Reference Number

C W I Q

Core Welfare Indicators Questionnaire

Liberia Institute of Statistics & Geo-Information Services
LISGIS

P.O. 629
9th Street, Sinkor
Monrovia, Liberia

A - INTERVIEW INFORMATION

Shade Circles Like This--> ●

Not Like This--> ⊗ ✓

Q.1 INTERVIEWER'S NAME	
Q.2 NAME OF HEAD OF HOUSEHOLD	
Q.3 COUNTY NAME	
Q.4 DISTRICT NAME	
Q.5 CLAN/TOWNSHIP	
Q.6 CITY/TOWN/VILLAGE	
Q.7 CLUSTER (EA) NUMBER	
Q.8 STRUCTURE NUMBER	

A.1 CLUSTER   **A.2 HOUSEHOLD**   **A.3 SEQ.**   **A.4 INTERVIEWER**   **A.5 DATE**   **A.6 TIME**   **A.7 RESPONDENT**

Quest. No.   Day Month Year   Hour Min.   Member No.

○ AM
○ PM

IMPORTANT

Create the reference number by combining the household and questionnaire numbers.
Write this number NOW in the reference number boxes printed in the upper right hand corner of all pages.

Comments

A.8 RESULT
① Complete with selected household
② Complete with replacement - refusal
③ Complete with replacement - not found
④ Incomplete

A.9 INTERVIEW END
Hour   Min.

○ AM
○ PM

B - LIST OF HOUSEHOLD MEMBERS

Reference Number

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD.	Head									

B.1 Is [NAME] male or female?

	1	2	3	4	5	6	7	8	9	10
Male	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ
Female	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ

B.2 How long has [NAME] been away in the last 12 months?

	1	2	3	4	5	6	7	8	9	10
Never	①	①	①	①	①	①	①	①	①	①
Less than 6 months	②	②	②	②	②	②	②	②	②	②
6 months or more	③	③	③	③	③	③	③	③	③	③

B.3 What is [NAME]'s relationship to the head of household?

	1	2	3	4	5	6	7	8	9	10
Head	①	①	①	①	①	①	①	①	①	①
Spouse	②	②	②	②	②	②	②	②	②	②
Child	③	③	③	③	③	③	③	③	③	③
Parent	④	④	④	④	④	④	④	④	④	④
Other relative	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
Not related	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥

B.4 How old was [NAME] at last birthday? (RECORD AGE IN COMPLETED YEARS.)

1	2	3	4	5	6	7	8	9	10
☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

B.5   IF PERSON IS UNDER AGE 10 GO TO B6

What is [NAME]'s marital status?

	1	2	3	4	5	6	7	8	9	10
Never married	①	①	①	①	①	①	①	①	①	①
Married(monogamous)	②	②	②	②	②	②	②	②	②	②
Married(polygamous)	③	③	③	③	③	③	③	③	③	③
Living together	④	④	④	④	④	④	④	④	④	④
Divorced, separated	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
Widowed	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥

B.6   IF PERSON IS OVER AGE 18 GO TO NEXT PERSON

Is [NAME]'s father alive?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ
Don't know	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ

IF RESPONSE IS NO OR DON'T KNOW GO TO B8

B.7 Is [NAME]'s father living in the household?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

B.8 Is [NAME]'s mother alive?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ
Don't know	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ	Ⓧ

IF RESPONSE IS NO OR DON'T KNOW GO TO NEXT PERSON

B.9 Is [NAME]'s mother living in the household?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

C - EDUCATION

Reference Number

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10

C.1 — ASK C1 IF PERSON IS AGE 15 OR ABOVE OTHERWISE GO TO C2

Can [NAME] read and write in any language?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

C.2 Has [NAME] ever attended school?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

