



CENTRAL STATISTICAL AGENCY  
2018/19 ETHIOPIAN SOCIOECONOMIC SURVEY- WAVE 4

Form ESS4-H (18/19)



**STRICTLY CONFIDENTIAL**

**Household Questionnaire**

1		2		3		4		5		6		7	
Region		Zone		Woreda		Town (For rural code 8)		Subcity (For rural code 88)		Kebele/FA		EA	
Code		Code		Code		Code		Code		Code		Code	
8		9		10		11		12					
Household ID		Household Size				Household Head Name		Village name where the HH lives					
13		Did this household complete a post-planting questionnaire? YES.....1 NO.....2				14. Rural/Urban							

<b>STAFF DETAILS</b>	<b>Name</b>	
17. Enumerator		
18. Supervisor		

19. GPS COORDINATES OF THE DWELLING (UTM READING).

LATITUDE (N)					
—	—	—	—	—	—

LONGITUDE (E)					
—	—	—	—	—	—

20. DATE OF FIRST INTERVIEW:

/	/
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[DATE / MONTH / YEAR]

**AFTER COMPLETING EACH VISIT, PLEASE MAKE OBSERVATIONS ON THE INTERVIEW**

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

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

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

<b>21. BRANCH NAME &amp; CODE</b>	
<b>NAME</b>	<b>CODE</b>

Adama =1 Addis Ababa=2 Ambo = 3 Arbaminch = 4 Asayita =5 Assosa =6 Bahirdar =7 Asebe Teferi = 8 Debrebirhan = 9 Dessie =10 Diredawa =11 Gambela =12 Goba =13 Gondar =14 Harar =15 Hawassa =16 Hossana =17 Jigjiga=18 Jimma =19 Mekele = 20 Mizan Teferi =21 Negele =22 Nekemit =23 Shire =24 Sodo =25

# SECTION 1: HOUSEHOLD ROSTER

**ENUMERATOR:** REFER TO THE COVER SECTION, Q12a.

FOR ALL HOUSEHOLD WITH COMPLETED AGRICULTURE QUESTIONNAIRE , PREFILL ALL HOUSEHOLD MEMBERS FROM AGRICULTURE QUESTIONNAIRE (POST-PLANTING QUESTIONNAIRE). FOR HOUSEHOLDS FROM BIG URBAN HOUSEHOLDS GENERATE A LIST OF ALL HOUSEHOLD MEMBERS.

I N D I V I D U A L  I D	0.	1.	2.	3.		4.
	<p>NAME</p> <p>LIST ALL HOUSEHOLD MEMBERS, COPIED FROM AGRICULTURE QUESTIONNAIRE (FROM POST-PLANTING QUESTIONNAIRE). ANY NEW HOUSEHOLD MEMBERS SHOULD BE ADDED TO THE END AND MUST GET A NEW ID.</p> <p>FOR HOUSEHOLDS FROM BIG URBAN SAMPLE, GENERATE A LIST OF ALL HOUSEHOLD MEMBERS.</p>	<p>What is [NAME]'s relationship to the head of household?</p> <p>HEAD.....1 SPOUSE.....2 SON/DAUGHTER.....3 GRANDCHILD.....4 FATHER/MOTHER.....5 SISTER/BROTHER.....6 NIECE/NEPHEW.....7 UNCLE/AUNT.....8 SON/DAUGHTER IN-LAW.....9 FATHER/MOTHER IN-LAW.....10 BROTHER/SISTER IN-LAW.....11 GRANDPARENTS.....12 OTHER RELATIVES.....13 SERVANT.....14 NON RELATIVES.....15</p>	<p>What is the sex of [NAME]?</p> <p>MALE.....1 FEMALE.....2</p>	<p>How old is [NAME] (COMPLETED YEAR)? IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE OR USE MAJOR EVENTS LISTED IN ENUMERATOR MANUAL TO PROMPT RESPONDENT.</p> <p>(If 5 years and over give YEARS only. If less than 5 years in age give YEARS and MONTHS. If less than one month put "0")</p> <p><b>IF URBAN HOUSEHOLD, &gt;&gt; Q5.</b></p> <p>YEARS      MONTHS</p>		<p>FOR RURAL HOUSEHOLDS ONLY (Q12a in roster=1): Is [NAME] a new member of this household?</p> <p>YES.....1 (► Q6) NO.....2</p>
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12						

INDIVIDUAL ID	5.	6.	7.	8.	9.	10.	11.
	Is [NAME] still a member of this household?	For how many months during the last 12 weeks was [NAME] away from the household?	IS RESPONDENT 10 YEARS AND OLDER?	What is [NAME]'s main religion?	What is [NAME]'s marital status?	Does [NAME]'s spouse/partner live in this household now?	WRITE ID CODE OF CURRENT SPOUSE (OR FIRST WIFE) WHO LIVES IN THE HOUSEHOLD.
	YES.....1 NO.....2 (►Q23)	NUMBER OF WEEKS	YES.....1 NO.....2 (►Q12)	ORTHODOX.....1 CATHOLIC.....2 PROTESTANT.....3 MUSLEM.....4 TRADITIONAL.....5 PAGAN.....6 WAKIFATA.....7 OTHER (Specify).8	NEVER MARRIED.....1 (►Q12) MARRIED (MONOGAMOUS)...2 MARRIED (POLYGAMOUS)...3 DIVORCED.....4 (►Q12) SEPERATED.....5 (►Q12) WIDOWED.....6 (►Q12)	YES.....1 NO.....2 (►Q12)	HH ID
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I N D I V I D U A L  I D	12.	13.	14.	15.	16.	17.
	In what region were you born?	Does [NAME]'s biological father live in this household?	RECORD ROSTER ID OF [NAME]'S BIOLOGICAL FATHER.	Is [NAME]'s biological father alive?	What is/was [NAME]'s biological father's highest educational level completed?  (USE ATTACHED EDUCATION CODES)	Does [NAME]'s biological mother live in this household?
	TIGRAY.....1 AFAR.....2 AMHARA.....3 OROMIA.....4 SOMALIE.....5 BENSAGUL GUMUZ.....6 SNNP.....7 GAMBELLA.....12 HARARI.....13 ADDIS ABABA.....14 DIREDAWA.....15 OUTSIDE OF ETHIOPIA (SPECIFY).....16	YES.....1 NO.....2 (►Q15)		YES.....1 NO.....2		YES.....1 NO.....2 (►Q19)
			HH ID (► Q16)		LEVEL	
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FOR CHILDREN 4-12 YEARS, ASK THEIR CAREGIVER THE QUESTIONS.													
<b>I N D I V I D U A L  I D</b>	0.	1.	2.	3.	4.	5.	6.						
	CAPI will select HH memebtrs with age 4 YEARS OR OLDER	ENUMERATOR: IS [NAME] REPORTING FOR HIM/HERSELF?       YES.....1 (► Q3) NO.....2	ENUMERATOR : WHO IS RESPONDING ON BEHALF OF [NAME]?         	Can [NAME] read and write in any language?       YES...1 NO..2	Has [NAME] ever attended school?       YES...1 (► Q6) NO....2	What was the main reason [NAME] never attended school?  TOO YOUNG.....1 TOO FAR AWAY / NO SCHOOL NEARBY.....2 TOO EXPENSIVE.....3 WORKING (HOME OR JOB).....4 LACK OF MONEY.....5 DEATH OF PARENT(S).....6 SEPARATION OF PARENTS.....7 DID NOT HAVE INTEREST.....8 PARENTS DO NOT THINK IT IS IMPORTANT...9 PARENTS OPPOSED TO SCHOOLING.....10 ILLNESS.....11 DISABILITY.....12 CONFLICT (MILITANCY/ INSURGENCY).....13 MARRIAGE.....14 IGNORANCE.....15 TOO OLD.....16	What is the highest grade [NAME] completed?						
								HH ID	LEVEL				
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I N D I V I D U A L  I D	Is [NAME] currently attending school?	Why is [NAME] not currently in school?	Which grade is [NAME] attending? USE ATTACHED EDUCATION CODES	What kind of organization runs the school that [NAME] is attending?	Was [NAME] absent from school last semester for more than a week continuously?	What is the main reason for being absent from school?	
	YES....1 (►Q9) NO....2	HAD ENOUGH/COMPLETED SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/LACK OF TEACHERS.....3 NO TIME/NO INTEREST.....4 LACK OF MONEY.....5 MARITAL OBLIGATION.....6 SICKNESS.....7 DISABILITY.....8 SEPARATION OF PARENTS.....9 DEATH OF PARENTS.....10 TOO OLD TO ATTEND.....11 DOMESTIC OBLIGATION.....12 CONFLICT (MILITANCY/INSURGENCY)...13 OTHERS (SPECIFY).....14 PREGNANCY.....15	GRADE		YES.....1 NO.....2 (►Q13)		
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INDIVIDUAL ID	By what means does [NAME] mainly go to school?	How much time does it take [NAME] to get to school? (in minutes)	Does [NAME] receive any scholarship or assistance to attend school from any organization or the government or any individual other than a household member during the current school year?	For the current school year, what is the value of this assistance, including the value of in-kind assistance and cash?	For the current school year, what did the household spend on [NAME]'s school fees	During the past 12 months, what did the household spend on [NAME]'s school books, uniforms, stationary etc.. for school?	Does [NAME] plan to attend school next year?
	FOOT .....1 BICYCLE .....2 MOTORCYCLE....3 PRIVATE CAR...4 TAXI.....5 BUS.....6 ANIMAL TRANSPORT (HORSE/MULE/CAMEL/DONKEY) .7 BAJAJ.....8 OTHER (SPECIFY) ..9	0 - 15 ..1 16 - 30 ..2 31 - 45 ..3 46 - 60 ..4 61 - 90...5 91 - 120..6 120+.....7	YES.....1 NO.....2 (►Q17)		ENTER 0 IF NOTHING WAS SPENT	ENTER 0 IF NOTHING WAS SPENT	Yes....1 No.....2
		CODE		BIRR	BIRR	BIRR	
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### SECTION 3: HEALTH

FOR CHILDREN 12 YEARS AND YOUNGER, ASK THEIR CAREGIVER THE QUESTIONS.

