



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

Reference Number

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C W I Q

Core Welfare Indicators Questionnaire

A – INTERVIEW INFORMATION

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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

			CODES	

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

<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>			Quest. No. <table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Day Month Year <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							Hour Min. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="radio"/> AM <input type="radio"/> PM	Member No. <table border="1"><tr><td></td><td></td></tr></table>		

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 Completed with selected household
- ② Completed with replacement – refusal
- ③ Completed with replacement – not found
- ④ Incomplete

A.9 INTERVIEW END

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☐ AM
☐ PM

Reference Number

Reference Name			
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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.											
N-1		Is [NAME] Male or Female?									
Male		<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M
Female		<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F
N-2		How long has [NAME] been away in the last 12 months?									
Never		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
Less then 6 months		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
6 months or more		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
N-3		What is [NAME]'s relationship to the head of household?									
Head		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
Spouse		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
Child		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
Parent		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
Sibling		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
Other relative		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
Not related											
N-4		How old was [NAME] at last birthday? (RECORD AGE IN COMPLETE YEAR)									
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N-5		IF PERSON IS UNDER AGE 10 GO TO N6									
		What is [NAME]'s marital status?									
Never married		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
Married (monogamous)		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
Married (polygamous)		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
Living together		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
Divorced, separated		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
Widowed		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
N-6		IF PERSON IS OVER AGE 18 GO TO NEXT PERSON									
		Is [NAME]'s father alive?									
Yes		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
No		<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
Don't know		<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X
		IF RESPONSE IS NO OR DON'T KNOW GO TO N8									
N-7		Is [NAME]'s father living in the household?									
Yes		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
No		<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
N-8		Is [NAME]'s mother alive?									
Yes		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
No		<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
Don't know		<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X
		IF RESPONSE IS NO OR DON'T KNOW GO TO NEXT PERSON									
N-9		Is [NAME]'s mother living in the household?									
Yes		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
No		<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N

Reference Number

MEMBER NUMBER		1	2	3	4	5	6	7	8	9	10
	N-10 Is [NAME] Liberian?										
Yes		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
No		<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
IF N10 RESPONSE IS NO GO TO N12											
	N- 11 What is [NAME'S] ethnic affiliation?										
Gio		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
Gola		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
Grebo		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
Kpelle		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
Kissi		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
Krahn		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
Kru		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
Lorma		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
Mandingo		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9
Mano		<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10
Mende		<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/> 11
Sapo		<input type="radio"/> 12	<input type="radio"/> 12	<input type="radio"/> 12	<input type="radio"/> 12	<input type="radio"/> 12	<input type="radio"/> 12	<input type="radio"/> 12	<input type="radio"/> 12	<input type="radio"/> 12	<input type="radio"/> 12
Vai		<input type="radio"/> 13	<input type="radio"/> 13	<input type="radio"/> 13	<input type="radio"/> 13	<input type="radio"/> 13	<input type="radio"/> 13	<input type="radio"/> 13	<input type="radio"/> 13	<input type="radio"/> 13	<input type="radio"/> 13
Naturalize Liberian		<input type="radio"/> 14	<input type="radio"/> 14	<input type="radio"/> 14	<input type="radio"/> 14	<input type="radio"/> 14	<input type="radio"/> 14	<input type="radio"/> 14	<input type="radio"/> 14	<input type="radio"/> 14	<input type="radio"/> 14
Congo Liberian/American Liberian		<input type="radio"/> 15	<input type="radio"/> 15	<input type="radio"/> 15	<input type="radio"/> 15	<input type="radio"/> 15	<input type="radio"/> 15	<input type="radio"/> 15	<input type="radio"/> 15	<input type="radio"/> 15	<input type="radio"/> 15
	N-12 What is [NAME'S] religious affiliation?										
a Christian		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
b Muslim		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
c Traditional African Religion		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
d Other religion		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
e No religion		<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
	N-13 Because of a physical, mental or emotional condition, do you have difficulty in seeing even when wearing glasses?										
No		<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
Some		<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S
A lot		<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L</							