IF C2 RESPONSE IS NO GO TO C10

C.3 What is the highest grade [NAME] completed?

```
C3/C6
00 None [for C3 only]
01 Pre-school
11 P1    21 S7      31 University
12 P2    22 S8      41 Vocational
13 P3    23 S9      42 Teacher training
14 P4    24 SH10    43 Technical
15 P5    25 SH11
16 P6    26 SH12
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	1	2	3	4	5	6	7	8	9	10
	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢

C.4 Did [NAME] attend school last year?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

C.5 Is [NAME] currently in school?

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

IF C5 RESPONSE IS NO GO TO C9

C.6 What is the current grade [NAME] is attending?

	1	2	3	4	5	6	7	8	9	10
	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢	▢▢

C.7 Who runs the school [NAME] is attending?

	1	2	3	4	5	6	7	8	9	10
Government	①	①	①	①	①	①	①	①	①	①
Religous organization	②	②	②	②	②	②	②	②	②	②
Private	③	③	③	③	③	③	③	③	③	③
Community	④	④	④	④	④	④	④	④	④	④
Other	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤

C.8 Did [NAME] have any problems with school? (YOU MAY MARK MORE THAN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a No problem (satisfied)	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
b Lack of books/supplies	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
c Poor teaching	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
d Not enough teachers	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
e Teachers often absent	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
f Lack of space	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
g Facilities in bad condition	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
h High fees	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
i Long distance to school	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
j Other problem	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ

GO TO NEXT PERSON

C.9 Why is [NAME] not currently in school? (YOU MAY MARK MORE THAN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a Completed school	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
b Too far away	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
c Lack of money/too expensive	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
d Is working (home or job)	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
e Illness	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
f Pregnancy	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
g Got married	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
h Useless/uninteresting	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
i Failed exam	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
j Awaiting admission	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
k Expelled/dismissed	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
l Orphaned	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
m Other	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ

GO TO NEXT PERSON

C.10 — ASK C10 IF PERSON IS AGE 18 OR UNDER

Why has [NAME] not started school? (YOU MAY MARK MORE THAN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a Too young	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
b Too far away	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
c Lack of money/too expensive	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
d Is working (home or job)	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
e Useless/uninteresting	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
f Illness	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
g Orphaned	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
h Other	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ

D - HEALTH

Reference Number

| | | | |

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
D.1		**IF PERSON IS MALE OR UNDER AGE 12 OR OVER AGE 49 GO TO D3**								

