



**CONFIDENTIAL**

Republic of Liberia  
Liberia Institute of Statistics and Geo-Information Services

## HOUSEHOLD INCOME AND EXPENDITURE SURVEY (HIES 2016)

*This information is collected under the National Statistical Act by the National Legislature*

*THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.*

### HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE

#### SECTION A-1: HOUSEHOLD IDENTIFICATION

	CODE	NAME															
1. COUNTY:	<input type="text"/>	<input type="text"/>	MARK BOX WITH AN 'X' AND NUMBER FORMS BELOW IF YOU USE MORE THAN THIS SINGLE FORM TO COLLECT INFORMATION FROM THIS HOUSEHOLD. IF SO, BE SURE TO MARK IN THE SAME WAY THE OTHER FORMS USED FOR THIS HOUSEHOLD														
2. DISTRICT:	<input type="text"/>	<input type="text"/>															
3. CLAN:	<input type="text"/>	<input type="text"/>															
4. ENUMERATION AREA	<input type="text"/>	<input type="text"/>															
5. HOUSEHOLD ID (FROM LIST) :	<input type="text"/>	<input type="text"/>															
6. NAME OF HOUSEHOLD HEAD:			<input type="text"/>														
7. LOCALITY (URBAN=1, RURAL=2):	<input type="text"/>		FORM ____ OF ____ TOTAL														
8. FULL HOUSEHOLD IDENTIFICATION:			<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9. DESCRIPTION OF LOCATION OF HOUSEHOLD - INCLUDE ANY IDENTIFYING CHARACTERISTICS OF DWELLING, NAME OF NEIGHBOURING HOUSEHOLDS & KEY PERMANENT CONTACTS, PHONE NUMBER (IF ANY).	<div></div> <div></div> <div></div>																

**SECTION A-2: SURVEY STAFF DETAILS**

10. NAME OF ENUMERATOR:

SIGNATURE OF ENUMERATOR:

11. ENUMERATOR CODE:

12. TIME INTERVIEW START

:

AM

PM

13. DATE OF INTERVIEW (DD/MM/YYYY):

/

/

(ENUMERATOR  
▶NEXT PAGE)

14. NAME OF FIELD SUPERVISOR:

15. FIELD SUPERVISOR CODE:

16. DATE OF QUESTIONNAIRE INSPECTION (DD/MM/YYYY):

/

/

17. NAME OF DATA ENTRY CLERK:

18. DATA ENTRY CLERK CODE:

19. DATA ENTRY DATE (DD/MM/YYYY):

/

/

20. 2ND DATA ENTRY CLERK NAME:

21. 2ND DATA ENTRY CLERK CODE:

22. 2ND DATA ENTRY DATE (DD/MM/YYYY):

/

/

**OBSERVATIONS DURING 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.

MEANINGS FOR COMMON SKIP PATTERNS/ABBREVIATIONS			
(▶ )		CONDITIONAL SKIP: IF SPECIFIC CODE CHOSEN, SKIP TO A SPECIFIC QUESTION	
▶		UNCONDITIONAL SKIP: ALWAYS SKIP TO A SPECIFIC QUESTION	
▶ NEXT PERSON		SKIP TO THE NEXT PERSON	
▶ NEXT SECTION		SKIP TO THE NEXT MODULE/SECTION IF CHOSEN	
LD	LIBERIAN DOLLARS		USD UNITED STATES DOLLARS

## **INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED**

### **CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:**

Liberia Institute of Statistics and Geo-Information Services (LISGIS) selects at random several hundred households in each county of Liberia to ask them questions about how they are living. The responses which are provided by the households to these questions are intended to help the government of Liberia to do a better job in meeting the needs of all Liberians.

Your household was selected as one of those to which these questions will be asked this time. You were not selected for any specific reason. Simply your name was on a list of all of the households in this area, and your household was chosen randomly.

I would like to ask the questions in this form to you as head of household or spouse of the head. I will also need to ask questions to other members of your household. These questions will take several hours to complete and may be undertaken over two or three days. All of your answers will be held in confidence. The answers which you and the members of your household might give me will only be used by LISGIS or under its supervision.

Before I start, do you have any questions or is there anything which I have said on which you would like any further clarification? May I proceed with interviewing you and members of your household?

**TICK BOX IF YOU HAVE CONVEYED THIS MESSAGE TO HOUSEHOLD BEFORE BEGINNING INTERVIEW?**

☐

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**SECTION B: HOUSEHOLD MEMBER ROSTER**

<p><b>MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USING THE FOLLOWING PROBE QUESTIONS TO THE HEAD OF THE HOUSEHOLD:</b></p> <p>1. First, ask names of all the household head's <b>immediate family who normally live and eat their meals together here.</b></p> <p>2. Write down names, sex, age and relationship to household head. <b>FILL IN Qs 1 - 7.</b></p> <p>3. Then ask names of <b>any other persons related to the household head or any other household member that normally lives and eats their meals together here.</b> <b>FILL IN Qs 1 - 7.</b></p> <p>4. Then ask about <b>other persons not here who normally live and eat their meals here.</b> (These should have been present in the household for 6 months out of the last 12 months). Eg. travelling household members. <b>FILL IN Qs 1 - 7.</b></p> <p>5. Then ask names of <b>any other persons not related to the head of the household or other household members, but who normally live and eat their meals together</b> here such as live-in servants. <b>FILL IN Qs 1 - 7.</b></p> <p><b>IF MORE THAN 12 MEMBERS, USE SECOND QUESTIONNAIRE. REMEMBER TO MARK BOX ON COVER PAGE OF EACH QUESTIONNAIRE USED.</b></p>		<p>INDIVIDUAL</p>	<p>1. NAME</p> <p>LIST HOUSEHOLD HEAD ON LINE 1. HOUSEHOLD HEAD IS SOMEONE WHO MAKES THE <b>FINANCIAL DECISIONS</b> IN THE HOUSEHOLD</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 COVER.)</p>	<p>2. Sex</p> <p>M. . 1 F. . 2</p>	<p>3. Does [NAME] possess a birth certificate or proof of registration of birth from a civil authority?</p> <p>YES. 1 NO. . 2 (►5)</p>	<p>4. What is the proof of birth registration?</p> <p>CERTIFICATE FROM MINISTRY OF HEALTH.....1</p> <p>REGISTERED AT CLINIC/HOSPITAL...2</p> <p>OTHER, SPECIFY.....3</p>	<p>5. In what month and year was [NAME] born?</p> <p>IF [NAME] POSSESSES A BIRTH REGISTRATION PROOF USE THAT TO DETERMINE DATE OF BIRTH</p> <p><b>"99" IF DON'T KNOW</b></p> <p>MONTH CODES JANUARY....01 FEBRUARY...02 MARCH.....03 APRIL.....04 MAY.....05 JUNE.....06 JULY.....07 AUGUST.....08 SEPTEMBER..09 OCTOBER....10 NOVEMBER...11 DECEMBER...12</p> <p>(MM) (YYYY) MONTH YEAR</p>	<p>6. How old is [NAME]? IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR CHECK MANUAL FOR ESTIMATING AGE USING HISTORICAL EVENTS.</p> <p>CHECK THAT AGE IN Q6 AND YEAR OF BIRTH IN Q5 ARE CONSISTENT.</p> <p><b>"999" IF DON'T KNOW</b></p> <p>AGE (YEARS)</p>	<p>7. What is [NAME]'s relationship to the head of household?</p> <p>HEAD.....1 SPOUSE.....2 SON/DAUGHTER.....3 STEP SON /DAUGHTER.4 SISTER/BROTHER.....5 GRANDCHILD.....6 FATHER/MOTHER.....7 SON/DAUGHTER IN LAW.....8 BROTHER/SISTER IN LAW.....9 FATHER/MOTHER IN LAW.....10 OTHER RELATIVE (SPECIFY).....11 LIVE-IN MAID/ DOMESTIC HELP.....12 LIVE-IN MAID'S / DOMESTIC HELP'S RELATIVE.....13 OTHER NON RELATIVES (SPECIFY).....14</p>	<p>8. Did [NAME] eat meals in this household in the last 7 days?</p> <p>YES...1 NO...2</p>	<p>9. For how many days in the last 30 days was [NAME] present?</p> <p>(0-30) NO.</p>
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FILL IN HOUSEHOLD ROSTER FLAP NOW

[illegible]

ONLY FOR AGES 12 AND ABOVE

I N D I V I D U A L  I D	21. In which town/village/community/ country was [NAME] born?  <b>FOR COUNTRIES OUTSIDE OF LIBERIA:</b> WRITE THE COUNTRY AND USE CODE FROM BELOW <b>WITHIN LIBERIA:</b> WRITE NAME OF TOWN / VILLAGE / COMMUNITY, AND USE COUNTY CODES AT BACK OF QUESTIONNAIRE  <u>COUNTRY CODES</u> USA.....101 UK.....102 AUSTRALIA...103 GUINEA.....104 SIERRA LEONE.105 GHANA.....106 NIGERIA.....107 IVORY COAST..108 SOUTH AFRICA.109	22. IS [NAME] AGED 12 YEARS OR ABOVE?  <b>CHECK FLAP</b>	23. What is [NAME]'s marital status?  MONOGAMOUS MARRIED...1 POLYGAMOUS MARRIED...2 LIVING TOGETHER...3 SEPARATED...4 (▶29) DIVORCED...5 (▶29) NEVER MARRIED...6 (▶29) WIDOW (ER)...7 (▶29)	24. Does at least one spouse/partner live in this household now?  YES...1 NO...2 (▶27)	25. WRITE ID CODES OF SPOUSES WHO LIVE IN THE HOUSEHOLD  SPOUSE 1 SPOUSE 2 SPOUSE 3 SPOUSE 4	26. What type of marriage ceremony did [NAME] have with spouse(s)?  COURT.....1 RELIGIOUS.....2 TRADITIONAL...3 RELIGIOUS & TRADITIONAL..4 RELIGIOUS & COURT.....5 TRADITIONAL & COURT.....6 NONE.....7 OTHER, SPECIFY..8	27. Does [NAME] have a spouse living outside of this household?  YES...1 NO...2 (▶29)	28. How many spouses does [NAME] have who are residing outside of this household?  <b>ONLY MEN SHOULD BE ASKED</b>	29. In the past 12 months, how often has [NAME] followed news or current affairs using the following?  <b>ONLY FOR NEWS OR CURRENT AFFAIRS PURPOSES.</b>  ALMOST DAILY.....1 A FEW TIMES A WEEK...2 A FEW TIMES A MONTH..3 A FEW TIMES A YEAR...4 NEVER.....5  <b>▶NEXT SECTION</b>
	<b>TOWN/VILLAGE/ COMMUNITY/ COUNTRY NAME</b>	<b>COUNTRY/ COUNTRY CODE</b>	<b>YES...1 NO...2 (▶NEXT SEC)</b>			<b>SPOUSE 1 SPOUSE 2 SPOUSE 3 SPOUSE 4</b>	<b>SPOUSE 1 SPOUSE 2 SPOUSE 3 SPOUSE 4</b>	<b>NUMBER SPOUSES</b>	<b>RADIO T. V. PAPER HUT INTER-NET</b>

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**SECTION C: EDUCATION**
**RESPONDENTS: 5 YEARS AND ABOVE**

I N D I V I D U A L  I D	1. IS [NAME] 5 YEARS OR ABOVE?	2. IS PERSON ANSWERING FOR HIMSELF/ HERSELF?	3. WHAT IS THE ID CODE OF THE PERSON ANSWERIN G FOR [NAME]?	4a. Can [NAME] read and write in English?	4b. ASK [NAME] TO READ ONE SENTENCE FROM READING SHOW CARD.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, ASK IF THEY CAN READ ANY PART OF THE SENTENCE.  IS [NAME] ABLE TO READ THE SENTENCE?  YES, ABLE TO READ ONLY PARTS OF SENTENCE.....1 YES, ABLE TO READ WHOLE SENTENCE...2 NO, CANNOT READ AT ALL.....3 BLIND/VISUALLY IMPAIRED.....4 NOT PRESENT.....5	5. Can [NAME] read and write in any other language?	6. Did [NAME] ever go to primary school or secondary school or university and above?	7. Why did [NAME] never go to primary, secondary school or university and above?	8. At what age did [NAME] start primaryschool?	9. Is [NAME] currently in school year (2015-2016 OR 2016-2017) even if school is not in session?
	CHECK FLAP			BOTH READING AND WRITING	BOTH READING AND WRITING	DO <b>NOT</b> INCLUDE POLYTECHNIC, VOCATIONAL, OR ADULT EDUCATION CLASSES  DO <b>NOT</b> INCLUDE PRE- SCHOOL		TOO YOUNG TO ATTEND PRIMARY SCHOOL.....1 STILL IN PRE-SCHOOL.....2 NO MONEY .....3 POOR QUALITY OF SCHOOLS.....4 ILLNESS OR DISABILITY.....5 NOT INTERESTED.....6 PARENTS DID NOT LET ME.....7 HAD TO WORK OR HELP AT HOME.8 SCHOOL TOO FAR FROM HOME....9 SCHOOL CONFLICT WITH BELIEFS.....10 CIVIL UNREST IN COUNTRY....11 OTHER (SPECIFY).....12	MUST BE LESS THAN OR EQUAL TO CURRENT AGE IN FLAP	
	YES...1 NO...2 <b>(▶39)</b>	YES...1 <b>(▶4)</b> NO...2	ID CODE	YES...1 NO...2	YES, SPECIFY.1 NO.....2	YES...1 <b>(▶8)</b> NO...2		<div style="border: 1px solid black; text-align: center; margin: 10px auto; width: 50px;">▶32</div> <div style="border: 1px solid black; text-align: center; margin: 10px auto; width: 150px;">FILL UPTO TWO MAIN REASONS</div>	<div style="border: 1px solid black; text-align: center; margin: 10px auto; width: 100px;">▶32</div>	YES...1 <b>(▶12)</b> NO...2
							REASON 1	REASON 2	AGE (YEARS)	