I N D I V I D U A L  I D	1.	2.	3.	4.		5.	6.		7.
	ENUMERATOR: IS [NAME] REPORTING FOR HIM/HERSELF?	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [NAME]?	During the past 4 weeks has [NAME] consulted a health practitioner or traditional healer or visited a health facility? (Regardless of whether sick or not)	For what reason(s) did [NAME] consult this person?  LIST UP TO 2 REASONS.  CHECK UP OR OTHER PREVENTIVE CARE (NOT LINKED TO PREGNANCY) .....1 PRENATAL CHECKUP.....2 GIVING BIRTH.....3 FOLLOW UP APPOINTMENT FOR EARLIER OR CHRONIC ILLNESS.....4▶6 FOLLOWUP APPOINTMENT FOR EARLIER ACCIDENT....5▶6 NEW OR ACUTE ILLNESS.....6▶6 NEW INJURY.....7▶6 OTHER (SPECIFY).....8		During the past 4 weeks has [NAME] suffered from an illness or injury?	What was the sickness/ injury [NAME] faced? LIST UP TO 2 MAJOR ILLNESSES  MALARIA.....1      HYPERTENSION.....15 TB.....2      HEADACHE.....16 YELLOW FEVER.....3      DIABETES.....17 TYPHOID.....4      GUINEA WORM.....18 CHOLERA.....5      DYSENTERY.....19 DIARRHEA.....6      SCABIES.....20 MENINGITIS.....7      RINGWORM.....21 CHICKEN POX.....8      HEPATITIS B.....22 PNEUMONIA.....9      ULCER/STOMACH PAIN...23 COMMON COLD.....10      EYE PROBLEM.....24 INJURY.....11      TOOTH PROBLEM.....25 STRESS.....12      BODY PAINS.....26 FLU.....13      BODY SWELL/WOUND.....27 HEART PROBLEM.....14      KIDNEY PROBLEM.....28		Did [NAME] have to stop his/her usual activities in the past 4 weeks because of this illness/injury?
	YES...1> >Q3 NO...2		YES.....1 NO.....2 (▶Q5)	REASON #1	REASON #2	YES....1 NO....2 (▶Q14)	ILLNESS #1	ILLNESS #2	YES.....1 NO.....2
		HH ID							
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I N D I V I D U A L  I D	For how many days was [NAME] absent from usual activity due to this illness/injury during the last 4 weeks?	Whom did [NAME] consult for this illness or injury in the last 4 weeks?		Where did [NAME] receive or consult medical assistance primarily?		How much did [NAME] pay for the first consultation of Illness 1, including any medicine or test prescribed even if purchased elsewhere? If no expenses please record 0.	How long did it take to travel (one way) to your first consultation of illness 1?	
		NO ONE.....0 ►Q13 TRADITIONAL HEALER.1 DOCTOR.....2 DENTIST.....3 NURSE.....4 MEDICAL ASST.....5 MIDWIFE.....6 PHARMACIST.....7 CHEMIST.....8		HOSPITAL.....1 HEALTH CENTER.....2 HEALTH POST.....3 CLINICS.....4 PHARMACY.....5 TRADITIONAL HEALER'S HOME.....6 PATIENT'S HOME....7 OTHER (SPECIFY)...8			IF CONSULTATION AT PATIENT'S HOME, PUT '0' THEN, SKIP TO ►Q14	
	NUMBER OF DAYS	ILLNESS #1	ILLNESS #2	ILLNESS #1	ILLNESS #2	BIRR	Hr	Min
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FOR

	13.	14.	15.	16.	17.	18.
I N D I V I D U A L  I D	What was the main reason for [NAME] not consulting a healthcare provider or traditional healer for this illness/injury?  LACK OF MONEY.....1 EXPENSIVE.....2 TOO FAR.....3 DO NOT BELIEVE IN MEDICINE.....4 LACK OF HEALTH PROFESSIONAL.....5 POOR QUALITY/ SERVICE.....6 DID NOT REQUIRE MEDICAL ASSISTANCE.7 OTHER (SPECIFY) .....8	Has [NAME] consulted any medical assistance or consulted from health facilities or traditional healers during the last 12 months? (Regardless of whether sick or not)          YES.....1 NO.....2	How many times has [NAME] consulted any medical assistance or consulted from health facilities or traditional healers during the last 12 months?          NUMBER	Were any of [NAME]'s consultations inpatient visits (i.e. [NAME] spent the night in the health facility)?          YES.....1 NO.....2 (► Q18)	How many nights did [NAME] spend in any health facility in the last 12 months?          NUMBER	What were the total costs of all [NAME]'s health consultations in the last 12 months, including any medicine or tests prescribed even if purchased elsewhere?          IF NONE RECORD ZERO          BIRR
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	19.	20.	21.	22.	23.	24.	25.	26.
I N D I V I D U A L  I D	What type of Health insurance does [NAME] currently covered under (such as through an employer, community health insurance scheme, or private health insurance)?	IS THIS MEMBER AGE 0-5 YEARS OLD?	Does [NAME] have difficulty seeing, even if wearing glasses?	Does [NAME] have difficulty hearing, even if wearing a hearing aid?	Does [NAME] have difficulty walking or climbing steps?	Does [NAME] have difficulty remembering or concentrating?	Does [NAME] have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc?	Using [NAME]'s usual language, does [NAME] have difficulty communicating; for example understanding or being understood?
	Community Based health Insurance... 1 Private health Insurance (from financial institutions).....2 Employer Health ....3 Don't have health insurance.....4	YES.....1 (► Q27) NO.....2	<p>QUESTIONS 21 to 26, READ RESPONSES:</p> <p>NO DIFFICULTY.....1      YES - SOME DIFFICULTY.....2  YES - A LOT OF DIFFICULTY.....3  CANNOT PERFORM ACTIVITY AT ALL.....4</p>					
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27.		28.	29.	30.		31.	32.	33.
I N D I V I D U A L	IS THIS MEMBER AGES 6-59 MONTHS (LESS THAN 5 YEARS OLD & 6 MONTHS AND ABOVE)?	Has [NAME] had diarrhea in the last two weeks?	How much water was [NAME] offered to drink during the diarrhea?	Was [NAME] given any of the following to drink:		Was [NAME] ever breastfed?	Since the time of birth, for how many months was [NAME] breastfed?	Since the time of birth, for how many months was [NAME] <b>exclusively</b> breastfed (without food, water, herbal tea, or any other liquid, except vitamin A, medicine, or ORS)? IF [NAME] HAS NOT YET RECEIVED COMPLEMENTARY FOOD OR LIQUID, RECORD "99"
	YES.....1 NO.....2 ▶ NEXT HH MEMBER	YES...1 NO....2 (▶ Q 31)	LESS THAN USUAL.....1 THE SAME AS USUAL.....2 MORE THAN USUAL.....3 NOTHING TO DRINK.....4	YES.....1 NO.....2	YES, STILL BREASTFEEDING.....1 (▶ Q33) YES, BUT NO LONGER.....2 NO.....3 (▶ Q34)		MONTHS	MONTHS
				ORAL REHYDRATION	FLUID RECOMMENDED BY			
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FOR

34.				35.	36.	37.	38.	39.
I N D I V I D U A L	In what day, month, and year was [NAME] born?			ENUMERATOR: WHAT IS THE SOURCE OF DATE OF BIRTH INFORMATION GIVEN IN Q.34?  BIRTH CERTIFICATE...1 VACCINATION CARD....2 OTHER DOCUMENTS.....3 PARENT.....4 OTHER (SPECIFY) .....5	IS NAME MEASURED  YES...1 NO...2 (► Q39)	WEIGHT IN KILOGRAMS (KGS)	LENGTH OR HEIGHT (IN CENTIMETERS)  <b>CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN)</b>  <b>CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)</b>  SKIP to Next Person	REASON FOR NOT MEASURED  NOT AT HOME DURING SURVEY PERIOD...1 TOO ILL....2 UNWILLING..3 OTHER (SPECIFY) ..4
	2 DIGIT	2 DIGIT	4 DIGIT					
	DAY	MONTH	YEAR EC					
1						___ . ___	___ . ___	
2						___ . ___	___ . ___	
3						___ . ___	___ . ___	
4						___ . ___	___ . ___	
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7						___ . ___	___ . ___	
8						___ . ___	___ . ___	
9						___ . ___	___ . ___	

## SECTION 4: TIME USE AND LABOR

FOR CHILDREN 7-12 YEARS, ASK THEIR CAREGIVER THE QUESTIONS.

Time use							Agriculture									
I N D I V I D U A L  I D	0.	1.	2.	3.		4.		5.								
	CAPI will select HH memebtrs with age 7 YEARS OR OLDER	ENUMERATOR: IS [NAME] REPORTING FOR HIM/HERSELF?       YES.....1(►Q3) NO.....2	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [NAME]?       INCL. WAITING TIME	How many hours did [NAME] spend fetch water from natural or public sources for use by the household Yesterday?       INCL. WAITING TIME		How many hours did [NAME] collect firewood or other natural products for use as fuel by the household Yesterday?		In the <b>last 7 days</b> did [NAME] work on household agricultural activities (including livestock and fishing-related activities), even if only for one hour?       YES...1 NO....2 (►Q8)								
									HH ID	HOUR	MINUTE	HOUR	MINUTE			
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									2							
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		Household business		Casual		Wage		
I N D I V I D U A L  I D	6.	7.	8.	9.	10.	11.	12.	13.
	How many hours in the last 7 days did [NAME] do this work?	Thinking about the products obtained from [NAME's] family farming, livestock or fishing activity, are they intended .... ?  Only for sale.....1 Mainly for sale .....2 Mainly for family use....3 Only for family use .....4	In the last seven days did [NAME] run or help with any kind of non-agricultural or non-fishing household business, big or small, for his or herself or for the household?  YES.....1 NO.....2 (► Q10)	How many hours in the last seven days did [NAME] do this work?	In the last seven days did [NAME] engage in casual, part-time, or temporary labour?  YES.....1 NO.....2 (► Q12)	How many hours in the last seven days did [NAME] do this work?	In the last seven days did [NAME] do any work for a wage, salary, commission, or any payment in kind, excluding <i>temporary</i> ?  YES.....1 NO.....2 (► Q14)	How many hours in the last seven days did [NAME] do this work?
	HOURS			HOURS		HOURS		HOURS
	1							
	2							
	3							
	4							
	5							
	6							
	7							
8								
9								



