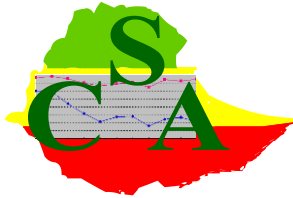


CENTRAL STATISTICAL AGENCY
2011/12 ETHIOPIAN RURAL SOCIOECONOMIC SURVEY

Form ERSS-H/(11/12)



STRICTLY CONFIDENTIAL

Household Questionnaire



COVER: AREA IDENTIFICATION

| 1 | | | 2 | | | 3 | | | 4 | | | 5 | | | 6 | | | 7 | | |
|--------|--|--|------|--|--|--------|--|--|-------------------------|--|--|-----------------------------|--|--|-----------|--|--|------|--|--|
| Region | | | Zone | | | Woreda | | | Town (For rural code 8) | | | Subcity (For rural code 88) | | | Kebele/FA | | | EA | | |
| Code | | | Code | | | Code | | | Code | | | Code | | | Code | | | Code | | |
| | | | | | | | | | | | | | | | | | | | | |

| 8 | | | | 9 | | | | 10 | | | | 11 | | | | 12 | | | |
|--------------|--|--|--|----------------|--|--|--|---------------------|--|--|--|---------------------------------|--|--|--|----|--|--|--|
| Household ID | | | | Household Size | | | | Household Head Name | | | | Village name where the HH lives | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

| STAFF DETAILS | Name | Signature | Date | | |
|--------------------------|------|-----------|------|----|----|
| | | | DD | MM | YY |
| Enumerator | | | | | |
| Supervisor | | | | | |
| Coordinator/Statistician | | | | | |
| Data Editor 1 | | | | | |
| Data Editor 2 | | | | | |
| Data Entry clerk | | | | | |
| Data Verifier | | | | | |

FIRST INTERVIEW

13. DATE OF FIRST INTERVIEW:

 / /

[DATE / MONTH / YEAR]

14a. TIME FIRST INTERVIEW STARTED

 :

14b. TIME FIRST INTERVIEW ENDED

 :

15. SECTIONS MISSING/INCOMPLETE AFTER 1ST INTERVIEW

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

SECOND INTERVIEW

16. DATE OF SECOND INTERVIEW VISIT:

 / /

[DATE / MONTH / YEAR]

17a. TIME SECOND INTERVIEW STARTED

 :

17b. TIME SECOND INTERVIEW ENDED

 :

18. SECTIONS MISSING/INCOMPLETE AFTER 2ND INTERVIEW

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

THIRD INTERVIEW

19. DATE OF THIRD INTERVIEW VISIT:

 / /

[DATE / MONTH / YEAR]

20a. TIME THIRD INTERVIEW STARTED

 :

20b. TIME THIRD INTERVIEW ENDED

 :

21. SECTIONS MISSING/INCOMPLETE AFTER 3RD INTERVIEW

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

22. GPS COORDINATES OF THE DWELLING.

| LATITUDE (N) | | | | | | | |
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| LONGITUDE (E) | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
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AFTER COMPLETING EACH VISIT, PLEASE MAKE OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

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

STATUS OF QUESTIONNAIRE

- Response Status
1. Completed
 2. Partially completed
 3. Not at Home
 4. Refused
 5. Household not located
 6. Moved away
 7. Other (specify) _____

SECTION 1: HOUSEHOLD ROSTER

| I N D I V I D U A L | 1. | 2. | 3. | 4. | | 5. | 6. | 7. |
|--|---|---|---|--|--------------|---------------|--|--|
| | <p>NAME</p> <div> <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> </div> | <p>What is [NAME]'s relationship to the head of household?</p> <p>HEAD.....1</p> <p>SPOUSE.....2</p> <p>SON/DAUGHTER...3</p> <p>GRANDCHILD.....4</p> <p>FATHER/MOTHER..5</p> <p>SISTER/BROTHER..6</p> <p>NIECE/NEPHEW...7</p> <p>UNCLE/AUNT.....8</p> <p>SON/DAUGHTER IN-LAW.....9</p> <p>FATHER/MOTHER IN-LAW.....10</p> <p>BROTHER/SISTER IN-LAW.....11</p> <p>GRANDPARENTS..12</p> <p>OTHER RELATIVES.....13</p> <p>SERVANT.....14</p> <p>NON RELATIVES.15</p> | <p>What is the sex of [NAME]?</p> <p>MALE....1</p> <p>FEMALE..2</p> | <p>How old is [NAME] (COMPLETED YEAR)?</p> <p>IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.</p> <p>(If 5 years and over give YEARS only. If less than 5 years in age give YEARS and MONTHS. If less than one month put "0")</p> | <p>YEARS</p> | <p>Months</p> | <p>For how many months during the last 12 months was [NAME] away from the household?</p> <p>NUMBER OF MONTHS</p> | <p>IS RESPONDENT 10 YEARS AND OLDER?</p> <p>YES.1</p> <p>NO..2 (► Q11)</p> |
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SECTION 1: HOUSEHOLD ROSTER

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

SECTION A: HOUSEHOLD ROSTER

| I N D I V I D U A L | 1. NAME <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</div> | 15. What is/was [NAME]'s biological father's highest educational level completed? ASK ONLY FOR 18 YEARS AND YOUNGER (USE ATTACHED EDUCATION CODES) LEVEL | 16. Does [NAME]'s biological mother live in this household? ASK ONLY FOR 18 YEARS AND YOUNGER YES..1 NO...2 (► Q18) | 17. RECORD ROSTER ID OF [NAME]'S BIOLOGICAL MOTHER. COPY ID FROM ROSTER then ► Q19 | 18. Is [NAME]'s biological mother alive? ASK ONLY FOR 18 YEARS AND YOUNGER YES..1 NO...2 | 19. What is/was [NAME]'s biological mother's highest educational level completed? ASK ONLY FOR 18 YEARS AND YOUNGER (USE ATTACHED EDUCATION CODES) LEVEL | 20. What is/was [NAME]'s biological father's main industry of occupation? ASK ONLY FOR 18 YEARS AND YOUNGER Agriculture...1 Mining....2 Manufacturing...3 Professional/Scientific/Technical Activities....4 Electricity..5 Construction..6 Transportation...7 Buying and Selling...8 Financial Services...9 Personal Services...10 Education....11 Health.....12 Public Adminstration...13 Other, Specify....14 |
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SECTION 1: HOUSEHOLD ROSTER