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12											

								CURRENT SCHOOL
I N D I V I D U A L  I D	10. What year did [NAME] leave school for the last time?  <b>PUT "9999" IF DON'T KNOW</b>	11. What is the <b>highest grade completed</b> by [NAME]?  <div> <div>PRIMARY</div> <div>G1.....11 ▶32 G2.....12 ▶32 G3.....13 ▶32 G4.....14 ▶32 G5.....15 ▶32 G6.....16 ▶32</div> <div> <div>SENIOR HIGH</div> <div>G10.....20 ▶27 G11.....21 ▶27 G12.....22 ▶27</div> <div> <div>UNIVERSITY</div> <div>AAD.....23 ▶27 U1.....24 ▶27 U2.....25 ▶27 U3.....26 ▶27 U4.....27 ▶27</div> <div> <div>MASTERS &amp; ABOVE</div> <div>U5+.....28 ▶27</div> </div> </div> </div></div>	12. What grade is [NAME] <b>currently</b> attending (school year 2015-2016 OR 2016-2017), even if school is not in session?  <div> <div>PRIMARY</div> <div>G1.....11 G2.....12 G3.....13 G4.....14 G5.....15 G6.....16</div> <div> <div>SENIOR HIGH</div> <div>G10.....20 G11.....21 G12.....22</div> <div> <div>UNIVERSITY</div> <div>AAD.....23 U1.....24 U2.....25 U3.....26 U4.....27</div> <div> <div>MASTERS &amp; ABOVE</div> <div>U5+.....28</div> </div> </div> </div></div>	13. Was [NAME] in school in the <b>previous</b> school year (2014-2015 OR 2015-2016)?  YES...1 NO...2 <b>(▶16)</b>	14. What grade was [NAME] attending in the <b>last school year</b> ?  <div> <div>MUST BE LOWER THAN OR SAME AS CURRENT GRADE (Q12)</div> </div> <div> <div>PRIMARY</div> <div>G1.....11 G2.....12 G3.....13 G4.....14 G5.....15 G6.....16</div> <div> <div>SENIOR HIGH</div> <div>G10.....20 G11.....21 G12.....22</div> <div> <div>UNIVERSITY</div> <div>AAD.....23 U1.....24 U2.....25 U3.....26 U4.....27</div> <div> <div>MASTERS &amp; ABOVE</div> <div>U5+.....28</div> </div> </div> </div></div>	15. If [NAME] is currently repeating grade from last year, why?  <div> <div>REPEATING IF: Q12=Q14</div> </div> <div> <div>NOT REPEATING..1 FAILED.....2 SICKNESS.....3 SCHOOL CLOSED DOWN FOR EBOLA.....4 OTHER, SPECIFY.....5</div> </div>	16. CHECK Q12: IS [NAME] CURRENTLY ATTENDING SCHOOL?  YES...1 NO...2 <b>(▶27)</b>	17. Who owns the school [NAME] <b>currently</b> attends?  <div> <div>GOVERNMENT.....1 CHURCH/MISSIONARY SCHOOL.....2 ISLAMIC SCHOOL...3 PRIVATE NON- RELIGIOUS.....4 COMMUNITY.....5 OTHER, SPECIFY.....6</div> </div>
	(YYYY)  YEAR							

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2								
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CURRENT SCHOOL CONTINUED...													WAEC EXAMS
I N D I V I D U A L  I D	18. Is [NAME] a day student or a boarding student?	19. How does [NAME] usually go to school?	20. How long does it take [NAME] in total to get to school?	21. Has [NAME] missed school in the last two weeks?	22. Why was [NAME] absent from school?	23. Does [NAME] use textbooks for school?	24. Where do the textbooks come from?	25. In the past seven days, approximately how much time did [NAME] spend on assignments or studying?	26. Has [NAME] had any problems at school?	27. Did [NAME] take the Grade 9 WAEC (West Africa Examination Council Exam)?			
	<div>DAY STUDENT IF GOES AND RETURNS FROM SCHOOL EACH DAY</div> <div>BOARDING...1 (▶21) DAY.....2</div>	<div>RECORD MAIN MEANS IF MORE THAN ONE USED</div> <div>ON FOOT.....1 SCHOOL BUS....2</div> <div>PRIVATE</div> <div>BICYCLE.....3 CAR.....4 MOTORCYCLE....5 CANOE.....6 OTHER, SPECIFY..7</div> <div>PUBLIC</div> <div>TAXI.....8 BUS.....9 MOTORCYCLE...10 CANOE.....11 OTHER, SPECIFY.12</div>	<div>ONE WAY</div> <div>HOURS MINUTES (▶23)</div>	<div>UPTO 2 MAIN REASONS</div> <div>PUBLIC HOLIDAY.....1 SCHOOL CLOSED NOT IN BREAK.....2 SCHOOL CLOSED IN BREAK...3 ABSENCE TEACHER.....4 ILLNESS STUDENT.....5 ILLNESS HH MEMBER.....6 FUNERAL.....7 DISCIPLINARY ACTION BY PARENTS.....8 CANNOT MEET COSTS.....9 STUDENT REFUSED.....10 STUDENT HAD TO WORK..11 SUSPENSION BY SCHOOL.12 TEACHERS ON STRIKE...13 STUDENTS ON STRIKE...14 OTHER, SPECIFY.....15</div> <div>YES..1 NO...2 (▶23)</div>	<div>REASON 1 REASON 2 (▶25)</div>	<div>BORROWED FROM SCHOOL.....1 PURCHASED BY HOUSEHOLD...2 BORROWED FROM FRIEND / RELATIVE..3 BORROWED FROM SCHOOL AND PURCHASED BY HOUSEHOLD...4 BORROWED FROM SCHOOL AND FRIEND / RELATIVE....5 OTHER, SPECIFY.....6</div> <div>YES..1 NO...2 (▶25)</div>	<div>THIS DOES NOT INCLUDE TIME SPENT AT SCHOOL DURING OFFICIAL SCHOOL HOURS</div> <div>IF NONE, WRITE '0'</div> <div>HOURS MINUTES</div>	<div>UPTO 2 MAIN PROBLEMS</div> <div>NO PROBLEMS (SATISFIED) .....1 INADEQUATE BOOKS/SUPPLIES..2 POOR TEACHING.....3 NOT ENOUGH TEACHERS.....4 POOR ATTENDANCE OF TEACHERS.....5 OVERCROWDED CLASSROOMS.....6 TOO EXPENSIVE.....7 FACILITIES IN BAD CONDITION.....8 LONG DISTANCE TO SCHOOL.....9 OTHER, SPECIFY...10</div> <div>PROBLEM 1 PROBLEM 2</div>	<div>YES.....1 NO, BECAUSE OF EBOLA..2 (▶29) NO, ANY OTHER REASON....3 (▶29)</div>				

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**PROFESSIONAL / POLYTECHNIC / VOCATIONAL / ADULT EDUCATION**

<b>I N D I V I D U A L  I D</b>	28. Did [NAME] pass or fail in the WAEC Grade 9 exam?	29. Did [NAME] take the Grade 12 WAEC (West Africa Examination Council) Exam?	30. In what year did [NAME] take the exam?  <b>ENTER 9999 IF NOT KNOWN</b>	31. Did [NAME] pass or fail in the WAEC Grade 12 exam?	32. Has [NAME] ever attended any professional, polytechnic, vocational or adult education class?	33. What kind of professional / polytechnic / vocational / adult education class did you take?  LITERACY.....1 AUTOMECHANIC.....2 COMPUTER COURSE...3 PLUMBING.....4 CARPENTRY.....5 MASONRY.....6 TAILORING.....7 CATERING.....8 SOAP-MAKING.....9 TIE AND DYE.....10 HAIRDRESSING/ BEAUTY/MAKE-UP...11 ELECTRICIAN.....12 DRIVING.....13 ART & CRAFTS.....14 AGRICULTURE.....15 FIRST AID.....16 NURSING.....17 WELDING.....18 SECRETARIAL.....19 OTHER, SPECIFY...20	34. How many months did [NAME] attend this professional / polytechnic / vocational / adult education class?  <b>IF LESS THAN ONE MONTH, WRITE 1</b>	35. What year did [NAME] finish his/ her professional / polytechnic / vocational / adult education class?  <b>ENTER 9999 IF NOT YET COMPLETED</b>	36. HAS [NAME] COMPLETED HIS/HER HIGHER EDUCATION (UNIVERSITY) DEGREE, AAD, OR PROFESIONAL / POLYTECHNIC / VOCATIONAL / ADULT EDUCATION CLASS?  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">CHECK Q11: IF CODED 23 OR 27 OR 28.....1</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">CHECK Q12: IF CODED 28.....1</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">CHECK Q35: IF <u>NOT</u> CODED 9999..1</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">ALL OTHER OPTIONS..2 (►39)</div>	37. Was [NAME] able to find a job after completing his / her higher education (university) degree, AAD, or polytechnic / vocational / adult education class?  YES..1 NO..2 (►39)	38. How much time did it take to gain employment after [NAME] completed his/her higher education degree, AAD, or polytechnic / vocational / adult education class?  <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;">IF CONTINUED EXISTING JOB, ENTER "O"</div> MONTHS
	PASS.....1 FAIL.....2 DON'T KNOW.3	YES.....1 NO, BECAUSE OF EBOLA..2 (►32) NO, ANY OTHER REASON....3 (►32)	(YYYY) <b>YEAR</b>	PASS.....1 FAIL.....2 DON'T KNOW.3	YES..1 NO..2 (►36)	NUMBER OF MONTHS	(YYYY) <b>YEAR</b>				

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10											
11											
12											

EXPENDITURES

39.  
How much was spent on [NAME]'s education in the last 12 months by members of your household:

IF THERE WAS NO EXPENDITURE, WRITE "0"

(f) OTHER MATERIALS INCLUDE: SCHOOL BAGS, RAINCOATS/UMBRELLAS, STATIONERY, FILES AND FOLDERS etc.

Q39 SHOULD BE ANSWERED FOR ALL THOSE CURRENTLY IN PRE-SCHOOL, PRIMARY OR SECONDARY SCHOOL, IN HIGHER EDUCATION / UNIVERSITY, OR IN POLYTECHNIC, VOCATIONAL OR ADULT EDUCATION CLASS

SHOULD BE ANSWERED IF :  
Q7 CODED 2  
Q9 CODED 1  
Q35 CODED 9999 OR 2015 OR 2016

SHOULD ALSO BE ANSWERED FOR UNDER 5 YEAR OLDS WHO ARE IN NURSERY / KINDERGARTEN / PRE-SCHOOL

a) School Fees		b) Books & Notebooks		c) Uniforms		d) Transport provided by School		e) Extra tuition		f) Other Materials		g) Extra-Curricular (sports fee, school trip etc)		h) Other Contribution (e.g. PTA)	
LD	USD	LD	USD	LD	USD	LD	USD	LD	USD	LD	USD	LD	USD	LD	USD
1															
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11															
12															

**SECTION D: HEALTH** ALL HOUSEHOLD MEMBERS SHOULD BE CAPTURED. 15 YEARS AND ABOVE RESPOND FOR THEMSELVES. HH HEAD OR INDIVIDUAL RESPONSIBLE FOR UNDER 15 YEARS RESPOND FOR THEM.  
HEALTH CARE PROVIDER | 30 DAY REFERENCE PERIOD

I N D I V I D U A L	1. IS [NAME] ANSWERING FOR HIMSELF/ HERSELF?	2. WHAT IS THE ID CODE OF THE PERSON ANSWERING FOR [NAME]?	3. Did [NAME] visit a health care provider in the last thirty days?	4. What was the main reason(s) for the <b>most recent</b> visit in the <b>last thirty days</b> ?		5. What health care provider did [NAME] mainly visit for the <b>most recent</b> visit in the <b>last thirty days</b> ?	6. What was the main means of transport [NAME] used to get to the health care provider for the <b>most recent</b> visit in the <b>last thirty days</b> ?	7. How long did it take [NAME] to reach the health care provider for the <b>most recent</b> visit in the <b>last thirty days</b> ?	8. Did [NAME] have any problems during the <b>most recent</b> visit to the health care provider in the <b>last thirty days</b> ?
			<div>DO NOT INCLUDE OVERNIGHT HOSPITALIZATION OR TRADITIONAL / LOCAL HEALER</div>	<div>GIVE UPTO 2 MAIN REASONS</div>		<div>ENSURE THAT THE REASONS IN Q4 ARE CONSISTENT WITH PROVIDER</div>	<div>ONE WAY</div>	<div>TOTAL TIME TAKEN FOR ONE WAY JOURNEY</div>	
	YES..1  (►3)  NO...2			YES..1  NO...2  (►16)	HEART PROBLEM...18 BLOOD PRESSURE...19 URINARY TRACT INFECTION...20 DIABETES...21 MENTAL DISORDER.22 TB.....23 SEXUALLY TRANSMITTED DISEASE.....24 BURN.....25 FRACTURE.....26 WOUND.....27 POISONING.....28 PREGNANCY.....29 CANCER.....30 PILES.....31 UNSPECIFIED LONG- TERM ILLNESS...32 PREVENTATIVE CARE.....33 ACCIDENT.....34 OTHER (SPECIFY).35 	GOVERNMENT HOSPITAL....1 PRIVATE HOSPITAL.....2 RELIGIOUS HOSPITAL.....3 GOVERNMENT CLINIC.....4 PRIVATE CLINIC.....5 RELIGIOUS CLINIC.....6 DISPENSARY/PHARMACY /DRUGSTORE.....7 TTM/NGO/SOCIAL WORKER..8 PRIVATE DOCTOR/DENTIST.9 OTHER, SPECIFY.....10	BY FOOT.....1  <b>PRIVATE</b> BICYCLE.....2 CAR.....3 MOTORCYCLE.....4 OTHER, SPECIFY...5  <b>PUBLIC</b> TAXI.....6 BUS.....7 MOTORCYCLE.....8 CANOE.....9 OTHER, SPECIFY..10	HOURS   MINUTES	YES..1  NO...2  (►10)

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I N D I V I D U A L  I D	9.	What problems did [NAME] face during the <b>most recent</b> visit to the health care provider in the <b>last thirty days</b> ?		10.	What was the source of payment for the <b>most recent</b> visit to the health care provider in the <b>last thirty days</b> for [NAME]?		11.	How much did [NAME] spend in total on this <b>most recent visit</b> to health care provider in the <b>last thirty days</b> for prescription medicines, tests, consultations and in-patient fees, if any in the last thirty days?		12.	During the <b>most recent</b> illness(es) in the <b>last thirty days</b> , for how many days did [NAME] have to stop normal activities because of the reasons listed in Question 4?	13.	In the last thirty days, did anyone else in the household have to stop their normal activities to take care of [NAME] for the reason(s) listed in Question 4?	14.	In the past thirty days, who in the household had to stop their normal activities to take care of [NAME] for the reasons listed in Question 4 in the last thirty days? And for how many days did they stop their normal activities for this reason?	15.	How much did the household spend on [NAME] in the <u>last thirty days</u> for <u>medical consultations, prescription medicines, pre-natal visits, medical treatments like (bandages, injections prescribed by doctor), vaccinations etc</u> that are <u>not</u> already covered previously?
	<div>GIVE UPTO 2 MAIN PROBLEMS</div> POOR BUILDING / MEDICAL TOOLS.....1 LONG WAITING TIME....2 POORLY TRAINED STAFF.3 TOO EXPENSIVE.....4 LACK OF MEDICINE.....5 UNSUCCESSFUL TREATMENT.....6 LONG DISTANCE/TIME TAKEN TO HEALTH FACILITY.....7 OTHER, SPECIFY.....8 PROBLEM 1    PROBLEM 2		<div>UPTO 2 PAYMENT METHODS</div> FREE TREATMENT.....1 (►12) HEALTH INSURANCE(100%)...2 (►12) OWN CASH.....3 PARTLY HEALTH INSURANCE AND PARTLY OWN CASH ...4 HAD TO WORK FOR PROVIDER.5 USE OF ASSET.....6 TOOK LOAN.....7 MONEY FROM RELATIVES / FRIENDS.....8 OTHER, SPECIFY.....9 OPTION 1    OPTION 2		<div>INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS</div> LD    USD		DAYS	YES...1 NO...2 (►15)	<div>ENTER ROSTER ID OF HOUSEHOLD MEMBER THAT TOOK CARE OF [NAME] FOR THE LONGEST TIME</div> ROSTER ID    DAYS	LD    USD <div>DO NOT INCLUDE OVERNIGHT HOSPITALISATION COSTS OR VISITS TO A TRADITIONAL HEALER</div> <div>INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS</div>							