Unpaid Apprenticeship		Filter	Temporary absence				
INDIVIDUAL ID	14.	15.	16.	17.	18.	19.	20.
	In the last seven days did [NAME] engage in an unpaid apprenticeship?  YES.....1 NO.....2 (►Q16)	How many hours in the last seven days did [NAME] do this work?   HOURS	<b>ENUMERATOR:</b> CAPI will filter ANY YES in Q5, Q8, Q10 and Q12   If TRUE (►Q23)	Even though [NAME] did not work in the last 7 days, does [NAME] have a job, business, or other economic or crop farming/ livestock/ fishing activity that s/he will return to?   YES.1 NO..2>>Q24	What is the main reason [NAME] did not work at this activity during the last 7 days?  WAITING TO START NEW JOB OR BUSINESS ....1 LOW OR OFF-SEASON .....2 >> Q20 SHIFT WORK, FLEXI TIME, NATURE OF WORK ..3 VACATION, HOLIDAYS .....4 SICKNESS, ILLNESS, ACCIDENT .....5 MATERNITY, PATERNITY LEAVE .....6 EDUCATION OR TRAINING .....7 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES...).....8 TEMPORARY LAY OFF, NO CLIENTS OR MATERIALS, WORK BREAK .....9 BAD WEATHER, NATURAL DISASTER .....10 STRIKE OR LABOUR DISPUTE .....11 LONG-TERM DISABILITY .....12 OTHER (SPECIFY) .....13	Including the time that [NAME] has been absent, will [NAME] return to that same job, business or household farm in three months or less?   YES.....1 >>Q21 NO.....2 >>Q24	During the low or off-season, does [NAME] continue to do some work for that job, business or household farm?   YES....1 NO.....2 >>Q24
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		Filter	Job search		
	21.	22.	23.	24.	25.
INDIVIDUAL ID	Is the activity [NAME] plans to return to a household farming, livestock or fishing activity?  YES.....1 NO.....2 >>Q34	Thinking about the products obtained from [NAME]'s household farming, livestock or fishing activity, are they intended .... ?  Only for sale....1 >>Q34 Mainly for sale...2>>Q34 Mainly for family use..3>>Q24 Only for family use....4>>Q24	<b>ENUMERATOR:</b> CAPI will filter Q10=2 and Q12=2 and Q7=3 and 4, and Q19 =2 , and Q20=2, and Q22 =3 or 4  If FALSE >>Q34	During the last four weeks, did [NAME] do anything to find a paid job or start a business for pay/profit?  YES.....1 NO.....2 >>Q27	What did [NAME] mainly do in the last four weeks to find a paid job or start a business?  APPLY TO PROSPECTIVE EMPLOYERS .....1 PLACE OR ANSWER JOB ADVERTISEMENTS .....2 POST/UPDATE RESUME ON PROFESSIONAL /SOCIAL NETWORKING SITES .....3 REGISTER WITH (PUBLIC EMPLOYMENT SERVICE) .....4 REGISTER WITH A PRIVATE EMPLOYMENT CENTRE/AGENCY .....5 TAKE A TEST OR INTERVIEW .....6 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS .....7 CHECK AT FACTORIES, WORK SITES .....8 WAIT ON THE STREET TO BE RECRUITED .....9 SEEK FINANCIAL HELP TO START A BUSINESS .....10 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS .....11 APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS .....12 OTHER (SPECIFY) .....13
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	26.	27.	28.	29.	30.
I N D I V I D U A L  I D	For how long has [NAME] been without work and trying to find a job or start a business?  LESS THAN 1 MONTH .....1 ONE MONTH TO < 3 MONTHS .....2 THREE MONTHS TO < 6 MONTHS ..3 SIX MONTHS TO < 12 MONTHS ...4 ONE YEAR TO < 2 YEARS .....5 TWO YEARS OR MORE .....6  >> Q29	At present does [NAME] want to work?          YES...1 NO....2 >>Q32	What is the main reason [NAME] did not try to find a paid job or start a business in the last 4 weeks?   WAITING FOR RESULTS OF A PREVIOUS SEARCH .....1 AWAITING RECALL FROM A PREVIOUS JOB .....2 WAITING FOR THE SEASON TO START .....3 WAITING TO START NEW JOB OR BUSINESS .....4 TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA ...5 NO JOBS MATCHING SKILLS, LACKS EXPERIENCE ....6 CONSIDERED TOO YOUNG/OLD BY EMPLOYERS .....7 IN STUDIES, TRAINING .....8 FAMILY / HOUSEHOLD RESPONSIBILITIES .....9 IN AGRICULTURE / FISHING FOR FAMILY USE .....10 OWN DISABILITY, INJURY, ILLNESS .....11 RETIRED, PENSIONER, OTHER SOURCES OF INCOME .12	If a job or business opportunity had been available, could [NAME] have started working last week?          YES.....1> > Q33 NO.....2	If a job or business opportunity had been available, could [NAME] start working within the next 2 weeks?          YES..1>> Q33 NO..2
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**MAIN JOB OVER THE LAST 12 MONTHS**

INDIVIDUAL ID	31.	32.	33.	34.		
	Why is [NAME] not available to start working? AWAITING RECALL FROM A PREVIOUS JOB.....1 WAITING FOR THE SEASON TO START.....2 IN STUDIES, TRAINING.....3 FAMILY / HOUSEHOLD RESPONSIBILITIES .....4 IN FAMILY FARMING/LIVESTOCK FISHING FOR FAMILY USE .....5 RETIRED, PENSIONER .....6 OWN DISABILITY, INJURY, ILLNESS .....7  >> Q33	Which of the following best describes what [NAME] is mainly doing at present?  PLEASE READ ALL OPTIONS  Studying or training .....1 Engaged in household or family responsibilities .....2 Family farming, livestock or fishing for family use.....3 Retired or pensioner .....4 With a long term illness, injury or disability .....5 Doing volunteering, community or charity work .....6 Engaged in cultural or leisure activities .....7	At any time over the last 12 months, was [NAME] employed in any kind of job, including part-time labour, for wage, salary, commission or any payment in kind, for anyone who is not a member of the household?  EXCLUDE TEMPORARY WORK  FIELD WORKER: ONLY ASKED TO THOSE WHO DID NOT WORK THE LAST 7 DAYS  YES.....1 NO.....2 (► Q47)	What are [NAME's] main tasks and duties in [NAME's] main job or business?	WRITTEN DESCRIPTION	OCCUP. CODE
1						
2						
3						
4						
5						
6						
7						
8						
9						

INDIVIDUAL ID	35.		36.	37.	38.
	What is the main activity of this business or organization where [NAME] works?		Who is the employer in [NAME] 's main wage job?	Including [NAME] how many persons work at [NAME]'s place of work?	Does [NAME] have a written contrac with [NAME]'s employer?
	WRITTEN DESCRIPTION	INDUSTRY CODE	READ RESPONSES  PRIVATE COMPANY.....1 PRIVATEINDIVIDUAL.....2 GOVERNMENT.....3 STATE-OWNED ENTERPRISE (PARASTATAL) .....4 NGO.....5 CHURCH/RELIGIOUS ORGANIZATION.....6 POLITICAL PARTY.....7 OTHER (SPECIFY) .....8	1 .....1 2-4 .....2 5-9 .....3 10-19 .....4 20-49 .....5 50+ .....6	YES.....1 NO.....2
1					
2					
3					
4					
5					
6					
7					
8					
9					

I N D I V I D U A L  I D	39.	40.	41.	42.	43.	44.
	In how many months over the last 12 months did [NAME] work at this job?	During these months, approximately on average how many weeks per month did [NAME] work at this job?	During these weeks, approximately on average how many hours per week did [NAME] work at this job?	How much was [NAME] 's last payment for wages/salary? (gross salary)	What period of time did this last payment cover?	How was this payment provided to you?
	NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	BIRR	TIME UNIT	CASH.....1 THROUGH A FORMAL ACCOUNT.....2 THROUGH MOBILE BANKING SERVICES.....3 THROUGH A REGULATED MONEY TRANSFER SERVICE.....4 OTHERS SPECIFY.....5
1						
2						
3						
4						
5						
6						
7						
8						
9						

**Food or Cash For work**
**OTHER TEMPORARY/CASUAL LABOUR**

I N D I V I D U A L	45.	46.	47.	48.	49.	50.
	In the past 12 months has [NAME] been employed as temporary labour by Cash or food for work (incl. PSNP program)?	For how many days did [NAME] work for Cash or food (incl. PSNP program) in the last 12 months?	How much income did [NAME] get for those days worked?  NOTE: REPORT TOTAL INCOME(CASH AND IN-KIND) .	Did [NAME] do any other casual/temporary labour work in the past 12 months?  YES.....1 NO.....2 (► Q51)	For how many days did [NAME] do this work in the last 12 months?	How much income did [NAME] get for those days worked in total? NOTE: REPORT TOTAL INCOME(CASH AND IN-KIND) .
	YES.....1 NO.....2 (► Q48)	DAYS	BIRR		DAYS	BIRR
1						
2						
3						
4						
5						
6						
7						
8						
9						

UNPAID LABOUR		FREE LABOUR CONTRIBUTION		
I N D I V I D U A L  I D	51.	52.	53.	54.
	At any time over the last 12 months, did [NAME] work for other households, free of charge, as exchange labourer or to assist for nothing in return?	Over the last 12 months, for how many households in total did [NAME] work as exchange labourer or to assist for nothing in return?	At any time over the last 12 months, did [NAME] participated in free labour contribution to social and local development activities (such as building public services, roads and other local works organized by local government or institutions) for nothing in return?	Over the last 12 months, for how many days in total did [NAME] work on free labour contribution?
	YES.....1 NO.....2 ▶ Q53		YES.....1 NO.....2	
		NO. OF HHs in TOTAL		NO. of DAYS in TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
9				



# SECTION 5A- SAVINGS

ENUMERATOR: THIS MODULE IS FOR HOUSEHOLD MEMBERS 18 AND OLDER ONLY

I N D I V I D U A L  I D	0.	1.	2.	3.										4.			
	CAPI will copy HH memebrs with age 18 YEARS OR OLDER.	ENUMERATOR: IS [NAME] REPORTING FOR HIM/HERSELF ?  YES.....1 (►Q3) NO.....2	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [NAME]?  COPY ID FROM ROSTER SECTION	Have you heard about any of the following institutions or financial services before this study (today)?  YES.....1 NO.....2										Have you heard about any of the following before this study (today)?  YES.....1 NO.....2			
			HH ID	PUBLIC COMMERCIAL BANKS (LIKE CBE)	PRIVATE COMMERCIAL BANKS (LIKE AWASH, DASHEN BANK, NIB)	INSURANCE COMPANIES	MONEY TRANSFER	MOBILE MONEY AGENTS	SACCOS	BANK AGENTS	ATMS	Interest free banking	COLLATERAL (MEAJA)	INTEREST (WELEDE)	CREDIT REPORT	INFLATION	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	

