkbox"/> None
c9_o	If other, please specify.  Question relevant when: selected( \$ {c9} , "Other (please specify)")	
c9_i	On how many days did the household eat [sweet item] in the last 7 days?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
c9_a	How much [sweet item] did your household eat in the last 7 days? Enter amount in kilograms. Enter - 99 if don't know, - 98 if don't answer.  Response constrained to: .>=0 or . =-98 or .=-99	
c9_s	What was the main source of [sweet item] consumed by you?	<input type="checkbox"/> Purchase <input type="checkbox"/> Own production <input type="checkbox"/> Bartered/payment in kind <input type="checkbox"/> Borrowed/taken on credit <input type="checkbox"/> Received as gift from friends or family <input type="checkbox"/> Food aid from organization <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c9_s_o	If other, please specify.  Question relevant when: \$ {c9_s} = "Other"	
c10	Which of these beverages has your household consumed in the last 7 days?  Prompt options.	<input type="checkbox"/> Black teas <input type="checkbox"/> Green teas <input type="checkbox"/> Bottled/canned beverages, Mineral waters <input type="checkbox"/> Other beverages <input type="checkbox"/> None
c10_o	If other, please specify.  Question relevant when: selected( \$ {c8} , "Other beverages")	
c10_i	On how many days did the household drink [beverage] in the last 7 days?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
c10_a	How much [beverage] did your household eat in the last 7 days?  Enter amount in litres. Enter - 99 if don't know, - 98 if don't answer. Response constrained to: .>=0 or . =-98 or .=-99	
c10_s	What was the main source of [beverage] consumed by you?	<input type="checkbox"/> Purchase <input type="checkbox"/> Own production <input type="checkbox"/> Bartered/payment in kind <input type="checkbox"/> Borrowed/taken on credit <input type="checkbox"/> Received as gift from friends or family <input type="checkbox"/> Food aid from organization <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c10_s_o	If other, please specify.  Question relevant when: \$ {c10_s} = "Other"	
c11	Which of these items has your household consumed in the last 7 days?  Prompt options.	<input type="checkbox"/> Salt <input type="checkbox"/> Black pepper <input type="checkbox"/> Ginger and garlic

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Field	Question	Answer
		<input type="checkbox"/> Tomato sauce <input type="checkbox"/> Mixed spices <input type="checkbox"/> Other spices <input type="checkbox"/> None
c11_o	If other, please specify. <i>Question relevant when: selected( \$ {c11}, "Other spices" )</i>	
c11_i	On how many days did the household eat spice in the last 7 days?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
c11_a	How much spice did your household use in the last 7 days? Enter amount in grams. Enter - 99 if don't know, - 98 if don't answer. <i>Response constrained to: .&gt;=0 or . =-98 or .=-99</i>	
c11_s	What was the main source of spice consumed by you?	<input type="checkbox"/> Purchase <input type="checkbox"/> Own production <input type="checkbox"/> Bartered/payment in kind <input type="checkbox"/> Borrowed/taken on credit <input type="checkbox"/> Received as gift from friends or family <input type="checkbox"/> Food aid from organization <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c11_s_o	If other, please specify. <i>Question relevant when: \$ {c11_s} = "Other"</i>	
<b>(b) Food security</b>		
c1	In the last 7 days, how many household members, including yourself, were resident and ate at least four meals in the household?	
c2	Over the last 7 days, how many meals have been eaten outside of the home (not from household food) by all resident household members combined? Enter - 99 if don't know, - 98 if don't answer. <i>Response constrained to: .&gt;=0 or . =-98 or .=-99</i>	
c14_1	In the last month, was there ever no food to eat of any kind in your house because of lack of resources to get food?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c14_2	If yes, how often did this happen in the last month? <i>Question relevant when: \$ {c14_1} = "Yes"</i>	<input type="checkbox"/> Rarely: 1-2 times in the last month <input type="checkbox"/> Sometimes: 3-10 times in the last month <input type="checkbox"/> Often: 10 times in the last month <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c14_3	In the last month, did you or any other adults in your household ever cut the size of your meals or skip meals because there were not enough resources for food?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c14_4	If yes, how often did this happen in the last month? <i>Question relevant when: \$ {c14_3} = "Yes"</i>	<input type="checkbox"/> Rarely: 1-2 times in the last month <input type="checkbox"/> Sometimes: 3-10 times in the last month <input type="checkbox"/> Often: 10 times in the last month <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c14_5	In the last month, did you ever cut the size of the children's meals or did the children ever skip a meal because there wasn't enough money for food?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
c14_6	If yes, how often did this happen in the last month? <i>Question relevant when: \$ {c14_5} = 1</i>	<input type="checkbox"/> Rarely: 1-2 times in the last month <input type="checkbox"/> Sometimes: 3-10 times in the last month <input type="checkbox"/> Often: 10 times in the last month <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know

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Field	Question	Answer
c14_7	Does everyone in the household regularly eat at least two meals a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
<b>(c) Non-food consumption</b>		
script	<p>Now, I will ask you a series of questions about expenses made by household members. Please carefully consider and include all expenses made by this household.</p> <p>What did your household spend in the last month on the following (value in Afghanis):</p> <p><i>Enter - 99 if don't know, - 98 if don't answer.</i>  <i>Response constrained to: .&gt;=0 or . =-98 or .=-99</i></p>	
c12_1	Food consumed at home, including drinks	
c12_2	Food and drinks consumed outside the home	
c12_3	Cigarettes	
c12_4	Tobacco/snuff	
c12_5	Matches	
c12_6	Laundry powder/detergents, cleaning supplies	
c12_7	Soap (hand, toiletry)	
c12_8	Shampoo	
c12_9	Toothpaste	
c12_10	Personal grooming (haircuts, etc.) for males	
c12_11	Fee for public health	
c12_12	Laundry charges	
c12_13	Fee for baking bread	
c12_14	Fixed phone line and use (including PCO booths)	
c12_15	Mobile phone charges (minutes and prepaid)	
c12_16	Internet service/Internet café, fax, mail	
c12_17	Transportation fare - bus and taxis	
c12_18	Fuel for car/motor bike (do not include business vehicles)	
c12_19	Taxes (formal and informal)	
c12_20	Other miscellaneous expenses in last month	
script	<p>What did your household spend in the last 12 months on the following (value in Afghanis):</p> <p><i>Enter - 99 if don't know, - 98 if don't answer</i>  <i>Response constrained to: .&gt;=0 or . =-98 or .=-99</i></p>	
c13_1	House construction and repair (materials and labor)	
c13_2	Education fees (tuition for school, college, university)	
c13_3	School uniforms	
c13_4	Textbooks	
c13_5	Pens, pencils and notebooks (school supplies)	
c13_6	Other stationery	
c13_7	Repair, maintenance and tires for motor vehicles	
c13_8	Airfares	
c13_9	Men's clothing (excluding shoes)	
c13_10	Women's clothing (excluding shoes)	
c13_11	Children's clothing (excluding shoes and school uniforms)	

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Field	Question	Answer
c13_12	Men's shoes	
c13_13	Women's shoes	
c13_14	Children's shoes	
c13_15	Fines	
c13_16	Weddings and funerals, haj	
c13_17	Annual celebrations and charitable donations (khair-o-khairat)	
c13_18	Health services	
instruction	You are now at the end of Module 3: Consumption (C). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 4: Transfers and Safety Nets (D)</b>		
<b>(a) Transfers given</b>		
script	Now I would like to ask you about any money or items, excluding loans that must be repaid, that your household has given to non-household members in the last 12 months.	
d1	Which of these items has your household given to non-household members in the last 12 months?  <i>Prompt options. Check all that apply.</i>	<input type="checkbox"/> Money <input type="checkbox"/> Clothes, pots, pans, pails, etc. <input type="checkbox"/> Uncooked produce <input type="checkbox"/> Meals <input type="checkbox"/> Work materials <input type="checkbox"/> Dowry/bride price <input type="checkbox"/> Wedding gift <input type="checkbox"/> Livestock <input type="checkbox"/> Land <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Don't Answer <input type="checkbox"/> None
d1_o	If other, please specify.  <i>Question relevant when: selected( \$d1), "Other (please specify)"</i>	
d2_1	How many times over the past 12 months did you give [item given] to a non-household member?	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> More than 10 <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
d2	What is the value of [item given] that you gave? <i>Value in Afghani. - 99 if don't know, - 98 if don't answer.</i>  <i>Question relevant when: \$(d2_1) &gt;0</i> <i>Response constrained to: .&gt;=0 or .=-98 or .=-99</i>	
d3	To whom was this gift given? <i>Check all that apply.</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild

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Field	Question	Answer
		<input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
d3_o_r	If other relative, please specify. <i>Question relevant when: selected( \$ {d4} , "Other relative" )</i>	
d3_o_u	If other unrelated, please specify. <i>Question relevant when: selected( \$ {d4} , "Other unrelated (please specify)" )</i>	
d6	What is the main purpose of the money transfer you gave? Please select the main purpose (only one). <i>Question relevant when: selected( \$ {d1} , "Money" )</i>	<input type="checkbox"/> Work supplies <input type="checkbox"/> Home supplies <input type="checkbox"/> Agricultural supplies <input type="checkbox"/> Food <input type="checkbox"/> School fees <input type="checkbox"/> To assist during acute illness <input type="checkbox"/> To assist during chronic illness <input type="checkbox"/> To assist during hospitalization <input type="checkbox"/> To help with funeral need <input type="checkbox"/> To help purchase fuel <input type="checkbox"/> To help purchase land <input type="checkbox"/> To help purchase livestock <input type="checkbox"/> To assist during displacement <input type="checkbox"/> Charitable donation <input type="checkbox"/> No particular purpose <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
d6_o	If other, please specify. <i>Question relevant when: selected( \$ {d6} , "Other" )</i>	
(b) Transfers received		
script	Now I want to ask you about any money, items, or services, excluding loans that must be repaid, that you have been given by non-household members in the last 12 months.	
d8	Which of these items has your household received from non-household members in the last 12 months? Prompt options. Check all that apply.	<input type="checkbox"/> Money <input type="checkbox"/> Clothes, pots, pans, pails, etc. <input type="checkbox"/> Uncooked produce <input type="checkbox"/> Meals <input type="checkbox"/> Work materials <input type="checkbox"/> Downy/bride price <input type="checkbox"/> Wedding gift <input type="checkbox"/> Livestock <input type="checkbox"/> Land <input type="checkbox"/> Construction/building material <input type="checkbox"/> Water and/or sanitation <input type="checkbox"/> Agricultural input assistance (tools, seeds, fertilizer, etc.) <input type="checkbox"/> Training and technical assistance in improved agricultural/livestock practices <input type="checkbox"/> Fish ponds <input type="checkbox"/> Veterinary services <input type="checkbox"/> For education (e.g. school materials) <input type="checkbox"/> Medical services <input type="checkbox"/> Pension payment <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Don't Answer <input type="checkbox"/> None
d8_o	If other, please specify.	

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Field	Question	Answer
	<i>Question relevant when: selected( \$ {d8} , "Other (please specify)")</i>	
d9_1	How many times over the past 12 months did you receive [item received] from a non-household member?	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> More than 10 <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
d9	What is the value of [item received] that you received? <i>Value in Afghanis. - 99 if don't know, - 98 if don't answer.</i>  <i>Question relevant when: \$ {d9_1} &gt;0</i> <i>Response constrained to: .&gt;=0 or .=-98 or .=-99</i>	
d10	From whom was this gift received? <i>Check all that apply.</i>	<input type="checkbox"/> Government <input type="checkbox"/> World Food Program <input type="checkbox"/> Other Development Agency (e.g. UN, World Bank, USAID) <input type="checkbox"/> NGO <input type="checkbox"/> Religious institution (i.e., church, mosque) <input type="checkbox"/> Community <input type="checkbox"/> Relatives in the village <input type="checkbox"/> Relatives in another village within Afghanistan <input type="checkbox"/> Relatives abroad <input type="checkbox"/> Friends or neighbors in the village <input type="checkbox"/> Friends in another village within Afghanistan <input type="checkbox"/> Friends abroad <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
d10_o	If other, please specify.  <i>Question relevant when: selected( \$ {d10} , "Other (please specify)")</i>	
d13	What is the main purpose of the money transfer you received?  <i>Question relevant when: selected( \$ {d8} , "Money")</i>	<input type="checkbox"/> Work supplies <input type="checkbox"/> Home supplies <input type="checkbox"/> Agricultural supplies <input type="checkbox"/> Food <input type="checkbox"/> School fees <input type="checkbox"/> To assist during acute illness <input type="checkbox"/> To assist during chronic illness <input type="checkbox"/> To assist during hospitalization <input type="checkbox"/> To help with funeral need <input type="checkbox"/> To help purchase fuel <input type="checkbox"/> To help purchase land <input type="checkbox"/> To help purchase livestock <input type="checkbox"/> To assist during displacement <input type="checkbox"/> Charitable donation <input type="checkbox"/> No particular purpose <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
d13_o	If other, please specify.  <i>Question relevant when: selected( \$ {d13} , "Other (please specify)")</i>	
instruction	You are now at the end of Module 4: Transfers and Safety Nets (D). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	

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Field	Question	Answer
<b>Module 5: Housing Characteristics (E)</b>		
script	Now I will ask you some questions about your house and dwelling	
e1	What is your household's ownership status over the dwelling in which you reside?	<input type="checkbox"/> Fully owned by a household member, and fully paid for or inherited <input type="checkbox"/> Owned by a household member, in the process of paying off <input type="checkbox"/> Rented <input type="checkbox"/> Loaned by family or friends <input type="checkbox"/> Obtained by depositing a large amount of money at the start (mortgage) <input type="checkbox"/> The household lives on a property for which they do not legally possess rights (including cave) <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
e1_o	If other, please specify. <i>Question relevant when: \${e1} = "Other (please specify)"</i>	
e2	How many other households live in this dwelling?	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> More than 10 <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
e3	How much per month does your household pay for rent and utilities? <i>If paid in goods or services, estimate value per month. - 99 if don't know, - 98 if don't answer.</i>  <i>Question relevant when: \${e1} = "Rented"</i> <i>Response constrained to: .&gt;=0 or .=-98 or .=-99</i>	
e4	During the past 4 weeks, what has been the household's main source of lighting?	<input type="checkbox"/> No source <input type="checkbox"/> Oil lamp/kerosene <input type="checkbox"/> Candles <input type="checkbox"/> Electricity from grid <input type="checkbox"/> Generator <input type="checkbox"/> Battery powered torch/flashlight <input type="checkbox"/> Gas <input type="checkbox"/> Firewood <input type="checkbox"/> Solar lantern <input type="checkbox"/> Solar home system <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
e4_o	If other main source of lighting, please specify. <i>Question relevant when: \${e4} = "Other (please specify)"</i>	
e5	During the most recent winter, what has been the household's main source of heating?	<input type="checkbox"/> No heating in house <input type="checkbox"/> Bushes (ping), twigs/branches, straw <input type="checkbox"/> Firewood <input type="checkbox"/> Animal dung <input type="checkbox"/> Crop residue, trash <input type="checkbox"/> Charcoal, coal <input type="checkbox"/> Kerosene, diesel, petrol <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
e5_o	If other main source of heating, please specify. <i>Question relevant when: \${e5} = "Other (please specify)"</i>	

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Field	Question	Answer
e6	During the last 4 weeks, what has been the household's main source of energy for cooking?	<input type="checkbox"/> No source <input type="checkbox"/> Animal dung <input type="checkbox"/> Bushes (ping), twigs/branches, straw <input type="checkbox"/> Firewood <input type="checkbox"/> Charcoal, coal <input type="checkbox"/> Kerosene or oil <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
e6_o	If other main source of energy for cooking, please specify. <i>Question relevant when: \${e6} = "Other (please specify)"</i>	
e7	What is the main source of drinking water for members of your household?	<input type="checkbox"/> Piped water into dwelling <input type="checkbox"/> Piped water to yard/plot <input type="checkbox"/> Public tap/standpipe <input type="checkbox"/> Tubewell/borehole <input type="checkbox"/> Protected dug well <input type="checkbox"/> Unprotected dug well <input type="checkbox"/> Protected spring <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Rainwater collection <input type="checkbox"/> Bottled water <input type="checkbox"/> Cart with small tank/drum <input type="checkbox"/> Tanker-truck <input type="checkbox"/> Surface water (river, dam, lake, pond, stream, canal, irrigation channels) <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
e7_o	If other main source of water, please specify. <i>Question relevant when: \${e7} = "Other (please specify)"</i>	
e9	Does your household treat the water before consuming it?	<input type="checkbox"/> No <input type="checkbox"/> Yes, we boil it <input type="checkbox"/> Yes, we add a disinfectant to it <input type="checkbox"/> Other <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
e9_o	If other, please specify. <i>Question relevant when: \${e9} = "Other"</i>	
e20	Does your house leak during rains?	<input type="checkbox"/> Yes, all rooms <input type="checkbox"/> Yes, some rooms <input type="checkbox"/> No
e8	What kind of toilet facility do members of your household usually use?	<input type="checkbox"/> Flush/pour flush to piped water system <input type="checkbox"/> Flush/pour flush to septic tank <input type="checkbox"/> Flush/pour flush to pit latrine <input type="checkbox"/> Flush/pour flush to elsewhere <input type="checkbox"/> Flush/pour flush to unknown place/not sure/don't know where <input type="checkbox"/> Ventilated improved pit latrine (VIP) <input type="checkbox"/> Pit latrine with slab <input type="checkbox"/> Pit latrine without slab/open pit <input type="checkbox"/> Composting toilet <input type="checkbox"/> Bucket <input type="checkbox"/> Hanging toilet/hanging latrine <input type="checkbox"/> No facilities/bush/field <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
e8_o	If other kind of toilet facility, please specify. <i>Question relevant when: \${e8} = "Other (please specify)"</i>	
e10	Do you share this toilet facility with other households?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
e11	How many households (excluding yours) use this toilet facility? <i>Question relevant when: \${e10} = "Yes"</i> <i>Response constrained to: &gt;=0</i>	