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		OVERNIGHT HOSPITALISATION   12 MONTH REFERENCE PERIOD						TRADITIONAL HEALER   12 MONTH REF. PERIOD			
I N D I V I D U A L	16. How much in total did the household spend on [NAME] in the last <u>thirty days</u> for <b>non-prescription medicines, bandages etc.</b> , for which a doctor's recommendation was <u>not</u> used?	17. During the last <u>12</u> months, was [NAME] <b>hospitalized overnight in a medical facility?</b>	18. How many times was [NAME] hospitalized overnight in the last twelve months? What was the total number of nights for all of these overnight hospitalizations?	19. What type of illnesses or injury did [NAME] have that led to [NAME]'s most recent overnight hospitalization in a medical facility? <div>UPTO 2 MAIN REASONS</div>		20. What was the total cost of all of [NAME]'s overnight hospitalization(s) in the past twelve months?	21. During the last <u>12</u> months, did [NAME] <u>visit or stay overnight(s) at a traditional healer's or faith healer's dwelling?</u>	22. What was the total cost for [NAME]'s medicines and visit to the traditional healer or faith healer?			
	<div>INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS</div>		<div>NUMBER OF TIMES CANNOT BE "0"</div>	FEVER, MALARIA .1 DIARRHEA .....2 TYPHOID.....3 STOMACH ACHE ....4 VOMITING .....5 SORE THROAT.....6 UPPER RESPIRATORY (SINUSES).....7 LOWER RESPIRATORY (CHEST, LUNGS)..8 FLU.....9 COUGH/ BREATHING DIFFICULTIES....10 HEADACHE.....11 FAINTING.....12 SKIN PROBLEM.....13 DENTAL PROBLEM..14 EYE PROBLEM.....15 EAR/NOSE/THROAT..16 PAIN IN BACK / LIMBS / JOINTS...17 HEART PROBLEM...18 BLOOD PRESSURE..19 URINARY TRACT INFECTION...20 DIABETES.....21 MENTAL DISORDER.22 TB.....23 SEXUALLY TRANSMITTED DISEASE.....24 BURN.....25 FRACTURE.....26 WOUND.....27 POISONING.....28 PREGNANCY.....29 CANCER.....30 PILES.....31 UNSPECIFIED LONG-TERM ILLNESS.....32 PREVENTATIVE CARE.....33 ACCIDENT.....34 OTHER (SPECIFY).35		<div>INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS</div>					
	YES..1 NO...2 (►21)	YES..1 NO...2 (►23)	NUMBER OF TIMES	TOTAL NUMBER OF NIGHTS FOR ALL HOSPITALIZATIONS							
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INDIVIDUALS 5 YEARS AND ABOVE (Q 24-29)								ALL INDIVIDUALS				WOMEN 12-49 YEARS (Q 34-38)		
I N D I V I D U A L  I D	23. IS [NAME] A CHILD OF <b>UNDER 5</b> YEARS OLD? (LESS THAN 60 MONTHS OLD)	24. Because of a physical, mental or emotional health condition...	25. Does [NAME] have difficulty seeing, even if he/she is wearing glasses?	26. Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid?	27. Does [NAME] have difficulty walking or climbing steps?	28. Does [NAME] have difficulty remembering or concentrating?	29. Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting etc)?	30. Did [NAME] sleep under a mosquito net <b>yesterday</b> ?	31. Was the mosquito net treated with insecticide?	32. How did the household obtain this mosquito net?	33. IS [NAME] A WOMAN AGED 12 TO 49 YEARS?	34. In the last 24 months, did [NAME] <u>give birth</u> to a child, even if that child lived only a short time?	35. Did [NAME] regularly go to a health care provider while pregnant with most recently born child in the last 24 months?	36. Where did [NAME] deliver last child born in the last 24 months?  GOVERNMENT HOSPITAL...1 PRIVATE HOSPITAL.....2 RELIGIOUS HOSPITAL...3 GOVERNMENT CLINIC....4 PRIVATE CLINIC.....5 RELIGIOUS CLINIC.....6 TRADITIONAL HEALER'S DWELLING.....7 HOME.....8 OTHER, SPECIFY.....9
	YES..1 <b>(▶30)</b> NO...2	NO, NOT AT ALL.....1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY..3 CANNOT PERFORM.....4						YES..1 NO...2 <b>(▶33)</b>	YES..1 NO...2	<b>FREE GIFT..1</b> <b>PURCHSAED..2</b>	YES..1 NO...2 <b>(▶39)</b>	YES..1 NO...2 <b>(▶NEXT SECTION)</b>	YES..1 NO...2	

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CHILDREN <5 YEARS (Q 39-46)										
37. Who delivered this child?	38. Was this birth registered?	39. IS [NAME] A CHILD OF <b>UNDER 5 YEARS</b> OLD? (LESS THAN 60 MONTHS OLD)	40. Has [NAME] had diarrhea in the last fourteen days?	41. How much was [NAME] offered to <u>drink</u> during the diarrhea compared to [NAME]'s usual amount?	42. How much was [NAME] offered to <u>eat</u> during the diarrhea compared to [NAME]'s usual amount?	43. Was [NAME] given any of the following to drink:	44. A home-made fluid (for example: salt, sugar, water)?	45. Was advice or treatment sought for [NAME]'s diarrhea?	46. Where was advice sought for [NAME]'s treatment or advice for the diarrhea?	
DOCTOR / CLINICAL OFFICER.....1 NURSE.....2 TRAINED/PROFESSIONAL MIDWIFE (TTM)....3 TRADITIONAL-UNTRAINED MIDWIFE.....4 TRADITIONAL HEALER.5 FRIEND / RELATIVE..6 SELF.....7 OTHER, SPECIFY.....8	YES, MINISTRY OF HEALTH CERTIFICATE.1  YES, AT CLINIC / HOSPITAL..2 NO.....3	YES..1 NO...2 <b>(▶ NEXT SECTION)</b>	YES..1 NO...2 <b>(▶ NEXT SECTION)</b>	LESS.....1 ABOUT THE SAME...2 MORE.....3 NOTHING TO DRINK..4 DON'T KNOW.....5	LESS.....1 ABOUT THE SAME...2 MORE.....3 NOTHING TO EAT...4 DON'T KNOW.....5	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2 <b>(▶ NEXT SECTION)</b>	<div>RECORD UPTO 2</div> <div> GOVERNMENT HOSPITAL...1  PRIVATE HOSPITAL.....2  RELIGIOUS HOSPITAL...3  GOVERNMENT CLINIC....4  PRIVATE CLINIC.....5  RELIGIOUS CLINIC.....6  DISPENSARY/PHARMACY /DRUGSTORE.....7  TTM/NGO/SOCIAL WORKER.8  PRIVATE DOCTOR.....9  OTHER, SPECIFY.....10 </div> <div>▶NEXT SECTION</div> <div>12</div>	

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SECTION E: LABOUR		RESPONDENTS 10 YEARS & OLDER	12 Month Reference Period							
I N D I V I D U A L  I D	1. IS THE HOUSEHOLD MEMBER 10 YEARS OR ABOVE?	2. IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	3. WHAT IS THE ROSTER ID CODE OF THE PERSON ANSWERING FOR [NAME]?	4a. In the last <b>12 months</b> , did [NAME] work as an unpaid <u>apprentice</u> even if just for one hour?	4b. In the last <b>12 months</b> , did [NAME] work as an <u>employee</u> for a wage, salary, <u>commission</u> or <u>any payment</u> in kind; including doing paid <u>apprenticeship</u> , <u>domestic work</u> or paid <u>agriculture</u> (farm, livestock, fisheries) work even if for one hour?	4c. In the last <b>12 months</b> , did [NAME] <u>run/operate</u> a non-farm <u>business</u> of <u>any size</u> <u>either</u> <u>owned by</u> [NAME] or <u>by the household</u> ?	4d. In the last <b>12 months</b> , did [NAME] <u>help</u> in any kind of non-farm <u>business</u> <u>run by this household</u> , even if for one hour?	4e. In the last <b>12 months</b> , did [NAME] work on <u>household farm activities</u> (including raising livestock or producing crops whether for sale or for household food) even if just for one hour?	5. CHECK: Q4A,Q4B, Q4C,Q4D, Q4E: IS THE ANSWER TO AT LEAST ONE QUESTION 4 'YES' (CODED 1)?	6. Based on the responses just given for work / job in the last 12 months, how would [NAME] define his/her primary and secondary activity?
	YES...1 NO...2 (►NEXT SECTION)	YES...1 (►4a) NO...2	ROSTER ID CODE	YES....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES...1 NO...2 (►7a)	A PAID EMPLOYEE / PAID APPRENTICE.....1 SELF-EMPLOYED (NON-AGRIC) WITH EMPLOYEES.....2 SELF-EMPLOYED (NON-AGRIC) WITHOUT EMPLOYEES.....3 UNPAID FAMILY HELPER (NON-AGRICULTURE).....4 SELF-EMPLOYED (AGRIC), OWNER OR UNPAID FAMILY HELPER (FARM, LIVESTOCK OR FISHERIES).....5 UNPAID APPRENTICESHIP.....6  IF NO SECONDARY ACTIVITY CODE 99  LIST UPTO TWO  PRIMARY   SECONDARY

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7 Day Reference Period									
I N D I V I D U A L  I D	7a. In the last <u>7 days</u> , did [NAME] work as an unpaid apprentice even if just for one hour?	7b. In the last <u>7 days</u> , did [NAME] work as an employee for a wage, salary, commission or any payment in kind; including doing paid apprenticeship, domestic work or paid agriculture (farm, livestock, fisheries) work even if for one hour?	7c. In the last <u>7 days</u> , did [NAME] run/operate a non-farm business of any size either owned by [NAME] or by the household?	7d. In the last <u>7 days</u> , did [NAME] help in any kind of non-farm business run by this household, even if for one hour?	7e. In the last <u>7 days</u> , did [NAME] work on household farm activities (including raising livestock or producing crops, whether for sale or for household food) even if just for one hour?	8. CHECK: Q7A, Q7B, Q7C, Q7D, Q7E: IS THE ANSWER TO AT LEAST ONE QUESTION 8 'YES' (CODED 1)?	STOP AND COMPLETE SECTION E PORTION ON ROSTER FLAP	9. Although [NAME] did not do any work during the last 7 days, did [NAME] have a job or own farm or enterprise at which [NAME] will definitely return to work?	10. How would [NAME] define his/her primary and secondary activity of work / job in the last 7 days / of the work that [NAME] will definitely return to?
	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 (►10) NO...2		YES...1 NO...2 (►11)	A PAID EMPLOYEE / PAID APPRENTICE.....1 SELF-EMPLOYED (NON-AGRIC) WITH EMPLOYEES.....2 SELF-EMPLOYED (NON-AGRIC) WITHOUT EMPLOYEES.....3 UNPAID FAMILY HELPER (NON-AGRICULTURE).....4 SELF-EMPLOYED (AGRIC), OWNER OR UNPAID FAMILY HELPER (FARM, LIVESTOCK OR FISHERIES).....5 UNPAID APPRENTICESHIP.....6 <div style="border: 1px solid black; padding: 2px; display: inline-block;">►15</div> IF NO SECONDARY ACTIVITY CODE 98 <div style="display: flex; justify-content: space-around;"> <span>LIST UPTO TWO</span> </div> <div style="display: flex; justify-content: space-between;"> <span>PRIMARY</span> <span>SECONDARY</span> </div>

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Unemployment   Thirty Day Reference Period					Wage Jobs/Paid Apprenticeships (Primary)						
I N D I V I D U A L  I D	11. Was [NAME] available for work during the last thirty days?          YES...1 (▶13) NO...2	12. Why was [NAME] not available for work during the last thirty days?          IN SCHOOL.....1 BUSY WITH HOUSEHOLD DUTIES.....2 RETIRED.....3 TOO YOUNG.....4 TOO OLD.....5 SICK.....6 DISABLED.....7 OTHER, SPECIFY.....8  ▶15	13. Has [NAME] taken any steps within the past thirty days to look for work?          YES...1 NO...2 (▶15)	14. What steps has [NAME] taken? <b>UPTO TWO MOST RELEVANT</b> REGISTERED WITH A RECRUITMENT AGENCY (EITHER PUBLIC, PRIVATE INSTITUTION OR INTERNET).....1  REPLIED TO ADVERTISEMENTS IN NEWSPAPERS/ POSTERS / INTERNET.....2  INQUIRING FROM PERSONS WITH PUBLIC OR PRIVATE SECTOR JOB CONTRACTS.3  CHECKED AT WORKSITES, FARMS, FACTORIES, MARKETS.....4  NETWORKING WITH FRIENDS/RELATIVES....5  LOOKED FOR ASSETS TO START OWN ENTERPRISE.6  SEEKING FINANCE OR PERMISSION TO START OWN ENTERPRISE.....7  OTHER, SPECIFY...8 <b>FIRST      SECOND</b>	15. CHECK THE FLAP: WHAT ARE THE ANSWERS TO QUESTIONS 4B AND 7B?          YES TO 4B OR 7B.....1 (▶17)  YES TO BOTH 4B AND 7B.....2  NO TO BOTH 4B AND 7B.....3 (▶54)	16. Did [NAME] work in the same wage job in the last 7 days and the last 12 months?          IF NO (2), ASK ABOUT WAGE JOB IN THE LAST 7 DAYS  YES...1 NO...2	17. Who is [NAME]'s employer for this work?          GOVERNMENT.....1 POLITICAL PARTY.2 COOPERATIVE.....3 NGO .....4 INT'L ORG.....5 RELIGIOUS ORG...6 PRIVATE SECTOR..7 OTHER, SPECIFY..8	18. What kind of work does [NAME] usually do in this job?          DESCRIBE THE <u>OCCUPATION AND MAIN TASKS OR DUTIES</u> IN AT LEAST 2 WORDS.  <div>             Eg: Primary School Teacher, Tax Accountant, Corporate Lawyer, Teaching Assistant, Child Nurse etc.           </div>  FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR.  [CODE: ISCO CODE]  DESCRIPTION   CODE	19. What kind of trade or business is it connected with?          DESCRIBE THE <u>TRADE</u> THE JOB IS CONNECTED TO.  <div>             Eg: Education, Ministry of Labor, Construction, Telecommunication, Health etc.           </div>  FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR.  [CODE: ISIC SECTOR]  DESCRIPTION   CODE		
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**Wage Jobs/Paid Apprenticeships (Primary)**

I N D I V I D U A L  I D	20. How many people altogether work at the place where [NAME] does this work?	21. What is the <u>main</u> means of transport [NAME] usually uses to travel to work?	22. How long does it take [NAME] to get to work from [NAME]'s home in total?		23. Does [NAME] receive <u>wages</u> , <u>salary</u> or other payments either in <u>cash</u> , <u>bank deposits</u> or <u>cheques</u> from this employer for this work?	24. What is the main reason [NAME] receives no payment for this work?	25. How much was [NAME]'s last payment received? What period of time did this payment cover?		26. Does [NAME] receive any payment for this work in any other form (in-kind payments)?	27. What is the value of these other payments received over the <u>last 30 days</u> ?		
	ENTER CODE "000" IF NOT KNOWN OR IF GOVT EMPLOYEE (Q17=1)	ON FOOT.....1 EMPLOYER PROVIDED TRANSPORT.....2  <b>PRIVATE</b> BICYCLE.....3 CAR.....4 MOTORCYCLE.....5 CANOE.....6 OTHER, SPECIFY..7  <b>PUBLIC</b> TAXI.....8 BUS.....9 MOTORCYCLE.....10 CANOE.....11 OTHER, SPECIFY.12	TOTAL TIME ONE WAY ONLY		YES...1 (►25) NO....2	PAYING OFF DEBT.1 (►28)  RECEIVES IN-KIND PAYMENTS ONLY.2 (►26)  OTHER, SPECIFY..3 (►28)	CODES FOR PERIOD  DAY.....1 WEEK.....2 FORTNIGHT (TWO WEEKS)..3 MONTH.....4 QUARTER (THREE MONTHS).5 HALF YEAR.....6 YEAR.....7  IF PAID HOURLY, RESPONDENT SHOULD ESTIMATE AVERAGE DAILY WAGE		[APART FROM SALARY] EG: <u>SCRATCH CARDS</u> , <u>GAS SLIP</u> , <u>BAG OF RICE</u> , <u>DSA</u> <u>ETC.</u>  YES...1 NO....2			
TOTAL NUMBER			HOURS	MINUTES			LD	USD	PERIOD	(►28)	LD	USD