O - EDUCATION

Reference Number

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MEMBER NUMBER		1	2	3	4	5	6	7	8	9	10
O-1		ASK O1 IF PERSON IS AGE 15 OR ABOVE OTHERWISE GO TO O2									
Can [NAME] read and write in any language?											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O-2		Has [NAME] ever attend school?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		IF O2 RESPONSE IS NO GO TO O10									
O-3		What is the highest grade [completed]									
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
O-4		Did [NAME] attend school last year?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O-5		Is [NAME] currently in school?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		IF O5 RESPONSE IS NO GO TO O9									
O-6		What is the current grade [NAME] is attending?									
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
O-7		Who runs the school [NAME] is attending?									
Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O-8		Did [NAME] have any problem in school? (YOU MAY MARK MORE THEN ONE ANSWER)									
a No problem (Satisfied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Lack of books/supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Poor teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Not enough teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Teachers often absent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Lack of space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Facilities in bad condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h High fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i Long distance to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j Sexual harassment in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		GO TO NEXT PERSON									
O-9		Why is [NAME] not currently in school? (YOU MAY MARK MORE THEN ONE ANSWER)									
a Completed school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Too far away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Lack of money/too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Is working (home or job)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Barriers to pregnancy in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Got married	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Useless/uninteresting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i Failed exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j Awaiting admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k Expelled/dismissed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l Orphaned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m Unsafe school environment for girls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		GO TO NEXT PERSON									
O-10		ASK O10 IF PERSON IS AGE 18 OR UNDER									
Why has [NAME] not started school? (YOU MAY MARK MORE THEN ONE ANSWER)											
a Too young	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Too far away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Lack of money/too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Is working (home or job)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Useless/uninteresting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Orphaned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 Technical training

14 P4 24 SH10 43 Technical

15 P5 25 SH11

16 P6 26 SH12

Reference Number

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MEMBER NUMBER		1	2	3	4	5	6	7	8	9	10
P-1		IF PERSON IS MALE OR UNDER AGE 12 OR OVER AGE 49 GO TO P3									
		Did [NAME] have live birth in last 12 months?									
Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		IF RESPONSE IS NO GO TO P3									
P-2		Did [NAME] receive pre-natal care during the pregnancy and post-natal care after delivery?									
Pre-natal care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-natal care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P-3		Was the child registered?									
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P-4		Which of the following sickness(es)/injury(ies) did [NAME] suffer in the last four weeks?									
a	Fever/malaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Diarrhea/abdominal pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Pain in back, limbs, or joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Cough/breathing difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Skin problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Ear, nose , throat or eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D-5		Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?									
Health provider		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional healer		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		IF RESPONSE IS NO GO TO P9									
P-6		What kind of health provider did [NAME] see?									
	Government hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Government health center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Government health clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other public facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Private hospital/clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Private doctor/dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Mobile clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Black bagger/drug peddler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other private facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Traditional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P-7		How did [NAME] pay for her/his consultation?									
	Free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Self/household paid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Employee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P-8		Did [NAME] have any problem at the time of the visit? (YOU MAY MARK MORE THEN ONE ANSWER)									
a	No problem (satisfied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Facilities were not clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Long waiting time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	No trained professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	No essential drugs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Treatment unsuccessful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Long distance to health facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Health care services provided by men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		GO TO NEXT PERSON									
P-9		Why did [NAME] not use medical care in the last 4 weeks? (YOU MAY MARK MORE THEN ONE ANSWER)									
a	No need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	No health facility in/ near the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Lack of confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Little mobility outside the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Health care services provided by men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q – HOUSEHOLD ASSETS

Reference Number

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Q-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

Q-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

Q-3 Are you in risk of being forced to leave the household and/or land?

() Yes () No

Q-4 How many acres of cultivatable land are owned by the household? (With one decimal e.g. 24.7)

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Q-5 How does the amount of land owned compare to one year ago?

- Less now ①
Some now ②
More now ③
Don't know ④

Q-6 Does the household use land it does not own?

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

IF RESPONSE IS NO GO TO F7

Q-7 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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Q-8 How does the amount of other land used compare with one year ago?