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Field	Question	Answer
Direct observation of House Structure		
ec	Thank you very much for your time. If you don't mind, as a final step I would like to look around your property to note down some details about the dwelling such as the material of the floor and roof. May I please do that?	<input type="checkbox"/> Yes <input type="checkbox"/> No
instruction	The respondent has not consented. Please thank them and end the interview. <i>Question relevant when: \$(ec) = 0</i>	
e12	INSTRUCTION: Observe the home structure <i>Question relevant when: \$(ec) = "Yes"</i>	<input type="checkbox"/> Single family house <input type="checkbox"/> Part of a shared house <input type="checkbox"/> Separate apartment <input type="checkbox"/> Shared apartment <input type="checkbox"/> Tent <input type="checkbox"/> Temporary shelter/shack <input type="checkbox"/> Cave <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
e12_o	If other, please specify. <i>Question relevant when: \$(e12) = "Other (please specify)"</i>	
e13	INSTRUCTION: Observe number of rooms (excluding kitchen, bathrooms, animal shed, etc.) <i>Question relevant when: \$(ec) = "Yes"</i> <i>Response constrained to: .&gt;=0</i>	
e14	INSTRUCTION: Observe main material of the floor. <i>Question relevant when: \$(ec) = "Yes"</i>	<input type="checkbox"/> Natural floor: Earth <input type="checkbox"/> Natural floor: Dung <input type="checkbox"/> Rudimentary floor: Wood planks <input type="checkbox"/> Rudimentary floor: Palm/bamboo <input type="checkbox"/> Finished floor: Parquet or polished wood <input type="checkbox"/> Finished floor: Vinyl or asphalt strips <input type="checkbox"/> Finished floor: Ceramic tiles <input type="checkbox"/> Finished floor: Cement <input type="checkbox"/> Finished floor: Carpet <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
e14_o	If other, please specify. <i>Question relevant when: \$(e14) = "Other (please specify)"</i>	
e15	INSTRUCTION: Observe main material of the roof. <i>Question relevant when: \$(ec) = "Yes"</i>	<input type="checkbox"/> Natural roofing: no roof <input type="checkbox"/> Natural roofing: thatch/palm leaf <input type="checkbox"/> Natural roofing: sod <input type="checkbox"/> Rudimentary roofing: Rustic mat <input type="checkbox"/> Rudimentary roofing: Palm/bamboo <input type="checkbox"/> Rudimentary roofing: Wood planks <input type="checkbox"/> Rudimentary roofing: Cardboard <input type="checkbox"/> Finished roofing: Metal <input type="checkbox"/> Finished roofing: Wood <input type="checkbox"/> Finished roofing: Calamine/cement fiber <input type="checkbox"/> Finished roofing: Ceramic tiles <input type="checkbox"/> Finished roofing: Cement <input type="checkbox"/> Finished roofing: Roofing shingles <input type="checkbox"/> Other (please specify)
e15_o	If other, please specify. <i>Question relevant when: \$(e15) = "Other (please specify)"</i>	
e16	INSTRUCTION: Observe main material of the exterior walls <i>Question relevant when: \$(ec) = "Yes"</i>	<input type="checkbox"/> No walls <input type="checkbox"/> Natural walls: cane/palm/trunks <input type="checkbox"/> Natural walls: dirt <input type="checkbox"/> Rudimentary walls: bamboo with mud <input type="checkbox"/> Rudimentary walls: stone with mud <input type="checkbox"/> Rudimentary walls: uncovered adobe <input type="checkbox"/> Rudimentary walls: plywood <input type="checkbox"/> Rudimentary walls: cardboard <input type="checkbox"/> Rudimentary walls: reused wood <input type="checkbox"/> Finished walls: cement <input type="checkbox"/> Finished walls: stone with lime/cement

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Field	Question	Answer
		<input type="checkbox"/> Finished walls: bricks <input type="checkbox"/> Finished walls: cement blocks <input type="checkbox"/> Finished walls: covered adobe <input type="checkbox"/> Finished walls: wood planks/shingles <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
e16_o	If other, please specify.  <i>Question relevant when: \$e16 = "Other (please specify)"</i>	
instruction	You are now at the end of Module 5: Housing Characteristics (E). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 6: Health and Health-seeking (F)</b>		
Script	SCRIPT: I'm going to ask you a few questions about your current health.	
script	Right now, how comfortable are you when you are	
f1	Lifting a bag weighing 10 kg (for example, a bag of wheat) <i>Prompt options.</i>	<input type="checkbox"/> Can do very comfortably <input type="checkbox"/> Can do but with help <input type="checkbox"/> Absolutely cannot do <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
f2	Walking for four hours without resting <i>Prompt options.</i>	<input type="checkbox"/> Can do very comfortably <input type="checkbox"/> Can do but with help <input type="checkbox"/> Absolutely cannot do <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
f3	Working in a field all day (if you had to) <i>Prompt options.</i>	<input type="checkbox"/> Can do very comfortably <input type="checkbox"/> Can do but with help <input type="checkbox"/> Absolutely cannot do <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
f3_a	INSTRUCTION: observe and select all the limbs that are not functional <i>Check all that apply.</i>	<input type="checkbox"/> None <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Leg <input type="checkbox"/> Can't be assessed
(a) Health of the child (5 years old or less) (if household has a child 5 years old or less)		
script	I will now ask you questions about the health of your children. <i>Questions relevant when: Household has a child 5 years old or less</i>	
f6	Has [name of oldest child (5 years old or less)] had diarrhea in the last 2 weeks? <i>Question relevant when: Household has a child 5 years old or less</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f7	Did you seek advice for treatment of the diarrhea? <i>Question relevant when: \$f6 = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f8	Where or from whom did you seek advice for treatment of the diarrhea? <i>Probe to identify each type of source. Mark all that apply.</i>  <i>Question relevant when: \$f7 = "Yes"</i>	<input type="checkbox"/> Public sector, government hospital, health center health post, mobile clinic <input type="checkbox"/> Private sector, private hospital, clinic, mobile clinic <input type="checkbox"/> Pharmacy/shop/market <input type="checkbox"/> Traditional practitioner <input type="checkbox"/> Fieldworker <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
f8_o	If other, please specify.  <i>Question relevant when: \$f8 = "Other (please specify)"</i>	

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Field	Question	Answer
f9	Which reasons best explain why you did NOT seek advice for treatment of the diarrhea? <i>Check all that apply.</i>  <i>Question relevant when: \$f7 = "No"</i>	<input type="checkbox"/> Could not afford the cost of visit <input type="checkbox"/> No transport <input type="checkbox"/> Could not afford the cost of transport <input type="checkbox"/> The health care provider's drugs and equipment are inadequate <input type="checkbox"/> The health care provider's skills are inadequate <input type="checkbox"/> You were previously badly treated <input type="checkbox"/> Could not take time off work or had other commitments <input type="checkbox"/> You did not know where to go <input type="checkbox"/> You thought they were not sick enough <input type="checkbox"/> You tried but were denied healthcare <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f9_o	If other, please specify.  <i>Question relevant when: selected( \$f9 ), "Other (please specify)"</i>	
f10	Has [name of oldest child (5 years old or less)] been ill with fever in the last 2 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f11	Did you seek advice for treatment of the fever?  <i>Question relevant when: \$f10 = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f12	Where or from whom did you seek advice for treatment of the fever?  <i>Probe to identify each type of source. Mark all that apply.</i> <i>Question relevant when: \$f11 = "Yes"</i>	<input type="checkbox"/> Public sector, government hospital, health center health post, mobile clinic <input type="checkbox"/> Private sector, private hospital, clinic, mobile clinic <input type="checkbox"/> Pharmacy/shop/market <input type="checkbox"/> Traditional practitioner <input type="checkbox"/> Fieldworker <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
f12_o	If other, please specify.  <i>Question relevant when: selected( \$f12 ), "Other, please specify"</i>	
f13	Which reasons best explain why you did not seek advice for treatment of the fever? <i>Check all that apply.</i>  <i>Question relevant when: \$f11 = "No"</i>	<input type="checkbox"/> Could not afford the cost of visit <input type="checkbox"/> No transport <input type="checkbox"/> Could not afford the cost of transport <input type="checkbox"/> The health care provider's drugs and equipment are inadequate <input type="checkbox"/> The health care provider's skills are inadequate <input type="checkbox"/> You were previously badly treated <input type="checkbox"/> Could not take time off work or had other commitments <input type="checkbox"/> You did not know where to go <input type="checkbox"/> You thought they were not sick enough <input type="checkbox"/> You tried but were denied healthcare <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f13_o	If other, please specify.  <i>Question relevant when: selected( \$f13 ), "Other, please specify"</i>	
f4	Sometimes children have diarrhea. What are the causes of diarrhea? <i>Check all that apply.</i>	<input type="checkbox"/> Mosquitoes <input type="checkbox"/> Drinking contaminated water <input type="checkbox"/> Too much sunlight <input type="checkbox"/> Contact with contaminated feces <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f4_o	If other, please specify.  <i>Question relevant when: selected( \$f4 ), "Other (please specify)"</i>	

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Field	Question	Answer
f14	Is there a vaccination card or any other document with [name of oldest child (5 years old or less)] vaccination record on it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
f14_b	Is there a vaccination card or any other document with the vaccination record of any of your children <5 years of age? <i>Question relevant when: \$f14 = "No"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
f15_a	May I see it please? <i>Question relevant when: \$f14 = "Yes" or \$f14_b = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
f15	Enumerator: Check which options are listed on the immunization card. <i>Check all that apply.</i> <i>Question relevant when: \$f15_a = "Yes"</i>	<input type="checkbox"/> BCG <input type="checkbox"/> POLIO 1 <input type="checkbox"/> POLIO 2 <input type="checkbox"/> POLIO 3 <input type="checkbox"/> DPT 1 <input type="checkbox"/> DPT 2 <input type="checkbox"/> DPT 3 <input type="checkbox"/> MEASLES <input type="checkbox"/> VITAMIN A <input type="checkbox"/> HEPATITIS A <input type="checkbox"/> HEP B (1st dose) <input type="checkbox"/> HEP B (2nd dose) <input type="checkbox"/> HEP B (3rd dose) <input type="checkbox"/> Booster shot DPT <input type="checkbox"/> Booster dose polio <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f16	Which, if any, vaccines has [name of oldest child (5 years old or less)] received to prevent him/her from getting diseases? <i>Check all that apply.</i> <i>Question relevant when: \$f14 = "No" or \$f14 = "Don't know" or \$f14_b = "No" or \$f14_b = "Don't know" or \$f15_a = "No"</i>	<input type="checkbox"/> BCG <input type="checkbox"/> POLIO 1 <input type="checkbox"/> POLIO 2 <input type="checkbox"/> POLIO 3 <input type="checkbox"/> DPT 1 <input type="checkbox"/> DPT 2 <input type="checkbox"/> DPT 3 <input type="checkbox"/> MEASLES <input type="checkbox"/> VITAMIN A <input type="checkbox"/> HEPATITIS A <input type="checkbox"/> HEP B (1st dose) <input type="checkbox"/> HEP B (2nd dose) <input type="checkbox"/> HEP B (3rd dose) <input type="checkbox"/> Booster shot DPT <input type="checkbox"/> Booster dose polio <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
<b>(b) Maternal Health (If Lady of Household is available)</b>		
script	Now I would like to ask you a few questions on maternal health. Please remember that you can refuse to answer a question at any time if you are uncomfortable.	
f17	During the past two years, have you given birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f18	Did you see anyone for prenatal care during this (most recent) pregnancy? <i>Question relevant when: \$f17 = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
f19	Who did you see? <i>Check all that apply.</i> <i>Question relevant when: \$f18 = "Yes"</i>	<input type="checkbox"/> Doctor <input type="checkbox"/> Unofficial Midwife <input type="checkbox"/> Official Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Don't Answer
f19_o	If other, please specify. <i>Question relevant when: selected( \$f19, "Other(please specify)")</i>	
f20	How many times did you receive prenatal care during the most recent pregnancy? <i>Question relevant when: \$f18 = "Yes"</i>	<input type="checkbox"/> 1-3 times <input type="checkbox"/> 4-7 times <input type="checkbox"/> More than 7 times <input type="checkbox"/> Don't Answer
f21	Who was the primary person to assist you with the most recent delivery? <i>Question relevant when: \$f17 = "Yes"</i>	<input type="checkbox"/> Doctor <input type="checkbox"/> Unofficial Midwife <input type="checkbox"/> Official Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Don't Answer
f21_o	If other, please specify. <i>Question relevant when: selected( \$f21, "Other (please specify)")</i>	

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Field	Question	Answer
f22	Where did the delivery of this baby take place? <i>Question relevant when: \${f17} = "Yes"</i>	<input type="checkbox"/> Hospital <input type="checkbox"/> Government clinic <input type="checkbox"/> Non-government clinic <input type="checkbox"/> At home, neighbor's or relative's house <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Don't Answer
f22_o	If other, please specify. <i>Question relevant when: selected( \${f22} ,"Other (please specify)")</i>	
instruction	You are now at the end of Module 6: Health and Health Seeking (F). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 7: Shocks (G)</b>		
g1	I will now read a list of potential adverse events or circumstances that may have befallen your household. Please tell me if any of these happened to your household in the past 12 months.  <i>Prompt options. Mark all the events that apply, according to the respondent's responses.</i>	<input type="checkbox"/> Reduced drinking water quantity <input type="checkbox"/> Reduced drinking water quality <input type="checkbox"/> Reduced agricultural water quality or quantity <input type="checkbox"/> Unusually high level of crop pests or diseases <input type="checkbox"/> Opium eradication <input type="checkbox"/> Unusually high livestock diseases <input type="checkbox"/> Reduced availability of grazing areas <input type="checkbox"/> Reduced availability of Kuchi migration routes <input type="checkbox"/> Earthquakes Landslides and avalanches <input type="checkbox"/> Flooding <input type="checkbox"/> Late damaging frosts <input type="checkbox"/> Heavy rains preventing work <input type="checkbox"/> Severe winter conditions <input type="checkbox"/> Hailstorms <input type="checkbox"/> Unusually high level of human disease <input type="checkbox"/> Large influx of returnee households <input type="checkbox"/> Unusually high increases in food prices <input type="checkbox"/> Unusual decrease in farm gate prices <input type="checkbox"/> Loss of employment by a household member <input type="checkbox"/> Reduced salary of a household member <input type="checkbox"/> Bankruptcy of family business <input type="checkbox"/> Serious illness or accident of working household member <input type="checkbox"/> Death of a working household member <input type="checkbox"/> Death or serious illness of other household member <input type="checkbox"/> Theft <input type="checkbox"/> Involuntary loss of house or land <input type="checkbox"/> Loss of livestock <input type="checkbox"/> Droughts <input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
g2	What did the household do to cope with [shock]?  <i>Prompt options. Mark all the events that apply, according to the respondent's responses.</i>  <i>Question relevant for each shock the household has experienced</i>	<input type="checkbox"/> Nothing <input type="checkbox"/> Did not need to do anything to compensate <input type="checkbox"/> Reduced quantity or quality of diet <input type="checkbox"/> Decreased expenditures <input type="checkbox"/> Purchased food on credit from traders <input type="checkbox"/> Took out any other loans <input type="checkbox"/> Received help from others in the community <input type="checkbox"/> Rented out or mortgaged land <input type="checkbox"/> Sold house, land or female reproductive livestock <input type="checkbox"/> Sold any other assets <input type="checkbox"/> Worked on relief programmes <input type="checkbox"/> Joined military <input type="checkbox"/> Dropped children from school <input type="checkbox"/> Increased child labor <input type="checkbox"/> Used daughter's dowry as bride <input type="checkbox"/> Started begging <input type="checkbox"/> Used savings <input type="checkbox"/> Sent children to other household <input type="checkbox"/> Sent non-working adult member to work <input type="checkbox"/> Other (please specify)

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Field	Question	Answer
		<input type="checkbox"/> Don't know <input type="checkbox"/> Don't Answer
g2_o	If other, please specify.  <i>Question relevant when: selected( \$[g2], "Other (please specify)")</i>	
g2a	How much money did your household spend or what was the monetary value of the loss with [shock]? <i>Value in Afghanis. - 99 if don't know, - 98 if don't answer.</i>  <i>Question relevant for each shock the household has experienced</i> <i>Response constrained to: &gt;=0 or .=-98 or .=-99</i>	
instruction	You are now at the end of Module 7: Shocks (G). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 8: Women's Decision Making on Household Expenditures (H)</b>		
script	Now we will be moving on to questions regarding women's decision-making on household expenditures.  How much would your opinion be considered in the final decision if your household needs to decide on the following things: <i>Prompt options as needed.</i>	
h1	What to cook on a daily basis	<input type="checkbox"/> Never consulted <input type="checkbox"/> Sometimes consulted <input type="checkbox"/> Always consulted <input type="checkbox"/> Always consulted and followed in the decision <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
h2	Buying groceries	<input type="checkbox"/> Attacks by insurgents <input type="checkbox"/> Military operations <input type="checkbox"/> Violence instigated by local militias <input type="checkbox"/> Suicide attacks <input type="checkbox"/> Armed robbery <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
h3	Buying clothing	
h4	Buying expensive items (i.e. carpet, jewelry)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer
h5	Buying small items (i.e. coconut-oil, soap)	<input type="checkbox"/> None <input type="checkbox"/> Lack of Employment opportunities <input type="checkbox"/> Loss of necessary assets or inputs/destruction of dwellings <input type="checkbox"/> Loss of access to input markets <input type="checkbox"/> Loss of access to output markets <input type="checkbox"/> No credit available <input type="checkbox"/> Lack of manpower <input type="checkbox"/> Vandalism or crime in the area <input type="checkbox"/> Discrimination <input type="checkbox"/> Military service <input type="checkbox"/> Forced military service/abduction <input type="checkbox"/> Security/landmines <input type="checkbox"/> Had to pay money to the warring parties <input type="checkbox"/> Inflation; volatility of prices <input type="checkbox"/> Setbacks in terms of health (e.g. injuries, handicaps, psychological distress) caused by violence <input type="checkbox"/> Other, please specify <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
h6	Buying or selling land or property	
h7	Managing household finances	
h8	Making home improvements/repair	