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Wage Jobs/Paid Apprenticeships (Primary)								Wage Jobs/Paid Apprenticeships (Secondary)						
I N D I V I D U A L  I D	28. During the last 12 months, for how many months did [NAME] work in this job?	29. Of the number of months worked in the 12 months, how many weeks per month did [NAME] usually work in this job?	30. Of the number of months worked in the last 12 months, how many hours per week did [NAME] usually work in this job?	31. In the last 7 days, how many hours did [NAME] actually work in this job?	32. What type of position does [NAME] hold?	33. Does this job have a contract?	34. Does the job provide health insurance benefits to [NAME]?	35. Other than the job just discussed, has [NAME] had any other sort of wage employment or paid apprenticeship?	36. Who is [NAME]'s employer for this secondary wage work?	37. What kind of work does [NAME] usually do in this (second) job?	38. What kind of trade or business is this (second) job connected with?			
	MAX AMOUNT: 12 MONTHS	MAX AMOUNT: 4 WEEKS	MAX AMOUNT: 168 HOURS	MAX AMOUNT: 168 HOURS	PERMANENT.....1  FIXED-TERM WITH DURATION≥ 1 YEAR WITH PENSION.....2  FIXED-TERM WITH DURATION≥ 1 YEAR WITHOUT PENSION..3  TEMPORARY/SEASONAL/FREELANCE WITH PENSION.....4  TEMPORARY/SEASONAL/FREELANCE WITHOUT PENSION.....5  SELF EMPLOYED.....6	YES..1 NO...2	YES..1 NO...2	YES...1 NO....2 (►54)	GOVERNMENT.....1 POLITICAL PARTY..2 COOPERATIVE.....3 NGO .....4 INT'L ORG.....5 RELIGIOUS ORG...6 PRIVATE SECTOR..7 OTHER, SPECIFY..8	DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.  <div>Eg: Primary School Teacher, Tax Accountant, Corporate Lawyer, Teaching Assistant, Wood Carpenter etc.</div>  FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR.  [CODE: ISCO CODE]	DESCRIBE THE TRADE THE JOB IS CONNECTED TO.  <div>Eg: Education, Ministry of Labor, Construction, Telecommunication, Health etc.</div>  FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR.  [CODE: ISIC SECTOR]	DESCRIPTION	CODE	DESCRIPTION
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Wage Jobs/Paid Apprenticeships (Secondary)

I N D I V I D U A L  I D	39. How many people altogether work at the place where [NAME] does this work?	40. What is the main means of transport [NAME] usually uses to travel to work?  ON FOOT.....1 EMPLOYER PROVIDED TRANSPORT.....2  <u>PRIVATE</u> BICYCLE.....3 CAR.....4 MOTORCYCLE.....5 CANOE.....6 OTHER, SPECIFY.....7  <u>PUBLIC</u> TAXI.....8 BUS.....9 MOTORCYCLE.....10 CANOE.....11 OTHER, SPECIFY...12	41. How long does it take [NAME] to get to work from [NAME]'s home in total?  <div>TOTAL TIME ONE WAY ONLY</div>	42. Does [NAME] receive wages, salary or other payments either in cash, bank deposits or cheques from this employer for this work?  YES...1 (▶44) NO....2	43. What is the main reason [NAME] receives no payment for this work?  PAYING OFF DEBT.1 (▶47)  RECEIVES IN-KIND PAYMENTS ONLY.2 (▶45)  OTHER, SPECIFY..3 (▶47)	44. How much was [NAME]'s last payment? What period of time did this payment cover?  IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment does [NAME] expect? What period of time will this payment cover?  CODES FOR PERIOD  DAY.....1 WEEK.....2 FORTNIGHT (TWO WEEKS) ..3 MONTH.....4 QUARTER (THREE MONTHS) .5 HALF YEAR.....6 YEAR.....7  <div>IF PAID HOURLY, RESPONDENT SHOULD ESTIMATE AVERAGE DAILY WAGE</div>	45. Does [NAME] receive any payment for this work in any other form (in-kind payments)?  [APART FROM SALARY] EG: <u>SCRATCH CARDS.</u> <u>GAS SLIP.</u> <u>BAG OF RICE, DSA</u> <u>ETC.</u>  YES...1 NO....2 (▶47)	46. What is the value of these other payments over the last 30 days?  LD      USD      PERIOD	47. During the last 12 months, for how many months did [NAME] work in this second job?  MAX AMOUNT: 12 MONTHS	48. Of the number of months worked in the 12 months, how many weeks per month did [NAME] usually work in this second job?  MAX AMOUNT: 4 WEEKS	49. Of the number of months worked in the last 12 months, how many hours per week did [NAME] usually work in this second job?  MAX AMOUNT: 168 HOURS	50. In the last 7 days, how many hours did [NAME] work in this second job?  MAX AMOUNT: 168 HOURS
	ENTER CODE "000" IF NOT KNOWN OR IF GOVT EMPLOYEE (Q36=1)  TOTAL NUMBER		HOURS   MINUTES									

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Wage Jobs/Paid Apprenticeships (Secondary)			Unpaid Apprenticeships								
I N D I V I D U A L  I D	51. What type of position does [NAME] hold?	52. Does this job have a contract?	53. Does the job provide health insurance benefits to [NAME]?	54. CHECK THE FLAP: WHAT ARE THE ANSWERS TO QUESTION 4A OR 7A?	55. What kind of work does [NAME] usually do in this unpaid apprenticeship?	56. What kind of trade or business was this unpaid apprenticeship connected with?	57. Who is [NAME]'s main employer for this unpaid apprenticeship?	58. During the last 12 months, for how many months did [NAME] work in this unpaid apprenticeship?	59. Of the months worked the last 12 months, how many weeks per month did [NAME] usually work in this unpaid apprenticeship?	60. Of the months worked in the last 12 months, how many hours per week did [NAME] usually work in this unpaid apprenticeship?	61. In the last 7 days, how many hours in did [NAME] work in this unpaid apprenticeship?
	PERMANENT.....1  FIXED-TERM WITH DURATION≥ 1 YEAR WITH PENSION.....2  FIXED-TERM WITH DURATION≥ 1 YEAR WITHOUT PENSION.....3  TEMPORARY/SEASONAL/FREELANCE WITH PENSION.....4  TEMPORARY/SEASONAL/FREELANCE WITHOUT PENSION.....5  SELF EMPLOYED.....6	YES..1 NO...2	YES..1 NO...2	YES TO 4A OR 7A.....1  YES TO BOTH 4A AND 7A.....2  NO TO BOTH 4A AND 7A.....3 (►62)	Eg: Carpenter helper, mason helper, auto-mechanic helper etc. REMEMBER THAT THESE ARE ALL UNPAID APPRENTICES.  FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR.  [CODE: ISCO CODE]	Eg: Education, Ministry of Labor, Construction, Telecommunication, Health etc.  FILL CODE AT THE END OF THE INTERVIEW BY CONSULTING THE SUPERVISOR.  [CODE: ISIC SECTOR]	GOVERNMENT.....1 POLITICAL PARTY..2 COOPERATIVE.....3 NGO .....4 INT'L ORG.....5 RELIGIOUS ORG...6 PRIVATE SECTOR..7 OTHER, SPECIFY..8	MAX AMOUNT: 12 MONTHS	MAX AMOUNT: 4 WEEKS	MAX AMOUNT: 168 HOURS	MAX AMOUNT: 168 HOURS
				DESCRIPTION   CODE	DESCRIPTION   CODE		MONTHS	WEEKS	HOURS	HOURS	

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General									
I N D I V I D U A L	62. CHECK THE FLAP: WHAT IS THE ANSWER TO QUESTION 4E OR 7E?	63. During the last 12 months, for how many months did [NAME] spend on household farm activities (including raising livestock producing crops whether for sale or for household food)?	64. Of the months worked in last 12 months, how many weeks per month did [NAME] usually spend on household farm activities (including raising livestock or producing crops, whether for sale or for household food)?	65. Of the months worked in the last 12 months, how many hours per week did [NAME] usually spend on household farm activities (including raising livestock or producing crops whether for sale or for household food)?	66. In the last 7 days, how many hours did [NAME] actually spend on household farm activities (including raising livestock or producing crops, whether for sale or for household food)?	67. How much time did [NAME] spend yesterday collecting firewood (or wood for charcoal)?	68. How much time did [NAME] spend yesterday collecting/ fetching water?		
	YES TO 4E OR 7E.....1	MAX AMOUNT: 12 MONTHS	MAX AMOUNT: 4 WEEKS	MAX AMOUNT: 168 HOURS	MAX AMOUNT: 168 HOURS	[ROUND TRIP, INCLUDING GOING, COLLECTING , WAITING , RETURNING] [IF NONE WRITE '0']	[ROUND TRIP, INCLUDING GOING, COLLECTING , WAITING , RETURNING] [IF NONE WRITE '0']		
	YES TO BOTH 4E AND 7E..2								
	NO TO BOTH 4E AND 7E..3 (►67)	MONTHS	WEEKS	HOURS	HOURS	HOURS   MINUTES	HOURS   MINUTES		

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**SECTION F: FOOD CONSUMPTION OUTSIDE THE HH**

DO NOT INCLUDE GIFTS OF [ITEM] GIVEN OUT BY [NAME] BUT DO INCLUDE GIFTS OF [ITEM] RECEIVED BY [NAME].

INDIVIDUAL ID	1. Did [NAME] eat or drink any meals/snacks/drinks outside the household in the past 7 days?	2. In the past 7 days did [NAME] eat any full meals (breakfast, lunch or dinner) outside the household?	3. What was the total value of these meals eaten outside the household in the past 7 days?		4. Other than any meals already mentioned, did [NAME] eat or drink any <u>barbecued meat, chips, roast plantain, cassava, corn, bread, cake, fruits or any other snacks</u> outside the household in the past 7 days?	5. What was the value of these snacks eaten outside the household in the past 7 days?		6. Other than any food or drink already mentioned, did [NAME] drink any <u>palm wine, club beer and other local or commercial alcoholic brews</u> , outside the household in the past 7 days ?	7. What was the value of those alcoholic drinks consumed outside the household in the past 7 days?		8. Other than any food or drink already mentioned, did [NAME] drink any <u>soft drinks, juices, tea, haitai, coffee and other non-alcoholic drinks EXCLUDING water</u> outside the household in the past 7 days ?	9. What was the value of those non-alcoholic drinks (excluding water) consumed outside the household in the past 7 days?		10. Other than any food or drink already mentioned, did [NAME] drink any <u>water</u> outside the household in the past 7 days ?	11. What was the value of this water consumed outside the household in the past 7 days?		12. Other than the meals and snacks already mentioned, did [NAME] eat any <u>sweets</u> outside the household in the past 7 days?	13. What was the value of these sweets?	
	YES...1 NO...2	YES...1 NO...2	LD	USD	YES...1 NO...2	LD	USD	YES...1 NO...2	LD	USD	YES...1 NO...2	LD	USD	YES...1 NO...2	LD	USD	YES...1 NO...2	LD	USD
	(►SEC G)	(►4)			(►6)			(►8)			(►10)			(►12)			(►SEC G)		

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**SECTION G. SUBJECTIVE WELFARE**

RESPONDENTS 15 YEARS AND ABOVE

INDIVIDUAL ID	1. IS NAME 15 YEARS OR ABOVE?	2. IS [NAME] ANSWERI NG FOR HIMSELF/ HERSELF?	3. Now we'd like to ask a few questions about your level of satisfaction with various components of your life.  How satisfied or dissatisfied would you say you are with... [ITEM]?  <b>USE LADDER INCLUDED IN MANUAL TO ASSIST RESPONDENT IN ANSWERING THIS</b>										4. Just thinking about your <u>current</u> circumstances, would you describe yourself as:	5. IS [NAME] 18 YEARS OR ABOVE?	6. Just thinking about your circumstances that you were living in about <u>3</u> <u>years ago</u> , would you describe yourself then as:	7. IS [NAME] 25 YEARS OR ABOVE?	8. Just thinking about your circumstances you were living in about <u>10 years ago</u> , would you describe yourself then as:
	YES...1 NO...2 ► (NEXT PERSON)	YES...1 NO...2 ► (NEXT PERSON)											VERY RICH....1 RICH.....2 COMFORTABLE...3 CAN MANAGE TO GET BY.....4 NEVER HAVE QUITE ENOUGH.5 POOR.....6 DESTITUTE....7 NO OPINION....8  <b>USE LADDER INCLUDED IN MANUAL</b>	YES...1 NO...2 ► (NEXT PERSON)	VERY RICH....1 RICH.....2 COMFORTABLE...3 CAN MANAGE TO GET BY.....4 NEVER HAVE QUITE ENOUGH.5 POOR.....6 DESTITUTE....7 NO OPINION....8  <b>USE LADDER INCLUDED IN MANUAL</b>	YES...1 NO...2 ► (NEXT PERSON)	VERY RICH....1 RICH.....2 COMFORTABLE...3 CAN MANAGE TO GET BY.....4 NEVER HAVE QUITE ENOUGH.5 POOR.....6 DESTITUTE....7 NO OPINION....8  <b>USE LADDER INCLUDED IN MANUAL</b>
			A. Your health?	B. Your financial situation?	C. Your housing?	D. Your job?	E. Health care available to your household?	F. Education available for your household?	G. Protection against crime/safety?	H. Rule of Law or Quality of Judicial system available to your household?	I. Peace and Stability in Liberia	J. Your life as a whole?					

► NEXT PERSON

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FLAP OF NAMES  
FOR SECTION E: FILL 1 IF EITHER Q IS YES; 2 IF BOTH QS ARE YES; 3 IF BOTH QS ARE NO

I N D I V I D U A L  I D	NAME	SEX	AGE	I N D I V I D U A L  I D	SECTION E			
					YES TO 4A OR 7A?	YES TO 4B OR 7B?	YES TO 4E OR 7E?	YES TO 4C OR 4D?

1				1				
2				2				
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12				12				

SECTION H: FAMILY/HOUSEHOLD NON-FARM ENTERPRISES

NON-FARM ENTERPRISES: **EXCLUDE** FARM ENTERPRISES THAT RELATE TO CROP PRODUCTION OR RAISING AND MANAGING LIVESTOCK.  
**INCLUDE** OTHER AGRICULTURAL ENTERPRISES, SUCH AS HUNTING AND SELLING MEAT FROM HUNTED ANIMALS, AND FISHING.