5.	6.				7.				
<p>An account can be used to take a loan, save, transfer money or receive wages.</p> <p>Do you have a registration or account book at a bank, microfinance bank, SACCO or other formal financial institution or Mobile or walet account?</p> <p>YES.....1 NO.....2 (► Q9)</p>	<p>At which institution(s) do you currently have a registration or account book?</p> <p>(Examples, include: private banks, like Dashan or Awash; public banks, like Commercial Bank of Ethiopia; Microfinance Institution, like Omo or Sidama; SACCO, like Alte)</p> <p>YES.....1 NO.....2</p>				<p>In the last 12 months, have you used any of the following services?</p> <p>YES.....1 NO.....2</p>				
	PRIVATE BANK	PUBLIC BANK	MICROFINANCE BANK	SACCO	ATM/DEBIT CARD	ONLINE BANKING	MOBILE BANKING	AGENT BANKING	Interest Free Banking





<b>14.</b> How often do you save through each of the following informal methods? ROUND UP TO THE NEAREST TIME FRAME  DAILY.....1 WEEKLY.....2 MONTHLY.....3 ONCE IN 3 MONTHS.....4 ONCE IN 6 MONTHS.....5 ONCE A YEAR.....6 WHENEVER I GET THE MONEY.....7					<b>15.</b> In the past 12 months, have you, personally, saved or set aside any money for old age?  Yes.....1 No.....2		<b>16.</b> On average, how often would you be able to save 600 Birr? ROUND UP TO THE NEAREST TIME FRAME  DAILY.....1 WEEKLY.....2 MONTHLY.....3 ONCE IN 3 MONTHS.....4 ONCE IN 6 MONTHS.....5 ONCE A YEAR.....6 WHENEVER I GET THE MONEY.....7		<b>17.</b> <b>ENUMERATOR:</b> SKIP IF RESPONENT HAS A FORMAL ACCOUNT (ANSWERED 'YES' TO Q3).  Why doesn't [NAME] own an account for things like saving or transferring money? READ OUT EACH ANSWER, LIST MAXIMUM OF 3 REASONS.  PROCEDURE IS TOO COMPLEX OR HAS TOO MANY REQUIREMENTS.....1 FINANCIAL INSTITUTIONS ARE TOO FAR.....2 ACCOUNTS ARE TOO EXPENSIVE TO USE.....3 I DO NOT FEEL THAT MY MONEY IS ENOUGH TO TAKE INTO ACCOUNT..4 I DON'T UNDERSTAND THE BENEFITS.....5 I DON'T KNOW WHERE OR HOW TO OPEN AN CCOUNT.....6 PREFER INFORMAL SERVICES.....7 RELIGIOUS REASONS.....8 I DO NOT TRUST BANKS.....9 I DON'T HAVE A REASON.....10 I DON'T HAVE THE NECESSARY DOCUMENTS (ID CARD, PAY SLIP,ETC).....11 SOMEONE ELSE IN MY FAMILY ALREADY HAS AN ACCOUNT.....12 OTHER(SPECIFY).....13		
HOME (CASH)	FRIENDS/ FAMILY	ASSOCIATION	EQUUB	OTHER (specify)			1ST	2ND	3RD		

18.	19.					20.		
<p>Insurance is when you pay small amounts of money over time to an insurance provider that will compensate you in case of unexpected shocks (for example on your livestock or health).</p> <p>In the last 12 months, have you owned/used any formal insurance product (like life insurance)?</p> <p>YES...1 NO...2&gt;&gt;Q20</p>	<p>In the last 12 months, how did you insure yourself?</p> <p>Yes...1 No.....2</p> <p>IF YES TO ANY OF THE INSTITUTIONS, SKIP TO ► Q21</p>					<p>Why don't you use formal insurance services?</p> <p>READ OUT EACH ANSWER, SELECT MAXIMUM OF 3 REASONS.</p> <p>DOESN'T THINK FORMAL INSURANCE IS USEFUL...1 DOESN'T UNDERSTAND WAHT INSURANCE IS.....2 DOES NOT TRUST INSURANCE PROVIDERS.....3 INSURANCE IS TOO EXPENSIVE TO USE.....4 RELIGIOUS REASONS.....5</p>		



Section 5B: FINANCIAL ASSETS

Will be administered to all adult household members aged 18 and above

		1.	2.			3.	4.	5.				
A S S E T  C O D E	A S S E T  N A M E	Do you own [FINANCIAL ASSET], exclusively or jointly with someone else?  READ ALL CATEGORIES  YES.....1 NO.....2 ▶NEXT ITEM REFUSES TO	How many of each [FINANCIAL ASSET], do you own, exclusively or jointly, with someone else?	A S S E T  N O	NAME OF FINANCIAL INSTITUTION	List code of [FINANCIAL ASSET] owned by respondent  FORMAL BANK/CREDIT UNION CHECKING ACCOUNT.....1 FORMAL BANK/CREDIT UNION SAVINGS ACCOUNT.....2 MICROFINANCE ACCOUNT.....3 INFORMAL SAVINGS PROGRAM/CLUB.....4 OTHER FINANCIAL ASSETS (SPECIFY) .....96	Does anyone else jointly own [FINANCIAL ASSET] with you?  YES..1 NO...2 ▶Q6	Who else jointly owns [FINANCIAL ASSET] with you?  LIST UP TO 3 FROM THE HOUSEHOLD/ FOR NON HOUSEHOLD MEMBER CASE WRITE THE NUMBER OF ADULT (18+ YEARS OLD)				
			NUMBER					HH ID #1	HH ID #2	HH ID #3	#18+ male non HH-memebr	#18+ female non HH-memebr
1	FORMAL BANK/CREDIT UNION CHECKING ACCOUNT			FA1								
2	FORMAL BANK/CREDIT UNION SAVINGS ACCOUNT			FA2								
3	MICROFINANCE ACCOUNT			FA3								
4	INFORMAL SAVINGS PROGRAM/CLUB (VSLA)			FA4								
96	OTHER (SPECIFY)			FA9								

13. CODE FOR ABILITY FOR RESPONDENT TO BE INTERVIEWED ALONE:

(Reasons module not administered with the respondent(s) alone should be explained in the remarks)

- RESPONSE CODES:
- ALONE.....1
  - WITH ADULT FEMALES PRESENT.....2
  - WITH ADULT MALES PRESENT.....3
  - WITH ADULTS MIXED SEX PRESENT.....4
  - WITH CHILDREN PRESENT.....5
  - WITH ADULTS MIXED SEX AND CHILDREN PRESENT....6



	6.	7a	7b	8.					9.	10.	11.	12.	13
A S S E T  N O	Is your name on the account for this [FINANCIAL ASSET]?  YES..1 NO...2 ►Q9	Is there anyone else whose name is on the account for this [FINANCIAL ASSET] with you?  YES..1 NO...2 ►Q9	Is there anyone age 18 and above from outside your household whose name is on the account for this [Financial_assets]?  YES..1 NO...2 ►Q9	Whose names are on the ownership documents for [FINANCIAL ASSET]?  LIST UP TO 3 FROM THE HOUSEHOLD/ FOR NON HOUSEHOLD MEMER CASE WRITE THE NUMBER OF ADULT (18+ YEARS OLD)					What is the current value [FINANCIAL ASSET]?  RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.  BIRR	Are there any household members above the age of 18 that do not know about your ownership of this [FINANCIAL ASSET]?  YES..1  NO...2 ►NEXT ROW	Are you the only member of your household above the age of 18 that knows about your ownership of this [FINANCIAL ASSET]?  YES..1 ►NEXT ROW  NO...2	Which household member above the age of 18 does not know about your ownership of this [FINANCIAL ASSET]?  LIST UP TO THREE FROM HOUSEHOLD ROSTER.	Who was presented along with the respondent during the individual interview? He was alone...1 Adult women...2 Adult men.....3 Both adult women and men...4 Children.....5 Adults and children.....6
				HH ID #1	HH ID #2	HH ID #3	#18+ male non HH-memebr	#18+ female non HH-memebr					
				HH ID #1	HH ID #2	HH ID #3	HH ID #1	HH ID #2					
FA1													
FA2													
FA3													
FA4													
FA9													

(Reas:  
alone

**SECTION 6A: FOOD LAST 7 DAYS**

0 Who in the household is most knowledgeable about food consumed in the household?

**0** Who in the household is reporting information on food consumption in this module?

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

[illegible]

**SECTION 6A: FOOD LAST 7 DAYS**

0 Who in the household is most knowledgeable about food consumed in the household?

**0** Who in the household is reporting information on food consumption in this module?

[illegible]

**SECTION 6A: FOOD LAST 7 DAYS**

0 Who in the household is most knowledgeable about food consumed in the household?

**0** Who in the household is reporting information on food consumption in this module?

[illegible]

**CONSUMPTION UNITS**

UNIT	SIZE	UNIT CODE
Kilogram		1
Gram		2
Litres		4
Centilitres		5
Jog		8
Melekiya		9
Birchiko	Small	31
Birchiko	Medium	32
Birchiko	Large	33
Esir	Small	61
Esir	Medium	62
Esir	Large	63
Festal	Small	71
Festal	Medium	72
Festal	Large	73
Kerchat/Kemba	Small	91
Kerchat/Kemba	Medium	92
Kerchat/Kemba	Large	93
Kubaya/Cup	Small	101
Kubaya/Cup	Medium	102
Kubaya/Cup	Large	103

UNIT	SIZE	UNIT CODE
Kunna/Mishe/Kefer/Enkib	Small	111
Kunna/Mishe/Kefer/Enkib	Medium	112
Kunna/Mishe/Kefer/Enkib	Large	113
Medeb	Small	131
Medeb	Medium	132
Medeb	Large	133
Piece/number	Small	141
Piece/number	Medium	142
Piece/number	Large	143
Sahin	Small	151
Sahin	Medium	152
Sahin	Large	153
Sini	Small	171
Sini	Large	172
Tasa/Tanika/Shember/Selemon	Small	181
Tasa/Tanika/Shember/Selemon	Medium	182
Tasa/Tanika/Shember/Selemon	Large	183
Zorba/Akara	Small	191
Zorba/Akara	Medium	192
Zorba/Akara	Large	193
Other (Specify)		900