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h9	Whether your daughter should attend school	
h10	Whether your son should attend school	
h11	Marriage of daughters	
h12	Marriage of sons	
h13	Consulting a doctor when your child is ill	
h14	How many children to have	
h28	How much would your opinion be considered in the final decision if you wanted to take out a loan? <i>Prompt options as needed.</i>	
h31	How much would your opinion be considered in the final decision if you wanted to pursue a job outside the home? <i>Prompt options as needed.</i>	
h24	How much would your opinion be considered in the final decision if you wanted to open a new business? <i>Prompt options as needed.</i>	
h30	Do you have savings/loans/other financial assets in your own name and separate from other household members?	
instruction	<p>You are now at the end of Module 8: Women's Decision Making on Household Expenditures (H). Return to Main menu</p> <p>Please take a moment now and save your form before continuing with the rest of the survey.</p>	
<b>Module 9: Aspirations, Perceptions and Psychological Well-being (I)</b>		
script	Now I would like to ask you some questions around the aspirations that you have for your children.	
i1_s	<p>What is the highest education level that you would like [name of the youngest son (12 years old or less)] to complete?</p> <p><i>Question relevant when: the youngest son is 12 years old or less</i></p>	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 7 <input type="checkbox"/> Class 8 <input type="checkbox"/> Class 9 <input type="checkbox"/> Class 10 <input type="checkbox"/> Class 11 <input type="checkbox"/> Class 12 <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Whatever is already completed <input type="checkbox"/> No education <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
i1_s_o	<p>If other, please specify.</p> <p><i>Question relevant when: \${i1_s} = "Other (please specify)"</i></p>	
i2_s	<p>How will this level of education help [name of the youngest son (12 years old or less)]?</p> <p><i>Check all that apply.</i></p> <p><i>Question relevant when: the youngest son is 12 years old or less</i></p>	<input type="checkbox"/> Get job/earn money <input type="checkbox"/> Make him/her wiser <input type="checkbox"/> Will not help <input type="checkbox"/> Enhance marriage prospects <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
i2_s_o	<p>If other, please specify.</p> <p><i>Question relevant when: \${i2_s} = "Other (please specify)"</i></p>	
i3_s	<p>What occupation would you like [name of the youngest son (12 years old or less)] to be doing when he/she grows up?</p>	<input type="checkbox"/> Business man/woman <input type="checkbox"/> Doctor <input type="checkbox"/> Teacher

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Field	Question	Answer
	<i>Question relevant when: the youngest son is 12 years old or less</i>	<input type="checkbox"/> Farmer <input type="checkbox"/> Government employee <input type="checkbox"/> Engineer <input type="checkbox"/> Journalist <input type="checkbox"/> Whatever he/she wishes <input type="checkbox"/> Whatever in-laws want <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
i3_s_o	If other, please specify. <i>Question relevant when: \${i3_s} = "Other (please specify)"</i>	
i4_s	At what age would you like to see [name of the youngest son (12 years old or less)] marry? <i>Enter - 98 if don't answer.</i>  <i>Question relevant when: the youngest son is 12 years old or less</i> <i>Response constrained to: &gt;0 or .=-98</i>	
i1_d	What is the highest education level that you would like [name of the youngest daughter (12 years old or less)] to complete?  <i>Question relevant when: the youngest daughter is 12 years old or less</i>	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 7 <input type="checkbox"/> Class 8 <input type="checkbox"/> Class 9 <input type="checkbox"/> Class 10 <input type="checkbox"/> Class 11 <input type="checkbox"/> Class 12 <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Whatever is already completed <input type="checkbox"/> No education <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
i1_d_o	If other, please specify. <i>Question relevant when: \${i1_d} = "Other (please specify)"</i>	
i2_d	How will this level of education help [name of the youngest daughter (12 years old or less)]? <i>Check all that apply.</i>  <i>Question relevant when: the youngest daughter is 12 years old or less</i>	<input type="checkbox"/> Get job/earn money <input type="checkbox"/> Make him/her wiser <input type="checkbox"/> Will not help <input type="checkbox"/> Enhance marriage prospects <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
i2_d_o	If other, please specify. <i>Question relevant when: \${i2_d} = "Other (please specify)"</i>	
i3_d_o	What occupation would you like [name of the youngest daughter (12 years old or less)] to be doing when he/she grows up?  <i>Question relevant when: the youngest daughter is 12 years old or less</i>	<input type="checkbox"/> Business man/woman <input type="checkbox"/> Doctor <input type="checkbox"/> Teacher <input type="checkbox"/> Farmer <input type="checkbox"/> Government employee <input type="checkbox"/> Engineer <input type="checkbox"/> Journalist <input type="checkbox"/> Whatever he/she wishes <input type="checkbox"/> Whatever in-laws want <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
i3_d_o	If other, please specify. <i>Question relevant when: \${i3_d} = "Other (please specify)"</i>	

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Field	Question	Answer
i4_d	At what age would you like to see [name of the youngest daughter (12 years old or less)] marry?  <i>Enter - 98 if don't answer. Question relevant when: the youngest daughter is 12 years old or less Response constrained to: &gt;0 or .=-98</i>	
script	I want to ask you some questions about how you may feel or think.	
i5	How would you describe your satisfaction with life these days? If the lowest rung of this ladder (1) represents very dissatisfied, and the top rung of this ladder (10) represents very satisfied, where would you put your satisfaction with your life as a whole?  <i>Please enter a number between 1 and 10. Show ladder to respondent. Enter - 98 if don't answer.  Response constrained to: &gt;=1 and &lt;= 10 or .=-98</i>	
i48	How satisfied are you with the financial situation of your household? If the lowest rung of this ladder (1) represents completely dissatisfied, and the top rung of this ladder (10) represents completely satisfied, where would you put your satisfaction with the financial situation of your household?  <i>Please enter a number between 1 and 10. Show ladder to respondent. Enter - 98 if don't answer.  Response constrained to: &gt;=1 and &lt;=10 or .=-98</i>	
i49	This is an income ladder on which 1 indicates the lowest income group and 10 the highest income group in your country. We would like to know in what group your household is. Please, specify the appropriate number, counting all wages, salaries, pensions and other incomes that come in.  <i>Please enter a number between 1 and 10. Show ladder to respondent. Enter - 98 if don't answer.  Response constrained to: &gt;=1 and &lt;=10 or .=-98</i>	
script	I will read out a list of some of the ways you may feel or behave. Please indicate how often you have felt this way during the past 7 days, using the following scale. 1 - Rarely or none of the time (< 1 day) 2 - Some or a little of the time (1-2 days) 3 - Occasionally or a moderate amount of time (3-4 days) 4 - All of the time (5-7 days) Don't answer <i>Prompt options once at the start of this question. Repeat as needed.</i>	
i7	I did not feel like eating; my appetite was poor	<input type="checkbox"/> Rarely or none of the time (< 1 day) <input type="checkbox"/> Some or a little of the time (1-2 days) <input type="checkbox"/> Occasionally or a moderate amount of time (3-4 days) <input type="checkbox"/> All of the time (5-7 days) <input type="checkbox"/> Don't answer
i7_da	Why did the respondent not answer? 1. The respondent did not feel comfortable in answering the question. 2. The respondent did not understand the meaning of the question. <i>Please type out the appropriate answer.  Question relevant when: S{i7} =-98</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
i10	I had trouble keeping my mind on what I was doing	<input type="checkbox"/> Rarely or none of the time (< 1 day) <input type="checkbox"/> Some or a little of the time (1-2 days) <input type="checkbox"/> Occasionally or a moderate amount of time (3-4 days) <input type="checkbox"/> All of the time (5-7 days) <input type="checkbox"/> Don't answer
i11	I felt depressed	
i12	I felt that everything I did was an effort	
i16	My sleep was restless	
i23	I could not sleep out of stress.	
i25	I could not start doing what I was supposed to do.	

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Field	Question	Answer
i26	Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?	<input type="checkbox"/> Most people can be trusted <input type="checkbox"/> Need to be very careful in dealing with people
i27	Taking all things together, would you say you are "very happy", "quite happy", "not very happy", or "not at all happy"?	<input type="checkbox"/> Very happy <input type="checkbox"/> Quite happy <input type="checkbox"/> Not very happy <input type="checkbox"/> Not at all happy
script	<p>I will now read out some statements about how you may feel and you will let me know if you agree or disagree with those statements. Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.</p> <p>In each case, you should tell me how often you feel the way the statement indicates using the following scale.</p> <ul style="list-style-type: none"> <li>- Strongly agree</li> <li>- Agree</li> <li>- Neither Agree nor Disagree</li> <li>- Disagree</li> <li>- Strongly disagree</li> </ul> <p><i>Prompt options once at the start of this question. Repeat as needed.</i></p>	
i28_a	I do not know what will happen in the future but I usually think good things will happen <i>Prompt options</i>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Don't answer
i28_da	<p>Why did the respondent not answer?</p> <ol style="list-style-type: none"> <li>1. The respondent did not feel comfortable in answering the question.</li> <li>2. The respondent did not understand the meaning of the question.</li> </ol> <p><i>Please type out the appropriate answer.</i> <i>Question relevant when: \$i28_a\$ = "Don't answer"</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
i28_b	It's easy for me to relax. <i>Prompt options as needed.</i>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Don't answer
i28_c	I have bad luck all the time. <i>Prompt options as needed.</i>	
i28_d	I'm optimistic about my future. <i>Prompt options as needed.</i>	
i28_e	I enjoy my friends a lot. <i>Prompt options as needed.</i>	
i28_f	I like keeping myself busy. <i>Prompt options as needed.</i>	
i28_g	I am not a lucky person. <i>Prompt options as needed.</i>	
i28_h	I don't get upset too easily <i>Prompt options as needed.</i>	
i28_j	In the future I do not think my life would be good. <i>Prompt options as needed.</i>	
i28_j	In the future I expect my life to be good. <i>Prompt options as needed.</i>	
script	<p>I will now read out some more statements. You should tell me whether you agree or disagree with the statements.</p> <p><i>If respondent says they agree, ask whether they agree strongly. Same for disagree.</i></p>	
i34	I feel that I am a person that others usually respect. <i>Prompt options. If respondent says they agree, ask whether they agree strongly. Same for disagree.</i>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Don't answer

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Field	Question	Answer
i34_da	Why did the respondent not answer?  1. The respondent did not feel comfortable in answering the question. 2. The respondent did not understand the meaning of the question. <i>Please type out the appropriate answer.</i>  <i>Question relevant when: S{i34} = "Don't answer"</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
i35	I feel that I have a number of good qualities.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Don't answer
i37	I am able to do things as well as most other people.	
i38	I am not proud of myself	
i39	I am satisfied with myself	
i43	Sometimes I think that others do not respect me	
script	The questions in this next part will ask you about your feelings and thoughts during THE LAST MONTH. In each case, please tell me HOW OFTEN you felt or thought a certain way.  - Never - Almost Never - Sometimes - Fairly Often - Very Often	
i44	In the last month, how often you felt that you were not successful in managing your life	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Don't answer
i45	In the last month, how often have you felt confident about your ability to handle your personal problems?	
i46	In the last month, how often you felt that you were lucky	
i47	In the last month, how often you felt that problems in your life were so many that you could not solve them.	
instruction	You are now at the end of Module 9: Aspirations, Perceptions and Psychological Well-being (I). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 10: Entrepreneurship (J) (If Household Head is female or HH does NOT have a Lady of the HH)</b>		
script	I will now read out some more statements. You should tell me whether you agree or disagree with the statements.  <i>If respondent says they agree, ask whether they agree strongly. Same for disagree.</i>	
j6	I plan tasks carefully.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Don't answer
j7	I make up my mind quickly.	
j8	I look forward to returning to my work when I am away from work.	
j9	I can think of many times when I persisted with work when others quit.	
j10	I continue to work on hard projects even when others oppose me	
j11	I like to juggle several activities at the same time.	
j12	I would rather complete an entire project every day than complete parts of several projects (scale reversed).	
j13	I believe it is best to complete one task before beginning another.	
j14	It is difficult to know who my real friends are.	
j15	I never try anything that I am not sure of.	

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Field	Question	Answer
j16	A person can get rich by taking risks.	
j17	It is important for me to do whatever I'm doing as well as I can even if it isn't popular with people around me.	
j18	Part of my enjoyment in doing things is improving my past performance.	
j19	When a group I belong to plans an activity, I would rather direct it myself than just help out and have someone else organize it.	
j20	I try harder when I'm in competition with other people.	
j21	It is important to me to perform better than others on a task.	
j22	I enjoy planning things and deciding what other people should do.	
j23	I find satisfaction in having influence over others.	
j24	I like to have a lot of control over the events around me.	
j25	The most important thing that happens in life involves work.	
j26	My family and friends would say I am a very organized person.	
j1	Do you keep a budget that tracks your household's income and expenditures? <i>Prompt options.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, someone else keeps it <input type="checkbox"/> Yes, I keep it <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
j2	If yes, what type of record do you keep? <i>Question relevant when: \${j1} != "No"</i>	<input type="checkbox"/> Mental <input type="checkbox"/> Written <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
j2_o	If other, please specify. <i>Question relevant when: \${j23} = "Other (please specify)"</i>	
j3	Have you ever opened or operated a business that sold products or services outside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
j5	Have you ever raised or looked after livestock?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
instruction	You are now at the end of Module 10: Entrepreneurship (J). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 11: Productive Activities and Assets (K)</b>		
(a) Livestock (Asked when household head is female or there is no lady of the household)		
k6	Does your household own any of the following livestock? <i>Prompt options. Check all that apply. If household owns no livestock, check "None"</i>	<input type="checkbox"/> Cows <input type="checkbox"/> Bulls <input type="checkbox"/> Horses <input type="checkbox"/> Donkeys <input type="checkbox"/> Goats <input type="checkbox"/> Sheep <input type="checkbox"/> Chickens <input type="checkbox"/> Ducks <input type="checkbox"/> Turkeys <input type="checkbox"/> Gooses <input type="checkbox"/> Rabbits <input type="checkbox"/> Guinea fowl <input type="checkbox"/> Bee hives <input type="checkbox"/> Other animal 1 (please specify) <input type="checkbox"/> Other animal 2 (please specify) <input type="checkbox"/> None <input type="checkbox"/> Don't Know
k6_o1	If other, please specify.	

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Field	Question	Answer
	<i>Question relevant when: selected( \$ {k6} , "Other animal 1 (please specify)"</i>	
k6_o2	If other, please specify.  <i>Question relevant when: selected( \$ {k6} , "Other animal 2 (please specify)"</i>	
k7	How many [livestock name] does your household own?	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> More than 10 <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
k7_o	Please enter the number of [livestock name] your household own Enter -99 if don't know.  <i>Question relevant when: \$ {k7} = "More than 10" Response constrained to: &gt;=11 or .=-99</i>	
k8	If your household had to sell one of the [livestock name] today, how much would your household earn on average?  <i>Value in Afghans. If don't know, enter -99. If don't answer, enter -98 If household owns &gt;1 [livestock name] then ask value of selling the average animal they own. Response constrained to: &gt;=0 or .=-99 or .=-98</i>	
k36	In the past 4 weeks, did your household sell any livestock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k37	How many animals did your household sell in the past 4 weeks? Enter -99 if don't know.  <i>Question relevant when: \$ {k36} = "Yes" Response constrained to: &gt;=0 or .=-99</i>	
k38	Approximately, what is the total value your household earned from selling the livestock? Value in Afghans. If don't know, enter -99. If don't answer, enter -98  <i>Question relevant when: \$ {k36} = "Yes" Response constrained to: &gt;=0 or .=-99 or .=-98</i>	
(b) Animal products (Asked when household head is female or there is no lady of the household)		
k9	In the past four weeks has your household produced any of these animal products?  <i>Prompt options. Check all that apply. If household did not produce any product, check "None". Question relevant when: \$ {k1} != "None" and \$ {k1} != "Don't know"</i>	<input type="checkbox"/> Milk <input type="checkbox"/> Egg <input type="checkbox"/> Honey <input type="checkbox"/> Butter <input type="checkbox"/> Yogurt <input type="checkbox"/> Meat <input type="checkbox"/> Other 1 (please specify) <input type="checkbox"/> Other 2 (please specify) <input type="checkbox"/> None <input type="checkbox"/> Don't know
k9_o1	If other, please specify.  <i>Question relevant when: selected( \$ {k9} , "Other 1 (please specify)"</i>	
k9_o2	If other, please specify.  <i>Question relevant when: selected( \$ {k9} , "Other 2 (please specify)"</i>	