| | | | |
|--|--|------|---|
| I N D I V I D U A L I D | 1. | NAME | 21. |
| | <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> | | <p>What is/was [NAME]'s biological mother's main industry of occupation? ASK ONLY FOR 18 YEARS AND YOUNGER</p> <p>Agriculture...1 Mining....2 Manufacturing...3 Professional/Scientific/Technical Activities....4 Electricity..5 Construction..6 Transportation...7 Buying and Selling...8 Financial Services...9 Personal Services...10 Education.....11 Health.....12 Public Administration...13 Other, Specify....14</p> |
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SECTION 2: EDUCATION

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

| | INDIVIDUAL ID | NAME LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.) | 1. | 2. | 3. | 4. | 5. | 6. |
|---|---------------|---|---|---|---|---|---|--|
| | | | MARK 'X' IF MEMBER IS 5 YEARS OR OLDER ONLY ASK QUESTIONS IF MEMBER IS 5 YEARS AND OLDER | Can you read and write in any language? YES..1 NO...2 | Have you ever attended school? YES..1 (► Q5) NO...2 | What was the main reason you never attended school? Working (Job) ...1 Working (home)...2 Parents do noth think it is important....3 Expensive...4 Lack of money...5 Too far away...6 Marriage ...7 Illnes ...8 Disability...9 Familly member disability...10 Death of parent/s.....11 Separation of parents....12 Ignorance.....13 Too young....14 Too old15 Other (Specify)....16 (► Q18) | What is the highest grade you completed? USE ATTACHED EDUCATION CODES LEVEL | Are you currently attending school? YES..1 (► Q8) NO...2 |
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| 5 | | | | | | | | |
| 6 | | | | | | | | |

SECTION 2: EDUCATION

| I N D I V I D U A L I D | NAME | 7. Why are you not currently in school? | 8. Which grade are you attending? | 9. What kind of organization runs the school that you are attending? | 10. Were you absent from school last month for more than a week? | 11. What is the main the reason for being absent from school? |
|--|------|---|--|---|--|--|
| | | <p>LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> | <p>HAD ENOUGH SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS3 NO TIME/NO INTEREST.....4 LACK OF MONEY.....5 MARITAL OBLIGATION.....6 SICKNESS.....7 DISABILITY.....8 SEPARATION OF PARENTS.....9 DEATH OF PARENTS.10 TOO OLD TO ATTEND.....11 DOMESTIC OBLIGATION.....12 OTHERS (SPECIFY) 13</p> <p>(► Q18)</p> | <p>USE EDUCATION CODES ON OPPOSITE PAGE</p> <p>GRADE</p> | <p>GOVERNMENT.....1 MISSION/RELIGIOUS WITH FEE.....2 MISSION/RELIGIOUS FREE OF CHARGE.....3 PRIVATE.....4 COMMUNITY.....5 INTERNATIONAL COMMUNITY.....6 OTHER (SPECIFY)7</p> | <p>YES..1 NO...2 (► Q12)</p> |
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SECTION 2: EDUCATION

| I N D I V I D U A L I D | NAME | 12. By what means do you go to school? | 13. How much time does it take you to get to school? (in minutes) | 14. Do you receive any scholarship or assistance to attend school from any organization or the government? | 15. For the current school year, what is the value of this assistance, including the value of in-kind assistance and cash? | 16. During the past 12 months, what did your household spend on your school fees | 17. During the past 12 months, what did your household spend on your school books, uniforms, stationary etc.. for school? | 18. Do you plan to attend school next year? |
|--|---|--|---|--|---|--|--|---|
| | <p>LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> | <p>FOOT1 BICYCLE2 MOTORCYCLE...3 PRIVATE CAR..4 TAXI.....5 BUS.....6 CAMEL/DONKEY.7 OTHER (SPECIFY)8</p> | <p>0 - 15 ...1 16 - 30 ..2 31 - 45 ..3 46 - 60 ..4 61 - 90...5 91 - 120..6 120 +.....7</p> <p>MINUTES</p> | <p>YES..1 NO...2 (► Q16)</p> | <p>BIRR</p> | <p>BIRR</p> | <p>BIRR</p> | <p>YES..1 NO...2</p> |
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SECTION 3: HEALTH

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

| | NAME | 1. Have you faced any health problem during the last 2 months? | 2. What was the sickness/ injury you faced? Malaria.....1 Diarrhea.....2 Injury.....3 Dental.....4 Ophthalmic.....5 Skin Disease.....6 Ear/Nose/Throat (ENT).....7 Tuberculosis..8 Other (Specify)9 | 3. For how many days were you absent from your usual activity due to the health problem during the last 2 months? | 4. Have you received medical assistance or consulted from health institutions or traditional healers during the last 2 months? (Regardless of whether sick or not) | 5. Where did you receive or consult medical assistance primarily? Hospital.....1 Health center....2 Health post.....3 Clinics.....4 Pharmacy.....5 Traditional healer.....6 Religious/ spiritual.....7 Other (specify)...8 | 6. What was the main reason for you not to consult health institutions/ traditional healer during the last two months? Lack of money.....1 Expensive.....2 Too far3 Do not believe in medicine.....4 Lack of health professional.....5 Poor quality/ service.....6 Did not require medical assistance.7 Other (specify).....8 | 7. Have you consulted any medical assistance during the last 12 months? (Regardless of whether sick or not) |
|----|------|---|--|--|---|---|--|--|
| | | YES..1 NO...2 (► Q4) | | NUMBER OF DAYS | YES..1 NO...2 (► Q6) | (► Q7) | | YES..1 NO...2 (► Q9) |
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SECTION 3: HEALTH

