



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	
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14. Rural/Urban	
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STAFF DETAILS	Name	
17. Enumerator		
18. Supervisor		

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

LATITUDE (N)					
—	—	—	—	—	—

LONGITUDE (E)					
—	—	—	—	—	—

20. DATE OF FIRST INTERVIEW: / /

[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-----

21. BRANCH NAME & CODE	
NAME	CODE

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>IF URBAN HOUSEHOLD, >> Q5.</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>
1					
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10					
11					
12					

I N D I V I D U A L I D	12.	13.	14.	15.	16.	17.
	In what region were you born? TIGRAY.....1 AFAR.....2 AMHARA.....3 OROMIA.....4 SOMALIE.....5 BENSHAGUL GUMUZ.....6 SNNP.....7 GAMBELLA.....12 HARARI.....13 ADDIS ABABA.....14 DIREDAWA.....15 OUTSIDE OF ETHIOPIA (SPECIFY).....16	Does [NAME]'s biological father live in this household? YES.....1 NO.....2 (►Q15)	RECORD ROSTER ID OF [NAME]'S BIOLOGICAL FATHER. HH ID (► Q16)	Is [NAME]'s biological father alive? YES.....1 NO.....2	What is/was [NAME]'s biological father's highest educational level completed? (USE ATTACHED EDUCATION CODES) LEVEL	Does [NAME]'s biological mother live in this household? YES.....1 NO.....2 (►Q19)
1						
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SECTION 2- EDUCATION

FOR CHILDREN 4-12 YEARS, ASK THEIR CAREGIVER THE QUESTIONS.

I N D I V I D U A L I D	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]? HH ID	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? LEVEL
1							
2							
3							
4							
5							
6							
7							
8							
9							

INDIVIDUAL ID	13.	14.	15.	16.	17.	18.	19.
	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?
	FOOT1 BICYCLE2 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	
	1						
	2						
	3						
	4						
	5						
	6						
7							
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SECTION 3: HEALTH

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

INDIVIDUAL	1.	2.	3.	4.		5.	6.		7.
	ENUMERATOR: IS [NAME] REPORTING FOR HIM/HERSELF? YES...1> >Q3 NO...2	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [NAME]? HH ID	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) YES.....1 NO.....2 (▶Q5)	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? YES....1 NO....2 (▶Q14)	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 NO.....2
				REASON #1	REASON #2		ILLNESS #1	ILLNESS #2	
1									
2									
3									
4									
5									
6									
7									
8									
9									

SEC

FOR

I N D I V I D U A L I D	8.	9.		10.		11.	12.	
	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? 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
1								
2								
3								
4								
5								
6								
7								
8								
9								

SEC

FOR

INDIVIDUAL	13. 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	14. 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	15. How many times has [NAME] consulted any medical assistance or consulted from health facilities or traditional healers during the last 12 months? NUMBER	16. Were any of [NAME]'s consultations inpatient visits (i.e. [NAME] spent the night in the health facility)? YES.....1 NO.....2 (► Q18)	17. How many nights did [NAME] spend in any health facility in the last 12 months? NUMBER	18. 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
1						
2						
3						
4						
5						
6						
7						
8						
9						

SEC

FOR

INDIVIDUAL	27.	28.	29.	30.		31.	32.	33.
	IS THIS MEMBER AGES 6-59 MONTHS (LESS THAN 5 YEARS OLD & 6 MONTHS AND ABOVE)? YES.....1 NO.....2 ▶ NEXT HH MEMBER	Has [NAME] had diarrhea in the last two weeks? YES...1 NO....2 (▶ Q 31)	How much water was [NAME] offered to drink during the diarrhea? LESS THAN USUAL.....1 THE SAME AS USUAL.....2 MORE THAN USUAL.....3 NOTHING TO DRINK.....4	Was [NAME] given any of the following to drink: YES.....1 NO.....2	ORAL REHYDRATION	FLUID RECOMMENDED BY	Was [NAME] ever breastfed? YES, STILL BREASTFEEDING.....1 (▶Q33) YES, BUT NO LONGER.....2 NO.....3 (▶Q34)	Since the time of birth, for how many months was [NAME] breastfed?
							MONTHS	MONTHS
1								
2								
3								
4								
5								
6								
7								
8								
9								