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Field	Question	Answer
k10	How much has your household produced of [product name] in the past four weeks? <i>If eggs: enter in pieces. Milk and others: enter in kgs. Enter -99 if don't know, -98 if don't answer.</i>  <i>Response constrained to: &gt;=0 or .=-99 or .=-98</i>	
k12	Of the [product name] produced in the past four weeks, how much did your household sell? <i>If eggs: enter in pieces. Milk and others: enter in kgs. Enter -99 if don't know, -98 if don't answer.</i>  <i>Response constrained to: &gt;=0 and &lt;= \$(k10)</i>	
k13	How much did your household earn from selling [product name] in the past four weeks? <i>Value in Afghanis. Enter -99 if don't know. -98 if don't answer.</i>  <i>Question relevant when: \$(k10) !=0</i> <i>Response constrained to: &gt;=0 or .=-99 or .=-98</i>	
k41	In the past four weeks, how much did you invest to acquire all owned livestock and produce animal products (e.g. setup costs, equipment, assets, etc.)? <i>Value in Afghanis. Enter -99 if don't know.</i>  <i>Response constrained to: &gt;=0 or .=-99</i>	
k14	In the past four weeks, how much was spent on inputs used to rear all owned livestock and produce animal products (e.g. food for the livestock, medicine for livestock, cost of maintenance, transporting livestock etc.)? <i>Value in Afghanis. Enter -99 if don't know.</i>  <i>Question relevant when: \$(k10) != "None" and \$(10) != "Don't know"</i> <i>Response constrained to: &gt;=0 or .=-99 or .=-98</i>	
(c) Crops (Asked when household head is female or there is no lady of the household)		
script	Now I want to ask you about any productive activities done by your household.	
k15	Has your household cultivated any of the following crops in the past twelve months:  <i>Prompt options. Check all that apply</i>	<input type="checkbox"/> Wheat <input type="checkbox"/> Vetch <input type="checkbox"/> Maize <input type="checkbox"/> Barley <input type="checkbox"/> Rice <input type="checkbox"/> Weed <input type="checkbox"/> Sesame <input type="checkbox"/> Clover <input type="checkbox"/> Millet <input type="checkbox"/> Sharsham <input type="checkbox"/> Sugarcane <input type="checkbox"/> Cotton <input type="checkbox"/> Caraway-seed <input type="checkbox"/> Potato <input type="checkbox"/> Cereal <input type="checkbox"/> Eggplant <input type="checkbox"/> Tomato <input type="checkbox"/> Onion <input type="checkbox"/> Okra <input type="checkbox"/> Fruits from a tree <input type="checkbox"/> Grape <input type="checkbox"/> Mellon <input type="checkbox"/> Opium <input type="checkbox"/> Zaghar <input type="checkbox"/> Saffron <input type="checkbox"/> Other 1 (please specify) <input type="checkbox"/> Other 2 (please specify) <input type="checkbox"/> None <input type="checkbox"/> Don't know
k15_o1	If other, please specify.  <i>Question relevant when: selected( \$(k9), 'Other 1(please specify)')</i>	

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k15_o2	If other, please specify.  <i>Question relevant when: selected( \$(k9) , 'Other 2(please specify)')</i>	
k16	How many harvesting periods did you have for [crop] in the past twelve months? <i>Enter -99 if don't know.</i>  <i>Response constrained to: .&gt;=0 or .=-99 or .=-98</i>	
k17	How much did you produce of [crop] in kg in the most recent harvesting period? <i>Enter -99 if don't know.</i>  <i>Response constrained to: .&gt;=0 or .=-99</i>	
k19	Of what you produced, how much did your household sell of [crop] in kg in the most recent harvesting period?  <i>Response constrained to: .&gt;=0 and &lt;= \$(k11) or .=-99</i>	
k20	How much did your household earn from selling [crop] in the most recent harvesting period? <i>Value in Afghannis. Enter -99 if don't know.</i>  <i>Response constrained to: .&gt;=0 or .=-99</i>	
k21	In the last full crop season including planting, cultivating, and harvesting, how much did you spend on inputs relating to growing [crop], excluding costs on land (e.g. fertilizer, seeds, tools to work the field, hired labor etc.)? <i>Value in Afghannis. Enter -99 if don't know.</i>  <i>Response constrained to: .&gt;=0 or .=-99</i>	
k40	In the last full crop season including planting, cultivating, and harvesting, how many kg of your Wheat production did you use to pay inputs relating to growing [crop], including costs on land (e.g. fertilizer, seeds, tools to work the field, hired labor etc.)? <i>Enter -99 if don't know.</i>  <i>Response constrained to: .&gt;=0 or .=-99</i>	
k22	If you rented land for your crops in the last full crop season, how much did you spend on land rental?  <i>Value in Afghannis. Enter 0 if no money spent, -99 if don't know.</i> <i>Question relevant when: \$(k9) != "None" and \$(k9) != "Don't know"</i> <i>Response constrained to: .&gt;=0 or .=-99</i>	
(d) Non-agricultural businesses (Asked when household head is female or there is no lady of the household)		
k23_a	Does anyone in your household fully, or partly, own and operate any of these businesses?  <i>Check all that apply. Please choose "none" if no one in the household owns or operates any businesses.</i>	<input type="checkbox"/> Selling crafts (baskets, pots, etc.) <input type="checkbox"/> Repairing bicycles <input type="checkbox"/> Selling prepared foods/run restaurant <input type="checkbox"/> Selling raw produce (that is NOT cultivated by respondent but purchased elsewhere) <input type="checkbox"/> Providing transportation <input type="checkbox"/> Making bricks <input type="checkbox"/> Butchering <input type="checkbox"/> Doing carpentry <input type="checkbox"/> Selling clothes and sheets <input type="checkbox"/> Building thatch or iron sheet roofs <input type="checkbox"/> Constructing houses/buildings <input type="checkbox"/> Drilling boreholes/building latrines <input type="checkbox"/> Collecting and selling firewood <input type="checkbox"/> Other 1 (please specify) <input type="checkbox"/> Other 2 (please specify) <input type="checkbox"/> None <input type="checkbox"/> Don't know
k23_a_01	If other, please specify.  <i>Question relevant when: selected( \$(k16) , "Other 1 (please specify)')</i>	

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k23_a_o2	If other, please specify.  <i>Question relevant when: selected( \$(k16) , "Other 2 (please specify)")</i>	
k24	What is your role in the [business name] business?  <i>Mark all that apply</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Worker <input type="checkbox"/> Do not participate
k42	Please select who mostly operates the [business name] business	<input type="checkbox"/> (List of current household roster)
k26_y	When did the [business name] business first start? (year)  <i>Enter in years only if started &gt;1 year ago. If don't know, please enter -99. Response constrained to: .&gt;=0 or .=-99</i>	
k27	Was any startup capital needed to start the [business name] business?  <i>Includes any inputs such as cash, land, building, shop/shed, machines, livestock, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
k28	What is the value of the start-up capital needed for the [business name] business?  <i>Value in Afghanis. Enter -99 if don't know.  Question relevant when: \$(k19) = "Yes" Response constrained to: .&gt;=0 or .=-99</i>	
k29	How many employees work in the [business name] business?	
k31	How many employees in the [business name] business are not household members?  <i>Response constrained to: .&lt;= \$(k21) and .&lt;= \$(b1)</i>	
k32	What are the revenues of the [business name] business in the last 4 weeks?  <i>Value in Afghanis. Enter -99 if don't know. Enter -98 if don't answer.  Response constrained to: .&gt;=0 or .=-99</i>	
k33	In the last 12 months what was spent on machinery or durable goods (e.g., tools, cooking pots, ovens, sewing machines) for the [business name] business?  <i>Value in Afghanis. Enter -99 if don't know. Response constrained to: .&gt;=0 or .=-99</i>	
k43	In the last 12 months what was spent on rent for the [business name] business?  <i>Value in Afghanis. Enter -99 if don't know.  Response constrained to: .&gt;=0 or .=-99</i>	
k34	In the past four weeks, what was spent on operating costs/inputs relating to the [business name] business? (i.e., labor wages/salary, produce for the store, improvements to the store etc.)  <i>Value in Afghanis. Enter -99 if don't know. Response constrained to: .&gt;=0 or .=-99</i>	
k35	In the past four weeks did the [business name] business earn a profit, make a loss, or break even?	<input type="checkbox"/> Profit <input type="checkbox"/> Loss <input type="checkbox"/> Break even <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
k25	In the last 12 months, for how many months did your household operate the [business name] business?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

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		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
(e) Labor and Time use		
Script	Now I would like to ask you about the activities of your household members.	
k5_1	Did [household member] try to find work outside the home?  <i>Question relevant when: household member is at least 14-year old</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
k30	Did [household member] do any of these activities in the last 4 weeks?  <i>Prompt options. Check all that apply.</i>  <i>Question relevant when: household member is at least 6-year old</i>	<input type="checkbox"/> Tend any animals owned or leased by the household <input type="checkbox"/> Farm land owned or sharecropped by the household <input type="checkbox"/> Work on business owned by household other than farm/animals (e.g. shop, crafts) <input type="checkbox"/> Work as an agricultural laborer outside household <input type="checkbox"/> Do housework in someone else's home <input type="checkbox"/> Work as a non-agricultural laborer outside the household (other than housework) <input type="checkbox"/> Work in salaried/formal employment <input type="checkbox"/> Do any other work for pay (money or in-kind) <input type="checkbox"/> Work on household chores (e.g. collecting water, cooking, cleaning) in your household <input type="checkbox"/> None <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
k30_3	In the past 7 days, on how many different days did [household member] work on [activity]?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
k30_3_hr	For how many hours did [household member] work on [activity] the last time s/he did it?	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> More than 10 <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
k30_1	How much did [household member] earn to [activity] in the last 4 weeks?  <i>Value in Afghani. Enter:            0 - if there is no remuneration, -97 - if it's in-kind, -98 - if don't answer, -99 - if don't know</i>  <i>Question relevant when: Household member is at least 14-year old, and S{k36} is one of the followings: "Work as an agricultural laborer outside household", "Do housework in someone else's home", "Work as a non-agricultural laborer outside the household (other than housework)", "Work in salaried/formal employment", "Do any other work for pay (money or in-kind)"</i> <i>Response constrained to: .&gt;=0 or .=-97 or .=-98 or .=-99</i>	
k30_1o	If in-kind, please specify the name of the item received.  <i>Question relevant when: S{k30} = "in-kind"</i>	
k30_2	Approximately how much do you think is the value in Afghani of what they received in-kind.  <i>Value in Afghani. Enter:</i>	

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	-98 - if don't answer, -99 - if don't know Question relevant when: \${k30} = "In-kind" Response constrained to: .>=0 or .=-98 or .=-99	
instruction	You are now at the end of Module 11: Productive Activities (K). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 12: Other Asset Ownership (L)</b>		
script	Now I will ask you questions about the assets owned by your household and its members.	
11	Please tell me whether you or any member of your household owns any of the following assets: Prompt options. Check all that apply.	<input type="checkbox"/> Radios/CDs/Cassettes <input type="checkbox"/> Televisions <input type="checkbox"/> Dish TVs <input type="checkbox"/> VCRs/DVD players <input type="checkbox"/> Land on which your home is built <input type="checkbox"/> Other land(s) (excluding land on which your home is built) <input type="checkbox"/> Other houses/buildings <input type="checkbox"/> Refrigerators <input type="checkbox"/> Generators <input type="checkbox"/> Mattresses <input type="checkbox"/> Cell (mobile) phones <input type="checkbox"/> Non-mobile phones <input type="checkbox"/> Clothes irons <input type="checkbox"/> Bed frames <input type="checkbox"/> Pieces of jewelry (gold, silver, etc.) <input type="checkbox"/> Mosquito nets <input type="checkbox"/> Mosquito-repellant candles <input type="checkbox"/> Fans <input type="checkbox"/> Cameras <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
11_o	If other, please specify.  Question relevant when: selected( \${11} ,"Other (please specify)")	
12	How many [asset name] does your household own?  Question relevant when: \${11} != "Land on which your home is built" and \${11} != "Other land(s) (excluding land on which your home is built)"	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> More than 10 <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
13	What is the total size of [asset name]? Enter in jeribs. -99 if don't know, -98 if don't answer.  Question relevant when: \${11} = "Land on which your home is built" or \${11} = "Other land(s) (excluding land on which your home is built)" Response constrained to: .>=0 or .=-98 or .=-99	
14	Who in your household owns [asset name]? Prompt options.	<input type="checkbox"/> I own it <input type="checkbox"/> A household member owns it <input type="checkbox"/> Everyone in the household <input type="checkbox"/> Don't Answer
15	If your household had to sell one of the [asset name] today, how much would you earn on average? Value in Afghans. -99 if don't know, -98 if don't answer.  Question relevant when: Question relevant when: \${11} = "Land on which your home is built" or \${11} = "Other land(s) (excluding	

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	<i>land on which your home is built)</i> or $\$(1) = "Other\ houses/buildings"$ <i>Response constrained to: &gt;=0 or .=-99 or .=-98</i>	
instruction	You are now at the end of Module 12: Other Asset Ownership (L). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 13: Credit and Savings (M)</b>		
script	Now I would like to ask you about the financial activities of your household, such as savings and credit.	
(a) General questions of account		
m37	Have you ever visited a commercial bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m21	What are all the different types of places where you can save your money, even if you don't currently use them? <i>Select all that apply. Do not prompt.</i>	<input type="checkbox"/> In formal bank <input type="checkbox"/> At home <input type="checkbox"/> Village Savings and Loans Association (VSLA) <input type="checkbox"/> With Microfinance institution <input type="checkbox"/> At post office <input type="checkbox"/> With another individual (not a formal bank) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Don't know
m21_o	If other, please specify.  <i>Question relevant when: selected( <math>\\$(m21)</math>, "Other (specify)")</i>	
m23	An account can be used to save money, to make or receive payments, or to receive wages or financial help. Do you, either by yourself or together with any other member of your household, currently have an account at any of the following places: a bank, a microfinance organization, or any other type of formal financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m24	If yes, where do you have an account?  <i>Select all that apply</i> <i>Question relevant when: <math>\\$(m23) = "Yes"</math></i>	<input type="checkbox"/> Formal bank <input type="checkbox"/> Microfinance institution <input type="checkbox"/> Other (please specify)
m24_o	If other, please specify.  <i>Question relevant when: selected( <math>\\$(m24)</math>, "Other (please specify)")</i>	
m22	Imagine you have an emergency and you needed to pay the equivalent of one month of your household income. From where do you think you would be able to successfully obtain a loan for this amount? <i>Select all that apply</i>	<input type="checkbox"/> I would not be able to get a loan <input type="checkbox"/> Formal banks <input type="checkbox"/> Microfinance institution <input type="checkbox"/> Landlord <input type="checkbox"/> Employer <input type="checkbox"/> Relative <input type="checkbox"/> Friend or neighbor <input type="checkbox"/> Local money lender <input type="checkbox"/> ROSCA/chit fund/merry-go-round <input type="checkbox"/> I would not need a loan as I would draw on my savings/sell an asset <input type="checkbox"/> Shopkeeper <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m22_o	If other, please specify.  <i>Question relevant when: selected( <math>\\$(m22)</math>, "Other (please specify)")</i>	
(b) Cash loans		
m1	Does anybody in the household have one or more outstanding cash loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m1_a	How many outstanding loans does your household have? <i>Enter -99 if don't know, -98 if don't answer.</i>	

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	<i>Question relevant when: \${m1} = "Yes" Response constrained to: &gt;0 or .=-98 or .=-99</i>	
m5	What is the total value of outstanding cash loans for your household? <i>In Afghanis. If don't know, please enter -99. If don't answer, enter -98.</i>  <i>Question relevant when: \${m1} = "Yes" Response constrained to: &gt;0 or .=-98 or .=-99</i>	
script	Now I would like to ask questions of each loan your household has  <i>Question relevant when: \${m1} = "Yes"</i>	
m2	From whom did you take out loan [# loan]?  <i>Question relevant when: \${m1} = "Yes"</i>	<input type="checkbox"/> Formal banks <input type="checkbox"/> Microfinance institution <input type="checkbox"/> Landlord <input type="checkbox"/> Employer <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Local money lender <input type="checkbox"/> ROSCA/chit fund/merry-go-round <input type="checkbox"/> Grocery shop <input type="checkbox"/> VSLA <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m2_o	If other, please specify.  <i>Question relevant when: \${m2} = "Other (please specify)"</i>	
m2_roster	Who in the household took out the loan [# loan]? <i>If more than one person are jointly liable, select all that apply</i>  <i>Question relevant when: \${m1} = "Yes"</i>	<input type="checkbox"/> (List of current household member) <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
m2_roster_o	If other, please specify.  <i>Question relevant when: selected( \${m2_roster} , "Other (please specify)")</i>	
m3	What was the intended purpose of loan [# loan]? <i>Select all that apply</i>  <i>Question relevant when: \${m1} = "Yes"</i>	<input type="checkbox"/> For health emergency <input type="checkbox"/> To purchase food or other essential items for the household <input type="checkbox"/> To purchase durable good such as television, refrigerator, bicycle, motorcycle, car <input type="checkbox"/> To buy seeds/fertilizer or other farm inputs <input type="checkbox"/> To start a business <input type="checkbox"/> To invest in current business <input type="checkbox"/> To provide working capital for current business <input type="checkbox"/> To pay for wedding/religious celebration <input type="checkbox"/> To pay dowry <input type="checkbox"/> Don't Answer <input type="checkbox"/> Other (please specify)
m3_o	If other, please specify.  <i>Question relevant when: selected( \${m3} , "Other (please specify)")</i>	
m4	How much was the loan for? <i>In Afghanis. If don't know, please enter -99. If don't answer, enter -98.</i>  <i>Question relevant when: \${m1} = "Yes" Response constrained to: &gt;0 or .=-98 or .=-99</i>	
m6	Why do you and other members of your household not have any outstanding loans? <i>Prompt options. Select all that apply</i>  <i>Question relevant when: \${m1} = "No"</i>	<input type="checkbox"/> Didn't need it <input type="checkbox"/> Asked for a loan but was denied <input type="checkbox"/> No available source of credit <input type="checkbox"/> Lenders not willing to lend to people like me <input type="checkbox"/> It's too risky to borrow <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m6_a	Which of these institutions rejected your/your household member's loan request?	<input type="checkbox"/> Formal banks <input type="checkbox"/> Microfinance institution