D.1 — **Did [NAME] have a live birth in the last 12 months?**

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

IF RESPONSE IS NO GO TO D3

D.2 — **Did [NAME] receive pre-natal care during the pregnancy?**

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

D.3 — **Was [NAME] sick or injured in the last 4 weeks?**

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

IF RESPONSE IS NO GO TO D5

D.4 — **What sort of sickness/injury did [NAME] suffer?** (MAY MARK MORE THAN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a Fever/malaria	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
b Diarrhea/abdominal pains	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
c Pain in back, limbs or joints	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
d Cough/breathing difficulties	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
e Skin problems	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
f Ear, nose or throat	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
g Eye	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
h Dental	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
i Accident	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
j Other	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ

D.5 — **Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?**

	1	2	3	4	5	6	7	8	9	10
Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ	Ⓝ

IF RESPONSE IS NO GO TO D9

D.6 — **What kind of health provider did [NAME] see?**

	1	2	3	4	5	6	7	8	9	10
Government hospital	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
Government health center	①	①	①	①	①	①	①	①	①	①
Government health clinic	②	②	②	②	②	②	②	②	②	②
Other public facility	③	③	③	③	③	③	③	③	③	③
Private hospital/clinic	④	④	④	④	④	④	④	④	④	④
Pharmacy	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
Private doctor/dentist	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
Mobile clinic/black bagger/drug peddler	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
Other private facility	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
Traditional healer	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

D.7 — **How did [NAME] pay for the consultation?**

	1	2	3	4	5	6	7	8	9	10
Free	①	①	①	①	①	①	①	①	①	①
Self/household paid	②	②	②	②	②	②	②	②	②	②
Employer	③	③	③	③	③	③	③	③	③	③
Insurance	④	④	④	④	④	④	④	④	④	④
Other	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤

D.8 — **Did [NAME] have any problems at the time of the visit?** (YOU MAY MARK MORE THAN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a No problem (satisfied)	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
b Facilities were not clean	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
c Long waiting time	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
d No trained professionals	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
e Too expensive	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
f No drugs available	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
g Treatment unsuccessful	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
h Long distance to health facility	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
i Other	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ

GO TO NEXT PERSON

D.9 — **Why did [NAME] not use medical care in the last 4 weeks?** (YOU MAY MARK MORE THAN ONE ANSWER)

	1	2	3	4	5	6	7	8	9	10
a No need	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
b Too expensive	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
c Too far	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
d Lack of confidence	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ
e Other	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ	Ⓨ

E - EMPLOYMENT

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10

E.1 — IF PERSON IS UNDER AGE 5 GO TO NEXT PERSON

Did [NAME] engage in any type of paid work (cash or kind) in the last 7 days?
Yes (Y) / No (N) — columns 1–10