SEC

FOR

INDIVIDUAL	34.			35.	36.	37.	38.	39.
	In what day, month, and year was [NAME] born?			ENUMERATOR: WHAT IS THE SOURCE OF DATE OF BIRTH INFORMATION GIVEN IN Q.34?	IS NAME MEASURED	WEIGHT IN KILOGRAMS (KGS)	LENGTH OR HEIGHT (IN CENTIMETERS)	REASON FOR NOT MEASURED
	CHECK THAT AGE IN QUESTION 4 OF THE ROSTER AND YEAR OF BIRTH REPOTRED HERE ARE CONSISTENT. RECORD DATE OF BIRTH IN ETHIOPIAN CALANDER			BIRTH CERTIFICATE...1 VACCINATION CARD...2 OTHER DOCUMENTS...3 PARENT.....4 OTHER (SPECIFY).....5	YES..1 NO...2 (▶Q39)		CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN) CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)	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					SKIP to Next Person	
1						___ . ___	___ . ___	
2						___ . ___	___ . ___	
3						___ . ___	___ . ___	
4						___ . ___	___ . ___	
5						___ . ___	___ . ___	
6						___ . ___	___ . ___	
7						___ . ___	___ . ___	
8						___ . ___	___ . ___	
9						___ . ___	___ . ___	

SECTION 4: TIME USE AND LABOR

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

I N D I V I D U A L I D	Time use						Agriculture
	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]?	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?		
		HH ID	HOUR	MINUTE	HOUR	MINUTE	
1							
2							
3							
4							
5							
6							
7							
8							
9							

		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 sale2 Mainly for family use....3 Only for family use4	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				
14.	15.	16.	17.	18.	19.	20.	
I N D I V I D U A L I D	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?	ENUMERATOR: 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 BUSINESS1 LOW OR OFF-SEASON2 >> Q20 SHIFT WORK, FLEXI TIME, NATURE OF WORK ..3 VACATION, HOLIDAYS4 SICKNESS, ILLNESS, ACCIDENT5 MATERNITY, PATERNITY LEAVE6 EDUCATION OR TRAINING7 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES...).....8 TEMPORARY LAY OFF, NO CLIENTS OR MATERIALS, WORK BREAK9 BAD WEATHER, NATURAL DISASTER10 STRIKE OR LABOUR DISPUTE11 LONG-TERM DISABILITY12 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
		HOURS					
1							
2							
3							
4							
5							
6							
7							
8							
9							

		Filter	Job search	
21.	22.	23.	24.	25.
I N D I V I D U A L I D 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	ENUMERATOR: 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 EMPLOYERS1 PLACE OR ANSWER JOB ADVERTISEMENTS2 POST/UPDATE RESUME ON PROFESSIONAL /SOCIAL NETWORKING SITES3 REGISTER WITH (PUBLIC EMPLOYMENT SERVICE)4 REGISTER WITH A PRIVATE EMPLOYMENT CENTRE/AGENCY5 TAKE A TEST OR INTERVIEW6 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS7 CHECK AT FACTORIES, WORK SITES8 WAIT ON THE STREET TO BE RECRUITED9 SEEK FINANCIAL HELP TO START A BUSINESS10 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS11 APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS12 OTHER (SPECIFY)13
1				
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INDIVIDUAL	26. For how long has [NAME] been without work and trying to find a job or start a business? LESS THAN 1 MONTH1 ONE MONTH TO < 3 MONTHS2 THREE MONTHS TO < 6 MONTHS ..3 SIX MONTHS TO < 12 MONTHS ...4 ONE YEAR TO < 2 YEARS5 TWO YEARS OR MORE6 >> Q29	27. At present does [NAME] want to work? YES...1 NO....2 >>Q32	28. 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 SEARCH1 AWAITING RECALL FROM A PREVIOUS JOB2 WAITING FOR THE SEASON TO START3 WAITING TO START NEW JOB OR BUSINESS4 TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA ...5 NO JOBS MATCHING SKILLS, LACKS EXPERIENCE6 CONSIDERED TOO YOUNG/OLD BY EMPLOYERS7 IN STUDIES, TRAINING8 FAMILY / HOUSEHOLD RESPONSIBILITIES9 IN AGRICULTURE / FISHING FOR FAMILY USE10 OWN DISABILITY, INJURY, ILLNESS11 RETIRED, PENSIONER, OTHER SOURCES OF INCOME .12	29. If a job or business opportunity had been available, could [NAME] have started working last week? YES.....1> > Q33 NO.....2	30. If a job or business opportunity had been available, could [NAME] start working within the next 2 weeks? YES.1>>> Q33 NO..2
1					
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9					