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	<i>Select all that apply</i>  <i>Question relevant when: selected( \${m6}, "Asked for a loan but was denied")</i>	<input type="checkbox"/> Landlord <input type="checkbox"/> Employer <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Local money lender <input type="checkbox"/> ROSCA/chiit fund/merry-go-round <input type="checkbox"/> Grocery shop <input type="checkbox"/> VSLA <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m6_o	If other, please specify.  <i>Question relevant when: selected( \${m6}, "Other (please specify)")</i>	
(c) In-kind loans		
m10	Did you or any member of your household get any in-kind loans in the past 4 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m11	What was the intended purpose of the in-kind loan(s)? <i>Select all that apply</i>  <i>Question relevant when: \${m10} = "Yes"</i>	<input type="checkbox"/> Provide input for business <input type="checkbox"/> Provide support to household <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m11_o	If other, please specify.  <i>Question relevant when: selected( \${m11}, "Other (please specify)")</i>	
m12	What did you get for your business needs? <i>Select all that apply</i>  <i>Question relevant when: selected( \${m11}, "Provide input for business")</i>	<input type="checkbox"/> Work materials <input type="checkbox"/> Clothes, pots, pans, pails, etc. <input type="checkbox"/> Uncooked produce <input type="checkbox"/> Meals <input type="checkbox"/> Livestock <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer
m12_o	If other, please specify.  <i>Question relevant when: selected( \${m12}, "Other (please specify)")</i>	
m12_h	What did you get for your household needs? <i>Select all that apply</i>  <i>Question relevant when: selected( \${m11}, "Provide support to household")</i>	<input type="checkbox"/> Work materials <input type="checkbox"/> Clothes, pots, pans, pails, etc. <input type="checkbox"/> Uncooked produce <input type="checkbox"/> Meals <input type="checkbox"/> Livestock <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer
m12_h_o	If other, please specify.  <i>Question relevant when: selected( \${m12_h}, "Other (please specify)")</i>	
m12_other	What did you get for \${m11_o}? <i>Select all that apply</i>  <i>Question relevant when: selected( \${m11}, "Other (please specify)")</i>	<input type="checkbox"/> Work materials <input type="checkbox"/> Clothes, pots, pans, pails, etc. <input type="checkbox"/> Uncooked produce <input type="checkbox"/> Meals <input type="checkbox"/> Livestock <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer
m12_other_o	If other, please specify.  <i>Question relevant when: selected( \${m12_other}, "Other (please specify)")</i>	
m13	From whom did you take out the in-kind loan(s)? <i>Select all that apply</i>  <i>Question relevant when: \${m10} = "Yes"</i>	<input type="checkbox"/> Formal banks <input type="checkbox"/> Microfinance institution <input type="checkbox"/> Landlord <input type="checkbox"/> Employer <input type="checkbox"/> Relative <input type="checkbox"/> Friend

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		<input type="checkbox"/> Local money lender <input type="checkbox"/> ROSCA/chit fund/merry-go-round <input type="checkbox"/> Grocery shop <input type="checkbox"/> VSLA <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m13_o	If other, please specify.  <i>Question relevant when: selected( \$ {m13} ,"Other (please specify)")</i>	
<b>(d) Savings</b>		
Script	Now I would like to ask about savings.	
m16	In the last 4 weeks, have you or any member of your household saved or set aside money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
m17	Where did you save or set aside money? <i>Select all that apply.</i>  <i>Question relevant when: \$ {m16} = "Yes"</i>	<input type="checkbox"/> In formal bank <input type="checkbox"/> At home <input type="checkbox"/> In ROSCA, merry-go-round or chit fund <input type="checkbox"/> With Microfinance institution <input type="checkbox"/> At post office <input type="checkbox"/> With another individual (not a formal bank) <input type="checkbox"/> Village Savings and Loans Association (VSLA) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Don't know
m17_o	If other, please specify.  <i>Question relevant when: selected( \$ {m17} ,"Other (specify)")</i>	
m19	What is the total amount you or any member of your household saved in any location over the past 4 weeks? <i>In Afghans. If don't know, please enter -99. If don't answer, enter -98.</i>  <i>Question relevant when: \$ {m16} = "Yes"</i> <i>Response constrained to: .&gt;0 or .=-98 or .=-99</i>	
m20_a	How many savings accounts does your household have in total?	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> More than 10 <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
m20	What is the total savings balance of your household right now across all locations? <i>In Afghans. If don't know, please enter -99. If don't answer, enter -98.</i>  <i>Question relevant when: \$ {m16} = "Yes" or ( \$ {m20_a} &gt;=1)</i> <i>Response constrained to: .&gt;0 or .=-98 or .=-99</i>	
<b>(e) Past experience with account (If HH has any formal bank or MFI account)</b>		
m25	For how long have you been in a relationship with the formal bank? <i>Enter in years. If don't know, please enter -99. If don't answer, enter -98.</i>  <i>Question relevant when: HH has any formal bank account</i>	
m25_y	Years  <i>Response constrained to: .&gt;0 or .=-98 or .=-99</i>	

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Field	Question	Answer
m26	For how long have you been in a relationship with the microfinance institution? <i>Enter in years and months.</i>  <i>Question relevant when: HH has any MFI account</i>	
m26_y	Years  Response constrained to: >0 or .=-98 or .=-99	
m27	What benefits, if any, do you see in maintaining your relationship with a formal financial institution? <i>Select all that apply.</i>	<input type="checkbox"/> No benefits <input type="checkbox"/> Encouraged to save <input type="checkbox"/> Received better management of savings <input type="checkbox"/> Aided in sending remittances <input type="checkbox"/> Aided in receiving remittances <input type="checkbox"/> Aided in obtaining a loan <input type="checkbox"/> Other (please specify)
m27_o	If other, please specify.  <i>Question relevant when: selected( \${m27} ,"Other (please specify)")</i>	
m28	What are some things you would like to see improve that can enhance your experience with the formal financial institution? <i>Select all that apply.</i>	<input type="checkbox"/> No improvement <input type="checkbox"/> Simpler application procedure (for deposit and loans) <input type="checkbox"/> Reduced application processing time (for deposit and loans) <input type="checkbox"/> Easier access to bank branch <input type="checkbox"/> Easier access to ATM <input type="checkbox"/> Reduced fees for transactions <input type="checkbox"/> Other (please specify)
m28_o	If other, please specify.  <i>Question relevant when: selected( \${m28} ,"Other (please specify)")</i>	
m29	Rate your satisfaction with your experience with the formal financial institution from 1 to 5, with 5 meaning very satisfied and 1 meaning very dissatisfied.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Don't answer
m30	How likely are you to continue your relationship with the formal financial institution?	<input type="checkbox"/> Very likely <input type="checkbox"/> Not likely <input type="checkbox"/> Don't answer
m30_a	If not likely, why not?  <i>Question relevant when: \${m30} = "Not likely"</i>	
m33	Are you a member of Village Savings and Loans Association (VSLA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
m34	For how long have you been a member of Village Savings and Loans Association (VSLA)? <i>Enter in years. If don't know, please enter -99. If don't answer, enter -98.</i>  <i>Question relevant when: \${m33} = "Yes"</i>	
m34_y	Years  <i>Enter -98 if don't answer, enter -99 if don't know</i>	
m35	How much do you contribute to VSLA every month? <i>Enter -98 if don't answer, enter -99 if don't know</i>  <i>Question relevant when: \${m33} = "Yes"</i>	
m36	Have you ever taken out loan from VSLA?  <i>Question relevant when: \${m33} = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
<b>(f) Business Opportunity</b>		
m31	Do you have business needs either for an existing or a potential new business that will require funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer

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Field	Question	Answer
m31_a	How likely are you to approach a formal financial institution for a loan to meet these business needs? <i>Question relevant when: \${m31} = "Yes"</i>	<input type="checkbox"/> Very likely <input type="checkbox"/> Not likely <input type="checkbox"/> Don't answer
m31_a_a	Why not? <i>Select all that apply</i> <i>Question relevant when: \${m31_a} = "Not likely"</i>	<input type="checkbox"/> They wouldn't lend me a loan <input type="checkbox"/> I can't repay the loan <input type="checkbox"/> Borrowing is forbidden <input type="checkbox"/> Borrowing is dangerous <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't answer
m31_a_a_o	If other, please specify <i>Question relevant when: Selected(\${m31_a_o}, "Other (please specify)")</i>	
m32	Please tell me whether each of the following is a reason why you, personally, do not have an account at a bank or another type of formal financial institution. <i>Prompted. Select all that apply.</i> <i>Question relevant when: household does NOT have any formal account</i>	<input type="checkbox"/> Because financial institutions are too far away <input type="checkbox"/> Because financial services are too expensive <input type="checkbox"/> Because you don't have the necessary documentation (id card, wage slip, etc.) <input type="checkbox"/> Because you don't trust financial institutions <input type="checkbox"/> Because of religious reasons <input type="checkbox"/> Because you don't have enough money to use financial institutions <input type="checkbox"/> Because someone else in the family already has an account <input type="checkbox"/> Because you cannot get an account <input type="checkbox"/> Because you have no need for financial services at a formal institution <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't answer
m32_o	If other, please specify. <i>Question relevant when: selected( \${m31}, "Other (please specify)")</i>	
instruction	You are now at the end of Module 13: Credit and Savings (M). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 14: Social Participation and Awareness (N), Conflict and Violence (O)</b>		
<b>(a) Social Participation and Awareness (N)</b>		
n1	Did you attend any CDC/village leaders meetings in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
n2	Did you ever approach the Village leader about your needs or village issues in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
<b>(b) Conflict and Violence (O)</b>		
o1	In the past 12 months, did the village experience incidents of conflict, instability, and/or violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer
o1_a	How many times? <i>If don't know, enter -99. Don't answer. Enter -98.</i> <i>Question relevant when: \${o1} = "Yes"</i> <i>Response constrained to: .&gt;=0 or .=-99 or .=-98</i>	
o1_b	Please consider the last time, what was the source of the conflict? <i>Question relevant when: \${o1} = "Yes"</i>	<input type="checkbox"/> Attacks by insurgents <input type="checkbox"/> Military operations <input type="checkbox"/> Violence instigated by local militias <input type="checkbox"/> Suicide attacks <input type="checkbox"/> Armed robbery <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
o1_b_o	If other, please specify. <i>Question relevant when: \${o1_b} = "Other (please specify)"</i>	

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Field	Question	Answer
o2	Did your household experience severe losses of income as a consequence of these instances? <i>Question relevant when: \${o1} = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer
o3	We would like to specify the reasons for the losses of income. Did you experience any of the following? <i>Prompt options. Mark all that apply.</i>  <i>Question relevant when: \${o3} = "Yes"</i>	<input type="checkbox"/> None <input type="checkbox"/> Lack of Employment opportunities <input type="checkbox"/> Loss of necessary assets or inputs/destruction of dwellings <input type="checkbox"/> Loss of access to input markets <input type="checkbox"/> Loss of access to output markets <input type="checkbox"/> No credit available <input type="checkbox"/> Lack of manpower <input type="checkbox"/> Vandalism or crime in the area <input type="checkbox"/> Discrimination <input type="checkbox"/> Military service <input type="checkbox"/> Forced military service/abduction <input type="checkbox"/> Security/landmines <input type="checkbox"/> Had to pay money to the warring parties <input type="checkbox"/> Inflation; volatility of prices <input type="checkbox"/> Setbacks in terms of health (e.g. injuries, handicaps, psychological distress) caused by violence <input type="checkbox"/> Other, please specify <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
o3_o	If other, please specify. <i>Question relevant when: selected( \${o3}, "Other, please specify")</i>	
instruction	You are now at the end of Module 14: Social Participation and Awareness (N), Conflict and Violence (O).  Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 15: TUP Monitoring and Compliance (R)</b>		
r80	Are you aware of a project implemented by CHA (Coordination of Humanitarian Assistance), which supports ultra-poor households by distributing livestock, training them on how to take care of it, and giving them a monthly stipend?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
r81	Have you or your household received any of the project's benefits (livestock, training, or stipend)? <i>Question relevant when: \${r80} = "Yes"</i>	
The following questions only get asked if \${r81} = "Yes"		
r13	Did any household member receive livestock from CHA (Coordination of Humanitarian Assistance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r14	Which members of your household have been taking care of the livestock received from CHA (Coordination of Humanitarian Assistance)? <i>We mean the people who take care of the health, maintenance, feeding, breeding and the general care of the livestock. Select all that apply</i>  <i>Question relevant when: \${r13} = "Yes"</i>	<input type="checkbox"/> (List of current household roster) <input type="checkbox"/> Other (please specify)
Script	Please specify which other person has been taking care of the livestock  <i>Question relevant when: \${r14} = "Other (please specify)"</i>	
r14_o_name	Full name:  <i>Question relevant when: \${r14} = "Other (please specify)"</i>	
r14_o_fname	Father's name:  <i>Question relevant when: \${r14} = "Other (please specify)"</i>	
r14_o_nickname	Please enter any other name or nickname used by the Head of the Household <i>Leave blank if none</i>	

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Field	Question	Answer
	<i>Question relevant when: \${r14} = "Other (please specify)"</i>	
r14_1	Why is [name] not part of this household? <i>Question relevant when: \${r14} = "Other (please specify)"</i>	<input type="checkbox"/> Worker who does not live in this household <input type="checkbox"/> Family member who does not live in this household <input type="checkbox"/> Neighbor <input type="checkbox"/> Moved because of work or study <input type="checkbox"/> Passed away <input type="checkbox"/> Other
r14_2	What is the relationship of [name] to the head of your household? <i>Question relevant when: \${r14} = "Other (please specify)"</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r14_2_o	If other, please specify. <i>Question relevant when: \${r14_3} = "Other (please specify)" and \${r14} = "Other (please specify)"</i>	
r14_3	What is the relationship of [name] to the lady of your household? <i>Question relevant when: \${r14} = "Other (please specify)"</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r14_3_o	If other, please specify. <i>Question relevant when: \${r14_3} = "Other (please specify)" and \${r14} = "Other (please specify)"</i>	
r14a	Who has been mostly taking care of the livestock? <i>We mean the person who mainly takes care of the health, maintenance, feeding, breeding and the general care of the livestock.</i> <i>Question relevant when: \${r13} = "Yes"</i>	<input type="checkbox"/> (List of household members selected in \${r14})

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Field	Question	Answer
(a) Livestock		
script	Now, I would like to ask you about the livestock your household received from CHA (Coordination of Humanitarian Assistance). These questions are critical for understanding how the program can improve and honesty is essential. Please answer as truthfully as you can.	
r25	What type of livestock did your household receive from CHA (Coordination of Humanitarian Assistance)? <i>Select all that apply</i>	<input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Sheep
script	How many livestock did your household receive from CHA (Coordination of Humanitarian Assistance)? <i>If none, please enter 0. If don't know, please enter -99.</i>	
r26a	Grown cows <i>Question relevant when: Selected(\$r23, "Cow") Response constrained to: (&gt;=0 and &lt;=10) or .=-99</i>	
r26b	Calves <i>Question relevant when: Selected(\$r23, "Cow") Response constrained to: (&gt;=0 and &lt;=10) or .=-99</i>	
r26c	Grown goats <i>Question relevant when: Selected(\$r23, "Goat") Response constrained to: (&gt;=0 and &lt;=10) or .=-99</i>	
r26d	Baby goats <i>Question relevant when: Selected(\$r23, "Goat") Response constrained to: (&gt;=0 and &lt;=10) or .=-99</i>	
r26e	Grown sheep <i>Question relevant when: Selected(\$r23, "Sheep") Response constrained to: (&gt;=0 and &lt;=10) or .=-99</i>	
r26f	Lambs <i>Question relevant when: Selected(\$r23, "Sheep") Response constrained to: (&gt;=0 and &lt;=10) or .=-99</i>	
script	Of the livestock that your household received, how many were female? <i>If none, please enter 0. If don't know, please enter -99. Question relevant when: Selected(\$r13) = "Yes"</i>	
r27a	Grown cows <i>Question relevant when: Selected(\$r26a) &gt; 0</i>	
r27b	Calves <i>Question relevant when: Selected(\$r26b) &gt; 0</i>	
r27c	Grown goats <i>Question relevant when: Selected(\$r26c) &gt; 0</i>	
r27d	Baby goats <i>Question relevant when: Selected(\$r26d) &gt; 0</i>	
r27e	Grown sheep <i>Question relevant when: Selected(\$r26e) &gt; 0</i>	
r27f	Lambs <i>Question relevant when: Selected(\$r26f) &gt; 0</i>	
Script	Is any of your livestock pregnant or breastfeeding?	

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Field	Question	Answer
r82a	Cows Please remind the respondent that we are asking only for livestock given by CHA (Coordination of Humanitarian Assistance). Question relevant when: $\$(r27a) + \$(r27b) > 0$	<input type="checkbox"/> Pregnant <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/> Don't know
r82b	Goats Please remind the respondent that we are asking only for livestock given by CHA (Coordination of Humanitarian Assistance). Question relevant when: $\$(r27c) + \$(r27d) > 0$	<input type="checkbox"/> Pregnant <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/> Don't know
r82c	Sheep Please remind the respondent that we are asking only for livestock given by CHA (Organization for coordinating humanitarian aid). Question relevant when: $\$(r27e) + \$(r27f) > 0$	<input type="checkbox"/> Pregnant <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/> Don't know
r28a	How many living calves have any of your cows given birth to? Please remind the respondent that we are asking only for livestock given by CHA (Coordination of Humanitarian Assistance). Question relevant when: $\$(r27a) + \$(r27b) > 0$	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ... <input type="checkbox"/> 15 <input type="checkbox"/> Don't know
r28b	How many living baby goats have any of your goats given birth to? Please remind the respondent that we are asking only for livestock given by CHA (Coordination of Humanitarian Assistance). Question relevant when: $\$(r27c) + \$(r27d) > 0$	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ... <input type="checkbox"/> 15 <input type="checkbox"/> Don't know
r28c	How many living lambs have any of your sheep given birth to? Please remind the respondent that we are asking only for livestock given by CHA (Coordination of Humanitarian Assistance). Question relevant when: $\$(r27e) + \$(r27f) > 0$	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ... <input type="checkbox"/> 15 <input type="checkbox"/> Don't know
script	From the livestock your household receive from CHA (Coordination of Humanitarian Assistance) and the calves they gave birth to, how many animals does your household still own?  If none, please enter 0. If don't know, please enter -99. Question relevant when: $\$(r13) = \text{"Yes"}$	
r74a	Cows Question relevant when: $\$(r26a) + \$(r26b) > 0$ Response constrained to: $.>=0$ or $.=-99$	
r74b	Goats Question relevant when: $\$(r26c) + \$(r26d) > 0$ Response constrained to: $.>=0$ or $.=-99$	
r74c	Sheep Question relevant when: $\$(r26e) + \$(r26f) > 0$ Response constrained to: $.>=0$ or $.=-99$	
r30	Has any livestock you received got sick in a way that affected its productivity? For example, by reducing milk production. Please remind the respondent that we are asking only for livestock given by CHA (Coordination of Humanitarian Assistance). Question relevant when: $\$(r13) = \text{"Yes"}$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
r30_v	Therefore, none of your livestock got sick in a way that affected its productivity. Is that correct? The reason I seek your confirmation is that this information will help us to understand how the program can improve.	<input type="checkbox"/> Yes <input type="checkbox"/> No
script	In the last twelve months, how many animals got sick in a way that affected its productivity? For example, by reducing milk production.	