- 1a. Over the past 12 months, has anyone in your household operated any non-farm income-generating enterprise which produces goods or services or has anyone in your household owned a shop or operated a trading business?
- YES...1 (▶2)  
NO...2
- 1b. **ENUMERATOR: ON THE FLAP FOR SECTION E (LABOUR):**  
CHECK RESPONSES TO QUESTION 4C OR 4D FOR ENTIRE HOUSEHOLD.
- AT LEAST ONE HH MEMBER SAYS YES TO 4C OR/AND 4D(AT LEAST ONE HH MEMBER IS CODED AS 1 OR 2).....1  
NO HH MEMBERS REPLY YES TO 4C OR 4D (ALL HH MEMBERS ARE CODED 3).....2 (▶SECTION I)

E N T E R P R I S E  1 D	2. Please provide details on the main product or service of each [ENTERPRISE] that your household operated during the past 12 months.  PROVIDE A WRITTEN DESCRIPTION OF THE MAIN PRODUCT / SERVICE OF EACH ENTERPRISE THAT THE HOUSEHOLD OPERATED DURING THE PAST 12 MONTHS.  BEFORE GOING ON TO Q3. PLEASE INCLUDE BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY IN THE LAST 12 MONTHS.	3. Which members of the household are engaged in this [ENTERPRISE]? <b>Fill in the ID numbers from the HH Roster.</b>  MONTHS: During the last 12 months, for how many months did [NAME] work in the non-farm household business or businesses ?  WEEKS: Of the months worked in the last 12 months, for how many weeks per month did [NAME] work in the non-farm household business or businesses?  HOURS: Of the months worked in the last 12 months, for how many hours per week did [NAME] work in the non-farm household business or businesses?  <b>FILL OUT THE APPROPRIATE NUMBER OF MONTHS, WEEKS AND HOURS FOR EACH INDIVIDUAL MEMBER WITHIN THE HOUSEHOLD ENGAGED IN A NON FARM ENTERPRISE.</b>  <div>MONTHS COLUMN RANGES BETWEEN 1 AND 12 WEEKS COLUMN RANGES BETWEEN 1 AND 4 HOURS PER WEEK COLUMN RANGE BETWEEN 1 AND 168</div>																				4. Who in the household manages this business?  <b>LIST UP TO TWO MANAGERS</b>  USE HH ROSTER ID CODES  <div>FILL 99 IF MANAGER NOT MEMBER OF THE HOUSEHOLD</div>	5. Who in the household owns this business?  <b>LIST UP TO TWO OWNERS</b>  USE HH ROSTER ID CODES  <div>FILL 99 IF OWNER NOT MEMBER OF THE HOUSEHOLD</div>			
	ISIC	PERSON 1				PERSON 2				PERSON 3				PERSON 4				PERSON 5				ID CODE OF MANAGER 1	ID CODE OF MANAGER 2	ID CODE OF OWNER 1	ID CODE OF OWNER 2	
	WRITTEN DESCRIPTION	CODE	ID	MONTHS	WEEKS	HOURS	ID	MONTHS	WEEKS	HOURS	ID	MONTHS	WEEKS	HOURS	ID	MONTHS	WEEKS	HOURS	ID	MONTHS	WEEKS	HOURS				
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														TRADERS AND SHOPKEEPERS					
E N T E R P R I S E  I D	6. Where do you do business?  W/IN OWN OR BUS. PARTNER'S HOME - WITH SPECIAL BUS.SPACE.....1 W/IN OWN OR BUS. PARTNER'S HOME - WITHOUT SPECIAL BUS. SPACE...2 STRUCTURE ATTACHED TO/OUTSIDE OWN OR BUS. PARTNER'S HOUSE....3 PERMANENT BLDG. OTHER THAN HOME.4 FIXED STALLS/TABLE- IN MARKET...5 VEHICLE, CART, TEMP. STALL/TABLE - IN MARKET.....6 FIXED STALL/TABLE - STREET.....7 VEHICLE, CART, TEMP. STALL/TABLE - ON STREET.....8 OTHER TEMP. STRUCTURE.....9 WORKSITE/MINING/CONSTRUCTION SITE.....10 CLIENT'S HOUSE.....11 NO FIXED LOCATION/MOBILE.....12	7. How long has this business existed?	8. What was the main source of start-up capital for this business?  LOAN FROM FAMILY/FRIENDS....1 GIFT FROM FAMILY/FRIENDS....2 SALE OF ASSETS OWNED.....3 PROCEEDS FROM ANOTHER OWNED BUSINESS (NON-AGRICULTURE).4 PROCEEDS FROM ANOTHER OWNED BUSINESS (AGRICULTURE).....5 OWN SAVINGS.....6 SUSU.....7 NON-PROFITABLE LENDING INSTITUTION.....8 BANK OR OTHER FINANCIAL INSTITUTION.....9 LOAN FROM MONEY LENDER.....10 INHERITED.....11 OTHER, SPECIFY.....12 NO START-UP COST.....13	9. To whom do you sell your products or services?  FINAL CONSUMERS.1 SMALL BUSINESS..2 MEDIUM BUSINESS.3 LARGE ESTABLISHED BUSINESS.....4 INSTITUTIONS....5 EXPORT.....6 MANUFACTURERS...7 GOVERNMENT.....8 OTHER, SPECIFY..9	10. What is the total value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the [ENTERPRISE]?  HOUSEHOLD SHOULD GIVE ESTIMATED CURRENT VALUE OF PHYSICAL CAPITAL STOCK.	11. How many non- househo ld member workers are employe d in your business ?	12. What kind of business is this?  TRADER/SHOPKEEPER.1 PRODUCER.....2 (►17) SERVICES.....3 (►17)	13. What are total revenues of sales of traded goods that your [ENTERPRISE] normally receives per week/month?	14. What was your total expenditure on wages/salary in the last week/month?  DO NOT INCLUDE WAGES / SALARIES FOR HOUSEHOLD MEMBERS										
	YEARS	MONTHS	1ST	2ND	3RD	1ST	2ND	LD	USD	NUMBER	LD	USD	TIME PERIOD WEEK..1 MONTH..2	LD	USD	TIME PERIOD WEEK..1 MONTH..2			
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## PRODUCERS & SERVICES

E N T E R P R I S E  I D	15. What was your total expenditure on <u>traded goods for resale</u> in the last week/month?			16. What was your total expenditure on operational costs such as rent, electricity, fuel, other services in the last week/month?			17. What are total revenues of sales from <u>sale of goods produced or services provided</u> that your [ENTERPRISE] normally receives per week/month?			18. What was your total expenditure on wages/salary in the last week/month?			19. What was your total expenditure on raw materials in the last week/month?			20. How much were your other operating expenses (for this business) such as rent, fuel, kerosene, electricity etc. in the last week/month?			21. How many months out of the past twelve months was the enterprise in operation?			22. Is this company officially registered with the government?			23. IF YES, Provide the registration number of the Liberia Business Register (LBR) as given on the registration certificate.		
										DO NOT INCLUDE WAGES / SALARIES FOR HOUSEHOLD MEMBERS																	
	LD	USD	TIME PERIOD WEEK...1 MONTH..2	LD	USD	TIME PERIOD WEEK...1 MONTH..2	LD	USD	TIME PERIOD WEEK...1 MONTH..2				LD	USD	TIME PERIOD WEEK...1 MONTH..2	LD	USD	TIME PERIOD WEEK...1 MONTH..2	LD	USD	TIME PERIOD WEEK...1 MONTH..2	NUMBER OF MONTHS	YES...1 NO....2 (►SEC I)				

[illegible]

## SECTION I: FOOD SECURITY

[ASK PERSON MOST KNOWLEDGEABLE ABOUT FOOD PREPARATION IN THE HOUSEHOLD / HOUSEHOLD HEAD'S SPOUSE]

1. In the past 7 days, did you worry that your household would not have enough food?  YES...1 NO...2	2. In the past 7 days, how many days have you or someone in your household had to: <b>IF NO DAYS, RECORD ZERO.</b>								3. How many meals, including breakfast, are taken per day by household members?	4. What did your children below 5 years old (0-59 months) have for breakfast yesterday?	5. What did your children between 5 to 13 years old have for breakfast yesterday?
	A Rely on less preferred foods?	B Limit the variety of foods eaten?	C Limit portion size at meal-times?	D Reduce number of meals eaten in a day?	E Restrict amount of food eaten by adults for small children to eat?	F Borrow food, or rely on help from a friend or relative?	G Have no food of any kind in your household?	H Go a whole day and night without eating anything?	A 5 years and above	B Children (6-59 months) <b>LEAVE BLANK IF NO CHILDREN 6-59 MONTHS</b>	
	(0-7) <b>DAYS</b>	(0-7) <b>DAYS</b>	(0-7) <b>DAYS</b>	(0-7) <b>DAYS</b>	(0-7) <b>DAYS</b>	(0-7) <b>DAYS</b>	(0-7) <b>DAYS</b>	(0-7) <b>DAYS</b>	<b>NUMBER</b>	<b>NUMBER</b>	

6. Do all household members eat roughly the same diet?  YES...1 (►8) NO...2	7. Who in the household usually eats a more diverse variety of foods or a less diverse variety of foods?  ALL GROUPS CANNOT BE CODED THE SAME.  MORE DIVERSE....1 LESS DIVERSE....2	8. In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household?  YES...1 NO...2 (► NEXT SECTION)	9. In which months in the last twelve months did you experience this?  <b>MARK X IN EACH OF THE COLUMNS REPRESENTING THE TWELVE MONTHS PRIOR TO THE INTERVIEW IN WHICH THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD.</b>  <b>BE CAREFUL TO IDENTIFY PAST 12 MONTH REFERENCE PERIOD, AND DO NOT MARK X IN ANY MONTH THAT IS NOT IN THE REFERENCE PERIOD.</b>  <b>2015</b> <table border="1"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <b>2016</b> <table border="1"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec													Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec													10. What was the cause of this situation?  LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES AT BOTTOM OF PAGE.		
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec																																																						
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec																																																						
	A Men (5 years and above)	B Women (5 years and above)	C Children (6-59 months)											A 1ST	B 2ND	C 3RD																																																	

### CODES FOR 4 AND 5

TEA/MILK-TEA/DRINK WITH SUGAR.....1  
 FRESHLY PREPARED SOLID FOOD ONLY.....2  
 OVERNIGHT FOOD.....3  
 TEA/DRINK WITH FRESHLY PREPARED SOLID FOOD...4  
 TEA/DRINK WITH OVERNIGHT FOOD.....5  
 BREASTMILK.....6  
 TINNED/POWDERED MILK.....7  
 INFANT FORMULA.....8  
 WATER + GLUCOSE.....9  
 ORAL REHYDRATION SOLUTION.....10  
 CEREAL/PORRIDGE/PUDDING.....11  
 NOTHING.....12  
 OTHER, SPECIFY.....13

### CODES FOR 10A, 10B & 10C

INADEQUATE HOUSEHOLD STOCKS DUE TO EARLY OR HEAVY RAIN/FLOODS...1  
 INADEQUATE HOUSEHOLD STOCKS DUE TO LATE RAIN/DROUGHT.....2  
 INADEQUATE FOOD STOCKS DURING PLANTING SEASON (HUNGER TIME).....3  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO PLANT DISEASE/INSECTS...4  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO BIRD/GRASS CUTTER (GROUNDHOG) ATTACKS.....5  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LANDSLIDE/EROSION.....6  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO SMALL LAND SIZE.....7  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LACK OF FARM INPUTS.....8  
 FOOD IN THE MARKET WAS VERY EXPENSIVE.....9  
 INACCESSIBLE MARKETS DUE TO HIGH TRANSPORTATION COSTS/BAD ROADS.10  
 NO FOOD IN THE MARKET.....11  
 OTHER, SPECIFY.....12

SECTION J: HOUSING, WATER AND SANITATION [ASK HOUSEHOLD HEAD]												
1. How did you get this house?	2. What kind of documentation do you have of ownership of the dwelling?	3. Has there been any conflict (ethnic or family) associated with the ownership status of this dwelling?	4. How much does this household pay per month to rent this dwelling?		5. Estimate the rent per month you could receive if you rented this dwelling?		6. In the past 12 months how much have you paid on repairs and improvements to your dwelling (plumbing, electrician, etc?)		7. How many habitable rooms in each unit does this household occupy?		8. The walls of the main dwelling are predominantly made of what materials?	<b>CODES FOR Q2</b> CERTIFICATE/OFFER OF THE RIGHT OF OCCUPANCY.....1  TITLE DEED FOR LAND..2  LETTER OR ALLOCATION FROM VILLAGE GOV'T/ TRIBAL DEEDS.....3  SQUATTER RIGHTS / SETTLEMENT PERMIT..4  LAND SALE AGREEMENT..5  INHERITANCE LETTER..6  LEASE (FOR RENTERS)..7  NO DOCUMENTATION AT ALL.....8  OTHER TITLE, (SPECIFY).....9
OWNER OCCUPIED.....1	USE CODES ON RIGHT HAND SIDE OF PAGE	YES...1 NO...2	INCLUDE VALUE OF IN-KIND PAYMENTS FOR RENT  <div>▶6</div>		LD      USD	LD      USD	LD      USD	DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE  MAIN DWELLING      OTHER DWELLINGS	MUD AND STICKS.....1 MUD BRICKS.....2 ZINC/IRON/TIN.....3 STONE/CLAY BRICKS..4 CONCRETE/ CEMENT BLOCKS.....5 WOOD OR TIMBER.....6 POLES/REEDS/BAMBOO, GRASS OR MAT.....7 TARPAULIN/PLASTIC SHEET.....8 OTHER, SPECIFY.....9			
NOT OWNED - RENT-FREE EMPLOYER PROVIDED...2 (▶5)												
NOT OWNED - RENT-FREE OTHER.....3 (▶5)												
NOT OWNED - RENTED EMPLOYER SUBSIDISED..4 (▶4)												
NOT OWNED - RENTED OTHER.....5 (▶4)												

9. The roof of the main dwelling is predominantly made of what materials?	10. The floor of the main dwelling is predominantly made of what materials?	11. How does the household mainly dispose of its garbage?	12. What is the main toilet facilities usually used in this household?	13. In the last 12 months, have you paid to have your latrine pit or septic tank emptied?	14. How much did you pay to for this service in the last 12 months?	15. What is household's main source of electricity?	16. What is the household's major source of fuel/energy for lighting?	17. What is the major source of fuel/energy used by the household for cooking?
CONCRETE/ CEMENT.....1 ROOFING TILES..2 ASBESTOS.....3 IRON SHEETS, ZINC/TIN.....4 TARPAULIN / PLASTIC SHEET..5 STRAW, GRASS, BAMBOO OR THATCH.....6 OTHER, SPECIFY..7	EARTH/ MUD.....1 CONCRETE/ CEMENT.....2 TILES.....3 WOOD/ PLANKS..4 STONE.....5 OTHER, SPECIFY..6	COLLECTED BY GOVERNMENT...1 COLLECTED BY PRIVATE FIRM..2 GOVERNMENT BIN.....3 BURY.....4 BURN.....5 DISPOSAL WITHIN COMPOUND...6 ABANDON/UNAUTHORISED SITE/ BUSH / OCEAN.....7 OTHER, SPECIFY.....8	FLUSH/POUR FLUSH TOILET FOR HOUSEHOLD USE ONLY.....1  FLUSH/ POUR FLUSH TOILET SHARED WITH OTHER HOUSEHOLDS..2  COVERED PIT LATRINE.....3  OPEN PIT LATRINE...4  VENTILATED IMPROVED PIT LATRINE (VIP)..5  BUSH/BEACH/BURY/ RIVER / OCEAN.....6 (▶15)  OTHER, SPECIFY.....7	YES..1 NO...2 (▶15)	LD      USD	NONE.....1  COMMUNITY GENERATOR.....2  OWN GENERATOR...3  ELECTRICITY FROM POWER SUPPLIER (LEC)..4  SOLAR PANELS.....5  CAR /MOTORCYCLE BATTERY.....6  OTHER, SPECIFY.....7	NONE.....1  ELECTRICITY..2  KEROSENE /PARAFFIN...3  CANDLE.....4  PALM OIL/ (JACKO) LAMP..5  CHINESE LAMP..6  WOOD.....7  TORCHLIGHT...8  OTHER, SPECIFY.....9	ELECTRICITY..1 KEROSENE/OIL..2 GAS.....3 CHARCOAL....4 WOOD.....5 OTHER, SPECIFY.....6