| I N D I V I D U A L I D | NAME <div>LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</div> | 8. | 9. | 10. | 11. | | | | | |
|--|---|---|--|---|--|----------------------|----------------------|----------------------|------------------------|----------------------|
| | | How many times have you consulted any medical assistance during the last 12 months? | Have you been sick for at least 3 consecutive months during the last 12 months? (Excluding accident) | Have you or the household received any assistance free of charge for the long-term illness? | Do you get the assistance free of charge from the following sources? | | | | | |
| | | | | | Government Institution | NGO | HIV/ AIDS related | Social/ Community | Traditional/ religious | OTHERS |
| | | YES..1 NO...2 (► Q12) | YES..1 NO...2 (► Q12) | YES..1 NO...2 (► Q12) | YES..1 NO...2 | YES..1 NO...2 | YES..1 NO...2 | YES..1 NO...2 | YES..1 NO...2 | YES..1 NO...2 |
| | NUMBER | | | | | | | | | |
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SECTION 3: HEALTH

| | | 12. | 13. | 14. | 15. | 16. | 17. | 18. | 19. |
|--|---|---|--|---|--|---|---|--|---|
| I N D I V I D U A L I D | <p>NAME</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> </div> | Do you have difficulty seeing, even if you are wearing glasses? | Do you have difficulty hearing, even if you are wearing a hearing aid? | Do you have difficulty walking or climbing steps? | Do you have difficulty remembering or concentrating? | Do you have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc? | Using your usual language, do you have difficulty communicating; for example understanding or being understood? | <p>ENUMERATOR: CHECK QUESTIONS 12 TO 17. DID THE RESPONDENT HAVE ANY DIFFICULTY?</p> <p>YES..1</p> <p>NO...2 (► Q20)</p> | <p>Does this difficulty reduce the amount of work you can do at home, at work or at school?</p> <p>Yes, all the time..1</p> <p>Yes, sometimes....2</p> <p>No.....3</p> <p>NA (If not working or attending school).....4</p> |
| | <p>QUESTIONS 12 to 17, READ RESPONSES:</p> <p>No difficulty.....1</p> <p>Yes - Some difficulty.....2</p> <p>Yes - A lot of difficulty.....3</p> <p>Cannot Perform Activity At All..4</p> | | | | | | | | |
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SECTION 3: HEALTH

| I N D I V I D U A L I D | NAME | 20. | 21. | | | 22. | 23. | 24. |
|--|---|--|--|------------------|--------------------|--|---|---|
| | <div> <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> </div> | <p>IS THIS MEMBER AGES 6-59 MONTHS (LESS THAN 5 YEARS OLD)?</p> <p>YES...1 NO...2 (► NEXT SECTION)</p> | <p>In what day, month, and year was [NAME] born?</p> <p>CHECK THAT AGE IN QUESTION 4 OF THE ROSTER AND YEAR OF BIRTH REPORTED HERE ARE CONSISTENT.</p> | | | <p>WEIGHT IN KILOGRAMS (KGS)</p> <p>KILOGRAM</p> | <p>LENGTH OR HEIGHT (IN CENTIMETERS)</p> <p>CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN)</p> <p>CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)</p> | <p>RESULT OF MEASUREMENT</p> <p>MEASURED...1 NOTPRESENT...2 SICK OR INJURED...3 REFUSED4 OTHER (SPECIFY)...5</p> |
| | | | 2 DIGIT DAY | 2 DIGIT MONTH | 2 DIGIT YEAR EC | | | |
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| 10 | | | | | | ___ . ___ | ___ . ___ | |

SECTION 4: TIME USE AND LABOUR

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

| I N D I V I D U A L I D | NAME | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |
|--|---|---|---|--|--|--|--|--|--|
| | LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.) | MARK 'X' IF MEMBER IS 7 YEARS OR OLDER ONLY ASK QUESTIONS IF MEMBER IS 7 YEARS AND OLDER | How many hours did you spend yesterday collecting water? HOURS | How many hours did you spend yesterday collecting firewood (or other fuel materials)? HOURS | How many hours in the last seven days did you spend on household activities (including livestock and fishing related activities) whether for sale or for household use? HOURS | How many hours in the last seven days did you run or help with any kind of non-agricultural or non-fishing household business, big or small, for yourself or for the household? HOURS | How many hours in the last seven days did you engage in casual, part-time, or temporary labour? HOURS | How many hours in the last seven days did you do any work for a wage, salary, commission, or any payment in kind, excluding temporary ? HOURS | How many hours in the last seven days did you engage in an unpaid apprenticeship? HOURS |
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| SECTION 4: TIME USE AND LABOUR | | MAIN JOB OVER THE LAST 12 MONTHS | | | | |
|--------------------------------|--|--|---------------------|-------------------------------|---------------------|---------------------------------|
| INDIVIDUAL | NAME | 9. | 10. | | 11. | |
| | <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> | <p>At any time over the last 12 months, were you employed for a job, including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding <i>temporary</i>, for anyone who is not a member of your household?</p> <p>YES..1</p> <p>NO...2 (► Q31)</p> | WRITTEN DESCRIPTION | SUPERVISOR: OCCUP. CODE | WRITTEN DESCRIPTION | SUPERVISOR: INDUSTRY CODE |
| 1 | | | | | | |
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SECTION 4: TIME USE AND LABOUR