**SECTION 6B: FOOD AGGREGATE**

<b>3.</b> 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 (► Q6) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 10px;"></div>						<b>6.</b> In the <u>past 7 days</u> , did members of this household consume any of the following meals or drinks away from home?(from resturants, relatives or friends)  YES.....1 NO.....2 ► NEXT ITEM	<b>7.</b> How much did you or other household members pay, in total in the last 7 days for [MEAL/DRINK]? If free, please estimate what it would have cost if you had to pay.	
				<b>MEAL</b>			<b>BIRR</b>	
<b>FOR Q4-5:</b> IF NOT SHARED, RECORD ZERO.		<b>4.</b>	<b>5.</b>	<b>A</b>	Full meals (e.g. Enjera made of teff/millet/barley with any type of stew, kocho/kocho with meat, rice with sauce, etc.)	Breakfast		
		What was the total number of days in which any meal was shared with people [age group]? If 0 skip to next Row	What was the total number of meals that were shared over past 7 days with [age group]?	<b>B</b>		Lunch		
				<b>C</b>		Dinner		
				<b>D</b>		Snacks such as Kolo, bread, biscuits, cakes, etc.		
				<b>E</b>	Dairy based beverages such as milk, yoghurt etc.			
		NUMBER OF DAYS	NUMBER OF MEALS	<b>F</b>	Vegetables and roasted or boiled items such as (carrot, potatoes, boiled/roasted corn, sugar cane etc)			
<b>A</b>	Children 0-5 years			<b>G</b>	Non alcoholic drinks (coffee, tea, fruit juice, soda etc.)			
<b>B</b>	Children 6-15 years			<b>H</b>	Alcoholic drinks			
<b>C</b>	Adults 16-65 years							
<b>D</b>	People over 65 years old							

		1.
		Over the past one week (7 days), how many <b>days</b> did you or others in your household consume any [ITEM]?
	ITEM	NUMBER OF DAYS
a	Teff	
b	Other cereal (rice, sorghum, millet, wheat etc)	
c	ROOTS AND TUBERS	
d	Pasta, Macaroni and Biscuits	
e	SWEETS (Sugar or sugar products (honey, jam))	
f	LEGUMES, NUTS AND SEEDS	
g	Vegetables (including relish and leaves)	
h	Fruits	
i	Beef, sheep, goat, or other red meat and pork	
j	Poultry	
k	Eggs	
l	FISH AND SEAFOOD	
m	Oils/fats/butter	
n	Milk/yogurt/cheese/other dairy	
o	SPICES, CONDIMENTS , BEVERAGES: coffee, tea, alcoholic beverages	
p	Kocho/Bula	

# SECTION 7: NON-FOOD EXPENDITURE

## LAST ONE MONTH

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

## LAST 12 MONTHS

I T E M  C O D E	3.	4.	
	Over the past <u>12 months</u> , did your household purchase or pay for any [ITEM]?  YES...1 NO...2 ▶ NEXT ITEM	How much did your household pay in total? <b>(Estimate the cash value if payment is made in kind)</b>          BIRR	
1	Clothes/shoes/fabric for MEN (18 years and older)		
2	Clothes/shoes/fabric for WOMEN (18 years and older)		
3	Clothes/shoes/fabric for BOYS (less than 18 years)		
4	Clothes/shoes/fabric for GIRLS (less than 18 years)		
5	Kitchen equipment (cooking pots, etc.)		
6	Linens (sheets, towels,blankets)		
7	Furniture		
8	Lamp/torch/solare power		
9	Ceremonial expenses		
10	Contributions to informal social security institutions (inc. IDDIR, mahiber..)		
11	Donations to religious institutions (Incl. churches and mosques..)		
12	Contribution to community Development activities (road, school, health, water etc developments)		
13	Contribution to Social and political activities (Red cross, sport, poletical parties...)		

0.	5.	6.	7.	8.
CAPI will ask only for rural HH.	During the last 12 months, did you or any member of your household pay any rural land use fee or agricultural income tax? YES..1 NO...2 ▶ Q7	How much rural land use fee and agriulcutural income tax did your household pay in total during the last 12 months?	During the last 12 months, did you or any member of your household pay any tax on your livestock?  YES..1 NO...2 ▶ Next sec.	How much livestock tax did your household pay in total during the last 12 months?
		BIRR		BIRR



## SECTION 8: FOOD SECURITY

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

4.	5.	6.	7.	8.																							
Do all household members eat roughly the same diet?  YES....1 (► Q6) NO.....2	Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods?  MORE DIVERSE -----1 LESS DIVERSE -----2	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	In which months of the last 12 months did you experience this incident ?  <table border="1"> <tr> <th colspan="4">20010 (EC)</th><th colspan="3">2011 (EC)</th></tr> <tr> <td></td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	20010 (EC)				2011 (EC)				May	Jun	Jul	Aug	Sep	Oct	Nov									What was the cause of this situation?  LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM.
				20010 (EC)				2011 (EC)																			
					May	Jun	Jul	Aug	Sep	Oct	Nov																
A	B	C																									
Men	Women	Children (6-59 months)																									

### CODES FOR Q8

INADEQUATE HOUSEHOLD STOCKS DUE TO DROUGHT/POOR RAINS.....1  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO CROP PEST DAMAGE.....2  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO SMALL LAND SIZE.....3  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LACK OF FARM INPUTS.....4  
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LACK OF FARM  
 TOOLS/DROUGHT ANIMALS, PLOUGH ETC.....5

FOOD IN THE MARKET WAS VERY EXPENSIVE.....6  
 NOT ABLE TO REACH THE MARKET DUE TO HIGH TRANSPORTATION COSTS...7  
 MARKET VERY FAR FROM THE VILLAGE.....8  
 NO FOOD IN THE MARKET.....9  
 FLOODS/WATER LOGGING/HAILSTORM.....10  
 OTHER, SPECIFY.....11

**SECTION 9: SHOCKS**

C O D E	SHOCK	1.	2.		3.					4.			
		During the last 12 months, was your household affected by [SHOCK]? YES..1  NO...2 ▶ NEXT SHOCK	Rank the three most significant shocks you experienced MOST SEVERE...1 2nd MOST SEVERE...2 3rd MOST SEVERE...3		As a result of this [SHOCK], did your [...] ...  READ RESPONSES FOR EACH COLUMN INCREASE.....1 DECREASE.....2 DID NOT CHANGE..3					What did your household do in response to this [SHOCK] to try to regain your former welfare level?  LIST UP TO 3 ANSWERS BY ORDER OF IMPORTANCE. USE CODES ON THE RIGHT.			
					INCOME	ASSETS	FOOD PRODUCE	FOOD STOCKS	FOOD PURCH.	1ST	2ND	3RD	
101	Death of household member (Main bread earner)			<b>THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN Q2.</b>  <b>LEAVE ALL OTHER ROWS BLANK.</b>									
101a	Death of a child under 5 including Miscarriage or stillbirth												
101b	Death of other household member												
102	Illness of household member												
103	Loss of non-farm jobs of household member												
104	Drought												
105	Flood												
106	Landslides/ Avalanches												
107	Heavy rains preventing work												
108	Other crop damage												
109	unusual price fall of food items agriculture produces												
110	unusual Price rise of food items agriculture produces												
111	unusual Increase in price of inputs (seed, fertilizer)												
112	Great loss/death of livestock												
113	Fire												
114	Theft/Robbery and other violence												
115	Involuntary loss of house/land												
116	Displacement (due to government development projects)												
117	Local Unrest/Violence												
118	Other (Specify)												

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



[illegible]

21. What is the main source of drinking water for members of your household in the <b>rainy season</b> ?  PIPED WATER INTO DWELLING.....1 ► 25 PIPED WATER INTO COMPOUND YARD/PLOT.....2 ► 25 PIPED WATER TO NEIGHBOUR .....3 ► 25  PIPED WATER PUBLIC TAP/STANDPIPE .....4 ► 22 TUBEWELL/BOREHOLE.....5 PROTECTED DUG WELL.....6 UNPROTECTED DUGWELL.....7 PROTECTED SPRING.....8 UNPROTECTED SPRING.....9 RAINWATER COLLECTION.....10 PIPED WATER KIOSK/RETAILER.....11 ► 22 BOTTLED WATER.....12 ► 22 SACHET WATER.....13 ► 22 CART WITH SMALL TANK/DRUM.....14 ► 22 TANKER-TRUCK.....15 ► 22 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNELS).....16 OTHER, SPECIFY.....17	22. Where is the WATER COLLECTED?  IN OWN DWELLING...1 ►25 IN OWN YARD/PLOT...2 ►25 NEIGHBOR'S YARD/SHARED COMPOUND .....3 ELSEWHERE.....4	23. How long does it take to go there (the source of water indicated in Q21), get water, and come back? (in minutes)  MEMBER DO NOT COLLECT....00 ►23 LESS THAN 15....1 16-30.....2 31-45.....3 46-60.....4 61-90.....5 91-120.....6 MORE THAN 120...7	24. Out of which time spent for waiting. (in minutes)  LESS THAN 15....1 16-30.....2 31-45.....3 46-60.....4 61-90.....5 91-120.....6 MORE THAN 120...7	25. In the last 30 days, has there been any time when your household did not have sufficient quantities of drinking water when needed?  YES AT LEAST ONCE.....1 NO ALWAYS SUFFICIENT.....2 (►Q31)	26. In the dry season, is your household's main source of drinking water <b>different</b> than your main source in the rainy season?  YES.....1 NO.....2 (►Q31)	27. What is the main source of drinking water in the <b>dry season</b> ?  PIPED WATER INTO DWELLING....1 ► 31 PIPED WATER INTO COMPOUND YARD/PLOT.....2 ► 31 PIPED WATER TO NEIGHBOUR....3 ► 31  PIPED WATER PUBLIC TAP/STANDPIPE ..4 ► 29 TUBEWELL/BOREHOLE.....5 PROTECTED DUG WELL.....6 UNPROTECTED DUGWELL.....7 PROTECTED SPRING.....8 UNPROTECTED SPRING.....9 RAINWATER COLLECTION.....10 PIPED WATER KIOSK/RETAILER.....11 ►29 BOTTLED WATER.....12 ► 29 SACHET WATER.....13 ►29 CART WITH SMALL TANK/DRUM.....14 ► 29 TANKER-TRUCK.....15 ► 29 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNELS).....16 OTHER, SPECIFY.....17	28. Where is the source located?  IN THE DWELLING...1 ►31 PRIVATE YARD/PLOT.2 ►31 NEIGHBOR'S YARD/SHARED COMPOUND.....3 PUBLIC SPACE.....4