- Less now ①
Some now ②
More now ③
Don't know ④

Q-9 Does the household use any of the following agricultural inputs?

- a None ①
b Fertilizer ②
c Improved seeds ③
d Fingerlings ④
e Hooks and Nets ⑤
f Insecticides ⑥
g Others ⑦

IF RESPONSE IS NONE GO TO Q11

Q-10 What is the main source of agriculture inputs?

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

Q-11 Livestock

A Number owned now

Cattle

--	--	--	--	--

Sheep

--	--	--	--	--

Goat

--	--	--	--	--

Pigs

--	--	--	--	--

Chickens

--	--	--	--	--

Ducks

--	--	--	--	--

Other birds

--	--	--	--	--

B Number compared to number owned 12 months ago

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

① ② ③ ④

① ② ③ ④

① ② ③ ④

① ② ③ ④

① ② ③ ④

① ② ③ ④

① ② ③ ④

Q-12 Does the household own any of the following?

- a Electric iron ① ②
b Charcoal iron ③ ④
c refrigerator ⑤ ⑥
d Television ⑦ ⑧
e VCR/DVD ⑨ ⑩
f Radio ⑪ ⑫
g Mobile/ cell phone ⑬ ⑭
h Computer ⑮ ⑯
i Generator ⑰ ⑱
j Fan ⑲ ⑳
k Mattress or bed ㉑ ㉒
l Watch or clock ㉓ ㉔
m Sewing machine ㉕ ㉖
n Modern Stove ㉗ ㉘
o Canoe/boat ㉙ ㉚
p Bicycle ㉛ ㉜
q Motorcycle ㉝ ㉞
r Car or truck ㉟ ㊱

Include items
Only if they
Are in working
condition

Q-13 How often in the last year did you have problem satisfying the following needs of the household?

- a. Food needs ① ② ③ ④ ⑤
b. School fees ⑥ ⑦ ⑧ ⑨ ⑩
c. House rent ⑪ ⑫ ⑬ ⑭ ⑮
d. Utility bills ⑯ ⑰ ⑱ ⑲ ⑳
e. Health bills ㉑ ㉒ ㉓ ㉔ ㉕

Q-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

Q-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

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

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Q-17 Who else in the household contributes to household income? (record member numbers from section B)

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Q-18 From what source(s) do you and/or other members of the household receive income ?

- a Paid work
b Aid from organization/agency
c Aid from government
d Individual donation (except family)
e Donation from family/relatives
f Begging
g Remittances