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 RESPONSIBILITIES4 IN FAMILY FARMING/LIVESTOCK FISHING FOR FAMILY USE5 RETIRED, PENSIONER6 OWN DISABILITY, INJURY, ILLNESS7 >> Q33	Which of the following best describes what [NAME] is mainly doing at present? PLEASE READ ALL OPTIONS Studying or training1 Engaged in household or family responsibilities2 Family farming, livestock or fishing for family use.....3 Retired or pensioner4 With a long term illness, injury or disability5 Doing volunteering, community or charity work6 Engaged in cultural or leisure activities7	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
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INDIVIDUAL	35.		36.	37.	38.
	WRITTEN DESCRIPTION	INDUSTRY CODE	Who is the employer in [NAME] 's main wage job? 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	Including [NAME] how many persons work at [NAME]'s place of work? 11 2-42 5-93 10-194 20-495 50+6	Does [NAME] have a written contrac with [NAME]'s employer? YES.....1 NO.....2
1					
2					
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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? HOUR.....1 DAY.....2 WEEK.....3 TWO WEEKS....4 MONTH.....5 QUARTER.....6 1/2 YEAR.....7 YEAR.....8	How was this payment provided to you? CASH.....1 THROUGH A FORMAL ACCOUNT.....2 THROUGH MOBILE BANKING SERVICES.....3 THROUGH A REGULATED MONEY TRANSFER SERVICE.....4 OTHERS SPECIFY.....5
	NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	BIRR	TIME UNIT	
1						
2						
3						
4						
5						
6						
7						
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9						

Food or Cash For work

OTHER TEMPORARY/CASUAL LABOUR

I N D I V I D U A L I D	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						
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I N D I V I D U A L I D	UNPAID LABOUR		FREE LABOUR CONTRIBUTION	
	51. 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? YES.....1 NO.....2 ▶ Q53	52. Over the last 12 months, for how many households in total did [NAME] work as exchange labourer or to assist for nothing in return?	53. 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? YES.....1 NO.....2	54. Over the last 12 months, for how many days in total did [NAME] work on free labour contribution?
		NO. OF HHs in TOTAL		NO. of DAYS in TOTAL
1				
2				
3				
4				
5				
6				
7				
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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																	

<p>5. 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>6. 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>7. 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

8.	9.
<p>Do you know where to complain if you have any problems with a financial service provider?</p> <p>YES.....1 NO.....2</p>	<p>In the last 12 months, have you saved in any way (like equb or savings account)?</p> <p>YES.....1 NO.....2 (▶ Q15)</p>

Section 5B: FINANCIAL ASSETS

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

A S S E T C O D E	A S S E T N A M E	1.	2.	A S S E T N O	NAME OF FINANCIAL INSTITUTION	3. List code of [FINANCIAL ASSET] owned by respondent	4. Does anyone else jointly own [FINANCIAL ASSET] with you? YES..1 NO...2 ▶Q6	5. Who else jointly owns [FINANCIAL ASSET] with you? LIST UP TO 3 FROM THE HOUSEHOLD/ FOR NON HOUSEHOLD MEMER CASE WRITE THE NUMBER OF ADULT (18+ YEARS OLD)					
		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? 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