IF RESPONSE IS YES GO TO E6

E.2 Did [NAME] do any paid or unpaid work in the last 7 days for at least one hour?
Yes (Y) / No (N) — columns 1–10

IF RESPONSE IS YES GO TO E6

E.3 Has [NAME] been looking for work and ready for work in the last 7 days?
Yes (Y) / No (N) — columns 1–10

IF RESPONSE IS NO GO TO E5

E.4 What was the main method [NAME] used to find work in the last 4 weeks?
1 Sought assistance of friends or relatives
2 Checked at worksites, farms, factory gates, markets
3 Applied to employers
4 Placed or answered advertisements
5 Registered at public or private employment exchange
6 Looked for assets to start own enterprise
7 Sought finance/permission to start oen enterprise
8 Other
(options 1–8 for columns 1–10)

GO TO NEXT PERSON

E.5 What was the main reason [NAME] was not working or looking for work in the last 7 days?
1 Already found work/on leave
2 No work available
3 Seasonal inactivity
4 Student
5 Household/family duties
6 Too old
7 Too young
8 Infirmity
9 Retired
(options 1–9 for columns 1–10)

GO TO NEXT PERSON

E.6 How many jobs did [NAME] have in the last 7 days?
(box for columns 1–10)

E.7 What is [NAME'S] employment status in the main job?
1 Paid employee
2 Self employed with employees
3 Self employed no employees
4 Unpaid family worker
5 Domestic employee
6 Apprentice
(options 1–6 for columns 1–10)

E.8 For whom did [NAME] work in the main job?
(box for columns 1–10)

Government
1 Civil service
2 Other public sector
3 Public corporation

Other public sector
4 NGO
5 Cooperative
6 International organization

Private sector
7 Formal non-agriculture
8 Informal non-agriculture
9 Agricultural business

E.9 What is the main activity at the place of [NAME's] main job?
(two boxes for columns 1–10)

01 Crop farming
02 Livestock/poultry
03 Forestry/logging
04 Fishing
05 Mining/quarrying
06 Manufacturing/processing
07 Electricity/gas/water supply
08 Construction
09 Wholesale/retail trades
10 Transport, storage, communications
11 Banking/financial services
12 Community services
13 Other

E.10 How many hours did [NAME] work in all jobs or activities in the last 7 days?
(two boxes for columns 1–10)

E.11 How many additional hours was [NAME] willing and available to work in the last 7 days to increase earnings? (IF NONE RECORD 0)
(two boxes for columns 1–10)

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F - HOUSEHOLD ASSETS

F.1 Does the household or a household member own the dwelling?

Owns the dwelling ①
Rents the dwelling ②
Uses without paying rent ③
Nomadic or temporary dwelling ④

F.2 What type of documents do you have to prove your occupancy?

Land deed/certificate of occupancy ①
Leasehold ②
Freehold ③
Tenancy agreement ④
Receipt for payment ⑤
None ⑥

F.3 How many acres of cultivatable land are owned by the household? (with one decimal, e.g. 24.7)

☐☐.☐

F.4 How does the amount of land owned compare with one year ago?

Less now ①
Same now ②
More now ③
Don't know ④

F.5 Does the household use land it does not own?

No ①
Rented ②
Sharecropped ③
Private land provided free ④
Open access land ⑤

IF RESPONSE IS NO GO TO F7

F.6 How many acres of land does the household use that it does not own? (with one decimal, e.g. 24.7)

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F.7 How does the amount of other land used compare with one year ago?

Less now ①
Same now ②
More now ③
Don't know ④

F.8 Does the household use any of the following agricultural inputs?

a None Ⓨ
b Fertilizer Ⓨ
c Improved seeds Ⓨ
d Fingerlings Ⓨ
e Hooks and nets Ⓨ
f Insecticides Ⓨ
g Other Ⓨ

IF RESPONSE IS NONE GO TO F10

F.9 What is the main source of agricultural inputs?

Open market ①
Government ②
NGO/Donor agency ③
Cooperative ④
Other ⑤

F.10 Livestock

A Number owned now	**B** Number compared to number owned 12 months ago 1 Less now 2 Same now 3 More now 4 Don't know
Cattle ☐☐☐	① ② ③ ④
Sheep ☐☐☐	① ② ③ ④
Goats ☐☐☐	① ② ③ ④
Pigs ☐☐☐	① ② ③ ④