29. How long does it take to go there (the source of water indicated in Q26), get water, and come back? (in minutes)  MEMBER DO NOT COLLECT....00 ►31 LESS THAN 15....1 16-30.....2 31-45.....3 46-60.....4 61-90.....5 91-120.....6 MORE THAN 120...7	30. Out of which time spent for waiting. (in minutes)  LESS THAN 15.....1 16-30.....2 31-45.....3 46-60.....4	31. During the past month, how much did you pay for water, including any fees or costs of transportation, delivery, etc for this water?  IF NONE, RECORD "0".	32. Do you do anything to the water to make it safer to drink? REFERS TO THE WATER THEY ARE USING/DRINKING NOW.  YES.....1 NO.....2 (►Q34)	33. What do you do to make the water safe for drinking?  BOIL.....1 ADD BLEACH/ CHLORINE.....2 STRAIN IT THROUGH A CLOTH.....3 USE A WATER FILTER (CERAMIC/SAND/COMPO SITE/REVERSE OSMOSIS.....4 SOLAR DISINFECTION.....5 LET IT STAND AND SETTLE.....6 OTHER, SPECIFY.....7	34. What is the main source of light for the household? ELECTRICITY METER- PRIVATE.....1 ELECTRICITY METER- SHARED.....2 ELECTRICITY FROM GENERATOR.....3 SOLAR ENERGY.....4 BIO-GAS.....5 (►Q38) FLASHLIGHT, RECHARGEABLE BATTERY....6 (►Q38) LANTERN, LAMP .....7 (►Q38) FLASHLIGHT, REGULAR BATTERIES.....8 (►Q38) LANTERN, COVERED FLAME.....9 (►Q38) LANTERN, UNCOVERED FLAME.....10 (►Q38) CANDLE/WAX.....11 (►Q38) FIREWOOD.....12 (►Q38) OTHER (SPECIFY).....13 (►Q38)	35. On average, how much does the household spend on electricity each month?  IF NONE, RECORD "0".	36. How many times did the household faced electric power failure/interruption at least lasting for one hour during last week?  NO FAILURE/INTERRUPTION...1 ONLY ONCE.....2 TWICE.....3 THREE TIMES.....4 MORE THAN THREE TIMES.....5	37. In the last week, how many hours were you without electricity power?  
		BIRR				BIRR		HOURS

38.	39.	40.	41.	42.
What is the main source of cooking fuel?	Does any member of the household (including the household head) own another building, dwelling, or house? EXCLUDING MAID/GUARDS	How many buildings and dwellings does the household own in total, including other houses owned?  SUM UP ALL HOUSES OWNED BY HOUSEHOLD MEMBERS EXCLUDING MAID/GUARDS	Does any member of your household own a cell phone or landline phone?	On average, how much does your household spend on cell phone/landline <i>utilization</i> per month?  NOTE: UNIT OF TIME IS MONTH
COLLECTING FIRE WOOD.....1 PURCHASE FIRE WOOD.....2 CHARCOAL.....3 CROP RESIDUE /LEAVES.....4 DUNG/ MANURE.....5 SAW DUST.....6 KEROSENE.....7 BUTANE -GAS.....8 ELECTRICITY.....9 SOLAR ENERGY.....10 BIO -GAS.....11 NONE.....12 OTHER (SPECIFY).....13	YES.....1 NO.....2 (►Q41)		YES.....1 NO.....2 ►NEXT SEC.	
		NUMBER		BIRR

## **SECTION 10B: LAND PARCEL ROSTER**

### PREVIOUSLY REPORTED PARCELS

1.	2.	3.	4.	5.	6.	7.	8a						8b	
	<b>CAPI:</b> PARCEL NUMBER	<b>CAPI:</b> PARCEL DESCRIPTI ON	Does the household still control this [PARCEL]? (only for PP listed parcels)	Is this [PARCEL] the piece of land on which the dwelling is located?	How was this [PARCEL] acquired?	What is the primary current use of this [PARCEL]?	In the last 12 months, has this [PARCEL] been used for agriculture?	What is the area of [PARCEL]? (Only for ew parcels listed in the household visit)						<b>CODES FOR UNIT:</b> HECTARE.....1 SQUARE METERS.....2 TIMAD.....3 BOY.....4 SENG.....5 KERT.....6 TILM.....7 Medeb.....8 Rope (Gemed)..9 Ermija.....10 Other (Specify) ...11
			YES...1 NO...2 (▶NEXT PARCEL)	YES...1 NO...2	GRANTED BY LOCAL LEADERS.....1 INHERITED.....2 RENT .....3 >7 BORROWED FOR FREE .....4 >7 MOVED IN WITHOUT PERMISSION.....5 SHARED CROP IN.6 >7 PURCHASED.....7  OTHER (SPECIFY) .....8	RESIDENTIAL...1 AGRICULTURAL..2 PASTORAL.....3 FOREST.....4 BUSINESS/ COMMERCIAL..5 DON'T KNOW....6 OTHER (SPECIFY) ...7	YES...1 NO....2	AREA — — — — —						
1								—	—	—	—	•	—	
2								—	—	—	—	•	—	
3								—	—	—	—	•	—	
4								—	—	—	—	•	—	
5								—	—	—	—	•	—	







## Section 10C: LAND (CONTINUED)

QUESTIONS 21 - 25 ONLY ACTIVATED IF (QUESTION 1 ==1 OR QUESTION 3==1) & ACQUISITION STATUS IS NOT CODE 3 , 4 OR 6

[illegible]

## Section 10C: LAND (CONTINUED)

QUESTIONS 21 - 24 ONLY ACTIVATED IF (QUESTION 1 ==1 OR QUESTION 3==1) & ACQUISITION STATUS IS NOT CODE 3 OR 8

[illegible]

[illegible]

24.

**P** With regard to this [PARCEL], are you among the individuals who have the right to rent it out, even if you need to obtain consent or permission from someone else? If yes, do you need permission or consent from anyone else?

**C** With regard to this [PARCEL], who else has the right to rent it out, even if they needed to obtain consent or permission from someone else? Does the person need permission or consent? From whom does the person need permission or consent?

LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER. RECORD THE NUMBER OF ADULT MALES OUTSIDE OF THE HOUSEHOLD WITH THIS RIGHT AS WELL AS THE NUMBER OF ADULT FEMALES OUTSIDE OF THE HOUSEHOLD.

[illegible]











**SECTION 11A: ASSETS**

I T E M  C O D E	ITEM NAME	1.	2.	
		How many of this [ITEM] does your household own?  IF NONE RECORD 0 AND MOVE TO NEXT ITEM  NUMBER OF ITEMS	Who in the household owns the [ITEM]?  LIST UP TO TWO MEMBERS FROM HOUSEHOLD ROSTER	
			HH ROSTER ID #1	HH ROSTER ID #2
1	Kerosene stove			
2	Cylinder gasstove			
3	Electric stove			
4	Blanket/Gabi			
5	Mattress and/or Bed			
6	Wrist watch/clock			
7	Fixed line telephone			
8	Radio/ tape recorder			
9	Television			
10	CD/VCD/DVD/Video Deck			
11	Satelite Dish			
12	Sofa set			
13	Bicycle			
14	Motor cycle			
15	Cart (Hand pushed)			
16	Cart (animal drawn)- for transporting people and goods			
17	Sewing machine			
18	Weaving equipment			
19	Mitad-Electric			
20	Energy saving stove (lakech, mirt etc)			
21	Refrigerator			
22	Private car			
23	Jewels - Gold (in grams)			
24	Jewels - Silver (in grams)			
25	Wardrobe			
26	Shelf for storing goods			
27	Biogas stove (pit)			
28	Water storage pit			
29	Sickle (Machid)			
30	Axe (Gejera)			
31	Pick Axe (Geso)			
32	Plough (Traditional)			
33	Plough (Modern)			
34	Water Pump			
35	Solar device			

MODULE 11B: MOBILE PHONE OWNERSHIP

Will be administered to each adult household member aged 18 and above

1. Do you own any mobile phones, exclusively or jointly with someone else?  INSTRUCTION: THIS REFERS TO MOBILE PHONES IN WORKING CONDITION. ABLE TO BE CHARGED TO INITIATE AT LEAST ONE CALL.  YES.....1 NO.....2 ▶ NEXT MODULE REFUSES TO RESPOND....97 ▶ NEXT MODULE	2. How many mobile phones do you own, exclusively or jointly, with someone else?  <div>NUMBER</div>	t y p e / M o b i l e d e l	3. Does anyone else jointly own this mobile phone with you?  YES..1 NO...2 ▶Q5	4. Who else jointly owns this [MOBILE PHONE] with you?  LIST UP TO 3 FROM THE HOUSEHOLD/2 AND THE NUMBER OF ADULT (18+ YEARS OLD) NON HOUSEHOLD MEMER <table><tr><td>HH ID #1</td><td>HH ID #2</td><td>HH ID #3</td><td># OF 18+ OLD MALE NON-HH MEMBERS</td><td># OF 18+ OLD FEMALE NON-HH MEMBERS</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					HH ID #1	HH ID #2	HH ID #3	# OF 18+ OLD MALE NON-HH MEMBERS	# OF 18+ OLD FEMALE NON-HH MEMBERS											5. Does this [MOBILE PHONE] have a SIM card?  YES..1 NO...2>7	6. Do you currently have enough airtime to initiate a call with this [MOBILE PHONE]?  YES..1 NO...2 DK. .98	7. In the past 12 months, have you personally used this [MOBILE PHONE] to pay bills or to send or receive money using a service such as M-BIRR, HELLO CASH,CBE BIRR ?  YES..1 NO...2	8. If you were to sell this [MOBILE PHONE] today, how much would you receive?  <div>BIRR</div>	9. Who was presented along with the respondent during the individual interview?  SEE CODE BELOW (Reasons interview not administered with the respondent(s) alone should be explained in the remarks) <div></div> <b>RESPONSE CODES:</b> ALONE.....1 WITH ADULT FEMALES PRESENT.....2 WITH ADULT MALES PRESENT.....3 WITH ADULTS MIXED SEX PRESENT....4 WITH CHILDREN PRESENT.....5 WITH ADULTS MIXED SEX AND CHILDREN PRESENT.....6
HH ID #1	HH ID #2		HH ID #3	# OF 18+ OLD MALE NON-HH MEMBERS	# OF 18+ OLD FEMALE NON-HH MEMBERS																							

## SECTION 12A: NON-FARM ENTERPRISE

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

YES...1  
NO...2

YES...1  
NO...2

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

☐

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

☐

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

☐

7 ... owned a bar or restaurant?