ASSET NO	6.	7a	7b	8.					9.	10.	11.	12.			13
	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 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-membr				HH ID #1	HH ID #2	HH ID #3	
FA1															
FA2															
FA3															
FA4															
FA9															

(Reas alone

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

3.						6.	7.
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?						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)	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.
YES.....1 NO.....2 (▶Q6) <input type="checkbox"/>							
				MEAL			BIRR
FOR Q4-5: IF NOT SHARED, RECORD ZERO.	4.	5.	A	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		Lunch		
			C		Dinner		
	NUMBER OF DAYS	NUMBER OF MEALS	D	Snacks such as Kolo, bread, biscuits, cakes, etc.			
			E	Dairy based beverages such as milk, yoghurt etc.			
			F	Vegetables and roasted or boiled items such as (carrot, potatoes, boiled/roasted corn, sugar cane etc)			
	A	Children 0-5 years		G	Non alcoholic drinks (coffee, tea, fruit juice, soda etc.)		
	B	Children 6-15 years		H	Alcoholic drinks		
C	Adults 16-65 years						
D	People over 65 years old						

		1.
	ITEM	Over the past one week (7 days), how many days did you or others in your household consume any [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 8: FOOD SECURITY

<p>1. In the past 7 days, did you worry that your household would not have enough food? YES...1 NO....2</p>	<p>2. In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO.</p> <table border="1" style="width:100%; text-align:center;"> <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	<p>3. How many meals, including breakfast are taken on average per day in your household?</p> <table border="1" style="width:100%; text-align:center;"> <tr> <td>A. 5 yrs and above</td> <td>B. Children (6-59 months)</td> </tr> <tr> <td>NUMBER</td> <td>NUMBER</td> </tr> </table>		A. 5 yrs and above	B. Children (6-59 months)	NUMBER	NUMBER							
A	B	C	D	E	F	G	H																															
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DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS																															
A. 5 yrs and above	B. Children (6-59 months)																																					
NUMBER	NUMBER																																					

<p>4. Do all household members eat roughly the same diet? YES....1 (▶ Q6) NO.....2</p>	<p>5. Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods? MORE DIVERSE ----1 LESS DIVERSE ----2</p> <table border="1" style="width:100%; text-align:center;"> <tr> <td>A</td><td>B</td><td>C</td> </tr> <tr> <td>Men</td><td>Women</td><td>Children (6-59 months)</td> </tr> </table>			A	B	C	Men	Women	Children (6-59 months)	<p>6. 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</p>	<p>7. In which months of the last 12 months did you experience this incident ?</p> <table border="1" style="width:100%; text-align:center;"> <tr> <td colspan="4">2010 (EC)</td> <td colspan="4">2011 (EC)</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></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 colspan="8">2011 (EC)</td> <td colspan="2"></td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table>								2010 (EC)				2011 (EC)								May	Jun	Jul	Aug	Sep	Oct	Nov	2011 (EC)										Dec	Jan	Feb	Mar	Apr	May					<p>8. What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM.</p> <table border="1" style="width:100%; text-align:center;"> <tr> <td>A.</td><td>B.</td><td>C.</td> </tr> <tr> <td>1ST</td><td>2ND</td><td>3RD</td> </tr> </table>			A.	B.	C.	1ST	2ND	3RD
A	B	C																																																																
Men	Women	Children (6-59 months)																																																																
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Dec	Jan	Feb	Mar	Apr	May																																																													
A.	B.	C.																																																																
1ST	2ND	3RD																																																																

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 SEVER...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 PRODUC.	FOOD STOCKS	FOOD PURCH.	1ST	2ND	3RD	
101	Death of household member (Main bread earner)			<p>THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN Q2.</p> <p>LEAVE ALL OTHER ROWS BLANK.</p>									
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