| I N D I V I D U A L I D | NAME | 12. Is your employer for your main occupation over the last 12 months... | 13. In how many months over the last 12 months did you work at this job? | 14. During these months, approximately on average how many weeks per month did you work at this job? | 15. During these weeks, approximately on average how many hours per week did you work at this job? | 16. How much was your last payment for wages/salary? | 17. What period of time do each of your salary/wages payments cover? | 18. How much do you usually receive in allowances or gratuities, including in- kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? | 19. Over what period of time are you reporting your allowances and gratuity payments? |
|--|--|---|--|---|--|---|--|---|--|
| | <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> | <p>READ RESPONSES</p> <p>Private Company...1 Private Individual...2 Government.....3 State-Owned Enterprise (Parastatal).....4 Public Works Program.....5 Church/Religious Organization.....6 Political Party....7 Other (Specify)....8</p> <p>NUMBER OF MONTHS</p> | <p>NUMBER OF WEEKS / MONTH</p> | <p>NUMBER OF HOURS / WEEK</p> | <p>BIRR</p> | <p>TIME UNIT</p> <p>Hour.....1 Day.....2 Week.....3 Fortnight..4 Month.....5 Quarter....6 1/2 year...7 Year.....8</p> <p>BIRR</p> | <p>WRITE "0" IF NONE. ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED.</p> <p>IF NOTHING, RECORD ZERO, ► Q20.</p> <p>BIRR</p> | <p>TIME UNIT</p> <p>Hour.....1 Day.....2 Week.....3 Fortnight..4 Month.....5 Quarter....6 1/2 year...7 Year.....8</p> | |
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| SECTION 4: TIME USE AND LABOUR | | SECONDARY JOB OVER THE LAST 12 MONTHS | | | | |
|--|---|---|--|---|---------------------|---------------------------------|
| I N D I V I D U A L I D | NAME | 20. | 21. | 22. | | |
| | <div> <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> </div> | At any time over the last 12 months, were you employed for a second job, including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding <i>temporary</i> , for anyone who is not a member of your household? | Describe your secondary job over the last 12 months. | Describe what kind of trade or business your secondary job over the last 12 months is connected with. | | |
| | | YES..1 NO...2 (► Q31) | WRITTEN DESCRIPTION | SUPERVISOR: OCCUP. CODE | WRITTEN DESCRIPTION | SUPERVISOR: INDUSTRY CODE |
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SECTION 4: TIME USE AND LABOUR

| I N D I V I D U A L I D | NAME | 23. Is your employer for your secondary job over the last 12 months... | 24. In how many months over the last 12 months did you work at this job? | 25. During these months, approximately how many weeks per month did you work at this job? | 26. During these weeks, approximately how many hours per week did you work at this job? | 27. How much was your last payment for wages/salary? | 28. What period of time do each of your salary payments cover? | 29. How much do you usually receive in allowances or gratuities, including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? WRITE "0" IF NONE. ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED. | 30. Over what period of time are you reporting your allowances and gratuity payments? |
|--|--|---|---|--|--|---|--|--|---|
| | <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> | <p>READ RESPONSES</p> <p>Private Company....1 Private Individual..2 Government.....3 State-Owned Enterprise (Parastatal).....4 Public Works Program.....5 Church/Religious Organization.....6 Political Party....7 Other (Specify)....8</p> | NUMBER OF MONTHS | NUMBER OF WEEKS / MONTH | NUMBER OF HOURS / WEEK | BIRR | <p>TIME UNIT</p> <p>Hour.....1 Day.....2 Week.....3 Fortnight..4 Month.....5 Quarter....6 1/2 year...7</p> | <p>IF NOTHING, RECORD ZERO, ► Q31.</p> <p>BIRR</p> | <p>TIME UNIT</p> <p>Hour.....1 Day.....2 Week.....3 Fortnight..4 Month.....5 Quarter....6 1/2 year...7 Year.....8</p> |
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| SECTION 4: TIME USE AND LABOUR | | PSNP LABOUR | | OTHER TEMPORARY/CASUAL LABOUR | | | |
|--|--|---|---|---|--|--|--|
| I N D I V I D U A L I D | NAME | 31. | 32. | 33. | 34. | 35. | 36. |
| | <p>LIST HOUSEHOLD HEAD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p> <p>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.)</p> | <p>In the past 12 months have you been employed as temporary labour by the PSNP program?</p> <p>YES..1</p> <p>NO...2 (► 34)</p> | <p>For how many days did you work for the PSNP program in the last 12 months?</p> <p>DAYS</p> | <p>How much income did you get for those days worked?</p> <p>BIRR</p> | <p>Did you do any other casual/temporary labour work in the past 12 months?</p> <p>YES..1</p> <p>NO...2 (► 37)</p> | <p>For how many days did you do this work in the last 12 months?</p> <p>DAYS</p> | <p>How much income did you get for those days worked in total?</p> <p>BIRR</p> |
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| SECTION 4: TIME USE AND LABOUR | | UNPAID LABOUR OVER THE LAST 12 MC | | |
|--|---|--|--|--|
| I N D I V I D U A L I D | NAME <div> LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON IDENTIFICATION PAGE.) </div> | 37. At any time over the last 12 months, did you work for other households, free of charge, as exchange labourer or to assist for nothing in return? YES..1 NO...2 (► NEXT SECTION) | 38. Over the last 12 months, for how many households in total did you work as exchange labourer or to assist for nothing in return? NUMBER OF HHs IN TOTAL | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
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SECTION 5A: FOOD LAST 7 DAYS

| | | | | | | | | | | | |
|--------------------------------|--|--|----------|---|------|-------------------------|------|--|------|---|--|
| F O O D I D | 1. | 2. | | 3. | | 4. | | 5. | | 6. | |
| | Over the past one week (7 days), did you or others in your household consume any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. YES...1 NO...2▶ NEXT ITEM | How much in total did your household consume in the past week? | | How much came from purchases? IF NONE RECORD 0. | | How much did you spend? | | How much came from own production? IF NONE RECORD 0. | | How much came from gifts and other sources? IF NONE RECORD 0. | |
| | QUANTITY | UNIT | QUANTITY | UNIT | BIRR | QUANTITY | UNIT | QUANTITY | UNIT | | |

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

CODES FOR UNIT:

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

| | | | | | | | | | | | |
|--------------------------------|--|--|------|---|------|-------------------------|----------|--|----------|---|--|
| F O O D I D | 1. | 2. | | 3. | | 4. | | 5. | | 6. | |
| | Over the past one week (7 days), did you or others in your household consume any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. YES...1 NO...2▶ NEXT ITEM | How much in total did your household consume in the past week? | | How much came from purchases? IF NONE RECORD 0. | | How much did you spend? | | How much came from own production? IF NONE RECORD 0. | | How much came from gifts and other sources? IF NONE RECORD 0. | |
| | | QUANTITY | UNIT | QUANTITY | UNIT | BIRR | QUANTITY | UNIT | QUANTITY | UNIT | |
| VEGETABLES & FRUITS | | | | | | | | | | | |
| 14 | Onion | | | | | | | | | | |
| 15 | Banana | | | | | | | | | | |
| TUBERS & STEMS | | | | | | | | | | | |
| 16 | Potato | | | | | | | | | | |
| 17 | Kocho/ Bula | | | | | | | | | | |
| OTHERS | | | | | | | | | | | |
| 18 | Meat | | | | | | | | | | |
| 19 | Milk | | | | | | | | | | |
| 20 | Cheese | | | | | | | | | | |
| 21 | Eggs | | | | | | | | | | |
| 22 | Sugar | | | | | | | | | | |
| 23 | Salt | | | | | | | | | | |
| STIMULANTS | | | | | | | | | | | |
| 24 | Coffee | | | | | | | | | | |
| 25 | Chat/Kat | | | | | | | | | | |

CODES FOR UNIT:

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

SECTION 5B: FOOD AGGREGATE

| | ITEM | 1. In the past one week (7 days), did you or anyone in your household consume any [ITEM]? YES...1 NO...2 ► Q3 | 2. Over the past one week (7 days), how many days did you or others in your household consume any [ITEM]? NUMBER OF DAYS |
|----|--|---|---|
| 1 | Enjera (teff) | | |
| 2 | Other cereal (rice, sorghum, millet, wheat bread, etc) | | |
| 3 | Potatoes | | |
| 4 | Pasta, Macaroni and Biscuits | | |
| 5 | Sugar or sugar products (honey, jam) | | |
| 6 | Beans, lentils, nuts | | |
| 7 | Vegetables (including relish and leaves) | | |
| 8 | Fruits | | |
| 9 | Beef, sheep, goat, or other red meat and pork | | |
| 10 | Poultry | | |
| 11 | Eggs | | |
| 12 | Fish | | |
| 13 | Oils/fats/butter | | |
| 14 | Milk/yogurt/cheese/other dairy | | |
| 15 | Other condiments (Spice, Salt, Pepper, etc) | | |
| 16 | Kocho/Bula | | |

| |
|--|
| 3. |
| Over the past one week (7 days), did any people that you did not list as household members [READ LIST FROM HH ROSTER] eat any meals in your household? |
| YES...1 NO...2 ► NEXT SECTION <input type="checkbox"/> |

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

SECTION 6: NON-FOOD EXPENDITURE

LAST ONE MONTH

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

LAST 12 MONTHS

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

[illegible][illegible]

| | | |
|----------------------|---|---|
| INADEQUATE HOUSEHOLD | STOCKS DUE TO DROUGHT/POOR RAINS..... | 1 |
| INADEQUATE HOUSEHOLD | FOOD STOCKS DUE TO CROP PEST DAMAGE..... | 2 |
| INADEQUATE HOUSEHOLD | FOOD STOCKS DUE TO SMALL LAND SIZE..... | 3 |
| INADEQUATE HOUSEHOLD | FOOD STOCKS DUE TO LACK OF FARM INPUTS..... | 4 |

25

SECTION 8: SHOCKS

| C O D E | SHOCK | 1. | 2. |
|------------------|-------|--|--|
| | | During the last 12 months, was your household affected negatively by [SHOCK]? YES...1 NO...2 ► NEXT SHOCK | Rank the three most significant shocks you experienced - Most Severe (1), Second Most Severe (2), Third Most Severe (3). |

| | | | |
|-----|---|--|--|
| 101 | Death of household member (Main bread earner) | | |
| 102 | Illness of household member | | |
| 103 | Loss of non-farm jobs of household member | | |
| 104 | Drought | | |
| 105 | Flood | | |
| 106 | Landslides/Avalanches | | |
| 107 | Heavy rains preventing work | | |

THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN Q2.

LEAVE ALL OTHER ROWS BLANK.

| 3. | | | | | 4. | | | 5. | 6. |
|--|----------------------------|---------------------------------|----------------------------|--------------------------------------|--|-----|-----|--|--|
| As a result of this [SHOCK], did your [...] ... READ RESPONSES FOR EACH COLUMN Increase.....1 Decrease.....2 Did Not Change..3 | | | | | What did your household do in response to this [SHOCK] to try to regain your former welfare level? LIST UP TO 3 ANSWERS BY ORDER OF IMPORTANCE. IF MORE THAN ONE EVENT, ASK ABOUT THE MOST RECENT INCIDENT. USE CODES ON THE RIGHT. | | | During the last 12 months, how many times did [SHOCK] occur? | During the last 5 years, how many times did [SHOCK] occur? |
| I N C O M E | A S S E T S | P R O D U C T | S T O C K S | P U R C H A S E | 1ST | 2ND | 3RD | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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CODE FOR Q4:
RELIED ON OWN-SAVINGS...1

RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS...2

RECEIVED UNCONDITIONAL HELP FROM GOVERNMENT.....3

RECEIVED UNCONDITIONAL HELP FROM NGO/RELIGIOUS INSTITUTION.....4

CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF MEALS PER DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.).....5
EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE EMPLOYMENT...6
ADULT HOUSEHOLD MEMBERS WHO WERE PREVIOUSLY NOT WORKING HAD TO FIND WORK.....7
HOUSEHOLD MEMBERS MIGRATED.....8
REDUCED EXPENDITURES ON HEALTH AND/OR EDUCATION.....9
OBTAINED CREDIT.....10
SOLD AGRICULTURAL ASSETS...11
SOLD DURABLE ASSETS.....12
SOLD LAND/BUILDING.....13
SOLD CROP STOCK.....14
SOLD LIVESTOCK.....15
INTENSIFY FISHING.....16
SENT CHILDREN TO LIVE ELSEWHERE.....17
ENGAGED IN SPIRITUAL EFFORTS - PRAYER, SACRIFICES, DIVINER CONSULTATIONS.....18
DID NOT DO ANYTHING.....19
OTHER (SPECIFY)20

| C O D E | SHOCK | 1. | 2. |
|------------------|-------|---|---|
| | | During the last <u>12 months</u> , was your household affected negatively by [SHOCK]? | Rank the three most significant shocks you experienced. Most Severe (1), Second Most Severe (2), Third Most Severe (3). |
| | | YES...1 NO...2 ► NEXT SHOCK | |

| | | | |
|-----|---|--|--|
| 108 | Other crop damage | | |
| 109 | Price fall of food items | | |
| 110 | Price rise of food items | | |
| 111 | Increase in price of inputs (seed, fertilizer) | | |
| 112 | Great loss/death of livestock | | |
| 113 | Fire | | |
| 114 | Theft/Robbery and other violence | | |
| 115 | Involuntary loss of house/land | | |
| 116 | Displacement (due to government development projects) | | |
| 117 | Local Unrest/Violence | | |
| 118 | Other (Specify) | | |

| 3. | | | | | 4. | | | 5. | 6. |
|---|----------------------------|---------------------------------|----------------------------|--------------------------------------|--|-----|-----|--|--|
| As a result of this [SHOCK], did your [...] ... | | | | | What did your household do in response to this [SHOCK] to try to regain your former welfare level? | | | During the last 12 months, how many times did [SHOCK] occur? | During the last 5 years, how many times did [SHOCK] occur? |
| READ RESPONSES FOR EACH COLUMN Increase.....1 Decrease.....2 Did Not Change..3 | | | | | LIST UP TO 3 ANSWERS BY ORDER OF IMPORTANCE. IF MORE THAN ONE EVENT, ASK ABOUT THE MOST RECENT INCIDENT. USE CODES ON THE RIGHT. | | | | |
| I N C O M E | A S S E T S | P R O D U C T | S T O C K S | P U R C H A S E | 1ST | 2ND | 3RD | | |

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| | | | | | | | | | |
| | | | | | | | | | |

CODE FOR Q4:
 RELIED ON OWN-SAVINGS....1
 RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS....2
 RECEIVED UNCONDITIONAL HELP FROM GOVERNMENT.....3
 RECEIVED UNCONDITIONAL HELP FROM NGO/RELIGIOUS INSTITUTION.....4
 CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF MEALS PER DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.).....5
 EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE EMPLOYMENT...6
 ADULT HOUSEHOLD MEMBERS WHO WERE PREVIOUSLY NOT WORKING HAD TO FIND WORK.....7
 HOUSEHOLD MEMBERS MIGRATED.....8
 REDUCED EXPENDITURES ON HEALTH AND/OR EDUCATION.....9
 OBTAINED CREDIT.....10
 SOLD AGRICULTURAL ASSETS.11
 SOLD DURABLE ASSETS.....12
 SOLD LAND/BUILDING.....13
 SOLD CROP STOCK.....14
 SOLD LIVESTOCK.....15
 INTENSIFY FISHING.....16
 SENT CHILDREN TO LIVE ELSEWHERE.....17
 ENGAGED IN SPIRITUAL EFFORTS - PRAYER, SACRIFICES, DIVINER CONSULTATIONS.....18
 DID NOT DO ANYTHING.....19
 OTHER (SPECIFY).....20

| 1. | 2. | | 3. | 4. | 5. | 6. | 7. |
|--|---|--------|---|---|--|---|---|
| Did the household exist 12 months ago? | How long has this household been living in this dwelling? | | On what basis does the household occupy the dwelling? | How many rooms (excluding kitchen, toilet and bath room) does the household occupy? | The walls of the main dwelling are predominantly made of what material? | The roof of the main dwelling is predominantly made of what material? | The floor of the main dwelling is predominantly made of what material? |
| YES...1 NO....2 | | | PRIVATELY OWNED...1 FREE OF RENT....2 RENTED.....3 OTHER (SPECIFY)...4 | | WOOD AND MUD.....1 WOOD AND THATCH.....2 WOOD ONLY.....3 STONE ONLY.....4 STONE AND MUD.....5 STONE AND CEMENT.....6 BLOCKS, PLASTERED WITH CEMENT.....7 BLOCKS, UNPLASTERED...8 BRICKS.....9 MUD BRICKS (TRADITIONAL).....10 STEEL ("LAMERA").....11 CARGO CONTAINER.....12 PARQUET OR POLISHED WOOD.....13 CHIP WOOD.....14 CORRUGATED IRON SHEET...15 ASBESTOS.....16 REED/BAMBOO.....17 OTHER, SPECIFY.....18 | CORRUGATED IRON SHEET.....1 CONCRETE/CEMENT...2 THATCH.....3 WOOD AND MUD.....4 BAMBOO/REED.....5 PLASTIC CANVAS...6 ASBESTOS.....7 BRICKS.....8 OTHERS.....9 | MUD/DUNG.....1 BAMBOO /REED.....2 WOOD PLANKS.....3 PARQUET OR POLISHED WOOD.....4 CEMENT SCREED.....5 PLASTIC TILES.....6 CEMENT TILES.....7 BRICK TILES.....8 CERAMIC/MARBLE TILES...9 OTHERS.....10 |
| | Years | Months | | | | | |
| | | | | | | | |