☐
☐

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

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

☐

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

☐
☐

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

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

**SECTION 12B: NON-FARM ENTERPRISE**

E N T E R P R I S E  I D	1. What income generating enterprises did individuals in this household operate over the last 12 months?			2. Where does this enterprise operate primarily?  HOME, INSIDE RESIDENCE.....1 HOME, OUTSIDE RESIDENCE.....2 TRADITIONAL MARKET.....3 SHOP IN COMMERCIAL AREA.....4 ROADSIDE.....5 MOBILE.....6 RIVER/LAKES/PONDS.....7 CONSTRUCTION SITES.....8 OTHER (SPECIFY).....9	3. Who owns/owned this enterprise in the household?  LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		4. Is the owner of this enterprise providing the responses to these questions?  YES....1 (► Q6) NO.....2	5. Who from the household is providing the responses to these questions?
	WRITTEN DESCRIPTION OF ACTIVITIES	SECTOR CODES			FIRST OWNER	SECOND OWNER		
		PRIMARY CODE	SECONDARY CODE		ID	ID		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

E N T E R P R I S E  I D	6. Who in the household makes decisions regarding the earnings from this enterprise?  LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		7. What were the two main sources of start-up capital for this enterprise?  AGRICULTURAL INCOME.....1 NON-FARM SELF-EMPLOYMENT INCOME.....2 WAGE OR SALARY INCOME.....3 REMITTANCES.....4 SALE OF ASSETS.....5 BANK OR COOPERATIVE LOAN.....6 FAMILY OR FRIENDS LOCATED IN THIS COMMUNITY.....7 PRIVATE MONEYLENDERS.....8 MICRO CREDIT AND SAVINGS INSTITUTIONS.....9 OTHER (SPECIFY).....10		8. When did this enterprise start operating?  SEPTEMBER...1 OCTOBER...2 NOVEMBER...3 DECEMBER...4 JANUARY...5 FEBRUARY...6 MARCH...7 APRIL...8 MAY...9 JUNE...10 JULY...11 AUGUST...12 PAGUME...13		9. To whom does/did this enterprise mostly sell its products?  LOCAL CONSUMERS OR PASSERS-BY.....1 MARKET.....2 TRADERS.....3 COOPERATIVES.....4 NGOS.....5 GOVERNMENT.....6 OTHER (SPECIFY).....7		10. Are the activities of this enterprise seasonal?  YES...1 NO...2 (► Q12)
	ROSTER ID #1	ROSTER ID #2	PRIMARY	SECONDARY	MONTH	4 DIGIT EC YEAR	RESPONSE 1	RESPONSE 2	
	1								
2									
3									
4									
5									
6									
7									
8									
9									
10									

	11.			12.	13.	14.	15.						16.
E N T E R P R I S E  I D	During the last 12 months, in which months was enterprise activity highest?  RANK IN ORDER OF IMPORTANCE			During the last 12 months of operation, how many months was this enterprise active?	In those months when operating, what is the average number of days per month in which the enterprise operates?	How many hired workers did this enterprise employ in the months in which the enterprise was operating?  EXCLUDE MEMBERS OF THE HOUSEHOLD	Which household members worked in this enterprise in the last 12 months?  RECORD HOUSEHOLD ROSTER ID OF EACH PERSON WHO WORKED IN THE ENTERPRISE. PROMPT FOR ALL PAID <b>AND</b> UNPAID WORKERS.						During the months the enterprise was operating in the last 12 months, what were average monthly sales?
	MONTH	MONTH	MONTH	NUMBER OF MONTHS	AVERAGE NUMBER OF DAYS PER MONTH	NUMBER	PAID			UNPAID			BIRR
	1st	2nd	3rd				ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

E N T E R P R I S E  I D	17. During the months the enterprise was operating in the last 12 months, what were average monthly operating costs (including stocks and hired labour)?						18. Does the business registered and have a license (work permit)?  YES...1 NO...2 (► Q22)	19. Over the last 12 months how much was paid in total for licenses associated with this enterprise? (Includes renewal or get a new license.)	20. Over the last 12 months, was any tax paid by the enterprise as a <b>form of income or profite tax</b> ?  YES...1 NO...2 (► Q22)	21. How much tax was paid?	22. Over the last 12 months, was any other type of taxes paid by the enterprise? (Other than income tax; like <b>municipality service fees/taxes, market taxes etc</b> )  YES...1 NO...2 (► Q24)	23. How much tax was paid?
	BIRR											
	WAGES	PURCHASE OF GOODS FOR SALE	RAW MATERIALS	TRANSPORTATION	RENT	ALL OTHER OPERATING COSTS (EXCLUDING TAXATION)		BIRR		BIRR		BIRR
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												



	24.	25.		
E N T R P R I S E  I D	Over the past 12 months, what percentage share of total household cash income came from this enterprise?	List three most important constraints to non-farm business operations and growth?		
	%	REFER TO CONSTRAINT CODES ON THE RIGHT		
		1st	2nd	3rd
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

26.	27.		
Is any member of this household planning to open a non-farm enterprise in the next 12 months?	List up to three primary constraints that would prevent HH members from opening a non-farm enterprise.		
YES...1 NO...2	REFER TO CONSTRAINT CODES ON THE RIGHT		
	1st	2nd	3rd

#### Codes for Q25 & 27 CONSTRAINTS

##### ELECTRICITY

- 11 = Access
- 12 = Quality
- 13 = Cost

##### TELECOMMUNICATIONS

- 21 = Access
- 22 = Quality
- 23 = Cost

##### WATER

- 31 = Access
- 32 = Quality
- 33 = Cost

##### POSTAL SERVICES

- 41 = Access
- 42 = Quality
- 43 = Cost

##### TRANSPORTATION

- 61 = Road access
- 62 = Road quality
- 63 = Cost
- 64 = Facilities to transport goods

##### FINANCIAL SERVICES

- 71 = Difficulty to borrow from family, friends or others
- 72 = Difficulty to borrow from formal financial institutions
- 73 = High interest rates
- 74 = Complicated bank loan procedures (too many forms or not correct documentation)
- 75= Fear of not being able to pay loan installments
- 76= Don't know where or how to get a loan

#### Codes for Q25 & 27 (continued)

##### MARKETS

- 81 = Access to markets (distance and cost)
- 82 = Difficult to obtain information on your product's market
- 83 = Low demand for goods and services produced
- 84=Difficult to obtain input market
- 85=Difficult to obtain market information
- 86=Difficult to obtain input

##### GOVERNMENT

- 91 = Corruption
- 92 = Uncertain economic policy
- 93 = Restrictive laws and regulations

##### SAFETY

- 101 = Criminality, theft and lawlessness
- 102 = Conflicts and social friction

##### TECHNOLOGY

- 111 = Lack of training
- 112= Research costs
- 113 = Access to computers

**SECTION 13: OTHER INCOME**

I T E M  C O D E	SOURCE	1.	2.	3.		4.			5.	6.	7.
		During the last 12 months, did you or any members of your household receive any [SOURCE]?  YES..1 NO..2 ► NEXT SOURCE	How much [SOURCE] did your household receive in total during the last 12 months?  ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED  BIRR	Who in your household kept/decided what to do with the money from [SOURCE]?  LIST UP TO 2 FROM HOUSEHOLD ROSTER.  ROSTER ID # 1      ROSTER ID # 2	How much of [SOURCE] came from rural/urban/international locations?  FROM RURAL AREAS      FROM URBAN AREAS      FROM OTHER COUNTRIES  BIRR      BIRR      BIRR	How was this payment mainly made to you?  CASH/ IN PERSON...1 THROUGH A FORMAL ACCOUNT (LIKE A BANK/MFI/SACCO)...2 THROUGH MOBILE BANKING SERVICES...3 THROUGH REGULATED MONEY TRANSFER SERVICE.....4 OTHERS (specify) .) 5	During the last 12 months, was any tax paid on this income?  YES..1 NO..2 ► NEXT SOURCE	How much tax was paid?  BIRR			
<b>Incoming Transfers/Gifts</b>											
101	Cash Transfers/Gifts from Individuals (Friends/Relatives)									N/A	N/A
102	Food Transfers/Gifts from Individuals (Friends/Relatives)									N/A	N/A
103	Non-Food In-Kind Transfers/Gifts from Individuals (Friends/Relatives)									N/A	N/A
<b>Pension &amp; Investment Income</b>											
104	Interest or Other Investment Income										
105	Pension Income										
<b>Rental Income</b>											
106	Income from Shop/Store/ House/ Rental/ Car, Truck, Other Vehicle Rental (DO NOT INCLUDE ANY NON-FARM ENTERPRISE INCOME)										
107	Income from land rental										
108	Income from renting agricultural tools										
109	Income from renting transport animals										
<b>Revenue from Sales of Assets</b>											
110	Income from Real Estate Sales										
111	Income from Household Non-Agricultural Asset Sales										
112	Income from Household Agricultural/Fishing Asset Sales										
113	Income from the sale of other assets (Business sales, investment share sales)										
<b>Other Income</b>											
114	Inheritance/ Lottery/Gambling Winnings										

**SECTION 14: ASSISTANCE**

1	2	3	4	5	6	7	8
Did you or members of your household receive any [assistance] in the past 12 months from the government or a non-governmental institution (such as church)?  EXCLUDE SELF-HELP GROUPS AND FRIENDS  YES...1 NO...2 ► NEXT ITEM	What is the name of the organization/program who provided this assistance?  GOVERNMENT.....1 INTERNATIONAL NGO.....2 LOCAL NGO.....3	How much cash did your household receive from this organization in the last 12 months?  IF NONE RECORD "0" AND SKIP TO Q5	How was the cash payment made to your household?  CASH/IN PERSON.....1 THROUGH A FORMAL ACCOUNT (LIKE A BANK/MFI/SACCO).....2 THROUGH MOBILE BANKING SERVICES.....3 THROUGH REGULATED MONEY TRANSFER SERVICE.....4 OTHERS(specify).....5	What was the value of food the household received from this organization in the last 12 months?  IF NONE RECORD "0"	What was the value of any other in-kind assistance received in the last 12 months?  IF NONE RECORD "0"	Was this aid given to the entire household or given to specific persons in the household?  ENTIRE HH....1 ► NEXT ITEM TO A PERSON..2	Which members of the household participated in this program?  LIST UP TO 3  HOUSEHOLD ROSTER ID
ASSISTANCE	SPECIFIC NAME	CODE	BIRR	BIRR	BIRR	BIRR	1 2 3
A. Direct support through PSNP (note: do not include PSNP labour activities)							
Other assistance (not PSNP):							
B. Free food							
C. Other non food assistance (specify)							