18.  What is the household's main source of drinking water in the rainy season?  <div>USE CODES FROM BOTTOM OF PAGE</div>  <div>IF 1 (►21)</div>	19.  How long does it take to get water from drinking water source to this house in the rainy season?  <div>GO AND RETURN TRIP, INCLUDE WAITING TIME</div>  MINUTES	20.  Out of these [READ] minutes, how long do you spend waiting?  MINUTES	21.  What is the household's main source of drinking water in the dry season?  <div>USE CODES FROM BOTTOM OF PAGE</div>  <div>IF 1 (►24)</div>	22.  How long does it take to get water from drinking water source to this dwelling in the dry season?  <div>GO AND RETURN TRIP, INCLUDE WAITING TIME</div>  MINUTES	23.  Out of these [READ] minutes, how long do you spend waiting?  MINUTES	24.  What principal measures are taken by this household to ensure the safety of drinking water? BOIL.....1 USE WATER FILTER.....2 STRAIN THROUGH A CLOTH.....3 TREATED WITH CHEMICALS.....4 MINERAL WATER..5 OTHER, SPECIFY.6 NONE.....7  <div>MARK UP TO 2 MEASURES</div> <div>1      2</div>	25.  What is the household's main source of water for cooking?  <div>USE CODES FROM BOTTOM OF PAGE</div>  RAINY SEASON    DRY SEASON	26.  What is the household's main source of water for washing (for example laundry, bathing, etc)?  <div>USE CODES FROM BOTTOM OF PAGE</div>  RAINY SEASON    DRY SEASON

	27.  MARK X FOR EACH WATER SOURCE REPORTED IN QUESTIONS 18, 21, 25 & 26. THEN ASK Q28 FOR EACH OF THESE SOURCES.	28.  How much did the household spend on each source of water in the past 7 days?
		LD      USD
1 Pipe or Pump Indoors		
2 Pipe or Pump Outdoors		
3 Public standpipe/tap		
4 Boreholes/Tubewell/Mechanical Well		
5 Neighbouring household		
6 Water vendor (Clean Water)		
7 Push-Push Water Vendor		
8 Closed Well		
9 Open Well		
10 River, Lake or Creek		
11 Rainwater		
12 Mineral (Bottled Water/Drum/Plastic Bag)		
13 Other, specify		

CODES FOR 18, 21, 25 & 26	
PIPE OR PUMP INDOORS.....	1
PIPE OR PUMP OUTDOORS.....	2
PUBLIC STANDPIPE/TAP.....	3
BOREHOLES/TUBEWELL/MECHANICAL WELL..	4
NEIGHBORING HOUSEHOLD.....	5
WATER VENDOR (CLEAN WATER).....	6
PUSH PUSH WATER VENDOR.....	7
CLOSED WELL .....	8
OPEN WELL .....	9
RIVER, LAKE OR CREEK.....	10
RAINWATER.....	11
MINERAL (BOTTLED/DRUM/PLASTIC).....	12
OTHER, SPECIFY.....	13

**SECTION K: CONSUMPTION OF FOOD OVER PAST SEVEN DAYS IN THE HOUSEHOLD**

[ASK PERSON MOST KNOWLEDGEABLE ABOUT FOOD PREPARATION IN THE HOUSEHOLD / HOUSEHOLD HEAD'S SPOUSE]

I T E M  C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [ . . . ] within the household?	2. On how many days did your household eat/drink this item in the past <u>7</u> days?  YES...1 NO...2 (▶NEXT ITEM)	NO. DAYS (1-7)	3. How much in total did your household eat/drink in the <u>past 7 days</u> ? KG.....1 LITRE.....2 NUMBER.....3 CUP.....4 PILE.....5 SACK.....6 BAG.....7 CAN.....8 PACK.....9 BIG DINO.....10 SMALL DINO.....11 SCHNAPPS.....12 BUNCH.....13 TIE.....14 POUNDS.....15 OTHER, SPECIFY.16		4. Of this total amount that was eaten/drunk in the past seven days, how much came from <u>purchases</u> ? KG.....1 LITRE.....2 NUMBER.....3 CUP.....4 PILE.....5 SACK.....6 BAG.....7 CAN.....8 PACK.....9 BIG DINO.....10 SMALL DINO.....11 SCHNAPPS.....12 BUNCH.....13 TIE.....14 POUNDS.....15 OTHER, SPECIFY.16  IF NONE PURCHASED, LEAVE BLANK & SKIP TO Q6		LD	USD	6. Of the total amount that was eaten/drunk in the past seven days (Q3), how much came from <u>own-production</u> ? KG.....1 LITRE.....2 NUMBER.....3 CUP.....4 PILE.....5 SACK.....6 BAG.....7 CAN.....8 PACK.....9 BIG DINO.....10 SMALL DINO.....11 SCHNAPPS.....12 BUNCH.....13 TIE.....14 POUNDS.....15 OTHER, SPECIFY.16  IF NONE PRODUCED, LEAVE BLANK		7. Of the total amount that was eaten/drunk in the past seven days, how much came from <u>gifts and other sources</u> ? KG.....1 LITRE.....2 NUMBER.....3 CUP.....4 PILE.....5 SACK.....6 BAG.....7 CAN.....8 PACK.....9 BIG DINO.....10 SMALL DINO.....11 SCHNAPPS.....12 BUNCH.....13 TIE.....14 POUNDS.....15 OTHER, SPECIFY.16  IF NO FOOD GIFT, LEAVE BLANK		CHECK:  TOTAL FOOD CONSUMED IN HOUSEHOLD ROUGHLY EQUALS CONSUMPTION FROM PURCHASES + OWN PRODUCTION + FOOD GIFTS RECEIVED?  Q3 = Q4 + Q6 + Q7?  IF NOT, YOU NEED TO PROBE HOUSEHOLD TO UNDERSTAND WHETHER EITHER Q3, Q4, Q6, Q7 HAS BEEN OVER OR UNDER REPORTED.	D E L I N E  N U M B E R	
				UNIT	QUANTITY	UNIT	QUANTITY			UNIT	QUANTITY	UNIT	QUANTITY			
<b>Cereals and Cereal products</b>																
0101	Local Rice															1
0102	Imported Rice (including pussawa, butter rice, etc.)															2
0103	Corn (Maize)															3
0104	Other cereals (Specify)															4
0105	Farina, Corn flour, Wheat flour, Semolina															5
0106	Other flours (specify)															6
0107	Bread (long bread, round bread, Lebanese bread etc.)															7
0108	Pasta products (macaroni, spaghetti)															8
0109	Fritters (Callah), Pastry, Doughnut, Biscuits, Cakes, Corn bread, Rice bread, Short bread etc.															9
<b>Starches (Roots, Tubers, Plantain)</b>																
0201	Cassava roots															10
0202	Cassava Flour / Gari / Dipper / Fufu															11
0203	Yams															12
0204	Sweet potatoes															13
0205	Irish Potatoes															14
0206	Plantains															15

I T E M  C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [ . . . ] within the household?	YES...1 NO...2	2. On how many days did your household eat/drink this item in the past <u>7</u> days?	NO. DAYS (1-7)	3. How much in total did your household eat/drink in the <u>past 7</u> days?		4. Of this total amount that was eaten/drunk in the past seven days, how much came from <u>purchases</u> ?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?	6. Of the total amount that was eaten/drunk in the past seven days (Q3), how much came from <u>own-production</u> ?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from <u>gifts and other sources</u> ?		CHECK:  TOTAL FOOD CONSUMED IN HOUSEHOLD ROUGHLY EQUALS CONSUMPTION FROM PURCHASES + OWN PRODUCTION + FOOD GIFTS RECEIVED?  Q3 = Q4 + Q6 + Q7?  IF NOT, YOU NEED TO PROBE HOUSEHOLD TO UNDERSTAND WHETHER EITHER Q3, Q4, Q6, Q7 HAS BEEN OVER OR UNDER REPORTED.	D E L I N E  N U M B E R
					UNIT	QUANTITY	UNIT	QUANTITY		LD	USD	UNIT	QUANTITY		
0207	Bitter balls/Kitilay														18
0208	Eddoes														19
0209	Other roots and tubers (specify)														20
<b>Sugar and Sweets</b>															21
0301	Sugar														22
0302	Sweets (Candies, etc)														23
0303	Chocolate/Ice Creams														24
0304	Honey, syrups														25
0305	Jams, marmalade, jellies														26
<b>Pulses, Dry</b>															27
0401	Dried beans														28
0402	Dried peas														29
0403	Other lentils and pulses														30
<b>Nuts and Seeds and Oil</b>															31
0501	Kola Nut/Beetel Nut														32
0502	Groundnuts in shell/shelled/butter, Groundpea														33
0503	Groundnut oil														34
0504	Coconuts oil														35
0505	Palm nuts														36
0506	Palm oil														37

I T E M  C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [ . . . ] within the household?	YES...1 NO...2 (▶NEXT ITEM)	2. On how many days did your household eat/drink this item in the past <u>7</u> days?	NO. DAYS (1-7)	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?		4. Of this total amount that was eaten/drunk in the past seven days, how much came from <u>purchases</u> ?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?	6. Of the total amount that was eaten/drunk in the past seven days (Q3), how much came from <u>own-production</u> ?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from <u>gifts and other sources</u> ?		CHECK:  TOTAL FOOD CONSUMED IN HOUSEHOLD ROUGHLY EQUALS CONSUMPTION FROM PURCHASES + OWN PRODUCTION + FOOD GIFTS RECEIVED?  Q3 = Q4 + Q6 + Q7?  IF NOT, YOU NEED TO PROBE HOUSEHOLD TO UNDERSTAND WHETHER EITHER Q3, Q4, Q6, Q7 HAS BEEN OVER OR UNDER REPORTED.	D E L I N E  N U M B E R
					UNIT	QUANTITY	UNIT	QUANTITY		LD	USD	UNIT	QUANTITY		
0507	Palm Kernel Oil														38
0508	Argo Oils/ Vegetable Oils / Olive Oil														39
0509	Butter, margarine and other not fat butter														40
0510	Other seeds/nuts or products from nuts/seeds (cotton, soya)														41
0511	Sesame Seeds / Beneseeds														42
0512	Animal fats														43
<b>Vegetables</b>															44
0601	Fresh tomatoes														45
0602	Onions														46
0603	Garlic														47
0604	Cassava Leaves														48
0605	Cabbage, Lettuce														49
0606	Okra														50
0607	Collard Greens														51
0608	Potato greens / sweet potato greens														52
0609	Other green leaves (water greens, palava sauce, etc.)														53
0610	Eggplant														54
0611	Carrots														55
0612	Green beans														56
0613	Ginger														57

I T E M  C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [ . . . ] within the household?	YES...1 NO...2 (▶NEXT ITEM)	2. On how many days did your household eat/drink this item in the past <u>7</u> days?	NO. DAYS (1-7)	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?		4. Of this total amount that was eaten/drunk in the past seven days, how much came from <u>purchases</u> ?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?	LD	USD	6. Of the total amount that was eaten/drunk in the past seven days (Q3), how much came from <u>own-production</u> ?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from <u>gifts and other sources</u> ?		CHECK:  TOTAL FOOD CONSUMED IN HOUSEHOLD ROUGHLY EQUALS CONSUMPTION FROM PURCHASES + OWN PRODUCTION + FOOD GIFTS RECEIVED?  Q3 = Q4 + Q6 + Q7?  IF NOT, YOU NEED TO PROBE HOUSEHOLD TO UNDERSTAND WHETHER EITHER Q3, Q4, Q6, Q7 HAS BEEN OVER OR UNDER REPORTED.	D E L I N E  N U M B E R
					UNIT	QUANTITY	UNIT	QUANTITY				UNIT	QUANTITY	UNIT	QUANTITY		
0614	Other vegetables																58
<b>Fruits</b>																	59
0701	Bananas																60
0702	Citrus fruits (oranges, lemon, tangerines, lime, etc.)																61
0703	Mangoes (plums)																62
0704	Papayas / Paw Paw																63
0705	Avacados / Butter Pear																64
0706	Pineapples																65
0707	Coconuts (mature/immature)																66
0708	Grapefruit																67
0709	Cucumber																68
0710	Other fruits (guava, apples, watermelon, etc)																69
<b>Meat, meat products, fish</b>																	70
0801	Eggs																71
0802	Goat/mutton meat																72
0803	Sheep/lamb meat																73
0804	Beef (cow meat) including minced sausage, liver etc.																74
0805	Corned Beef (can)																75
0806	Pork, sausages, bacon (meat from pig)																76
0807	Pig Feet																77

I T E M  C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [ . . . ] within the household?	YES...1 NO...2 (▶NEXT ITEM)	2. On how many days did your household eat/drink this item in the past <u>7</u> days?	NO. DAYS (1-7)	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?		4. Of this total amount that was eaten/drunk in the past seven days, how much came from <u>purchases</u> ?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?	6. Of the total amount that was eaten/drunk in the past seven days (Q3), how much came from <u>own-production</u> ?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from <u>gifts and other sources</u> ?		CHECK:  TOTAL FOOD CONSUMED IN HOUSEHOLD ROUGHLY EQUALS CONSUMPTION FROM PURCHASES + OWN PRODUCTION + FOOD GIFTS RECEIVED?  Q3 = Q4 + Q6 + Q7?  IF NOT, YOU NEED TO PROBE HOUSEHOLD TO UNDERSTAND WHETHER EITHER Q3, Q4, Q6, Q7 HAS BEEN OVER OR UNDER REPORTED.	D E L I N E  N U M B E R
					UNIT	QUANTITY	UNIT	QUANTITY		LD	USD	UNIT	QUANTITY		
0808	Live Chicken														78
0809	Frozen Chicken														79
0810	Chicken Feet														80
0811	Other Domestic Fowl (Ducks, Guinea fowl, game birds etc)														81
0812	Meat from other domesticated animals (dog, cat)														82
0813	Dried Fish (dried/salted/smoked)														83
0814	Fresh Fish (cassava fish, cavalla fish, mackerel, snappers, soul fish etc.)														84
0815	Sardines and other canned fish (unit: cans)														85
0816	Crustaceans and mollusks (crab, shrimp, crayfish etc)														86
0817	Other aquatic products														87
0818	Wild/Bush meat (Porcupine, antelope, foley tongar, palm worms, caterpillar, monkey meat)														88
<b>Milk and dairy products</b>															89
0901	Canned milk/ condensed milk														90
0902	Milk products (like cream, cheese, yoghurt etc)														91
0903	Powdered Milk														92
0904	Fresh milk (directly from animal)														93
<b>Spices and other foods</b>															94
1001	Salt														95