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Field	Question	Answer
	<i>Please remind the respondent that we are asking only for livestock given by CHA (Coordination of Humanitarian Assistance).</i> <i>Question relevant when: \${r30} = "Yes"</i>	
r31a	Grown cows and calves <i>Question relevant when: \${r26a} + \${r26b} &gt; 0</i>	
r31b	Grown goats and baby goats <i>Question relevant when: \${r26c} + \${r26d} &gt; 0</i>	
r31c	Grown sheep and lambs <i>Question relevant when: \${r26e} + \${r26f} &gt; 0</i>	
r32	In the last twelve months, for how many months in total the sickness of your livestock affected the production of products such as milk or the income you expect from those products? <i>Please remind the respondent that we are asking only for livestock given by CHA (Coordination of Humanitarian Assistance).</i> <i>Question relevant when: \${r30} = "Yes"</i>	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Don't know
r33	In the last twelve months, approximately, how much in total did you spend in treatment for your sick livestock? (Afghanis) <i>If don't know, please enter -99.</i> <i>Question relevant when: \${r30} = "Yes"</i> <i>Response constrained to: .&gt;=0 or .=-99</i>	
Script	Now I will ask more details of sickness per each type of livestock (cow, goat, sheep) <i>Question relevant when: \${r30} = "Yes"</i>	
r34	What was the most recent disease your (cow/goat/sheep) got? Please DO NOT PROMPT <i>Question relevant when: cow/goat/sheep got sick</i>	<input type="checkbox"/> Tympany <input type="checkbox"/> Foot and Mouth Disease <input type="checkbox"/> External parasites <input type="checkbox"/> Udder infection <input type="checkbox"/> Other internal disease. <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
r34_o	If other, please specify <i>Question relevant when: \${r34} = "Other (please specify)"</i>	
r35	For the most recent disease of your (cow/goat/sheep), what did you do? <i>Select all that apply</i> <i>Question relevant when: cow/goat/sheep got sick</i>	<input type="checkbox"/> Sought no treatment <input type="checkbox"/> Received treatment from CHA vet <input type="checkbox"/> Sought treatment by experienced villagers <input type="checkbox"/> Sought treatment by another vet <input type="checkbox"/> Treated on our own <input type="checkbox"/> Other (please specify)
r35_o	If other, please specify <i>Question relevant when: \${r35} = "Other (please specify)"</i>	
r36	What was the outcome of the most recent disease your (cow/goat/sheep) got? <i>Question relevant when: cow/goat/sheep got sick</i>	<input type="checkbox"/> The animal was treated and recovered <input type="checkbox"/> The animal recovered on its own <input type="checkbox"/> The animal was replaced by CHA <input type="checkbox"/> The animal was wasted <input type="checkbox"/> Other (please specify)
r36_o	If other, please specify <i>Question relevant when: \${r36} = "Other (please specify)"</i>	
r36_1	When was your (cow/goat/sheep) replaced by the CHA (Coordination of Humanitarian Assistance)? <i>If don't know enter January 2010. If more than one was replaced, please enter the date for the most recent</i>	

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Field	Question	Answer
	<i>Question relevant when: <math>\\$(r36) = \text{"The animal was replaced by CHA"}</math></i>	
r37	Did you sell any of the livestock your household receive from CHA (Coordination of Humanitarian Assistance) or the calves they gave birth to?  <i>Question relevant when: <math>\\$(r13) = \text{"Yes"}</math></i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
r37_v	Therefore, you didn't sell any of your livestock. Is that correct? The reason I seek your confirmation is that this information will help us to understand how the program can improve.	<input type="checkbox"/> Yes <input type="checkbox"/> No
script	How many livestock did you sell? <i>If none, please enter "0". If don't know enter -99</i>  <i>Question relevant when: <math>\\$(r37) = \text{"Yes"}</math></i>	
r38a	Grown cows and calves  <i>Question relevant when: <math>\\$(r26a) + \\$(r26b) &gt; 0</math></i> <i>Response constrained to: <math>\geq 0</math> or <math>\leq -99</math></i>	
r38b	Grown goats and baby goats  <i>Question relevant when: <math>\\$(r26c) + \\$(r26d) &gt; 0</math></i> <i>Response constrained to: <math>\geq 0</math> or <math>\leq -99</math></i>	
r38c	Grown sheep and lambs  <i>Question relevant when: <math>\\$(r26e) + \\$(r26f) &gt; 0</math></i> <i>Response constrained to: <math>\geq 0</math> or <math>\leq -99</math></i>	
r39	How much did you earn in total? (Afghanis)  <i>Question relevant when: <math>\\$(r37) = \text{"Yes"}</math></i> <i>Response constrained to: <math>\geq 0</math> or <math>\leq -99</math> or <math>\leq -98</math></i>	
script	Now I will ask more details of livestock sold per each type of livestock (cow, goat, sheep)  <i>Question relevant when: <math>\\$(r37) = \text{"Yes"}</math></i>	
r40	When did you sell the first (cow/goat/sheep) you sold?  <i>If don't know enter January 2010.</i> <i>Question relevant when: (cow/goat/sheep) was sold</i>	
r41	Why did you sell the first (cow/goat/sheep) you sold? <i>Select all that apply. Please do not prompt.</i>  <i>Question relevant when: (cow/goat/sheep) was sold</i>	<input type="checkbox"/> The livestock was sick <input type="checkbox"/> Could not feed the livestock <input type="checkbox"/> Needed money for household consumption <input type="checkbox"/> Needed money to repay household debt <input type="checkbox"/> Needed money for household emergency expenses (illness, death, travel, wedding, etc) <input type="checkbox"/> Needed money for medical treatment/expenses <input type="checkbox"/> Needed money for educational expenses <input type="checkbox"/> Sold to invest in another business <input type="checkbox"/> Sold to buy other livestock <input type="checkbox"/> Sold to buy household assets <input type="checkbox"/> Other (please specify)
r41_o	If other, please specify  <i>Question relevant when: <math>\\$(r41) = \text{"Other (please specify)"}</math></i>	
r43	If sold the livestock to invest in another business, what type of business?  <i>Question relevant when: Selected(<math>\\$(r41)</math>, "Sold to invest in another business")</i>	
r44	If sold the livestock to buy other livestock, what type of livestock?  <i>Question relevant when: Selected(<math>\\$(r41)</math>, "Sold to buy other livestock")</i>	
r45	If sold the livestock to buy household assets, what type of assets?  <i>Question relevant when: Selected(<math>\\$(r41)</math>, "Sold to buy household assets")</i>	

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Field	Question	Answer
r46	Did you lose any of the livestock your household received from CHA (Coordination of Humanitarian Assistance) or the calves they gave birth to because of death?  <i>Question relevant when: \${r13} = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
r46_v	Therefore, none of your livestock died. Is that correct? The reason I seek your confirmation is that this information will help us to understand how the program can improve.	<input type="checkbox"/> Yes <input type="checkbox"/> No
script	How many livestock died? <i>If none, please enter "0". If don't know enter -99</i>  <i>Question relevant when: \${r46} = "Yes"</i>	
r47a	Grown cows and calves  <i>Question relevant when: \${r26a} + \${r26b} &gt; 0</i>	
r47b	Grown goats and baby goats  <i>Question relevant when: \${r26c} + \${r26d} &gt; 0</i>	
r47c	Grown sheep and lambs  <i>Question relevant when: \${r26e} + \${r26f} &gt; 0</i>	
r48	When did the first (cow/goat/sheep) death happen? <i>If don't know enter January 2010.</i>  <i>Question relevant when: (cow/goat/sheep) died</i>	
r51	Was any of your livestock replaced by the CHA (Coordination of Humanitarian Assistance)?  <i>Question relevant when: \${r13} = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
r52	What was the reason for replacement? <i>Select all that apply</i>  <i>Question relevant when: \${r47} = "Yes"</i>	<input type="checkbox"/> Severe sickness <input type="checkbox"/> Produced too little milk <input type="checkbox"/> Kicked when tried milking <input type="checkbox"/> Passed away <input type="checkbox"/> Other (please specify)
r52_o	If other, please specify  <i>Question relevant when: \${r48} = "Other (please specify)"</i>	
r53	Approximately, when was the livestock replaced? <i>If don't know enter January 2010.</i>  <i>Question relevant when: \${r51} = "Yes"</i>	
r54	Did you receive food supplement from the TUP project (Targeting the Ultra Poor) for your livestock?  <i>Question relevant when: \${r13} = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
r55	How many times did you receive food supplement?  <i>Question relevant when: \${r54} = "Yes"</i>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 or more <input type="checkbox"/> Don't know
r56	Approximately, how much was it each time? (kgs) <i>If don't remember, enter -99.</i>  <i>Question relevant when: \${r55} = "Yes"</i> <i>Response constrained to: &gt;0 or :=-99</i>	
script	Now I will ask questions of the livestock your household currently has  <i>Questions relevant when: Household has at least 1 livestock</i>	
r59	In total, how many kgs of fodder would you need in order to fully feed one of your grown-up livestock in a day? <i>If don't know, please enter -99.</i>	

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	<i>Question relevant when: Household has at least 1 livestock Response constrained to: (&gt;0 and &lt;=100) or .=-99</i>	
r60	What are some of the challenges that you face in feeding your livestock? <i>Select all that apply</i>	<input type="checkbox"/> None <input type="checkbox"/> Lack of pastures <input type="checkbox"/> Insufficient grass along canals <input type="checkbox"/> Cannot afford to purchase fodder <input type="checkbox"/> Other (please specify)
r60_o	<i>Question relevant when: Household has at least 1 livestock If other, please specify</i>	
	<i>Question relevant when: \${r60} = "Other (please specify)"</i>	
r57	On average, how many kilograms of fodder do you provide for your livestock received from CHA (Coordination of Humanitarian Assistance) in a day? <i>If don't know, please enter -99.</i>	
	<i>Question relevant when: Household has at least 1 livestock</i>	
r58	Considering all sources, can you provide sufficient food for your livestock? <i>Question relevant when: Household has at least 1 livestock</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
r66	What were the three most important sources that you used during the spring and summer time for feeding the livestock you received through TUP (Targeting the Ultra Poor)? <i>Question relevant when: Household has at least 1 livestock</i>	<input type="checkbox"/> Common pasture <input type="checkbox"/> Grass along canals <input type="checkbox"/> Household leftover vegetables (free) <input type="checkbox"/> Neighbor's leftover vegetables (free) <input type="checkbox"/> Free vegetables from shops <input type="checkbox"/> Purchased fodder <input type="checkbox"/> Purchased vegetables <input type="checkbox"/> Other (please specify)
r66_o	<i>If other, please specify Question relevant when: \${r66} = "Other (please specify)"</i>	
r67	What were the three most important sources that you used during the fall and winter seasons for feeding the livestock you received through TUP (Targeting the Ultra Poor)? <i>Question relevant when: Household has at least 1 livestock</i>	<input type="checkbox"/> Common pasture <input type="checkbox"/> Grass along canals <input type="checkbox"/> Household leftover vegetables (free) <input type="checkbox"/> Neighbor's leftover vegetables (free) <input type="checkbox"/> Free vegetables from shops <input type="checkbox"/> Purchased fodder <input type="checkbox"/> Purchased vegetables <input type="checkbox"/> Other (please specify)
r67_o	<i>If other, please specify Question relevant when: \${r67} = "Other (please specify)"</i>	
<b>(b) Animal products</b>		
r73	In the past four weeks has your household produced any of these animal products with the livestock received through TUP (Targeting the Ultra Poor) and the calves they gave birth to? <i>Prompt options. Check all that apply. If household did not produce any product, check "None".</i>	<input type="checkbox"/> Milk <input type="checkbox"/> Butter <input type="checkbox"/> Yogurt <input type="checkbox"/> Meat <input type="checkbox"/> Other 1 (please specify) <input type="checkbox"/> Other 2 (please specify) <input type="checkbox"/> None <input type="checkbox"/> Don't know
r73_o1	<i>If other, please specify Question relevant when: \${r73} = "Other 1 (please specify)"</i>	
r73_o2	<i>If other, please specify Question relevant when: \${r73} = "Other 2 (please specify)"</i>	
r74	How much has your household produced of [animal product] in the past four weeks with the livestock received through TUP (Targeting the Ultra Poor) and the calves they gave birth to? <i>Milk and others: enter in kgs. Enter -99 if don't know, -98 if don't answer.</i>	
	<i>Question relevant when: !Selected(\${r73}, "None") and !Selected(\${r73}, "Don't know") Response constrained to: .&gt;=0 or .=-99 or .=-98</i>	

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r75	Of [animal product] produced in the past four weeks with the livestock received through TUP (Targeting the Ultra Poor) and the calves they gave birth to, how much did your household sell? <i>Milk and others: enter in kgs. Enter -99 if don't know, -98 if don't answer.</i>  <i>Question relevant when: !Selected(\$r73), "None" and !Selected(\$r73), "Don't know"</i> <i>Response constrained to: .&gt;=0 and . &lt;= \$r74 or .=-99 or .=-98</i>	
r76	How much did your household earn from selling [animal product] in the past four weeks? <i>Value in Afghanis. Enter -99 if don't know. -98 if don't answer.</i>  <i>Question relevant when: !Selected(\$r73), "None" and !Selected(\$r73), "Don't know"</i> <i>Response constrained to: .&gt;=0 or .=-99 or .=-98</i>	
r74_year	What is the average monthly production of milk in the past year of the livestock received through TUP (Targeting the Ultra Poor) and the babies they gave birth to? <i>Enter amount in kilograms. Enter -99 if don't know, -98 if don't answer.</i>  <i>Question relevant when: selected( \$r73), "Milk"</i> <i>Response constrained to: .&gt;=0 or .=-98 or .=-99</i>	
r61	What do you think you should do in case any of your livestock is infected by external parasites and insects? <i>Select all that apply. Do not prompt.</i>	<input type="checkbox"/> The animal should be slaughtered and its meat cannot be consumed. <input type="checkbox"/> The animal should be washed with detergent <input type="checkbox"/> The cure is vaccination <input type="checkbox"/> There is no cure <input type="checkbox"/> The animal recovers on its own in few days <input type="checkbox"/> Use anti-parasite medication <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
r61_o	If other, please specify <i>Question relevant when: \$r61 = "Other (please specify)"</i>	
r62	Do you know which parts of an animal are most affected by Foot and Mouth Disease (FMD)? <i>Select all that apply. Do not prompt.</i>	<input type="checkbox"/> Feet <input type="checkbox"/> Mouth <input type="checkbox"/> Udder <input type="checkbox"/> Bones <input type="checkbox"/> Lungs <input type="checkbox"/> Liver <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
r62_o	If other, please specify <i>Question relevant when: \$r62 = "Other (please specify)"</i>	
r63	What is the cure for Foot and Mouth Disease (FMD)? <i>Select all that apply. Do not prompt.</i>	<input type="checkbox"/> The animal should be slaughtered and its meat cannot be consumed. <input type="checkbox"/> There are tablets for treating this disease. <input type="checkbox"/> The only solution is vaccination. <input type="checkbox"/> There is no cure. <input type="checkbox"/> The animal recovers on its own in few days. <input type="checkbox"/> Use anti-FMD syrup. <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
r63_o	If other, please specify <i>Question relevant when: \$r63 = "Other (please specify)"</i>	
r64	Do you know what should be done in case any of your livestock is affected by Tympany? <i>Select all that apply. Do not prompt.</i>	<input type="checkbox"/> Make the animal drink a lot of water <input type="checkbox"/> Make the animal eat more fodder <input type="checkbox"/> There is no treatment <input type="checkbox"/> The animal will recover on its own in few hours <input type="checkbox"/> Only use anti-tympany medications <input type="checkbox"/> Use anti-tympany medications and if not effective create a whole on the left side of stomach <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know

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r64_o	If other, please specify	
script	<i>Question relevant when: \${r64} = "Other (please specify)"</i> Now I would like to ask you about other elements of the TUP project (Targeting the Ultra Poor).	
r1	At the beginning of the TUP project (Targeting the Ultra Poor), there was a training on animal rearing. Did any household member receive this training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r2	Which members of your household attended the animal rearing training? <i>Select all that apply</i>	<input type="checkbox"/> (List of current household roster) <input type="checkbox"/> Other (please specify)
script	Please specify which other person received the animal rearing training <i>Question relevant when: \${r1} = "Yes"</i>	
r2_o_name	Full name: <i>Question relevant when: \${r2} = "Other (please specify)"</i>	
r2_o_fname	Father's name: <i>Question relevant when: \${r2} = "Other (please specify)"</i>	
r2_o_nickname	Please enter any other name or nickname used by this other person or leave blank if none <i>Leave blank if none</i> <i>Question relevant when: \${r2} = "Other (please specify)"</i>	
r2_1	Why is [training recipient name] not part of this household? <i>Question relevant when: \${r2} = "Other (please specify)"</i>	<input type="checkbox"/> Worker that does not live in this household <input type="checkbox"/> Family member that does not live in this household <input type="checkbox"/> Neighbor <input type="checkbox"/> Moved because of work or study <input type="checkbox"/> Passed away <input type="checkbox"/> Other
r2_2	What is the relationship of [training recipient name] to the Head of your Household? <i>Question relevant when: \${r2} = "Other (please specify)"</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r2_2_o	If other, please specify. <i>Question relevant when: \${r2_2} = "Other unrelated (please specify)"</i>	
r2_3	What is the relationship of [training recipient name] to the Lady of the Household? <i>Question relevant when: \${r2} = "Other (please specify)" and \${a9} != "There is no lead female in the household"</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law