## SECTION 15: CREDIT

[ASK OF HOUSEHOLD HEAD]

1. Over the past 12 months, did you or anyone else in this household borrow at least BIRR 150 on credit from someone outside the household or from an institution for business or farming purposes, receiving either cash or inputs? ☐ YES...1

11

YES...1  
NO...2 ►O11

[illegible]

11.	12.		13.	14.	15.		16.	17.	18.	
During the last 12 months, did anyone in the household try to borrow from someone outside the household or from an institution and were turned down?	Who turned down this request? LIST UP TO 2.		What was main reason for trying to obtain the loan? Was it: [READ RESPONSES]	Is anyone in the household awaiting word on a loan that was applied for during the last 12 months?	From whom or which institution was the application made for a loan? LIST UP TO 2.		What was main reason for trying to obtain the loan? Was it: [READ RESPONSES]	ENUMERATOR: WAS THE ANSWER TO QUESTIONS 1, 11 AND 14 ALL "NO"?	Why did no one in the household attempt to borrow in the last 12 months? [LIST UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.]	
YES.....1 NO.....2 (► Q14)	USE CODES BELOW		USE CODES BELOW	YES.....1 NO.....2 (► Q17)	USE CODES BELOW		USE CODES BELOW.	"YES" ANSWER TO Any one of these QUESTIONS .....1 ► NEXT SECTION  "NO" ANSWER TO ALL QUESTIONS .....2	NO FARM OR BUSINESS.....1 HAVE ADEQUATE FARM.....2 BELIEVED WOULD BE REFUSED.....3 TOO EXPENSIVE.....4 TOO MUCH TROUBLE FOR WHAT IT IS WORTH.....5 INADEQUATE COLLATERAL.....6 DO NOT LIKE TO BE IN DEBT.....7 DO NOT KNOW ANY LENDER.....8 FEAR NOT BE ABLE TO PAY.....9 OTHER (SPECIFY).....10	
	1ST	2ND			1ST	2ND			1ST	2ND

**CODES FOR Q4, Q13, & Q16:**

**CODES FOR Q2, Q12 & Q15:**

RELATIVE.....1  
NEIGHBOUR.....2  
GROCERY/LOCAL  
MERCHANT.....3  
MONEY LENDER  
(KATAPILA).....4  
EMPLOYER.....5

RELIGIOUS INSTITUTION.....6  
MICROFINANCE INSTITUTIONS..7  
BANK (COMMERCIAL).....8  
NGO.....9  
SACCOS .....10  
OTHER (SPECIFY) .....11

PURCHASE HOUSE/LEASE LAND FOR FARMING.....1  
PURCHASE AGRICULTURAL INPUTS FOR FOOD CROP.....2  
PURCHASE INPUTS FOR OTHER CROPS.....3  
PURCHASE HOUSE/LEASE LAND FOR BUSINESS.....4

BUSINESS START-UP CAPITAL...5  
EXPANDING BUSINESS.....6  
PURCHASE NON-FARM INPUTS...7  
WORKING CAPITAL FOR NON-FARM ENTERPRISE.....8  
OTHER (SPECIFY).....9

**SECTION 10D: LARGE LIVESTOCK ROSTER**

L I V E S T O C K  C O D E	L I V E S T O C K  N A M E	1.  Does any member of this household own any [LIVESTOCK] at present, exclusively and/or jointly with someone else?  READ: CONSIDER ALL LIVESTOCK PRESENT AT YOUR FARM OR AWAY.  YES....1 NO.....2 >> <b>NEXT LIVESTOCK</b>	2.  How many [LIVESTOCK] are owned IN TOTAL by household members that are livestock owners?  READ: CONSIDER ALL LIVESTOCK EXCLUSIVELY OR JOINTLY OWNED, PRESENT AT YOUR FARM OR AWAY.
			NUMBER
501	Bulls		
502	Oxen		
503	Cows		
504	Steers		
505	Heifers		
506	Calves		
507	Goats		
508	Sheep		
509	Camels		
510	Horses		
511	Mules		
512	Donkeys		
513	Chicken		

## SECTION 10E: LARGE LIVESTOCK OWNERSHIP

**Will be administered to each adult household member aged 18 and above**

[illegible]

## SECTION 16: CONTACT INFORMATION

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

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

1A NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_ / \_\_\_\_\_

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

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

2A. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

2B. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

2C. NAME : \_\_\_\_\_ ID (FROM ROSTER) \_\_\_\_\_ PHONE : \_\_\_\_\_

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

CONTACT INFORMATION FOR REFERENCE PERSON 1

CONTACT INFORMATION FOR REFERENCE PERSON 2

3A1. NAME : \_\_\_\_\_

3B1. NAME : \_\_\_\_\_

3A2. RELATION TO HEAD : \_\_\_\_\_

3B2. RELATION TO HEAD : \_\_\_\_\_

3A3. PHONE (LANDLINE) : \_\_\_\_\_

3B3. PHONE (LANDLINE) : \_\_\_\_\_

3A4. PHONE (CELL) : \_\_\_\_\_

3B4. PHONE (CELL) : \_\_\_\_\_

3A5. VILLAGE NAME \_\_\_\_\_

3B5. A VILLAGE NAME \_\_\_\_\_



EDUCATION CODES (SECTION 2, QUESTIONS 5 AND 8)

BASED ON BOTH CURRICULUMS

KINDERGARTEN, 0 GRADE, NURSERY,.....	0
1ST GRADE.....	1
2ND GRADE.....	2
3RD GRADE.....	3
4TH GRADE.....	4
5TH GRADE.....	5
6TH GRADE.....	6
7TH GRADE.....	7
8TH GRADE.....	8

BASED ON PREVIUOS CURRICULUM

9TH GRADE.....	9
10TH GRADE.....	10
11TH GRADE.....	11
12TH GRADE.....	12
12TH GRADE + 1 (CERTIFICATE).....	13
TEACHER TRAINING CERTIFICATE.....	14
1ST YEAR COLLEGE.....	15
2ND YEAR COLLEGE.....	16
DIPLOMA.....	17
3RD YEAR COLLEGE.....	18
BACHELOR'S DEGREE PROGRAM (INCLUDING M.D.).....	19
POSTGRADUATE DIPLOMA (M.A., PHD, MPHIL, ETC.).....	20

BASED ON NEW CURRICULUM

9TH GRADE.....	21
10TH GRADE.....	22
11TH GRADE.....	23
12TH GRADE.....	24
CERTIFICATE (10+1) VOCATIONAL AND TECHNICAL COURSE.....	25
LEVEL 2 VOCATIONAL AND TECHINCAL COURSE.....	26
CERTIFICATE (10+2) VOCATIONAL AND TECHNICAL COURSE.....	27
1 YEAR IN 10+3 OR LEVEL 3 VOCATIONAL AND TECHNICAL COURSE.....	28
2 YEARS IN 10+3 OR LEVEL 3 VOCATIONAL AND TECHNICAL COURSE.....	29
DIPLOMA IN 10+3 OR LEVEL 3 VOCATIONAL AND TECHINCAL COURSE.....	30
1ST YEAR COLLEGE.....	31
2ND YEAR COLLEGE.....	32
3RD YEAR COLLEEGE.....	33
BACHELOR'S DEGREE.....	34
ABOVE BACHELOR'S (M.A., PHD, ETC.).....	35
INFORMAL EDUCATION (CAN READ AND WRITE BUT HAS NEVER BEEN IN REGULAR SCHOOL).....	93
ADULT LITERACY PROGRAM .....	94
SATELLITE.....	95
NON-REGULAR (CAN READ AND WRITE BY ATTENDING A RELIGIOUS INSTITUTE SUCH AS KES OR KURAN BUT NEVER ATTENDED REGULAR SCHOOL).....	96
NOT EDUCATED.....	98

<b>1. Occupation Code</b>	<b>Code</b>
01. Legislators, Senior Government Officials and Managers	1
02. Professionals/ Physical, Mathematical and Engineering Science Professionals	2
03. Technicians and Associate Professionals/ Physical and Engineering Science Associate Professionals.	3
04. Clerks, Office clerks	4
05. Service Workers and Shop and Market Sales Workers/ Personal and Protective Service workers, Travel attendants and related workers	5
06. Skilled Agricultural and Fishery Workers Market-Oriented Skilled Agricultural and Fishery Workers	6
07. Craft And Related Trades Workers, Extraction and Building Trades Workers	7
08. Plant and Machine Operators and Assemblers, Stationary-Plant and Related Operators	8
09. Elementary Occupations, Sales And Services Elementary Occupations	9
10. Army/ Member of the Armed Forces	10
<b>2. Industry Code</b>	
01. Agriculture, Hunting, Forestry and Production of Related Products and Services	1
02. Fishing, Fish Farms and Service Activities Incidental to Fishing	2
03. Mining and Quarrying	3
04. Manufacturing of Food Products Including Processing, Caning and Preserving.	4
05. Electricity, Gas, Steam and Hot Water Supply	5
06. Construction, Site Preparation, Land Clearing	6
07. Wholesale and Retail Trade, Repair of Vehicles, Personal and Household Goods/ Sale, maintenance and Repair of Motor Vehicles and Motorcycles; Retail, Sale of Automotive Fuel.	7
08. Hotels and Restaurants/ Hotels (With Hotel Rooms); Camping Sites and Other Provision of short-Stay Accommodation	8
09. Transport, Storage and Communications/ Land Transport – People and Merchandise	9
10. Financial Intermediation (Except Insurance and Pension Funding)	10
11. Real Estate, Renting and Business Activities)	11
12. Public Administration and Defence , Compulsory Social Security	12
13. Education	13
14. Health and Social Work	14
15. Other Social, Cultural, Personal and Household Activities Including Sewage and Refuse Disposal, Sanitation, and Similar Activities	15
16. Private Households with Employed Persons	16
17. Extra-Territorial Organizations and Bodies including International Organizations and NGOs	17