I T E M  C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [ . . . ] within the household?	YES. .1 NO. . .2 (▶NEXT ITEM)	2. On how many days did your household eat/drink this item in the past <u>7</u> days?	NO. DAYS (1-7)	3. How much in total did your household eat/drink in the <u>past 7 days</u> ?		4. Of this total amount that was eaten/drunk in the past seven days, how much came from <u>purchases</u> ?		5. If you had to buy the quantity reported in Question 4 for [ITEM] in the market today, how much would you pay?	6. Of the total amount that was eaten/drunk in the past seven days (Q3), how much came from <u>own-production</u> ?		7. Of the total amount that was eaten/drunk in the past seven days, how much came from <u>gifts and other sources</u> ?		CHECK:  TOTAL FOOD CONSUMED IN HOUSEHOLD ROUGHLY EQUALS CONSUMPTION FROM PURCHASES + OWN PRODUCTION + FOOD GIFTS RECEIVED?  Q3 = Q4 + Q6 +Q7?  IF NOT, YOU NEED TO PROBE HOUSEHOLD TO UNDERSTAND WHETHER EITHER Q3, Q4, Q6, Q7 HAS BEEN OVER OR UNDER REPORTED.	D E L I N E  N U M B E R
					UNIT	QUANTITY	UNIT	QUANTITY		LD	USD	UNIT	QUANTITY		
1002	Dry Pepper														96
1003	Fresh Pepper														97
1004	Cubes (maggi, jumbo, etc)														98
1005	Tomato Paste														99
1006	Fresh Yeast														100
1007	French Fries Potato														101
1008	Tomato Ketchup														102
1009	Baby Foods (e.g. rice based, wheat based etc.)														103
1010	Other spices and condiments														104
<b>Beverages</b>															105
1101	Coffee and cocoa														106
1102	Tea, Herbal Tea (Lipton's)														107
1103	Chocolate drinks (ovaltine, etc)														108
1104	Fruit Juice														109
1105	Mineral Water														110
1106	Other raw materials for drinks														111
1107	Bottled/Canned soft drinks(coke/pepsi etc)														112
1108	Local Beer (Club, Stout)														113
1109	Imported Beer (Heineken, Becks, Savanna)														114
1110	Nicom / Palm wine / Cane Juice														115
1111	Other alcoholic beverages (Gin, Johnny Walker, Dewar etc)														116

8. DID HOUSEHOLD PRODUCE ANY FOOD ITEMS FOR OWN-CONSUMPTION? (CHECK Q6). EXCLUDE HUNTING AND FISHING FOR OWN-CONSUMPTION. AT LEAST ONE ITEM OWN-PRODUCED (Q6 NON-BLANK FOR AT LEAST ONE ITEM)...1  
NO OWN-PRODUCTION (Q6 IS BLANK FOR ALL ITEMS).....2

☐

9. 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 (►SECTION L)

☐

AGE GROUP		10. With how many people not listed as household members who are [AGE GROUP] were meals shared with over the past 7 days?	11. What was the total number of meals that were shared over past 7 days with people not listed as household members who are [AGE GROUP]?
IF NON-HOUSEHOLD MEMBERS OF AGE GROUP DID NOT SHARE MEALS WITH HH, RECORD ZERO IN BOTH COLUMNS.		NUMBER OF PEOPLE	NUMBER OF MEALS
A	Children 0-5 years		
B	Children 6-15 years		
C	Adults 16 and above		



**SECTION L1: NON-FOOD EXPENDITURES – Past seven & thirty days**
**SEVEN DAY RECALL**

ITEM CODE	1. Over the past 7 days, did you purchase any [...]?	YES...1 NO...2 (►NEXT ITEM)	2. How much did you pay in total?		D E U M B E R
			LD	USD	
101	Cigarettes (Lucky Strike / Marlborough), tobacco, snuff				1
102	Matches				2
103	Public transport (does not include transport provided by school)				3
104	Candles				4
105	Car Washing/Parking Fees				5
106	Garbage Collection				6
107	Shoe Shining				7
108	Mosquito Repellent Devices (e.g. coil, insecticide)				8
109	Cell phone scratch card (vouchers) (excluding for internet)				9
110	Petrol or diesel				10

**THIRTY DAY RECALL**

ITEM CODE	1. Over the past 30 days, did you purchase or pay for any [...]?	YES...1 NO...2 (►NEXT ITEM)	2. How much did you pay in total?		D E U M B E R
			LD	USD	
201	Kerosene/Paraffin				11
202	Electricity				12
203	Bottled Gas/Propane(for lighting/cooking)				13
204	Shoe Polish				14
205	Wood and other solid fuels				15
206	Other energy sources (batteries, etc.)				16
207	Pets (Purchase of cats, dogs, veterinary and other services)				17
208	Admission charges (local video club, cinema, stadium, concert)				18
209	Newspapers and Magazines				19

**THIRTY DAY RECALL**

ITEM CODE	1. Over the past 30 days, did you purchase or pay for any [...]?	YES...1 NO...2 (►NEXT ITEM)	2. How much did you pay in total?		D E U M B E R
			LD	USD	
210	Charcoal				20
211	Milling fees, grain				21
212	Bar soap (bath/body soap/ palmolive / life buoy)				22
213	Laundry soap/Powder Soap (Clothes)				23
214	Toothpaste, toothbrush				24
215	Vehicle rental				25
216	Personal services (barber, manicure, pedicure, facial)				26
217	Toilet paper				27
218	Glycerine, Vaseline, skin creams, personal oils and lotions				28
219	Other personal/beauty products products (shampoo, razor blades, cosmetics, hair products, nail polish, powder, oil etc.)				29
220	Household cleaning products (dish soap, toilet cleansers, broom, brush etc.)				30
221	Disposable Diapers (Pampers, etc.)				31
222	Light bulbs				32
223	Scratch cards (internet), postage stamps or other postal fees				33
224	Donation - to church, mosque, charity, beggar, etc.				34
225	Motor vehicle service, repair, or parts				35
226	Oil change / grease job (car, motor bike, etc.)				36
227	Repair / pumping of tires, wheels				37
228	Bicycle service, repair, or parts				38
229	Wages paid to domestic help				39
230	Bleach (Chlorax)				40
231	Laundry Services				41
232	Game of Chance (Winners, lottery etc.)				42
233	Photocopying / Printing / Typing				43
234	Wheel Barrow / Push-Push				44

**SECTION L2: NON-FOOD EXPENDITURES – Past twelve months**

ITEM CODE	1. Over the past twelve months, did you purchase or pay for any [...]?		2. How much did you pay in total?		D E N U M B E R
	YES...1 NO...2 (►NEXT ITEM)		LD	USD	
301	Carpet, rugs				1
302	Curtains, Drapes				2
303	Linen Ttowels, Sheets, Blankets)				3
304	Mattress (Foam)				4
305	Sports & hobby equipment, musical instruments (drums, horn, etc. Do NOT include radios/CD Player)				5
306	Film, film processing, camera, video camera				6
307	Building items - bricks, timber, zinc sheets, tools, pipes				7
308	Cement				8
309	Paint				9
310	Bucket				10
311	Travel expenses (within and outside of Liberia, e.g. for vacations, family visits, health reasons, pilgrimage etc.)				11
312	Insurance (health, car home, life)				12
313	Losses to theft (value of items or cash lost)				13
314	Fines or legal/administrative fees				14
315	Bride price /Marriage costs etc.				15
316	Funeral costs				16
317	Jewelry				17
318	Garments for men (shirts, underpants, undershirt, t-shirt, trousers, khaki shirt/trouser, pyjama, shorts, socks, suits, cloth wraps, lappa, fabric etc.)				18
319	Garments for women (dress, lappa suit, blouses, bra, underwear, skirts, boubou, jeans, skirt, lappa, cloth wrap, fabric etc.)				19
320	Garments for children and babies				20
321	Sewing costs, Tailoring and Seamstress Costs, Clothing Repair Costs (for men, women and children)				21
322	Footwear for men (leather shoes, plastic sandals, sneakers, sports shoes etc.)				22
323	Footwear for women (sandals, heels, sneakers, etc.)				23

ITEM CODE	1. Over the past twelve months, did you purchase or pay for any [...]?		2. How much did you pay in total?		D E N U M B E R
	YES...1 NO...2 (►NEXT ITEM)		LD	USD	
324	Footwear for children and babies				24
325	Accessories (handkerchiefs, belts, hats, ties, watches, handbags etc.)				25
326	Other clothing articles (buttons, thread, etc.)				26
327	Repairs to household durables and personal items (radios, watches, other appliances etc.)				27
328	Moving and Shipping Expenses				28
329	Taxes for income, property, etc.				29
330	Games and Toys (Chess, Cards, Checkers, Baby Dolls, etc.)				30
331	Writing and Drawing materials (notebooks, envelopes, etc)				31
332	Financial fees (banks, money transfers Western Union / Moneygram)				32
333	Other transport related expenses (vehicle inspection, driving school, etc.)				33
334	Farm Implements (cutlass, handhoe, shovel, digger, axe, rake, pingalay, saw, chapiah, etc.)				34
335	Other costs not stated elsewhere				35

**NOTE:**

1) DO **NOT** INCLUDE VALUE OF GIFTS GIVEN IN RELATION TO WEDDINGS OR FUNERALS (THESE WILL BE CAPTURED IN SECTION P).

2) DO **NOT** INCLUDE EXPENSES ON SCHOOL / EDUCATION RELATED ITEMS, SUCH AS NOTEBOOKS, TEXTBOOKS, UNIFORMS, WHICH ARE ALREADY CAPTURED IN SECTION C (EDUCATION).

**SECTION M: HOUSEHOLD ASSETS**

ITEM CODE	1. How many [ITEMS] does your household own, which are in <u>working condition</u> ?  [IF NONE WRITE '0' AND THEN DO NOT FILL QUESTIONS 2-6.]  ASK Q1 FIRST FOR ALL ITEMS AND THEN PROCEED ASKING QUESTIONS 2-6 FOR THOSE ITEMS THAT ARE NOT LISTED AS 0 IN QUESTION 1.	NUMBER	2 Number of [ITEM]s purchased in the <u>past twelve months</u> ? [IF NONE WRITE '0' AND SKIP TO Q4]	3. What did the household pay for all [ITEM]s purchased in the <u>past twelve months</u> ?  RECORD THE TOTAL COST OF ALL ITEMS MENTIONED IN Q2		4 What is the age of the <u>most recently</u> purchased [ITEM]?  IF BOUGHT LESS THAN ONE MONTH AGO, RECORD AGE AS 1 MONTH  AGE CANNOT BE 0		5 How much did household pay for the <u>most recently</u> purchased [ITEM]?  RECORD THE COST OF THE MOST RECENTLY PURCHASED ITEM MENTIONED IN Q4		6 What price would you get today if you resold the most recently purchased [ITEM]?  RECORD THE EXPECTED SELLING PRICE OF THE MOST RECENTLY PURCHASED ITEM MENTIONED IN Q4		D E L I N E  N U M B E R
				LD	USD	NO . YEARS	NO . MONTHS	LD	USD	LD	USD	
401	Radio, Radio Cassette, CD player, Tape Recorder											1
402	Telephone(mobile)											2
403	Refridgerator or freezer											3
404	Sewing Machine											4
405	Video / DVD / Television											5
406	Chairs (local/imported)											6
407	Sofas/Armchair (local/imported)											7
408	Tables (local/imported)											8
409	Watches											9
410	Beds (local/imported)											10
411	Cupboards, chest-of-drawers, boxes, wardrobes,bookcases, dresser											11
412	Small appliances (Lanterns / Pails / Hammer)											12
413	Kerosene Lamp											13
414	Personal Computer / Printer / Scanner/ Photocopier											14
415	Cooking pots											15
416	Cups, other kitchen utensils (knives, forks, spoons etc)											16
417	Pressing Iron (Charcoal or electric)											17
418	Electric/gas/kerosene/coal stove or cooker											18
419	Water-heater											19
420	Books											20
421	Calculator											21
422	Motor cars, vans											22
423	Trucks, Mini Buses											23
424	Motor cycle											24
425	Bicycle											25
426	Electric Fan											26
427	Airconditioner											27
428	Satellite Dish / Antenna / DSTV / Satcom											28
429	Generator											29
430	Leather and Skins											30
431	Other, specify											31

**SECTION N: ASSISTANCE, GROUPS AND OTHER SOURCES OF INCOME**

1. Did you or members of your household receive any assistance in the past 12 months from private, government or any non-governmental institution (such as church, NGO or international organization) of the following kind?  <b>EXCLUDE SELF-HELP GROUPS. ASK Q1 FOR ALL ITEMS A-K VERTICALLY BEFORE MOVING TO Q2. THEN ASK LINE BY LINE. IF "NO" FOR ALL TYPES OF ASSISTANCE GO TO QUESTION 7.</b>		2. What kind of organization/program provided this assistance?  GOVERNMENT.....1 NGO/INT'L ORG.....2 RELIGIOUS INST (CHURCH,MOSQUE).....3 PRIVATE INST.....4 OTHER SPECIFY.....5		3. How much cash did your household receive from this organization in the last 12 months?  <div>WRITE "0" IF NO CASH RECEIVED</div>		4. What was the value of <u>food</u> the household received from this organization in the last 12 months?		5. What was the value of any <u>other</u> in-kind assistance received in the last 12 months?		6. Which members of the household participated in this program?  <div>LIST UP TO 3 FROM HH MEMBER ROSTER</div> <b>ROSTER ID</b>		
		YES...1 NO...2		LD USD		LD USD		LD USD		1 2 3		
A.	Pensions and Social Security Allowances											
B.	Veteran / Disability Allowance											
C.	School feeding, Scholarships for school (all level)											
D.	Food for displaced families/refugees											
E.	Food/Cash for elderly											
F.	Food/Cash for pregnant, breastfeeding women and children.											
G.	For Construction/building materials											
H.	Agricultural assistance (tools, seeds, training):											
I.	Food/Cash for Community Projects/any work											
J.	Medical services											
K.	Other assistance (not listed above), specify:											

7. How much did the household receive as <u>rental property income</u> or <u>other rental income</u> in the last 12 months?  ENTER 0 IF NO REVENUE RECEIVED FROM SOURCE		8. How much revenue did the household make from <u>sale of a house or property</u> in the last 12 months?  ENTER 0 IF NO REVENUE RECEIVED FROM SOURCE		9. How much revenue did the household make from <u>sale of a car</u> or other household <u>asset</u> in the last 12 months?  ENTER 0 IF NO REVENUE RECEIVED FROM SOURCE		10. How much revenue did the household make from <u>lottery winnings</u> in the last 12 months? (Winners, Doxx. Etc.)  ENTER 0 IF NO REVENUE RECEIVED FROM SOURCE	
LD	USD	LD	USD	LD	USD	LD	USD

11. Is anyone in the household a member of a credit or savings group (SUSU)?

YES...1

NO...2 (►SECTION O)

CODES FOR Q17		PURCHASE AGRICULTURAL INPUTS	
SUBSISTENCE NEEDS.....1		/TOOLS.....6	
MEDICAL COST.....2		OTHER BUSINESS INPUTS.....7	
SCHOOL FEES.....3		PURCHASE/CONSTRUCTION OF	
CEREMONY (WEDDING/FUNERAL ETC) .4		DWELLING.....8	
PURCHASE LAND.....5		OTHER, SPECIFY.....9	

12 Please list all household members who are members of credit or savings groups.		13 How often does [NAME] contribute to the group? ASK THE NUMBER OF TIMES THEY CONTRIBUTE AND DURING WHICH PERIOD  PERIOD DAY....1 WEEK...2 MONTH..3 YEAR...4		14 How much does [NAME] give each time on average?		15 When was the last time [NAME] withdrew money?  IF NEVER, ENTER "0" ►NEXT ROW		16 How much did [NAME] withdraw the last time?  THIS REFERS TO THE LAST TIME THEY WITHDREW MONEY IN Q15.		17 What was the main reason [NAME] took money out this last time?  USE CODES ABOVE		18 How much will/has [NAME] pay/paid for this loan, including any interest?		19 How long will/did it take [NAME] to repay the loan?	
	ROSTER ID CODE	FREQ.	PERIOD	LD	USD	MONTH (MM)	YEAR (YYYY)	LD	USD	CODES	LD	USD	MONTHS		
A.															
B.															
C.															
D.															
E.															
F.															
G.															
H.															
I.															
J.															
K.															
L.															
M.															
N.															
O.															