SECTION 10A: HOUSING

1.		2.		3.		4.		5.		6.		7.		8.		9.		10.	
How long has this household been living in this dwelling?		On what basis does the household occupy the dwelling?		What is the area of the land and the dwelling?		During the last 12 months, did you or any member of your household pay any land use fee and housing tax? (only for urban EAS)		During the last 12 months, how much did you or any member of your household pay any land use fee and housing tax? (only for urban EAS)		How many rooms (excluding kitchen, toilet and bath room) does the household occupy?		The walls of the main dwelling are predominantly made of what material?		The roof of the main dwelling is predominantly made of what material?		The floor of the main dwelling is predominantly made of what material?		What type of kitchen does the household use?	
YEARS	MONTHS	PRIVATELY OWNED..1 FREE OF RENT...2 ▶ 6 RENTED...3 ▶ 6 OTHER (SPECIFY)...4 ▶ 6		In meter square.		YES...1 NO...2 ▶ 6		BIRR		Number		WOOD AND MUD.....1 WOOD AND THATCH.....2 WOOD ONLY.....3 STONE ONLY.....4 STONE AND MUD.....5 STONE AND CEMENT.....6 BLOCKS, FLASTERED WITH CEMENT.....7 BLOCKS, UNPLASTERED...8 BRICKS.....9 MUD BRICKS (TRADITIONAL).....10 STEEL ("LAMERA").....11 CARGO CONTAINER.....12 PARQUET OR POLISHED WOOD.....13 CHIP WOOD.....14 CORRUGATED IRON SHEET.15 ASBESTOS.....16 REED/BAMBOO.....17 OTHER, SPECIFY.....18		CORRUGATED IRON SHEET.....1 CONCRETE/CEMENT...2 THATCH.....3 WOOD AND MUD.....4 BAMBOO/REED.....5 PLASTIC CANVAS.....6 ASBESTOS.....7 BRICKS.....8 OTHER, SPECIFY.....9		MUD/DUNG.....1 BAMBOO /RED.....2 WOOD FLANKS.....3 PARQUET OR POLISHED WOOD.....4 CEMENT SCREED.....5 PLASTIC TILES.....6 CEMENT TILES.....7 BRICK TILES.....8 CERAMIC/MARBLE TILES..9 OTHER, SPECIFY.....10		NO KITCHEN.....1 A ROOM USED FOR TRADITIONAL KITCHEN INSIDE THE HOUSING UNIT.....2 A ROOM USED FOR TRADITIONAL KITCHEN OUT SIDE THE HOUSING UNIT.....3 A ROOM USED FOR MODERN KITCHEN INSIDE THE HOUSING UNIT.....4 A ROOM USED FOR MODERN KITCHEN OUT SIDE THE HOUSING UNIT.....5 OTHER (SPECIFY)...6	
		Sq.meter																	
11.		12.		13.		14.		15.		16.		17.		18.		19.		20.	
What is the primary type of oven (Mitad) used for baking Injera/bread?		What type of toilet facilities do members of your the household usually use? <i>If 'Flush' or 'Pour flush', probe: Where does it flush to?</i>		Has your pit latrine or septic tank ever been emptied?		The last time it was emptied, where were the contents emptied to?		Is this toilet facility shared with other households?		Where is the toilet facility located		Is there a place in your dwelling or yard/plot where household members can wash their hands?		At this moment, is there water available at this hand washing location?		At this moment, do you have any soap AND detergent available for hand washing?		What type of solid waste disposal facilities does the household use?	
TRADITIONAL MITAD (OVEN) REMOVABLE.....1 TRADITIONAL MITAD (NOT REMOVABLE)...2 IMPROVED ENERGY SAVING MITAD (RURAL TECHNOLOGY PRODUCT).....3 ELECTRIC MITAD....4 NONE.....5		FLUSH TO PIPED SEWER SYSTEM.1 FLUSH TO SEPTICTANK.....2 FLUSH TO PIT LATRINE.....3 FLUSH TO OPEN DRAIN.....4 FLUSH TO DO NOT KNOW WHERE..5 PIT LATRINE WITH SLAB.....6 PIT LATRINE WITHOUT SLAB...7 OPEN PIT.....8 TWIN PIT WITH SLAB.....9 TWIN PIT WITHOUT SLAB.....10 OTHER COMPOSTING TOILET...11 BUCKET.....12 CONTAINER BASED SANITATION.13 HANGING TOILET/LATRINE...14 NOFACILITY/FIELD/FOREST...15 (▶Q16) OTHERS (SPECIFY).....16		YES, EMPTIED..1 NEVER EMPUTED..2 (▶Q15) DON'T KNOW.....3 (▶Q15)		REMOVED BY SERVICE PROVIDER: TO A TREATMENT PLANT.....1 BURIED IN A COVERED PIT..2 I DON'T KNOW HWERE.....3 EMPTIED BY HOUSEHOLD: BURIED IN A COVERED PIT..4 AN UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE.....5 OTHER (SPECIFY).....6		YES...1 NO...2		IN DWELLING.1 IN YARD/PLOT...2 ELSEWHERE...3		YES, IN DWELLING.....1 YES, IN YARD/PLOT.....2 MOBILE OBJECT (BUCKET/JUG/KETTLE).....3 NO.....4 (▶Q19)		YES, WATER IS AVAILABLE.....1 NO, WATER IS NOT AVAILABLE.....2		YES, SOAP/DETERGENT IS AVAILABLE.....1 NO, SOAP/DETERGENT IS NOT AVAILABLE.....2		COLLECTED BY FORMAL SERVICE PROVIDER.....1 COLLECTED BY INFORMAL SERVICE PROVIDER.....2 DISPOSED OF IN DESIGNATED WASTE DISPOSABLE AREA.....3 DISPOSED OF WITHIN HOUSEHOLD YARD/PLOT.....4 BURIED OR BURNED.....5 DISPOSED OF ELSEWHERE.....6 OTHER (SPECIFY).....7 USE IT FOR FRETILIZER AND COMPOST...8	