R – HOUSEHOLD AMENITIES

Reference Number

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<p>R-1 What is the material of the floors of the house?</p> <p style="text-align: right;">Earth/mud ① Wood planks ② Stone ③ Tiles ④ Cement/ Concrete ⑤ Polished wood ⑥ Other _____ ⑦</p> <p>R-2 What is the material of the roof of the house?</p> <p style="text-align: right;">Thatch/grass/straw ① Corrugated iron sheet/ zinc/ tin ② Tarpaulin/plastic sheet ③ Cement/ concrete ④ Roofing tiles ⑤ Asbestos ⑥ Other _____ ⑦</p> <p>R-3 What is the material of the wall of the house?</p> <p style="text-align: right;">Mud and wattle ① Mud bricks ② Corrugated iron sheet/ 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</p> <p>R-4 What is the type of the housing unit?</p> <p style="text-align: right;">Share room ① Single room ② Flat ③ Duplex ④ Whole building ⑤ Other _____ ⑥</p> <p>R-5 Does your household provide you and your household members with adequate space for living?</p> <p style="text-align: center;">Yes <input checked="" type="radio"/> No <input checked="" type="radio"/></p>	<p>R-6 How many room does this household occupy?</p> <p style="text-align: center;">EXCLUDE BATHROOMS, TOILETS, KITCHEN, PANTRY, AND STOREROOMS</p> <table border="1" style="width: 100px; height: 20px; margin: 10px auto; border-collapse: collapse;"> <tr> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> </tr> </table> <p>R-7 What is the household's main source of drinking water ?</p> <p style="text-align: right;">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</p> <p>R-8 What kind of toilet facility does your household use?</p> <p style="text-align: right;">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</p> <p>R-9 What is the main fuel used for cooking?</p> <p style="text-align: right;">Firewood ① Charcoal ② Kerosene/ Oil ③ Gas ④ Electricity ⑤ Crop residue/ sawdust ⑥ Animal waste ⑦ Palm oil ⑧ Other _____ ⑨</p>			<p>R-10 What is the main source used for lighting?</p> <p style="text-align: right;">Kerosene/ paraffin ① Gas ② Mains/ electricity ③ Generator ④ Battery ⑤ Candles ⑥ Firewood ⑦ Palm oil ⑧ Other _____ ⑨</p> <p>R-11 What kind of garbage disposal does your household use?</p> <p style="text-align: right;">Collected government ① Collected private ② Government bin ③ Disposal within compound ④ Burning ⑤ Burial ⑥ None/Unauthorized heap ⑦ Other _____ ⑧</p> <p>R-12 Does your household protect you and your household members from?</p> <p style="text-align: right;">a Rain (Y) b Damp (Y) c Wind (Y) d Heat (Y) e Cold (Y)</p> <p>R-13 What measures does your household take to prevent malaria? (YOU MAY MARK MORE THAN ONE ANSWER)</p> <p style="text-align: right;">a None <input checked="" type="checkbox"/> b Bed net <input checked="" type="checkbox"/> c Insecticide <input checked="" type="checkbox"/> d Anti-malaria drug <input checked="" type="checkbox"/> e Fumigation <input checked="" type="checkbox"/> f Insecticide treated net <input checked="" type="checkbox"/> g Maintain good drainage <input checked="" type="checkbox"/> h Maintain good sanitation <input checked="" type="checkbox"/> i Herbs <input checked="" type="checkbox"/> j Burn leaf (tobacco, etc.) <input checked="" type="checkbox"/> k Window/ door net <input checked="" type="checkbox"/> l Other _____ <input checked="" type="checkbox"/></p>																																																														
<p>R-14 Is your household located in an area with?</p> <p style="text-align: right;">a Access to safe drinking water <input checked="" type="checkbox"/> Access to sanitation facilities <input checked="" type="checkbox"/> c Access to market place(s) <input checked="" type="checkbox"/> d Access to job/work opportunities <input checked="" type="checkbox"/> e Access to primary school <input checked="" type="checkbox"/> f Access to secondary school <input checked="" type="checkbox"/> g Access to health-care services <input checked="" type="checkbox"/> h Access to justice services <input checked="" type="checkbox"/> i Access to religious services <input checked="" type="checkbox"/> j No polluted sites or sources of pollution <input checked="" type="checkbox"/></p>																																																																		
<p>R-15 How long does it take to walk from your household to the nearest.....?</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">a Supply of safe drinking water</td> <td style="width: 33%; text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="width: 33%;">e Secondary school</td> <td style="text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; 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<p>R-16 Is it safe for children, women, persons with disabilities and/or elderly to reach from your household...?</p> <p style="text-align: right;">a Water sources <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> b Sanitation facilities <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> c School facilities <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> d Health facilities <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>																																																																		

S – DISPLACEMENT/FOOD AID

Reference Number

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Displaced households

S-1 Was your household displaced because of of the war since 1990?

Yes ☒
No ☒ IF NO GO TO H.5

S-2 Have you returned to your place of origin ?

Yes ☒
No ☒ IF NO GO TO H.4

S-3 When did you return to your place of origin?

Year

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 GO TO H.8

S-4 What reason 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 tool 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 say in current location
- 9 Other specify _____

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Food Aid & External Assistance

S-5 In your opinion, have the members of your household eaten in the last 12 months?

a Enough food Yes ☒
b Adequate food Yes ☒

S-6 Has any member of your household stayed with nothing to eat/ without eating at all for one or more days in the last 30 days?

a One day Yes ☒
b Two or three days Yes ☒
c Four to seven days Yes ☒
d More than seven days. Specify

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S-7 How many times did you eat yesterday?

a One time Yes ☒
b Two times Yes ☒
c Three times Yes ☒
d More than three times Yes ☒

Food Aid & External Assistance

S-8 Has any member of your household received food aid (including school feeding) in the last 12 months?