Chickens ☐☐☐	① ② ③ ④
Ducks ☐☐☐	① ② ③ ④
Other birds ☐☐☐	① ② ③ ④

F.11 Does the household own any of the following?

Include items only if they are in working condition

a Electric iron Ⓨ Ⓝ
b Charcoal iron Ⓨ Ⓝ
c Refrigerator Ⓨ Ⓝ
d Television Ⓨ Ⓝ
e VCR/DVD Ⓨ Ⓝ
f Radio Ⓨ Ⓝ
g Mobile/cell phone Ⓨ Ⓝ
h Computer Ⓨ Ⓝ
i Generator Ⓨ Ⓝ
j Fan Ⓨ Ⓝ
k Mattress or bed Ⓨ Ⓝ
l Watch or clock Ⓨ Ⓝ
m Sewing machine Ⓨ Ⓝ
n Modern stove Ⓨ Ⓝ
o Canoe/boat Ⓨ Ⓝ
p Bicycle Ⓨ Ⓝ
q Motorcycle Ⓨ Ⓝ
r Car or truck Ⓨ Ⓝ

F.12 How often in the last year did you have problems satisfying the following needs of the household?

	Not App	Not Never	Some times	Often	Always
a Food needs		①	②	③	④ ⑤
b School fees	⓪	①	②	③	④ ⑤
c House rent	⓪	①	②	③	④ ⑤
d Utility bills	⓪	①	②	③	④ ⑤
e Health care	⓪	①	②	③	④ ⑤

F.13 How do you compare the overall economic situation of the HOUSEHOLD with one year ago?

Much worse now ①
A little worse now ②
Same ③
A little better now ④
Much better now ⑤
Don't know ⑥

F.14 How do you compare the overall economic situation of the COMMUNITY with one year ago?

Much worse now ①
A little worse now ②
Same ③
A little better now ④
Much better now ⑤
Don't know ⑥

F.15 How do you compare the level of crime and safety in your NEIGHBORHOOD with one year ago?

Much worse now ①
A little worse now ②
Same ③
A little better now ④
Much better now ⑤
Don't know ⑥

F.16 Who contributes most to household income? (record member number from section B).

☐☐

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G - HOUSEHOLD AMENITIES

Reference Number

[ ][ ][ ]

G.1 What is the material of the floors of the house?

Earth/mud ①
Wood planks ②
Stone ③
Tiles ④
Cement/concrete ⑤
Polished wood ⑥
Other _____ ⑦

G.2 What is the material of the roof of the house?

Thatch/grass/straw ①
Corrugated iron sheets/zinc/tin ②
Tarpaulin/plastic sheet ③
Cement/concrete ④
Roofing tiles ⑤
Asbestos ⑥
Other _____ ⑦

G.3 What is the material of the walls of the house?

Mud and wattle ①
Mud bricks ②
Corrugated iron sheets/zinc/tin ③
Stone/burnt bricks/clay bricks ④
Sandcrete/cement blocks ⑤
Timber/wood ⑥
Poles/reeds/mats ⑦
Tarpaulin/plastic sheet ⑧
Other _____ ⑨

G.4 What is the type of the housing unit?

Share room ①
Single room ②
Flat ③
Duplex ④
Whole building ⑤
Other _____ ⑥

G.5 How many rooms does this household occupy?

EXCLUDE BATHROOMS,
TOILETS, KITCHEN, PANTRY,
AND STOREROOMS

[ ][ ]

G.6 What is the main source of drinking water?

Piped into dwelling/yard/plot ①
Public tap/standpipe ②
Bore hole/tube well/mechanical well ③
Protected well/spring ④
Unprotected well/spring ⑤
Surface water (river, lake, pond) ⑥
Collected rain water ⑦
Water vendor/bowser/bottled ⑧
Other _____ ⑨

G.7 What kind of toilet facility does your household use?

None/bush/field/water ①
Flush to sewer ②
Flush to septic tank ③
Ventilated covered pit latrine (VIP) ④
Covered pit latrine (with slab) ⑤
Uncovered pit latrine (without slab) ⑥
Pan/bucket ⑦
Hanging toilet/latrine (over water) ⑧
Other _____ ⑨

G.8 What is the main fuel used for cooking?

Firewood ①
Charcoal ②
Kerosene/oil ③
Gas ④
Electricity ⑤
Crop residue/sawdust ⑥
Animal waste ⑦
Palm oil ⑧
Other _____ ⑨

G.9 What is the main source used for lighting?

Kerosene/paraffin ①
Gas ②
Mains/electricity ③
Generator ④
Battery ⑤
Candles ⑥
Firewood ⑦
Palm oil ⑧
Other _____ ⑨

G.10 What kind of garbage disposal does your household use?

Collected government ①
Collected private ②
Government bin ③
Disposal within compound ④
Burning ⑤
Burial ⑥
None/Unauthorized heap ⑦
Other _____ ⑧

G.11 What measures does your household take to prevent malaria?
(YOU MAY MARK MORE THAN ONE ANSWER)

a None Ⓨ
b Bed net Ⓨ
c Insecticide Ⓨ
d Anti-malaria drug Ⓨ
e Fumigation Ⓨ
f Insecticide treated net Ⓨ
g Maintain good drainage Ⓨ
h Maintain good sanitation Ⓨ
i Herbs Ⓨ
j Burn leaf (tobacco, etc.) Ⓨ
k Window/door net Ⓨ
l Other _____ Ⓨ

G.12 How long does it take to go from here to the nearest ...?

	Hours:Minutes			Hours:Minutes