<p>21. What is the main source of drinking water for members of your household in the rainy season?</p> <p>PIPED WATER INTO DWELLING.....1 ▶ 25 PIPED WATER INTO COMPOUND YARD/PLOT.....2 ▶ 25 PIPED WATER TO NEIGHBOUR.....3 ▶ 25</p> <p>PIPED WATER PUBLIC TAP/STANDPIPE4 ▶ 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</p>	<p>22. Where is the WATER COLLECTED?</p> <p>IN OWN DWELLING...1 ▶25 IN OWN YARD/PLOT...2 ▶25 NEIGHBOR'S YARD/SHARED COMPOUND3 ELSEWHERE.....4</p>	<p>23. How long does it take to go there (the source of water indicated in Q21), get water, and come back? (in minutes)</p> <p>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</p>	<p>24. Out of which time spent for waiting. (in minutes)</p> <p>LESS THAN 15...1 16-30.....2 31-45.....3 46-60.....4 61-90.....5 91-120.....6 MORE THAN 120...7</p>	<p>25. In the last 30 days, has there been any time when your household did not have sufficient quantities of drinking water when needed?</p> <p>YES AT LEAST ONCE1 1 NO ALWAYS SUFFICIENT.2 2 ▶Q31</p>	<p>26. In the dry season, is your household's main source of drinking water different than your main source in the rainy season?</p> <p>YES.....1 NO.....2 ▶Q31</p>	<p>27. What is the main source of drinking water in the dry season?</p> <p>PIPED WATER INTO DWELLING...1 ▶ 31 PIPED WATER INTO COMPOUND YARD/PLOT.....2 ▶ 31 PIPED WATER TO NEIGHBOUR.....3 ▶ 31</p> <p>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</p>	<p>28. Where is the source located?</p> <p>IN THE DWELLING...1 ▶31 PRIVATE YARD/PLOT.2 ▶31 NEIGHBOR'S YARD/SHARED COMPOUND.....3 PUBLIC SPACE.....4</p>
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<p>29. How long does it take to go there (the source of water indicated in Q26), get water, and come back? (in minutes)</p> <p>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</p>	<p>30. Out of which time spent for waiting. (in minutes)</p> <p>LESS THAN 15.....1 16-.....2 30.....3 31-.....4 45.....5 46-.....6</p>	<p>31. During the past month, how much did you pay for water, including any fees or costs of transportation, delivery, etc for this water?</p> <p>IF NONE, RECORD "0".</p>	<p>32. Do you do anything to the water to make it safer to drink? REFERS TO THE WATER THEY ARE USING/DRINKING NOW.</p> <p>YES.....1 NO.....2 ▶Q34</p>	<p>33. What do you do to make the water safe for drinking?</p> <p>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</p>	<p>34. What is the main source of light for the household?</p> <p>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, LAMP7 ▶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</p>	<p>35. On average, how much does the household spend on electricity each month?</p> <p>IF NONE, RECORD "0".</p>	<p>36. How many times did the household faced electric power failure/interruption at least lasting for one hour during last week?</p> <p>NO FAILURE/INTERRUPTION. .1 ONLY ONCE.....2 TWICE.....3 THREE TIMES.....4 MORE THAN THREE TIMES.....5</p>	<p>37. In the last week, how many hours were you without electricity power?</p>
		BIRR				BIRR		HOURS