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		<input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r2_3_o	If other, please specify.  <i>Question relevant when: <math>\\$(r2\_3) = \text{"Other unrelated (please specify)"}</math></i>	
r2a	Which member of your household attended the animal rearing training most frequently? <i>Select all that apply</i>  <i>Question relevant when: <math>\\$(r1) = \text{"Yes"}</math></i>	<input type="checkbox"/> (List of household members selected in $\$(r2)$ )
r3	During the TUP program (Targeting the Ultra Poor), CHA (Coordination of Humanitarian Assistance) used to give a monthly stipend to each household. Did any household member receive this stipend support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r4	Could you please tell me which members of your household received the stipend? <i>Select all that apply</i>  <i>Question relevant when: <math>\\$(r3) = \text{"Yes"}</math></i>	<input type="checkbox"/> (List of current household roster) <input type="checkbox"/> Other (please specify)
script	Please specify which other person received the stipend  <i>Question relevant when: <math>\\$(r4) = \text{"Other (please specify)"}</math></i>	
r4_o_name	Full name:  <i>Question relevant when: <math>\\$(r4) = \text{"Other (please specify)"}</math></i>	
r4_o_fname	Father's name:  <i>Question relevant when: <math>\\$(r4) = \text{"Other (please specify)"}</math></i>	
r4_o_nickname	Please enter any other name or nickname used by this other person or leave blank if none <i>Leave blank if none</i>  <i>Question relevant when: <math>\\$(r4) = \text{"Other (please specify)"}</math></i>	
r4_1	Why is [stipend recipient name] not part of this household?  <i>Question relevant when: <math>\\$(r4) = \text{"Other (please specify)"}</math></i>	<input type="checkbox"/> Worker that does not live in this household <input type="checkbox"/> Family member that does not live in this household <input type="checkbox"/> Neighbor <input type="checkbox"/> Moved because of work or study <input type="checkbox"/> Passed away <input type="checkbox"/> Other
r4_2	What is the relationship of [stipend recipient name] to the Head of your Household?  <i>Question relevant when: <math>\\$(r4) = \text{"Other (please specify)"}</math></i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife

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		<input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r4_2_o	If other, please specify.  <i>Question relevant when: \${r4_2} = "Other unrelated (please specify)"</i>	
r4_3	What is the relationship of [stipend recipient name] to the Lady of the Household?  <i>Question relevant when: \${r4} = "Other (please specify)" and \${a9} != "There is no lead female in the household"</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r4_3_o	If other, please specify.  <i>Question relevant when: \${r4_3} = "Other unrelated (please specify)"</i>	
r4a	Which member of your household received the majority of the stipends? <i>Select all that apply</i>  <i>Question relevant when: \${r3} = "Yes"</i>	<input type="checkbox"/> (List of household members selected in \${r4})
r5	During the TUP program (Targeting the Ultra Poor), how much did your household receive on average each month? (in Afghani) <i>If don't know or don't remember, enter -99.</i>  <i>Question relevant when: \${r3} = "Yes"</i>	
r6	During the TUP program (Targeting the Ultra Poor), how many times did your household receive this stipend?  <i>Question relevant when: \${r3} = "Yes"</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16

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Field	Question	Answer
		<input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> Don't know
r7	<p>In the first two months that your household received the stipend, what were the two most important things in which your household spent the stipend money on? Do not prompt.</p> <p><i>Question relevant when: \${r3} = "Yes"</i></p>	<input type="checkbox"/> Food <input type="checkbox"/> Clothes for household members <input type="checkbox"/> Medications or treatment <input type="checkbox"/> School expenses <input type="checkbox"/> Repaid a loan <input type="checkbox"/> Fodder for TUP livestock <input type="checkbox"/> Fodder for non-TUP livestock <input type="checkbox"/> Saved it <input type="checkbox"/> Lent to individuals outside the household <input type="checkbox"/> Gave it to household head and not sure what he/she spent it on <input type="checkbox"/> Transportation <input type="checkbox"/> Repairing house <input type="checkbox"/> Building a shelter for TUP livestock <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
r7_o	<p>If other, please specify</p> <p><i>Question relevant when: \${r7} = "Other (please specify)"</i></p>	
r8	<p>In the last two months that your household received the stipend, what were the two most important things in which your household spent the stipend money on? Do not prompt.</p> <p><i>Question relevant when: \${r3} = "Yes"</i></p>	<input type="checkbox"/> Food <input type="checkbox"/> Clothes for household members <input type="checkbox"/> Medications or treatment <input type="checkbox"/> School expenses <input type="checkbox"/> Repaid a loan <input type="checkbox"/> Fodder for TUP livestock <input type="checkbox"/> Fodder for non-TUP livestock <input type="checkbox"/> Saved it <input type="checkbox"/> Lent to individuals outside the household <input type="checkbox"/> Gave it to household head and not sure what he/she spent it on <input type="checkbox"/> Transportation <input type="checkbox"/> Repairing house <input type="checkbox"/> Building a shelter for TUP livestock <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
r8_o	<p>If other, please specify</p> <p><i>Question relevant when: \${r8} = "Other (please specify)"</i></p>	
r9	<p>Did any household member attend the health and hygiene training?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
r10	<p>Could you please tell me which members of your household attended the health and hygiene training? Select all that apply.</p> <p><i>Question relevant when: \${r9} = "Yes"</i></p>	<input type="checkbox"/> (List of current household roster) <input type="checkbox"/> Other (please specify)
script	<p>Please specify which other person attended the health and hygiene training.</p> <p><i>Question relevant when: \${r10} = "Other (please specify)"</i></p>	
r10_o_name	<p>Full name:</p> <p><i>Question relevant when: \${r10} = "Other (please specify)"</i></p>	
r10_o_fname	<p>Father's name:</p> <p><i>Question relevant when: \${r10} = "Other (please specify)"</i></p>	
r10_o_nickname	<p>Please enter any other name or nickname used by this other person or leave blank if none Leave blank if none</p> <p><i>Question relevant when: \${r10} = "Other (please specify)"</i></p>	
r10_1	<p>Why is [health training recipient name] not part of this household?</p> <p><i>Question relevant when: \${r10} = "Other (please specify)"</i></p>	<input type="checkbox"/> Worker that does not live in this household <input type="checkbox"/> Family member that does not live in this household <input type="checkbox"/> Neighbor <input type="checkbox"/> Moved because of work or study <input type="checkbox"/> Passed away <input type="checkbox"/> Other

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r10_2	What is the relationship of [health training recipient name] to the Head of your Household? <i>Question relevant when: \${r10} = "Other (please specify)"</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r10_2_o	If other, please specify. <i>Question relevant when: \${r10_2} = "Other unrelated (please specify)"</i>	
r10_3	What is the relationship of [health training recipient name] to the Lady of the Household? <i>Question relevant when: \${r10} = "Other (please specify)" and \${a9} != "There is no lead female in the household"</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r10_3_o	If other, please specify. <i>Question relevant when: \${r10_3} = "Other unrelated (please specify)"</i>	
r11	Did any household member attend the training for Saving and Livelihood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r12	Could you please tell me which members of your household attended the training for Saving and Livelihood? <i>Select all that apply</i>  <i>Question relevant when: \${r11} = "Yes"</i>	<input type="checkbox"/> (List of current household roster) <input type="checkbox"/> Other (please specify)
script	Please specify which other person attended the training for Saving and Livelihood?  <i>Question relevant when: \${r12} = "Other (please specify)"</i>	
r12_o_name	Full name:	

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	<i>Question relevant when: \${r12} = "Other (please specify)"</i>	
r12_o_fname	Father's name: <i>Question relevant when: \${r12} = "Other (please specify)"</i>	
r12_o_nickname	Please enter any other name or nickname used by this other person or leave blank if none <i>Leave blank if none</i> <i>Question relevant when: \${r12} = "Other (please specify)"</i>	
r12_1	Why is [savings and livelihood training recipient name] not part of this household? <i>Question relevant when: \${r12} = "Other (please specify)"</i>	<input type="checkbox"/> Worker that does not live in this household <input type="checkbox"/> Family member that does not live in this household <input type="checkbox"/> Neighbor <input type="checkbox"/> Moved because of work or study <input type="checkbox"/> Passed away <input type="checkbox"/> Other
r12_2	What is the relationship of [savings and livelihood training recipient name] to the Head of your Household? <i>Question relevant when: \${r12} = "Other (please specify)"</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r12_2_o	If other, please specify. <i>Question relevant when: \${r12_2} = "Other unrelated (please specify)"</i>	
r12_3	What is the relationship of [savings and livelihood training recipient name] to the Lady of the Household? <i>Question relevant when: \${r12} = "Other (please specify)" and \${a9} != "There is no lead female in the household"</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Stepson/stepdaughter/adopted/foster <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Father/mother <input type="checkbox"/> Father-in-law/mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Great-grandchild <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew/niece <input type="checkbox"/> Co-wife <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other relative <input type="checkbox"/> Worker/household help <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Lodger <input type="checkbox"/> Neighbor <input type="checkbox"/> Other unrelated (please specify) <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
r12_3_o	If other, please specify.	

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	<i>Question relevant when: \${r12_3} = "Other unrelated (please specify)"</i>	
r16	Did CHA (Coordination of Humanitarian Assistance) project staff visit your house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r17	How often did project staff visit your house? <i>Question relevant when: \${r16} = "Yes"</i>	<input type="checkbox"/> Every week <input type="checkbox"/> Once every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Once in two months <input type="checkbox"/> Once in three months <input type="checkbox"/> Once in four months <input type="checkbox"/> Once in six months <input type="checkbox"/> Other (please specify)
r17_o	If other, please specify <i>Question relevant when: \${r17} = "Other (please specify)"</i>	
r19	What did project staff usually do when visiting your house? <i>Select all that apply</i> <i>Question relevant when: \${r16} = "Yes"</i>	<input type="checkbox"/> Checking on the health of the cows/goats/sheep <input type="checkbox"/> Checking how much milk the cows/goats/sheep produced <input type="checkbox"/> Asking about any problems affecting the cows/goats/sheep <input type="checkbox"/> Asking about household consumption <input type="checkbox"/> Asking about household saving <input type="checkbox"/> Asking about the household members' health <input type="checkbox"/> Asking about children's school <input type="checkbox"/> Other (please specify)
r19_o	If other, please specify <i>Question relevant when: Selected(\${r19}, "Other (please specify)")</i>	
script	Now, I would like to ask you a few questions on health and education.	
r20	Do you know what the causes of Diarrhea are? <i>Select all that apply. DO not prompt.</i>	<input type="checkbox"/> Eating too much <input type="checkbox"/> Eating too little <input type="checkbox"/> Consuming unclean water or food <input type="checkbox"/> Eating vegetables <input type="checkbox"/> Exposure to hot weather and sunshine <input type="checkbox"/> Exposure to cold weather <input type="checkbox"/> Drinking too much milk <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know
r20_o	If other, please specify <i>Question relevant when: Selected(\${r20}, "Other (please specify)")</i>	
r21	Since the start of the project, have you used your TUP ID to refer to public health institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't have a TUP ID <input type="checkbox"/> Don't know
r22	If yes, how many times you have used your TUP ID to refer to public health institutions? <i>Question relevant when: \${r21} = "Yes"</i>	
r23	Did project staff guide you on which clinic or doctor to visit and how to seek health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r24	Did you receive support from the project staff to enroll any children in the household in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Direct observation of Stable (If household has at least 1 cow/sheep/goat)</b>		
consent_direct_obs	Thank you very much for your time. If you don't mind, I would like to note down some details and take some pictures of the place where you keep the animals. Would it be possible to do that?	<input type="checkbox"/> I do NOT have a place for the animals <input type="checkbox"/> Yes, you can look around the place where animals are kept <input type="checkbox"/> No, you cannot look around the place where animals are kept
r68	Is the place where the animals are kept an enclosed (with walls) or open space? <i>Question relevant when: \${consent_direct_obs} = "Yes"</i>	<input type="checkbox"/> Enclosed space <input type="checkbox"/> Open space
r69	What is the width of the stable in meters? Please answer this question after estimating the approximate width of the stable <i>If unable to answer, enter -98.</i>	

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	<i>Question relevant when: \${r68} = "Enclosed space" and \${consent_direct_obs} = "Yes"</i>	
r70	What is the length of the stable in meters? Please answer this question after estimating the approximate length of the stable. If unable to answer, enter -98.  <i>Question relevant when: \${r68} = "Enclosed space" and \${consent_direct_obs} = "Yes"</i>	
r71	Does the place where the animals are kept include shade and sunny space?  <i>Question relevant when: \${consent_direct_obs} = "Yes"</i>	<input type="checkbox"/> Shade only <input type="checkbox"/> Sunny space only <input type="checkbox"/> Includes shade and sunny space
r72	Does the place where the animals are kept include fodder container and water container?  <i>Question relevant when: \${consent_direct_obs} = "Yes"</i>	<input type="checkbox"/> Fodder container only <input type="checkbox"/> Water container only <input type="checkbox"/> Both fodder and water containers <input type="checkbox"/> None
r77	Are you able to take pictures that show the condition of the place where the animals are kept?  <i>Question relevant when: \${consent_direct_obs} = "Yes"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
note	How is the condition of the place where the animals are kept? INSTRUCTION: Take pictures that show the condition of the place where the animals are kept  <i>Question relevant when: \${r77} = "Yes"</i>	
pic1	Take a picture of the surface Please try to take a picture where the livestock is observed.  <i>Question relevant when: \${r77} = "Yes"</i>	
pic2	Take a picture of the food and water containers Please try to take a picture where the livestock is observed.  <i>Question relevant when: \${r77} = "Yes"</i>	
pic3	Take a picture of the ceiling  <i>Question relevant when: \${r77} = "Yes"</i>	
r78	Were you able to observe the TUP livestock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r79	Why was the livestock not observed?  <i>Question relevant when: \${r78} = "No"</i>	<input type="checkbox"/> Livestock pasturing in another terrain <input type="checkbox"/> Livestock lost <input type="checkbox"/> Livestock died <input type="checkbox"/> Livestock sold <input type="checkbox"/> Other (please specify)
r79_o	Please specify why you weren't able to observe the livestock  <i>Question relevant when: \${r79} = "Other (please specify)"</i>	
instruction	You are now at the end of Module 15: TUP Monitoring and Compliance (R). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 16: Fragility (S), Migration (T), Religion (U-1) and Community &amp; Emotions (U-2)</b>		
(a) Fragility (S)		
script	Please use the following script for guidance:  Now I would like to ask you some questions about how you experience life in your village.	
s1	Approximately, how many relatives do you have in this village? Enter -99 if don't know. Enter -98 if don't answer. Prompt options. If the respondent gives you a range, enter the midpoint  <i>Response constrained to: &gt;=0 or .=-99 or .=-98</i>	
script	Approximately in the last 12 months, how many times did the following happen to you or any of your family members?	