| 8. | 9. | 10. | 11. | 12. | 13. | 14. |
|---|--|--|--|--|--|--|
| What type of kitchen does the household use? | What is the primary type of oven (Mitad) used for baking Injera/bread? | What type of toilet facilities does the household use? | What type of bathing facilities does the household have? | What type of solid waste disposal facilities does the household use? | What is the main source of drinking water in the rainy season? | What is the main source of drinking water in the dry season? |
| NO KITCHEN.....1 | | | | | TAP INSIDE THE HOUSE.....1 | TAP INSIDE THE HOUSE.....1 |
| A ROOM USED FOR TRADITIONAL KITCHEN INSIDE THE HOUSING UNIT.....2 | TRADITIONAL MITAD (OVEN) REMOVABLE..1 | FLUSH TOILET -PRIVATE.1 | BATHTUB PRIVATE..1 | WASTE DISPOSABLE VEHICLE.....1 | PRIVATE TAP IN THE COMPOUND.....2 | PRIVATE TAP IN THE COMPOUND.....2 |
| | TRADITIONAL MITAD (NOT REMOVABLE)..2 | PIT LATRINE PRIVATE-VENTILATED.....3 | BATHTUB SHARED...2 | WASTE DISPOSAL CONTAINER.....2 | SHARED TAP IN COMPOUND.....3 | SHARED TAP IN COMPOUND.....3 |
| A ROOM USED FOR TRADITIONAL KITCHEN OUT SIDE THE HOUSING UNIT.....3 | IMPROVED ENERGY SAVING MITAD (RURAL TECHNOLOGY PRODUCT).....3 | PIT LATRINE PRIVATE- NOT VENTILATED.....5 | A ROOM RESERVED FOR BATHING (PRIVATE).....5 | DUG-OUT.....3 | COMMUNAL TAP OUTSIDE COMPOUND.....4 | COMMUNAL TAP OUTSIDE COMPOUND.....4 |
| | | PIT LATRINE SHARED- NOT VENTILATED.....6 | A ROOM RESERVED FOR BATHING (SHARED).....6 | THROW AWAY.....4 | WATER FROM KIOSKS/RETAILER...5 | WATER FROM KIOSKS/RETAILER...5 |
| A ROOM USED FOR MODERN KITCHEN INSIDE THE HOUSING UNIT.....4 | ELECTRIC MITAD...4 | FIELD /FOREST.....8 | NO FIXED PLACE FOR BATHING.....7 | USE AS FERTILIZER...5 | PROTECTED WELL / SPRING (PRIVATE)...6 | PROTECTED WELL / SPRING (PRIVATE)...6 |
| | NONE.....5 | BUCKET.....7 | | BURNING THE WASTE...6 | PROTECTED WELL / SPRING (SHARED)...7 | PROTECTED WELL / SPRING (SHARED)...7 |
| A ROOM USED FOR MODERN KITCHEN OUT SIDE THE HOUSING UNIT.....5 | | OTHERS.....9 | | COLLECTED BY MUNICIPALITY (PUBLIC DUMP).....7 | UNPROTECTED WELL OR SPRING.....8 | UNPROTECTED WELL OR SPRING.....8 |
| | | | | OTHER (SPECIFY)....8 | RIVER /LAKE/ POUND.9 | RIVER /LAKE/ POUND.9 |
| | | | | | RAIN WATER.....10 | RAIN WATER.....10 |
| | | | | | OTHER (SPECIFY)...11 | OTHER (SPECIFY)...10 |

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

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

| I T E M C O D E | ITEM NAME | 1. How many of this [ITEM] does your household own? IF NONE RECORD 0 | 2. Who in the household owns the [ITEM]? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER | |
|--|-----------|---|---|---------------|
| | | NUMBER OF ITEMS | HH ID CODE #1 | HH ID CODE #2 |

| | | | | |
|----|--|--|--|--|
| 19 | Weaving equipment | | | |
| 20 | Mitad-Electric | | | |
| 21 | Energy saving stove (lakech, mirt etc) | | | |
| 22 | Refrigerator | | | |
| 23 | Private car | | | |
| 24 | Jewels (Gold and silver) | | | |
| 25 | Wardrobe | | | |
| 26 | Shelf for storing goods | | | |
| 27 | Biogas stove (pit) | | | |
| 28 | Water storage pit | | | |
| 29 | Mofer and Kember | | | |
| 30 | Sickle (Machid) | | | |
| 31 | Axe (Gejera) | | | |
| 32 | Pick Axe (Geso) | | | |
| 33 | Plough (Traditional) | | | |
| 34 | Plough (Modern) | | | |
| 35 | Water Pump | | | |

SECTION 11A: NON-FARM ENTERPRISE

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

YES...1

YES...1
NO...2

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

☐

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

☐

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

☐

7 ... owned a bar or restaurant?

☐

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

☐

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

☐

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

☐

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

YES...1

NO...2 ► Section 11B. Q. 18

☐

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

☐

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

SECTION 11B: NON-FARM ENTERPRISE

| E N T R P R I S E I D | 1. | | | 2. | 3. | | 4. | | 5. | |
|---|---|--|--------------|---|--|---|---------|---|-------|-----------------|
| | What income generating enterprises did individuals in this household operate over the last 12 months? | | | Where does this enterprise operate primarily? HOME, INSIDE RESIDENCE.....1 HOME, OUTSIDE RESIDENCE.....2 TRADITIONAL MARKET.....3 SHOP IN COMMERCIAL AREA.....4 ROADSIDE.....5 MOBILE.....6 RIVER/LAKES/PONDS.....7 CONSTRUCTION SITES.....8 OTHER (SPECIFY)9 | Who owns/owned this enterprise in the household? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER | What were the two main sources of start-up capital for this enterprise? AGRICULTURAL INCOME.....1 NON-FARM SELF-EMPLOYMENT INCOME.....2 WAGE OR SALARY INCOME.....3 REMITTANCES.....4 SALE OF ASSETS.....5 BANK OR COOPERATIVE LOAN.....6 FAMILY OR FRIENDS LOCATED IN THIS COMMUNITY.....7 PRIVATE MONEYLENDERS.....8 MICRO CREDIT AND SAVINGS INSTITUTIONS.....9 OTHER (SPECIFY).....10 | | When did this enterprise start operating? | | |
| | INCLUDE BUSINESSES THAT ARE CURRENTLY OPERATING AND ANY THAT ARE NOW CLOSED | | | | | | | | | |
| | SECTOR CODES (ENTERED BY SUPERVISOR) | | | | | | | | | |
| WRITTEN DESCRIPTION OF ACTIVITIES | | | PRIMARY CODE | SECOND-ARY CODE | FIRST OWNER ID | SECOND OWNER ID | PRIMARY | SECONDARY | MONTH | 4 DIGIT EC YEAR |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