## SECTION O: CREDIT

1. Over the past 12 months, did you or anyone else in this household borrow from someone outside the household or from an institution receiving either cash, goods, or services, excluding SUSU's?  
[INCLUDE LOANS FOR AGRICULTURE. PROBE FOR GOODS OR SERVICES RECEIVED ON CREDIT.]  
[EXCLUDE ANY ITEMS MENTIONED IN SECTION N]

YES...1  
NO...2  
▶SECTION P▶

L O A N / C R E D I T	2. What are the names of the persons or institutions from whom you or anyone else in your household borrowed or took credit?  <div>LIST ALL PEOPLE OR ORGANIZATIONS BEFORE GOING TO QUESTION 3</div>	3. CODE SOURCE OF LOAN  <div>SEE CODES BELOW</div>	4. Which household member was responsible for the loan?  ROSTER ID CODE	5. Was this a cash loan or goods on credit?  CASH.....1 GOODS / SERVICES.2	6. How much was borrowed or what was the value of the credit?		7. Is the loan/credit re-paid?  YES...1 (▶9) NO...2	8. Approximately when do you expect to pay back the money?  JANUARY...01 FEBRUARY...02 MARCH.....03 APRIL.....04 MAY.....05 JUNE.....06 JULY.....07 AUGUST...08 SEPTEMBER.09 OCTOBER...10 NOVEMBER..11 DECEMBER..12 (YYYY)		9. Total amount to be paid on the loan including interest.		10. What did you use this loan/credit for?  SUBSISTENCE NEEDS.....1 MEDICAL COST.....2 SCHOOL FEES.....3 CEREMONY (WEDDING, FUNERAL ETC) ...4 PURCHASE LAND.....5 PURCHASE AGRIC. INPUTS/TOOLS....6 OTHER BUSINESS INPUTS.....7 BUY/BUILD DWELLING.....8 OTHER (SPECIFY).....9  GIVE UP TO THREE MAJOR USES		
					LD	USD		MONTH	YEAR	LD	USD	FIRST	SECOND	THIRD
					1									
2														
3														
4														
5														
6														
7														
8														
9														

### CODES FOR O3

COMMERCIAL BANKS.....1	NEIGHBORS / FRIENDS.....6
MICRO-FINANCE INST.....2	GROCERY/LOCAL MERCHANT....7
BUILDING SOC./MORTGAGE....3	EMPLOYER.....8
INSURANCE COMPANIES.....4	RELIGIOUS INST.....9
OTHER FINANCIAL INST.....5	NGO.....10
	SELF HELP-GROUPS.....11
	OTHER, SPECIFY.....12

**SECTION P: CASH AND GIFTS TRANSFERS**  
**PART A : CASH OR GIFT TRANSFERS RECEIVED**

1 Write the ID CODE of the principal respondent to the section:

2 During the last 12 months, did anyone in the household receive cash or goods from other households?  
 YES...1   
 NO...2 (▶PART B)

**FILL IN COLUMN BY COLUMN**

		TRANSFER					
		1	2	3	4	5	6
3	WRITE ID CODE OF HOUSEHOLD MEMBER WHO <b>RECEIVED</b> THE CASH OR GOOD FROM THE OTHER HOUSEHOLD.						
4	Relationship of household member in Q3 to the sender? 1 SPOUSE            5 IN-LAWS 2 PARENTS        6 OTHER RELATIVE, SPECIFY 3 CHILD            7 OTHER, SPECIFY 4 SIBLING						
5	What is the nature of the transfer? 1 MONEY 2 FOOD GOODS (▶7) 3 NON-FOOD GOODS (▶7)						
6	What method was used to receive the money? 1 BANK TRANSFER 2 WESTERN UNION 3 MONEYGRAM 4 MOBILE MONEY 5 OTHER, SPECIFY						
7	Place of residence of the sender USE COUNTRY CODE BELOW IF RECEIVED FROM OUTSIDE LIBERIA; USE COUNTY CODE AT BACK OF QUESTIONNAIRE IF RECEIVED FROM WITHIN LIBERIA NIGERIA.....107 IVORY COAST...108 <u>COUNTRY CODES</u> USA.....101 SOUTH AFRICA...109 UK.....102 LEBANON.....110 AUSTRALIA.....103 INDIA.....111 GUINEA.....104 CHINA.....112 SIERRA LEONE...105 KENYA.....113 GHANA.....106 OTHER, SPECIFY.114						
8	What is the principal reason for the transfer ? HOUSEHOLD CONSUMPTION...1 FARMING.....5 EDUCATION.....2 CEREMONY.....6 HEALTH.....3 CONSTRUCTION...7 INVESTMENT / OTHER, SPECIFY..8 BUSINESS...4						
9	What is the total amount of money received or the value of the goods received during the last 12 months?	LD	LD	LD	LD	LD	LD
		USD	USD	USD	USD	USD	USD

**PART B : CASH TRANSFERS OR GIFTS SENT**

1 Write the ID CODE of the principal respondent to the section:

2 During the last 12 months, did the household send cash or goods to other households?

YES...1

NO...2 (►SECTION Q)

**FILL IN COLUMN BY COLUMN**

		TRANSFER					
		1	2	3	4	5	6
3	WRITE THE ID CODE OF THE HOUSEHOLD MEMBER WHO SENT CASH OR GOODS TO OTHER HOUSEHOLDS.						
4	Relationship of household member in Q3 to the receiver? 1 SPOUSE            5 IN-LAWS 2 PARENTS        6 OTHER RELATIVE, SPECIFY 3 CHILD            7 OTHER, SPECIFY 4 SIBLING						
5	What is the nature of the transfer? 1 MONEY 2 FOOD GOODS (►7) 3 NON-FOOD GOODS (►7)						
6	What method was used to receive the money? 1 BANK TRANSFER 2 WESTERN UNION 3 MONEYGRAM 4 MOBILE MONEY 5 OTHER, SPECIFY						
7	Place of residence of the receiver USE COUNTRY CODE BELOW IF SENT OUTSIDE LIBERIA; USE COUNTRY CODE AT BACK OF QUESTIONNAIRE IF SENT WITHIN LIBERIA  NIGERIA.....107 IVORY COAST...108 USA.....101 SOUTH AFRICA...109 UK.....102 LEBANON.....110 AUSTRALIA.....103 INDIA.....111 GUINEA.....104 CHINA.....112 SIERRA LEONE...105 KENYA.....113 GHANA.....106 OTHER, SPECIFY.114						
8	What is the principal reason for the transfer ? HOUSEHOLD CONSUMPTION...1 FARMING.....5 EDUCATION.....2 CEREMONY.....6 HEALTH.....3 CONSTRUCTION...7 INVESTMENT OR OTHER, SPECIFY..8 BUSINESS..4						
9	What is the total amount of money sent or the value of the goods sent during the last 12 months?	LD	LD	LD	LD	LD	LD
		USD	USD	USD	USD	USD	USD



## SECTION Q: RECENT SHOCKS TO HOUSEHOLD WELFARE

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

S H O C K  I D	1.	2.		THE QUESTIONS ON THE RIGHT (QS 3-5) SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN QUESTION 2.  LEAVE ALL OTHER ROWS BLANK.	3.	4.	5.	
	Over the <u>past twelve months</u> , was your household severely affected negatively by any of the following events?  <div>GO THROUGH ENTIRE LIST OF EVENTS VERTICALLY BEFORE PROCEEDING TO Q2.</div>	Rank the three most significant shocks you experienced  MOST SEVERE.....1 SECOND MOST SEVERE.....2 THIRD MOST SEVERE.....3  <b>PUT IN ORDER UP TO 3 BIGGEST SHOCKS</b>	YES..1 NO...2		Did [SHOCK] cause a reduction in household income and/or assets?  INCOME LOSS..1 ASSET LOSS..2 LOSS OF BOTH.....3 NEITHER.....4	How dispersed was this shock? It affected...  <div>READ CODES</div> ONLY THIS HH....1 SOME OTHER HHS..2 MOST HHS IN THIS COMMUNITY.....3 ALL HHS IN THIS COMMUNITY.....4	When did this [SHOCK] occur? JANUARY...01 FEBRUARY..02 MARCH.....03 APRIL.....04 MAY.....05 JUNE.....06 JULY.....07 AUGUST....08 SEPTEMBER..09 OCTOBER...10 NOVEMBER..11 DECEMBER..12  MONTH  (YYYY) YEAR	
101	Drought or Floods							
102	Crop disease or crop pests such as ground-hog attacks							
103	Livestock died or were stolen							
104	Household business failure, non-agricultural							
105	Loss of salaried employment or non-payment of salary							
106	Large fall in sale prices for crops							
107	Large rise in price of food							
108	Large rise in agricultural input prices							
109	Severe water shortage							
110	Restricted access to markets							
111	Chronic/severe illness or accident of household member							
112	Death of a member of household							
113	Death of other family member							
114	Break-up of the household							
115	Conflict/Violence							
116	Bushfire/Fire							
117	Hijacking/Robbery/burglary/assault/Theft							
118	Dwelling damaged, destroyed							
119	Other, specify _____							

**SECTION R: PRODUCTION OF AGRICULTURAL CROPS OVER THE PAST TWELVE MONTHS**

I T E M  C O D E	1. Within the <u>past 12 months</u> , did the household produce any ....		D E L I N E  N U M B E R
	YES...1 NO...2	► NEXT ITEM	
<b>Cereals/Tubers/Roots</b>			1
0101	Corn/Maize		2
0102	Cassava		3
0103	Eddoes		4
0104	Ginger		5
0105	Onions		6
0106	Rice/Paddy		7
0107	Sweet Potatoes		8
0108	Yams		9
0109	Other cereals/tubers/roots (specify)		10
<b>Beans, Nuts</b>			11
0201	Beans/Peas		12
0202	Bread Nut		13
0203	Palm Nuts		14
0204	Sesame/Beneseed		15
0205	Groundnut		16
0206	Kola Nut		17
0207	Worlor		18
0208	Other beans, nuts (specify)		19
<b>Vegetables</b>			20
0301	Bitterballs		21
0302	Cabbage		22

I T E M  C O D E	1. Within the <u>past 12 months</u> , did the household produce any ....		D E L I N E  N U M B E R
	YES...1 NO...2	► NEXT ITEM	
0303	Cayenne Pepper / Liberian Pepper		23
0304	Collard Greens		24
0305	Cucumber		25
0306	Egg Plant		26
0307	Fever Leaf		27
0308	Kitilay		28
0309	Lettuce		29
0310	Okra		30
0311	Pepper		31
0312	Plato (Palava sauce)		32
0313	Pumpkins		33
0314	Sour-Sour		34
0315	Tomatoes		35
0316	Water Greens		36
0317	Other vegetables (specify)		37
<b>Fruits</b>			38
0401	Avocado / Butter Pear		39
0402	Banana		40
0403	Bread Fruit		41
0404	Golden Plum		42
0405	Country Plum		43
0406	German Plum		44

I T E M  C O D E	1. Within the <u>past 12 months</u> , did the household produce any ....		D E L I N E  N U M B E R
	YES...1 NO...2	► NEXT ITEM	
0407	Grapefruit		45
0408	Guava		46
0409	Lemon		47
0410	Lime		48
0411	Monkey Apple		49
0412	Orange		50
0413	Papaw		51
0414	Passion Fruit		52
0415	Pineapple		53
0416	Plantain		54
0417	Water Melon		55
0418	Other fruits (specify)		56
<b>Cash Crops</b>			57
0501	Cashew Nuts		58
0502	Cocoa		59
0503	Coconut		60
0504	Coffee		61
0505	Cotton		62
0506	Palm Oil		63
0507	Rubber		64
0508	Sugar Cane		65
0509	Tobacco		66
0510	Other cash crops (specify)		67

2. CHECK: IS <b>ANY</b> CROP PRODUCED BY HOUSEHOLD IN THE LAST 12 MONTHS? (IS Q1 IS CODED 1 ("YES") FOR AT LEAST ONE CROP?)		YES...1 NO...2	<input type="text"/>
---	--	-------------------	----------------------

**SECTION S: HOUSEHOLD RECONTACT INFORMATION**

GIVE DETAILS OF HOW TO FIND THE HOUSEHOLD, IF NO PHONE WRITE 98.

**GPS**

						(E UTM)
						(N UTM)

**PROBE AT LEAST FOR THE FOLLOWING:**

1. PHONE NUMBER OF HOUSEHOLD HEAD : \_\_\_\_\_

2. PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

A) NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_

B) NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_

C) NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_

3. REFERENCE PERSON (WITHIN COMMUNITY)

A) NAME : \_\_\_\_\_

B) RELATIONSHIP TO HEAD : \_\_\_\_\_

C) MAIN OCCUPATION : \_\_\_\_\_

D) LOCATION : \_\_\_\_\_

E) OTHER : \_\_\_\_\_

F) PHONE : \_\_\_\_\_

4. REFERENCE PERSON (OUTSIDE COMMUNITY)

A) NAME : \_\_\_\_\_

B) RELATIONSHIP TO HEAD : \_\_\_\_\_

C) MAIN OCCUPATION : \_\_\_\_\_

D) LOCATION : \_\_\_\_\_

E) OTHER : \_\_\_\_\_

F) PHONE : \_\_\_\_\_

5. ENUMERATOR SIGNATURE \_\_\_\_\_

6. TIME INTERVIEW END

	:		AM	PM
--	---	--	----	----

7. DATE INTERVIEW END (DD/MM/YYYY):

/	/
---	---

8. GIFT GIVEN TO THE HOUSEHOLD: \_\_\_\_\_

(DESCRIPTION)

9. Did anyone in your household cultivate a farm in last year's farming season?

YES...1

☐

NO...2

10. CHECK IF HOUSEHOLD GREW **ANY** CROP IN LAST 12 MONTHS? (SECTION R, Q2)

YES...1

☐

NO...2

11. DOES HOUSEHOLD PRODUCE ANY FOOD ITEMS FOR OWN-CONSUMPTION? (CHECK SECTION K, Q8) (THIS EXCLUDES ANY HUNTING OR FISHING ACTIVITIES).

YES...1

☐

NO...2

12. CHECK: IS THE ANSWER Q9 OR Q10 OR Q11 IN THIS SECTION YES (CODED 1)?

YES...1 (►ASK HH AGRICULTURE RECALL QUESTIONNAIRE)

☐

NO...2 (END)

**CODES FOR COUNTIES**

Margibi.....	24
Bomi.....	03
Maryland.....	27
Bong.....	06
Montserrado.....	30
Grand Bassa.....	09
Nimba.....	33
Grand Cape Mount...	12
Rivercess.....	36
Grand Gedeh.....	15
Sinoe.....	39
Grand Kru.....	18
River Gee.....	42
Lofa.....	21
Gbarpolu.....	45