a Supply of drinking water	[ ][ ] [ ][ ]	e Secondary school	[ ][ ] [ ][ ]
b Food market	[ ][ ] [ ][ ]	f Health clinic/hospital	[ ][ ] [ ][ ]
c Public transportation	[ ][ ] [ ][ ]	g All season road	[ ][ ] [ ][ ]
d Primary school	[ ][ ] [ ][ ]	h Any road (vehicle)	[ ][ ] [ ][ ]

Displaced households

H.1 Was your household displaced because of the war since 1990?

Yes (Y)
No (N) **IF NO GO TO H.5**

H.2 Have you returned to your place of origin?

Yes (1)
No (2) **GO TO H.4**

H.3 When did you return to your place of origin?

Year [ ][ ][ ] **GO TO H.5**

H.4 What reasons stop your household from returning to your place of origin? (NAME UP TO THREE PROBLEMS)

1 Will not find work/earn enough money
2 Lack of seeds and tools to farm
3 Need to complete education in current location
4 Lack of services (health, education, water) in area of return
5 Road/bridge destroyed
6 No money/funds to return
7 No transportation to return
8 Prefer to stay in current location
9 Other: specify _____

[ ] [ ] [ ]

Food Aid & External Assistance

H.5 Has any member of your household received food aid (including school feeding) in the last 12 months?

Yes (Y)
No (N) **IF NO GO TO H.7**

H.6 What type of program provided the food aid? (MARK ALL THAT APPLY)

a. School feeding (meals, take home) (Y)
b. Food for community projects (Y)
c. Food for pregnant/breastfeeding women/children (Y)
d. Food for displaced families/refugees (Y)
e. Food for returning households (Y)
f. Other: specify _____ (Y)

H.7 Did you or any member of your household benefit from any of the following types of assistance in the last 12 months?

Type of assistance	Yes No	Provider
a. Money allowance/loans	(Y) (N)	[ ]
b. For education (school materials)	(Y) (N)	[ ]
c. For medical services	(Y) (N)	[ ]
d. Construction/building materials	(Y) (N)	[ ]
e. Water and/or sanitation	(Y) (N)	[ ]
f. Agricultural assistance (tools, seeds, training)	(Y) (N)	[ ]

Provider codes
1 Government   5 Community
2 UN   6 Relative/friend
3 NGO   7 Other
4 Church/Mosque

H.8 Does your household or one of your members participate in one or more of the following support systems among neighbors or community members? (MARK ALL THAT APPLY)

a. None (Y)
b. Agricultural production/home gardening (Y)
c. Cooking (Y)
d. Child care (Y)
e. Cleaning/brushing (Y)
f. Repair/maintain community infrastructure (Y)
g. Contributions to community members in need (Y)
h. Other (Y)

P - SUBJECTIVE POVERTY

Reference Number

P.1 How do you feel about your livelihood based on your current income?

Living very well ①
Living reasonably well ②
Living carefully ③
Living with difficulty ④

P.2 Do you feel that the following items are necessary to maintain a minimum standard of living?
(ASK THE QUESTION FOR EACH LINE)

Food: **[Y=Yes, N=No]**
01 Eat three meals every day ⓨ ⓝ
02 Eat tubers/cereals/rice every day ⓨ ⓝ
03 Eat vegetables every day ⓨ ⓝ
04 Eat meat every day ⓨ ⓝ

Clothing:
05 Having at least two outfits ⓨ ⓝ
06 Having at least two pair of shoes ⓨ ⓝ

Housing:
07 To have housing (owner or renter) ⓨ ⓝ
08 To have access to water and electricity ⓨ ⓝ
09 To have tables and beds in the house ⓨ ⓝ

Health, personal needs:
10 Afford health care ⓨ ⓝ
11 Afford personal needs ⓨ ⓝ

Employment:
12 Have stable, long term employment ⓨ ⓝ

Transport:
13 Afford taxi/bus/pickup/motorbike to work ⓨ ⓝ

Education, leisure:
14 Be able to send all children to school ⓨ ⓝ
15 Have a radio ⓨ ⓝ
16 Have a television ⓨ ⓝ

P.3 How would you rate your standard of living in relation to other households in your community?

The poorest ①
Fairly poor ②
Middle ③
Fairly rich ④
The richest ⑤

P.4 What is the minimum amount per month needed to satisfy your household's basic needs?
($ Liberian)

P.5 What is your household's financial situation?

You save a lot of money ①
You save a little money ②
You satisfy your basic needs ③
You need to use your savings ④
You need to borrow money ⑤

P.6 Is your household income?