<p>38.</p> <p>What is the main source of cooking fuel?</p> <p>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</p>	<p>39.</p> <p>Does any member of the household (including the household head) own another building, dwelling, or house? EXCLUDING MAID/GUARDS</p> <p>YES.....1 NO.....2 (►Q41)</p>	<p>40.</p> <p>How many buildings and dwellings does the household own in total, including other houses owned?</p> <p>SUM UP ALL HOUSES OWNED BY HOUSEHOLD MEMBERS EXCLUDING MAID/GUARDS</p> <p>NUMBER</p>	<p>41.</p> <p>Does any member of your household own a cell phone or landline phone?</p> <p>YES.....1 NO.....2 ►NEXT SEC.</p>	<p>42.</p> <p>On average, how much does your household spend on cell phone/landline utilization per month?</p> <p>NOTE: UNIT OF TIME IS MONTH</p> <p>BIRR</p>
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SECTION 10B: LAND PARCEL ROSTER

PREVIOUSLY REPORTED PARCELS

1. CAPI: PARCEL NUMBER	2. CAPI: PARCEL DESCRIPTI ON	3. Does the household still control this [PARCEL]? (only for PP listed parcels) YES...1 NO...2 (▶NEXT PARCEL)	4. Is this [PARCEL] the piece of land on which the dwelling is located? YES...1 NO...2	5. How was this [PARCEL] acquired? GRANTED BY LOCAL LEADERS.....1 INHERITED.....2 RENT3 >7 BORROWED FOR FREE4 >7 MOVED IN WITHOUT PERMISSION.....5 SHARED CROP IN.6 >7 PURCHASED.....7 OTHER (SPECIFY).....8	6. What is the primary current use of this [PARCEL]? RESIDENTIAL...1 AGRICULTURAL..2 PASTORAL.....3 FOREST.....4 BUSINESS/ COMMERCIAL..5 DON'T KNOW...6 OTHER (SPECIFY)...7	7. In the last 12 months, has this [PARCEL] been used for agriculture? YES...1 NO....2	8a What is the area of [PARCEL]? (Only for ew parcels listed in the household visit)						8b CODES FOR UNIT: HECTARE.....1 SQUARE METERS.....2 TIMAD.....3 BOY.....4 SENGA.....5 KERT.....6 TILM.....7 Medeb.....8 Rope (Gemed)..9 Ermija.....10 Other (Specify)...11
							AREA						
1							—	—	—	—	.	—	
2							—	—	—	—	.	—	
3							—	—	—	—	.	—	
4							—	—	—	—	.	—	
5							—	—	—	—	.	—	

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	Who in the household owns the [ITEM]? LIST UP TO TWO MEMBERS FROM HOUSEHOLD ROSTER	
		NUMBER OF ITEMS	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			