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

| | | | | | | | |
|--|--|--|--|---|-----|-----|-------------------------------------|
| E N T E R P R I S E I D | 13. | 14. | 15. | 16. | | | 17. |
| | During the months the enterprise was operating in the last 12 months, what were average monthly sales? | During the months the enterprise was operating in the last 12 months, what were average monthly operating costs (including stocks and hired labour)? | Over the past 12 months, what share of total household cash income came from this enterprise? Almost none...1 About 25%...2 About half...3 About 75%...4 Almost all...5 | List three most important constraints to non-farm business operations and growth? | | | Does the enterprise have a license? |
| | BIRR | BIRR | | REFER TO CONSTRAINT CODES ON THE RIGHT | | | YES...1 NO...2 |
| | | | | 1st | 2nd | 3rd | |

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

Codes for Q16 & 19 CONSTRAINTS

Codes for Q16 & 19 (continued)

SECTION 12: OTHER INCOME

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

SECTION 13: ASSISTANCE

| 1. Did you or members of your household receive any [...] in the past 12 months from the government or a non-governmental institution (such as church)? EXCLUDE SELF-HELP GROUPS AND FRIENDS YES..1 NO...2 (► NEXT ITEM) | 2. What is the name of the organization/program who provided this assistance? NAME | CODE | 3. How much cash did your household receive from this organization in the last 12 months? IF NONE RECORD BIRR | 4. What was the value of food the household received from this organization in the last 12 months? BIRR | 5. What was the value of any other in-kind assistance received in the last 12 months? BIRR |
|---|--|------|---|---|--|
| A. PSNP (note: do not include PSNP labour activities) | | | | | |
| Other assistance (not PSNP): | | | | | |
| B. Free food | | | | | |
| C. Food-for-work programme or cash-for-work programme | | | | | |
| D. Inputs-for work programme | | | | | |
| E. Other assistance (not listed above), specify: | | | | | |

SECTION 14: CREDIT

[ASK OF HOUSEHOLD HEAD]

- Over the past 12 months, did you or anyone else in this household borrow on credit from someone outside the household or from an institution for business or farming purposes, receiving either cash or inputs?

YES...1
NO...2 ►Q9

| 2. | 3. | 4. | 5. | 6. | 7. | 8. | | | | | |
|--|---|---|---|--|--|---|------|-----------------------|-----------------------|------------|------------|
| <p>From whom did you or anyone else in your household borrow on credit money for business or farming over the past 12 months?</p> <p>LIST ALL NAMES BEFORE GOING TO THE NEXT QUESTION.</p> | <p>Which household member was responsible for the loan?</p> <p>LIST UP TO 2 FROM HOUSEHOLD ROSTER</p> | <p>What was the main reason for obtaining the loan? Was it: [READ CODES ON NEXT PAGE]</p> | <p>When was the loan obtained within the past 12 months? REPORT THE MOST RECENT IF MORE THAN ONE</p> <p>MESKEREM. ...1 TIKIMT.2 HIDAR.3 TAHSAS.4 TIR.5 YEKATIT6 MEGABIT.7 MIAZIA.8 GINBOT.9 SENE.....10 HAMLE.11 NEHASSIE...12</p> | <p>Has the loan been re-paid?</p> <p>YES..1 ►Q8 NO...2</p> | <p>Approximately when is the loan expected to be paid back?</p> <p>MESKEREM. ...1 TIKIMT.2 HIDAR.3 TAHSAS.4 TIR.5 YEKATIT6 MEGABIT.7 MIAZIA.8 GINBOT.9 SENE.....10 HAMLE.11 NEHASSIE...12</p> | <p>How much was paid (or expect to pay) in total when the loan is paid off (PRINCIPAL & INTEREST)?</p> <p>(THEN ► NEXT LOAN.</p> <p>WHEN ALL LOANS DONE, ►Q9)</p> | | | | | |
| | | | | | | | CODE | HH ROSTER ID CODE # 1 | HH ROSTER ID CODE # 2 | 4 DIGIT EC | 4 DIGIT EC |
| | | | | | | | | MONTH | YEAR | MONTH | YEAR |
| | | | | | | BIRR | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |

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

CODES FOR Q2, Q10 & Q13:

| | |
|----------------------|-----------------------|
| RELATIVE1 | RELIGIOUS |
| NEIGHBOUR.2 | INSTITUTION6 |
| GROCERY/LOCAL | MICROFINANCE |
| MERCHANT3 | INSTITUTIONS.....7 |
| MONEY LENDER | BANK (COMMERCIAL). 10 |
| (KATAPILA).4 | NGO.11 |
| EMPLOYER5 | OTHER (SPECIFY). . 12 |

CODES FOR Q4, Q11, & Q14:

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

FOR OTHER
CROPS.....3
FOR
BUSINESS START-
UP CAPITAL.....4
EXPANDING BUSINESS...5
PURCHASE NON-
FARM INPUTS.....6
OTHER (SPECIFY).....7

SECTION 15: CONTACT INFORMATION

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

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

1A NAME : _____ PHONE : _____ / _____

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

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

2A. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

2B. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

2C. NAME : _____ ID (FROM ROSTER) _____ PHONE : _____

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

CONTACT INFORMATION FOR REFERENCE PERSON 1

CONTACT INFORMATION FOR REFERENCE PERSON 2

3A1. NAME : _____

3B1. NAME : _____

3A2. RELATION TO HEAD : _____

3B2. RELATION TO HEAD : _____

3A3. PHONE (LANDLINE) : _____

3B3. PHONE (LANDLINE) : _____

3A4. PHONE (CELL) : _____

3B4. PHONE (CELL) : _____

3A5. ADDRESS/DESCRIPTION OF LOCATION

3B5. ADDRESS/DESCRIPTION OF LOCATION

LSMS