Yes ☒
No ☒ IF NO GO TO H.7

S-9 What type of program provided the food aid? (MARK ALL THAT APPLY)

- a. School feeding (meals, take home) ☒
- b. Food for community projects ☒
- c. Food for pregnant/ breastfeeding women/ children ☒
- d. Food for displace families/ refugees ☒
- e. Food for returning household ☒
- f. Other specify _____ ☒

S-10 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	<div><div>Y</div><div>N</div></div>	<div></div>
b. For education (school materials)	<div><div>Y</div><div>N</div></div>	<div></div>
c. For medical services	<div><div>Y</div><div>N</div></div>	<div></div>
d. Construction/ building materials	<div><div>Y</div><div>N</div></div>	<div></div>
e. Water and/ or sanitation	<div><div>Y</div><div>N</div></div>	<div></div>
f. Agricultural assistance (tools, seeds, training)	<div><div>Y</div><div>N</div></div>	<div></div>

Provider Coder

- 1 Government
- 2 UN
- 3 NGO
- 4 Church/ Mosque
- 5 Community
- 6 Relative / Friend
- 7 Other

S-11 Does your household or one of your members participate in one or more of the following support system among neighbors or community members?

(MARK ALL THAT APPLY)

- a. None ☒
- b. Agriculture production/ home gardening ☒
- c. Cooking ☒
- d. Children care ☒
- e. Cleaning/ Brushing ☒
- f. Repair/ maintain community infrastructure ☒
- g. Contributions to community members in need ☒
- h. Other ☒

T – SUBJECTIVE POVERTY

Reference Number

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T-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

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

[Y=Yes, N=No]

FOOD:

- 01 Eat three meals every day ① ②
02 Eat tubers/ cereals/ rice every day ① ②
03 Eat vegetables every day ① ②
04 Eat meat every day ① ②

Clothing:

- 05 Having at least two outfits ① ②
06 Having at least two pairs of shoes ① ②

Housing:

- 07 To have housing (owner or renter) ① ②
08 To have access to water and electricity ① ②
09 To have tables and beds in the house ① ②

Health, personal needs:

- 10 Afford health care ① ②
11 Afford personal needs ① ②

Employment:

- 12 To have stable, long term employment ① ②

Transport:

- 13 Afford taxi/ bus/ pickup/ motorbike to work ① ②

Education, leisure:

- 14 Be able to sent all children to school ① ②
15 To have a radio ① ②
16 To have a television ① ②

T-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

T-4 What is the minimum amount per month needed to satisfy your household basic needs?
(\$ Liberian)

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T-5 What is your household 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

T-6 Is your household income?

- Very Unstable ①
Somewhat stable ②
Stable ③

T-7 During the past year, your household living standard:

- Increased ①
Stay the same ②
Decreased ③

T-8 During the past year, your community living standards:

- Improved ①
Stayed the same ②
Decreased ③

T-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 ① ②
2. Having difficult material condition ① ②
3. Having a low level of human capital (education, health) ① ②
4. Being marginalized, excluded from society ① ②
5. Being vulnerable to life's various challenges ① ②
6. Being unable to influence the condition of life ① ②

T-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 Eat vegetables every day ① ② ③ ④
04 Eat fish/ meat every day ① ② ③ ④

Clothing:

- 05 Having at least two outfits ① ② ③ ④
06 Having at least two pairs of shoes ① ② ③ ④

Housing:

- 07 Having 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 Afford 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

T-11 Is any member of your household a member of an association
(ASK THE QUESTION FOR EACH LINE)

[Y=Yes, N=No]

- 1 Community ① ②
2 Religious ① ②
3 Professional ① ②
4 Political ① ②
5 Family ① ②
6 Other specify _____ ① ②

T-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 ① ②
2 Religious Association ① ②
3 Professional Association ① ②
4 Friends ① ②
5 Extended family ① ②
6 Other ① ②

T-13 Do you think the reduction of poverty is a priority to government?