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?	3. Who owns/owned this enterprise in the household?		4. Is the owner of this enterprise providing the responses to these questions?	5. Who from the household is providing the responses to these questions?
	WRITTEN DESCRIPTION OF ACTIVITIES	SECTOR CODES		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	FIRST OWNER	SECOND OWNER	YES....1 (▶ Q6) NO.....2	ROSTER ID #
		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									

E N T E R P R I S E I D	11.			12.	13.	14.	15.						16.
	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 AND 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)?	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 form of income or profite tax?	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 municipality service fees/taxes, market taxes etc)	23. How much tax was paid?
	BIRR											
	WAGES	PURCHASE OF GOODS FOR SALE	RAW MATERIALS	TRANSPOR TATION	RENT	ALL OTHER OPERATING COSTS (EXCLUDING TAXATION)		BIRR		BIRR		BIRR
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

ENTRISSE	24.	25.		
	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 SERVICE4 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	
Incoming Transfers/Gifts											
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
Pension & Investment Income											
104	Interest or Other Investment Income										
105	Pension Income										
Rental Income											
106	Income from Shop/Store/ House/ Rental/ Car, Truck, Other Vehicle Rental (DO NOT INCLUDE ANY NON-FARM ENTERPRISE INCOME)										
107	Income from land rental										
108	Income from renting agricultural tools										
109	Income from renting transport animals										
Revenue from Sales of Assets											
110	Income from Real Estate Sales										
111	Income from Household Non-Agricultural Asset Sales										
112	Income from Household Agricultural/Fishing Asset Sales										
113	Income from the sale of other assets (Business sales, investment share sales)										
Other Income											
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
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)										

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? YES.....1 NO.....2 (▶ Q14)	Who turned down this request? LIST UP TO 2. USE CODES BELOW		What was main reason for trying to obtain the loan? Was it: [READ RESPONSES] USE CODES BELOW	Is anyone in the household awaiting word on a loan that was applied for during the last 12 months? YES.....1 NO.....2 (▶ Q17)	From whom or which institution was the application made for a loan? LIST UP TO 2. USE CODES BELOW		What was main reason for trying to obtain the loan? Was it: [READ RESPONSES] USE CODES BELOW.	ENUMERATOR: WAS THE ANSWER TO QUESTIONS 1, 11 AND 14 ALL "NO"? "YES" ANSWER TO Any one of these QUESTIONS1 ▶ NEXT SECTION "NO" ANSWER TO ALL QUESTIONS2	Why did no one in the household attempt to borrow in the last 12 months? [LIST UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.] NO FARM OR BUSINESS.....1 HAVE ADEQUATE FARM.....2 BELIEVED WOULD BE REFUSED.....3 TOO EXPENSIVE.....4 TOO MUCH TROUBLE FOR WHAT IT IS WORTH.....5 INADEQUATE COLLATERAL.....6 DO NOT LIKE TO BE IN DEBT.....7 DO NOT KNOW ANY LENDER.....8 FEAR NOT BE ABLE TO PAY.....9 OTHER (SPECIFY).....10	
	1ST	2ND			1ST	2ND			1ST	2ND

CODES FOR 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
SACCOS10
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 >> NEXT LIVESTOCK	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

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.	2.	3.	4.	5.	6.	7.	8.	9.	10.					11.	12.
		NUMBER			NUMBER	NUMBER	VALUE		NUMBER	NUMBER	HH PID A	HH PID B	HH PID C	# OF 18+ OLD MALE NON-HH MEMBERS	# OF 18+ OLD FEMALE NON-HH MEMBERS	VALUE	
501	Bulls																
502	Oxen																
503	Cows																
504	Steers																
505	Heifers																
506	Calves																
507	Goats																
508	Sheep																
509	Camels																
510	Horses																
511	Mules																
512	Donkeys																

Who was presented along with the respondent during the individual's interview?
(Reasons interview 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

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
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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
2. Industry Code	
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
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