Very unstable ①
Somewhat stable ②
Stable ③

P.7 During the past year, your household living standards:

Increased ①
Stayed the same ②
Decreased ③

P.8 During the past year, your community living standards:

Improved ①
Stayed the same ②
Decreased ③

P.9 In your opinion, what does it mean to be poor?
(ASK THE QUESTION FOR EACH LINE)
[Y=Yes, N=No]
1 Being unable to satisfy the basic level of subsistence ⓨ ⓝ
2 Having difficult material conditions ⓨ ⓝ
3 Having a low level of human capital (education, health) ⓨ ⓝ
4 Being marginalized, excluded from society ⓨ ⓝ
5 Being vulnerable to life's various challenges ⓨ ⓝ
6 Being unable to influence the conditions of life ⓨ ⓝ

P.10 Are you satisfied that your household meets minimum needs such as ... ?
(ASK THE QUESTION FOR EACH LINE)

1=Satisfied
2=Somewhat satisfied
3=Not at all satisfied
4=Not applicable

Food:
01 Eat three meals every day ① ② ③ ④
02 Eat tubers/cereals/rice every day ① ② ③ ④
03 Each vegetables every day ① ② ③ ④
04 Each fish/meat every day ① ② ③ ④

Clothing:
05 Have at least two outfits ① ② ③ ④
06 Have at least two pair of shoes ① ② ③ ④

Housing:
07 Have access to water and electricity ① ② ③ ④
08 Have furniture in the house ① ② ③ ④

Health, personal needs:
09 Afford health care and medication when ill ① ② ③ ④
10 Afford personal needs (soap, hair care, etc) ① ② ③ ④

Transport:
11 Take taxi/bus/pickup/motorbike to work ① ② ③ ④

Education, leisure:
12 Provide for children's education ① ② ③ ④
13 Have a radio ① ② ③ ④
14 Have a television ① ② ③ ④

P.11 Is any membre of your household a member of an association?
(ASK THE QUESTION FOR EACH LINE)
[Y=Yes, N=No]
1 Community ⓨ ⓝ
2 Religious ⓨ ⓝ
3 Professional ⓨ ⓝ
4 Political ⓨ ⓝ
5 Family ⓨ ⓝ
6 Other: specify _____ ⓨ ⓝ

P.12 Who can your household depend on to provide assistance during difficult periods?
(ASK THE QUESTION FOR EACH LINE)
[Y=Yes,N=No]
1 Neighbors ⓨ ⓝ
2 Religious association ⓨ ⓝ
3 Professional association ⓨ ⓝ
4 Friends ⓨ ⓝ
5 Extended family ⓨ ⓝ
6 Others ⓨ ⓝ

P.13 Do you think the reduction of poverty is a priority of the government?
Yes ⓨ
No ⓝ

P.14 What do you think is the **most** important measure that the government should take to improve your household's living standards?

01. Create employment
02. Improve access to education
03. Improve access to health care
04. Pave roads
05. Improve access to housing
06. Improve access to credit
07. Improve access to water and electricity
08. Increase salaries
09. Regulate prices of basic commodities
10. Fight against corruption
11. Other _____

I - CHILDREN UNDER 5

Reference Number

I.1 For each child under 5 enter the child and mother's number from the list of household members. Enter 00 if the child's mother is deceased or is not a member of the household.

Child	Mother	Child	Mother	Child	Mother	Child	Mother

I.2 Enter the child's date of birth.

Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year

I.3 Where was the child delivered?

(each column, identical:)
- Public hospital/maternity ①
- Private hospital/maternity ②
- Public health clinic ③
- Private health clinic ④
- Public health center ⑤
- Private health center ⑥
- Health post ⑦
- At home ⑧
- Other ⑨

I.4 Who delivered the child?

(each column, identical:)
- Medical personnel ①
- Midwife ②
- Trained T.B.A. ③
- Local midwife/T.B.A. ④
- Other/self ⑤

I.5 Did the child participate in the following?

(each column, identical:)
- a Nutrition program Ⓨ Ⓝ
- b Weight-ins Ⓨ Ⓝ

I.6 Has the child been vaccinated against:

(each column, identical header: None / Card / Resp.)

	None	Card	Resp.
a Measles	①	②	③
b BCG	①	②	③
c DPT1	①	②	③
d DPT2	①	②	③
e DPT3	①	②	③
f Polio0	①	②	③
g Polio1	①	②	③
h Polio2	①	②	③
i Polio3	①	②	③
j Yellow fever	①	②	③

I.7 Has the child received a vitamin A dose during the last 6 months? (SHOW VITAMIN A CAPSULE)

(each column, identical:)
- Yes Ⓨ
- No Ⓝ
- Don't know. Ⓧ

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