- Yes ①
No ②

T-14 What do you think is the most important measure that the government should take to prove your household living standard?

- 01 Create employment
02 Improving access to education
03 Improving access to health education
04 Pave roads
05 Improving 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 _____

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HUMAN RIGHTS PRINCIPLES: HUMAN DIGNITY

FOR HOUSEHOLD MEMBERS 15 YEARS OLD AND ABOVE

	1	2	3	4	5	6	7	8	9	10
1 To have a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2 To have good health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3 To have good standard of living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4 To get an education (myself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5 To get a good education for my children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6 To be able to participate in public life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7 To live a life free of hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8 To live in a country where there is no war	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9 To live in a country without violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10 To live in a country without corruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
11 To have a happy family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12 To live in freedom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13 To be faithful to my religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14 To life free of fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15 To live in a country with an effective/good justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

HUMAN RIGHTS STANDARDS

1. READ THE DEFINITION OF HUMAN RIGHTS IN LIBERIAN SIMPLE ENGLISH (SEE LAST PAGE OF THIS QUESTIONNAIRE). 2. BASED ON THE SIMPLIFIED VERSION OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS , ASK THE RESPONDANT TO IDENTIFY THREE MAIN HUMAN RIGHTS CONCERNS.

3. RELATE THEM TO THREE ARTICLES OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS .

a.1 UDHR Article a.2 Example HR concern no.1: _____

b.1 UDHR Article b.2 Example HR concern no.2: _____

c.1 UDHR Article c.2 Example HR concern no.3: _____

a.1 UDHR Article

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 a.2 Example HR concern no.1: _____

b.1 UDHR Article

--	--

 b.2 Example HR concern no.2: _____

c.1 UDHR Article

--	--

 c.2 Example HR concern no.3: _____

HUMAN RIGHTS PRINCIPLES: PARTICIPATION AND INCLUSION

[illegible][illegible][illegible]

IF NONE, SKIP TO QUESTION U 2.6

[illegible]

Reference Number

HUMAN RIGHTS PRINCIPLES: PARTICIPATION AND INCLUSION
--

[illegible]

CODER
01=Frequently 02=Sometimes (now and then) 03=Rarely 04=Never

[illegible]

U. HUMAN RIGHTS

Reference Number

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FOR HOUSEHOLD MEMBERS 15 YEARS OLD AND ABOVE

HUMAN RIGHTS: RULE OF LAW

U-3.1 During the last 12 months, was your community affected by any dispute/conflict ?

() Yes

() No

() Don't know

U-3.2 If you had a dispute/conflict with an individual, the police, county attorney or a judge what would you do to solve it?

(YOU MAY MARK MORE THAN ONE ANSWER)

INDIVIDUAL	POLICE, COUNTY ATTORNEY, JUDGE
------------	--------------------------------

- | | | | | |
|--|---------|--------|---------|--------|
| 01 Go to Court | () Yes | () No | () Yes | () No |
| 02 Work along with human rights organization/institution | () Yes | () No | () Yes | () No |
| 03 Have arbitration by community leaders | () Yes | () No | () Yes | () No |
| 04 Have arbitration by religious leaders | () Yes | () No | () Yes | () No |
| 05 Go to Constituent leaders/representatives | () Yes | () No | () Yes | () No |
| 06 Resort to use of violence | () Yes | () No | () Yes | () No |
| 07 Go to trial by ordeal (Sassy Wood) | () Yes | () No | () Yes | () No |

08. Other for Individual. (SPECIFY) _____

09. Other for Police, County Attorney, Judge. (SPECIFY) _____

U-3.3 In your opinion, which of the following is the most common form of violence faced by BOYS or MEN in your community?

1. **BM1**

--	--	--

2. **BM2**

--	--	--

3. **BM3**

--	--	--

U-3.4 In your opinion, which of the following is the most common forms of violence faced by GIRLS or WOMEN in your community?