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s4	Theft of any kind <i>Do not prompt.</i>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Don't Answer <input type="checkbox"/> Don't know
s5	Assault or threat (being attacked in a frightening way) <i>Do not prompt.</i>	
s6	Bribery or corruption (by police officer or public official) <i>Do not prompt.</i>	
s7	Were there any organized groups creating insecurity in your area in the past 12 months? <i>Do not prompt.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer
s8	Which preventive measures have you or any member of your household taken to protect yourselves and your household from crime such as theft, assault or threat? <i>Select all that apply. Do not prompt.</i>	<input type="checkbox"/> Lighting <input type="checkbox"/> Locks <input type="checkbox"/> Alarm system/Closed-circuit television (CCTV) <input type="checkbox"/> Guard <input type="checkbox"/> Watchdog <input type="checkbox"/> Hiding <input type="checkbox"/> Self-defense with knife/machete <input type="checkbox"/> Self-defense with arms <input type="checkbox"/> Nothing <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't answer
s8_o	If other, please specify. <i>Question relevant when: \${s8} = "Other (please specify)"</i>	
s9	What is the distance to the nearest police station? <i>Distance is in km. Approximate time in a car with no traffic in parenthesis</i>	<input type="checkbox"/> 2km or less (10 minutes or less) <input type="checkbox"/> 2.1km - 4km (between 11 and 20 minutes) <input type="checkbox"/> 4.1km - 6km (between 21 and 40 minutes) <input type="checkbox"/> More than 6km (more than 40 minutes) <input type="checkbox"/> Don't know
s10	Do you belong to a political party?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer
s11	Is anyone in your household a member of a council/shura?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer
s21	Do you have a Tazkira ID card?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer
s12	Did you register to vote in the last presidential election?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer
s13	Did you register to vote in the last provincial elections?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer
s22	Have any members of your household registered to vote in the upcoming parliamentary elections?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
s23	How many members of your household have registered to vote in the upcoming parliamentary elections? <i>Question relevant when: \${s22} = "Yes"</i>	
s24	Can I see the registration stamp on one of the Tazkiras? <i>Question relevant when: \${s22} = "Yes"</i>	<input type="checkbox"/> Observed the registration stamp of respondent's Tazkira <input type="checkbox"/> Observed the registration stamp of another household member's Tazkira

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Field	Question	Answer
		<input type="checkbox"/> Tazkiras were not available <input type="checkbox"/> Refused to show Tazkiras
s14	On a scale from 1 to 10, how often have you or anyone in your household felt unsafe walking in your neighborhood at night in the last 12 months? Where 1 is very rarely and 10 is very often. <i>Keep in mind 1 represents very rarely and 10 represents very often. Show the image to the respondent.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Don't answer
s15	On a scale from 1 to 10, how often have you or anyone in your household feared crime such as theft, assault or threat in your own home in the last 12 months? Where 1 is very rarely and 10 is very often. <i>Keep in mind 1 represents very rarely and 10 represents very often. Show the image to the respondent.</i>	
(b) Migration (T)		
script	"The next set of questions refer to "forced migrants" where this refers to people who migrate to escape persecution, conflict, repression, or other situations that endanger their lives, freedom or livelihood. This includes both - internally displaced people: people who have migrated from one part of the country to another, and - returnees: people who originally migrated to another country, e.g. Pakistan and then were forced to return to Afghanistan."	
t1	Are you aware of anyone who moved to your village in the last 2 years because of war, violence, insecurity or other situations that endangered their lives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Answer
t2	Does this include returnees, internally displaced people, or both? <i>Select all that apply. Remember that:</i> - Internally displaced migrated from one part of the country to another. - Returnees originally migrated to another country (e.g. Pakistan) and then were forced to return to Afghanistan.  <i>Question relevant when: \${t1} = "Yes"</i>	<input type="checkbox"/> Internally displaced people <input type="checkbox"/> Returnees <input type="checkbox"/> Don't know
t3	Around how many forced migrants in your village are you aware of? <i>"Forced migrants" refers to people who migrate to escape persecution, conflict, repression, or other situations that endanger their lives, freedom or livelihood.</i>  <i>Question relevant when: \${t1} = "Yes"</i>	<input type="checkbox"/> None <input type="checkbox"/> 1 to 5 people <input type="checkbox"/> 6 to 10 people <input type="checkbox"/> 11 to 15 people <input type="checkbox"/> 16 to 20 people <input type="checkbox"/> 21 to 25 people <input type="checkbox"/> 26 to 30 people <input type="checkbox"/> 31 to 35 people <input type="checkbox"/> 36 to 40 people <input type="checkbox"/> More than 40 people <input type="checkbox"/> Don't know
t4	How satisfied are you with the way the Afghan government is dealing with forced migrants? <i>Prompt: "Forced migrants" refers to people who migrate to escape persecution, conflict, repression, or other situations that endanger their lives, freedom or livelihood.</i>  <i>Question relevant when: \${t1} = "Yes"</i>	<input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Unsatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
script	Imagine forced migrants come to live in your village. How likely do you think these migrants are to: <i>Prompt: "Forced migrants" refers to people who migrate to escape persecution, conflict, repression, or other situations that endanger their lives, freedom or livelihood.</i>	
t5a	Contribute to the village economy	<input type="checkbox"/> Very unlikely <input type="checkbox"/> Unlikely <input type="checkbox"/> Likely <input type="checkbox"/> Very likely <input type="checkbox"/> Don't answer

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Field	Question	Answer
		<input type="checkbox"/> Don't know
t5b	Increase conflict in your village or area	
t5c	Take away job opportunities from other people living in the village	
t5d	Access government services intended for other village members	
t5e	Be accepted by the community	
t5f	Bring positive change to the village	
t6	Do you think that forced migrants should be supported in building a new life in their new location, or helped to move back to their original residence? <i>"Forced migrants" refers to people who migrate to escape persecution, conflict, repression, or other situations that endanger their lives, freedom or livelihood.</i>	<input type="checkbox"/> Supported building new life <input type="checkbox"/> Helped to move back <input type="checkbox"/> Don't answer
t7	If you were to guess, how many internally displaced people do you think there are in Afghanistan? <i>If don't know, please enter -99. If don't answer, please enter -98. Internally displaced people refers to people that have migrated from one part of the country to another.</i>  <i>Response constrained to: &gt;=0 or .=-99 or .=-98</i>	
t8	Do you think Afghan returnees from Pakistan should be allowed to access government services? <i>Returnees refers to people that originally migrated to another country (e.g. Pakistan) and then were forced to return to Afghanistan.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
t9	In the last 2 years, has any member of the household returned to live in the village after being forced to move out of the village?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
t10	In the last 2 years, has any member of the household been forced to move out of the village? <i>We mean any member who had to move to escape persecution, conflict, repression, or other situations that endanger their lives, freedom or livelihood.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
t11	Where did they move? <i>If more than one, please select the one that applies the most.</i>  <i>Question relevant when: \${t10} = "Yes"</i>	<input type="checkbox"/> Within the country <input type="checkbox"/> Outside the country <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
(c) Religion (U-1)		
script	Please use the following script for guidance:  Now I would like to ask a few questions about non-economic activities.	
u1	How frequently do you read or listen to Quran? <i>Do not prompt.</i>  <i>Question relevant when: \${a8} !=1 and respondent is male</i>	<input type="checkbox"/> More than three times a day <input type="checkbox"/> Two-three times a day <input type="checkbox"/> Once a day <input type="checkbox"/> Once every two days <input type="checkbox"/> Twice a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> Very rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u2	How frequently do you watch or listen to Islamic programs on TV or radio? <i>Do not prompt.</i>	<input type="checkbox"/> More than three times a day <input type="checkbox"/> Two-three times a day <input type="checkbox"/> Once a day <input type="checkbox"/> Once every two days <input type="checkbox"/> Twice a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> Very rarely

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Field	Question	Answer
		<input type="checkbox"/> Never <input type="checkbox"/> Don't own a TV or radio <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u3	How many times per week do you think about death and hereafter? <i>Do not prompt.</i>	<input type="checkbox"/> More than 7 times a day <input type="checkbox"/> 7 times a day <input type="checkbox"/> 5 times a day <input type="checkbox"/> 3 times a day <input type="checkbox"/> Once a day <input type="checkbox"/> 5 times a week <input type="checkbox"/> 3 times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u4	Over the past seven days, approximately how many days did you perform Ishaah (late evening) prayers at mosque? <i>Do not prompt.</i>  <i>Question relevant when: \$[a8] != 1 and respondent is male</i>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
instruction	You are now at the end of Module 8: Social Participation and Awareness (N), and Religion (U-1). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
(d) Community & Emotions (U-2)		
script	Now I would like to ask you a few questions about the current conditions in Afghanistan and what you think about them.	
u5	If you have to refer to a government agency or public institution like public clinic or wuluswali, how much do you think you will be mistreated because of being poor? <i>Prompt options.</i>	<input type="checkbox"/> Not at all <input type="checkbox"/> To a limited extent <input type="checkbox"/> To a medium extent <input type="checkbox"/> To a large extent <input type="checkbox"/> To a very large extent <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u14	Overall, how successful do you think the Afghan government has been in improving the living conditions of households like you?	<input type="checkbox"/> Not at all <input type="checkbox"/> To a limited extent <input type="checkbox"/> To a medium extent <input type="checkbox"/> To a large extent <input type="checkbox"/> To a very large extent <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u15	How satisfied are you with the performance of the countries that have provided aid to the people of Afghanistan?	<input type="checkbox"/> Not at all <input type="checkbox"/> To a limited extent <input type="checkbox"/> To a medium extent <input type="checkbox"/> To a large extent <input type="checkbox"/> To a very large extent <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u6	Consider households that are in similar socioeconomic conditions like you but live in an area controlled by the insurgents, how do you think their livelihood is compared to your household? <i>Prompt options if needed</i>	<input type="checkbox"/> Much worse <input type="checkbox"/> Worse <input type="checkbox"/> The same <input type="checkbox"/> Better <input type="checkbox"/> Much better <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u7	Consider households that are in similar socioeconomic conditions like you but live in an area controlled by the government, how do you think their livelihood is compared to your household? <i>Prompt options if needed</i>	<input type="checkbox"/> Much worse <input type="checkbox"/> Worse <input type="checkbox"/> The same <input type="checkbox"/> Better <input type="checkbox"/> Much better <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer

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Field	Question	Answer
u8	Imagine that because of flood the road to the village is blocked and villagers cannot go to district market for 5 days. How sad would you feel for the people of this village?	<input type="checkbox"/> Not at all <input type="checkbox"/> To a limited extent <input type="checkbox"/> To a medium extent <input type="checkbox"/> To a large extent <input type="checkbox"/> To a very large extent <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u9a	As you may know based on a Hadith, the Prophet says that this world is the farm of the Hereafter. It means that if we do not sow the seed of righteous deeds in this world, we will be losers forever in the afterlife. What deed do you think is the most important one for becoming a winner in the Hereafter? <i>Prompt options</i>  <i>Question relevant when: Randomly selected 1/3 of sample households</i>	<input type="checkbox"/> Prayer <input type="checkbox"/> Fasting <input type="checkbox"/> Jihad <input type="checkbox"/> Amr bel maaruf <input type="checkbox"/> Helping parents <input type="checkbox"/> Helping others <input type="checkbox"/> Zakat and infaq <input type="checkbox"/> Hajj <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u9a_o	If other, please specify. <i>Question relevant when: S{u9a} = "Other (please specify)"</i>	
u9b	The Afghan government wants to start a new program, called Citizen Charter, to improve the poor's access to public services, such as health, education and safe drinking water. Which public service do you think is a priority for your community? <i>Prompt options</i>  <i>Question relevant when: Randomly selected 1/3 of sample households which don't answer S{u9a}</i>	<input type="checkbox"/> Health <input type="checkbox"/> Education <input type="checkbox"/> Safe drinking water <input type="checkbox"/> Road <input type="checkbox"/> Electricity <input type="checkbox"/> Agriculture-related services <input type="checkbox"/> Veterinary services <input type="checkbox"/> Nutrition for children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u9b_o	If other, please specify. <i>Question relevant when: S{u9b} = "Other (please specify)"</i>	
u10a	Imagine that some of the livestock in a village catch a disease and produce less milk. How sad would you feel for the people of this village? <i>Do not prompt</i>  <i>Question relevant when: Randomly selected half of the sample households</i>	<input type="checkbox"/> Not at all <input type="checkbox"/> To a limited extent <input type="checkbox"/> To a medium extent <input type="checkbox"/> To a large extent <input type="checkbox"/> To a very large extent <input type="checkbox"/> Don't know <input type="checkbox"/> Don't answer
u11a	Imagine that because of snow the roads are closed and the household head cannot join his family for Eid. How sad would you feel for this household? <i>Do not prompt</i>  <i>Question relevant when: Randomly selected half of the sample households</i>	
u12a	Now imagine that a village receives a lot of rain, and a flood destroys one of the bridges of this village. How sad would you feel for the people of this village? <i>Do not prompt</i>  <i>Question relevant when: Randomly selected half of the sample households</i>	
u13a	Imagine that because of snow the roads to a village get blocked and villagers do not have access to the health clinic for one week. How sad would you feel for the people of this village?  <i>Question relevant when: Randomly selected half of the sample households</i>	
u10b	Imagine that some of the livestock in a village catch a disease and produce less milk. And people in this village support the insurgents. How sad would you feel for the people of this village? <i>Do not prompt</i>	

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Field	Question	Answer
	<i>Question relevant when: Randomly selected the other half of the sample households which don't answer S{u10a} - S{u13a}</i>	
u11b	Imagine that because of snow the roads are closed. And the household head who is an ANA soldier and fighting the Taliban cannot join his family for Eid. How sad would you feel for this household? <i>Do not prompt</i>  <i>Question relevant when: Randomly selected the other half of the sample households which don't answer S{u10a} - S{u13a}</i>	
u12b	Now imagine that a village, which is a base of the insurgents, receives a lot of rain and a flood destroys one of the bridges of the village. How sad would you feel for the people of this village? <i>Do not prompt</i>  <i>Question relevant when: Randomly selected the other half of the sample households which don't answer S{u10a} - S{u13a}</i>	
u13b	Imagine that because of snow the roads to a village get blocked and villagers do not have access to the health clinic for one week. And the residents of this village are against the Taliban. How sad would you feel for the people of this village?  <i>Question relevant when: Randomly selected the other half of the sample households which don't answer S{u10a} - S{u13a}</i>	
instruction	You are now at the end of Module 16: Fragility (S), Migration (T), Religion (U-1) and Community & Emotions (U-2). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 17: Mobile phone usage (V)</b>		
script	We will ask a couple of questions about mobile phone usage, including how many mobile phones you have, mobile phone numbers, and account history. Please remember that if you feel uncomfortable you can skip any question or stop at any time.	
v1	In total, how many mobile phones does your household currently use? <i>If you have more than 5 numbers, please enter "more than 5"</i>  <i>Question relevant when: S{a12_mobile} = "Yes"</i>	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> More than 5 <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
v2	What is the phone number of the mobile phone #X? <i>If you have more than 5 numbers, please enter the 5 numbers your household uses the most</i> <i>Please enter your 10-digit phone number. It must start with 0.</i> <i>If you don't want to answer, please enter -98. If don't know, please enter -99</i>  <i>Question relevant when: S{a12_mobile} = "Yes" and S{v1}&gt;=1</i>	
v3	Who is the primary owner of the phone number #X?  <i>Question relevant when: S{a12_mobile} = "Yes" and S{v1}&gt;=1</i>	<input type="checkbox"/> (List of current household members) <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
v4	What network carrier is the phone number #X on?  <i>Question relevant when: S{a12_mobile} = "Yes" and S{v1}&gt;=1</i>	<input type="checkbox"/> Roshan <input type="checkbox"/> Etisalat <input type="checkbox"/> Afghan Wireless (AWCC) <input type="checkbox"/> MTN <input type="checkbox"/> Waseel <input type="checkbox"/> Afghan Telecom <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
v4_o	Please specify what other network	

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Field	Question	Answer
	<i>Question relevant when: <math>\\$(v4) = \text{"Other (please specify)"}</math></i>	
v5	Roughly how long you have been using the mobile phone number #X?  <i>Question relevant when: <math>\\$(a12\_mobile) = \text{"Yes"}</math> and <math>\\$(v1) \geq 1</math></i>	<input type="checkbox"/> 1 year or less <input type="checkbox"/> More than 1 year to 2 years <input type="checkbox"/> More than 2 years to 3 years <input type="checkbox"/> More than 3 years to 4 years <input type="checkbox"/> More than 4 years <input type="checkbox"/> Don't answer <input type="checkbox"/> Don't know
instruction	You are now at the end of Module 17: Mobile Phone Usage (V). Return to Main menu  Please take a moment now and save your form before continuing with the rest of the survey.	
<b>Module 18: Interview Summary (Q)</b>		
instruction	You are now moving on to the Interview Summary. Please enter responses according to your perception of the survey.	
a11	Please select the language that was used to conduct this interview.	<input type="checkbox"/> Dari <input type="checkbox"/> Pashto <input type="checkbox"/> Other (please specify)
a11_o	Please specify what "other" language is used to conduct this interview. <i>Question relevant when: <math>\\$(a11) = \text{"Other (please specify)"}</math></i>	
q1	Where did this interview take place?	<input type="checkbox"/> Interview did not take place <input type="checkbox"/> Inside dwelling of respondent <input type="checkbox"/> Outside dwelling but inside compound of respondent <input type="checkbox"/> In street outside dwelling of respondent <input type="checkbox"/> In public area
q4	Were any relatives of the interviewee listening or observing to the interview at any point?  <i>Question relevant when: <math>\\$(a8) = \text{"Yes"}</math> or <math>\\$(a8\_m) = \text{"Yes"}</math></i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
q5	What was the relationship between the interviewee and the person(s) listening or observing the interview. <i>Mark all that apply.</i>  <i>Question relevant when: <math>\\$(q4) = \text{"Yes"}</math></i>	<input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> Son <input type="checkbox"/> Son-in-law <input type="checkbox"/> Daughter <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Brother <input type="checkbox"/> Brother-in-law <input type="checkbox"/> Sister <input type="checkbox"/> Sister-in-law <input type="checkbox"/> Father <input type="checkbox"/> Father-in-law <input type="checkbox"/> Mother <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> First cousin (male) <input type="checkbox"/> First cousin (female) <input type="checkbox"/> Other male relative <input type="checkbox"/> Other female relative <input type="checkbox"/> Other male relatives <input type="checkbox"/> Other female relatives <input type="checkbox"/> Female non-relative(s) <input type="checkbox"/> Male non-relative(s)
q6	How confident are you in the general quality of the interview?  <i>Question relevant when: <math>\\$(a8) = \text{"Yes"}</math> or <math>\\$(a8\_m) = \text{"Yes"}</math></i>	<input type="checkbox"/> Very confident of truthfulness of responses <input type="checkbox"/> Somewhat confident of truthfulness of responses <input type="checkbox"/> Not at all confident of truthfulness of responses
q7	Please explain why you are not confident about the interview or have doubt about the truth told by the respondent:	

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Field	Question	Answer
	<i>Question relevant when: \${q6} != "Very confident of truthfulness of responses"</i>	
q8	You had previously chosen to collect the GPS coordinates at the end of the survey. Please record the GPS coordinates now. <i>Make sure you are standing outside and in front of the dwelling and away from trees and building coverage.</i>  <i>Question relevant when: enumerator did not collect GPS at the beginning of the survey</i>	
q9	We did not notice GPS coordinates. Is this because:  <i>Question relevant when: enumerator did not collect GPS</i> <i>Response constrained to: =1</i>	<input type="checkbox"/> I forgot. I'll go back and try again with my tablet. <input type="checkbox"/> The tablet's GPS function is malfunctioning. I will report this to my supervisor.
q10	You noted that the tablet is having a malfunction of the GPS function. Please check with your Senior Field Officer to get this fixed after the day's activities.  <i>Question relevant when: \${q9} = "The tablet's GPS function is malfunctioning. I will report this to my supervisor."</i>	