1.**GW1**

--	--	--

HUMAN RIGHTS

FOR HOUSEHOLD MEMBERS 15 YEARS OLD AND ABOVE

Reference Number

--	--	--

HUMAN RIGHTS: RULE OF LAW

CODER

01= Police
02= Town Chief
03= Clan Chief
04=Paramount Chief
05= Sassy wood person/ witch catcher
06= Tribal Court
07= Community leader
08= Religious leader
09= Justice of the Peace
10= District Commissioner
11= Magisterial Court
12= Human rights organization/ institution
13= Other

U-3.5 If any member of your family faced any of the forms of violence you identified above, to whom would you report it, outside of your family members?

V 1

V4

V2

V5

V3

V6

U-3.6 Where does each form of violence usually take place?

V 1

V3

V2

V4

CODER

01= In the street
02= In the work place
03= At the market place
04= In an LNP police station
05= In a prison/detention center
06=In a school/ university
07=In a health facility
08=In the household
09=Other

U-3.7 Who is (are) the INDIVIDUAL perpetrator(s)?

V1

V4

V2

V5

V3

V6

CODER

Individual Perpetrators

01= Male family/household member
02= Female family/household member
03= Male community member
04= Female community member
05= Government official
06=Other

U- 3.8 Who is (are) the INSTITUTIONAL perpetrator(s)?

V1

V4

V2

V5

V3

V6

CODER

Institutional Perpetrators

01= Business enterprise
02=Religious institution
03= Academic institution
04=Secret society
05= Military or security forces
06=Civil society organization
07= International organization
08=Brotherhood or sorority
09=Local Government
10 National Government
11=Other

U- 3.9 Do you expect the perpetrators to get punished?

Yes ()

No ()

[illegible][illegible]

Yes ☐ Y ☐ Y ☐ Y ☐ Y ☐ Y ☐ Y ☐ Y ☐ Y ☐ Y

No ☐ N ☐ N ☐ N ☐ N ☐ N ☐ N ☐ Y ☐ Y ☐ Y

[illegible][illegible][illegible][illegible]

Reference Number

Reference Name		

[illegible]

Reference Number

[illegible]

HUMAN RIGHTS

ANNEX 1 – FORMS OF VIOLENCE AGAINST BOYS OR MEN, GIRLS OR WOMEN

ENUMERATORS: For question 3.3 AND 3.4 use the CODERS below and use the corresponding numbers for the appropriate response.

SEX/AGE OF VICTIMS OF VIOLENCE CODER

First Digit

1 - Boys	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	5 - Boys and Men	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>
2 - Girls	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	6 - Girls and Women	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>
3 - Men	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>	7 - Boys and Girls	<input type="text" value="7"/>	<input type="text"/>	<input type="text"/>
4 - Women	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/>	8 - Men and Women	<input type="text" value="8"/>	<input type="text"/>	<input type="text"/>
9 - All community	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>				

FORMS OF VIOLENCE CODER

Third and Fourth Digits

- 01 Abduction
- 02 Abandonment by spouse
- 03 Assault
- 04 Arbitrary detention
- 05 Armed robbery
- 06 Attempted rape
- 07 Beating/Flogging/Spanking
- 08 Child neglect
- 09 Child pornography
- 10 Child sale/Child trafficking
- 11 Child sexual exploitation/Child prostitution
- 12 Death threats
- 13 Detention without trial
- 14 Ethnic violence/Racial violence
- 15 Expulsion from community
- 16 Extrajudicial killing/Disappearance
- 17 Forced eviction from land/household
- 18 Forced labor
- 19 Human trafficking
- 20 Insult
- 21 Intimidation
- 22 Mob violence
- 23 Physical injury by law enforcement official(s)
- 24 Rape
- 25 Request for "cold water" (corruption)
- 26 Sassy wood
- 27 Sexual abuse/harassment
- 28 Sexual exploitation/Prostitution
- 29 Theft
- 30 Unfair trial
- 31 Women trafficking

EXAMPLES:

GIRLS AND WOMEN RAPE

Girls and women code = 6

Rape code = 24

MEN FORCED LABOR

Men code = 3

Forced labor code = 18