

CENTRAL STATISTICAL AGENCY
2013/14 ETHIOPIAN RURAL SOCIOECONOMIC SURVEY



STRICTLY CONFIDENTIAL

Household Questionnaire



COVER

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		

12a		
Is this a panel household (from wave 1) or a completely new household to the ERSS?		
PANEL (WAVE 1) HOUSEHOLD.....1 BRAND NEW HOUSEHOLD.....2		

STAFF DETAILS	Name	Code	Signature	Date		
				DD	MM	YY
26. Enumerator						
27. Supervisor						
28. Coordinator/Statistician						
29. Data Editor 1						
30. Data Editor 2 (Verifier)						
31. Data Entry clerk						
32. Data Entry Verifier						

FIRST INTERVIEW

13. DATE OF FIRST INTERVIEW:

/	/
---	---

[DATE / MONTH / YEAR]

14. TIME FIRST INTERVIEW STARTED

:

15. TIME FIRST INTERVIEW ENDED

:

16. SECTIONS MISSING/INCOMPLETE AFTER 1ST INTERVIEW

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

SECOND INTERVIEW

17. DATE OF SECOND INTERVIEW VISIT:

/	/
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[DATE / MONTH / YEAR]

18. TIME SECOND INTERVIEW STARTED

:

19. TIME SECOND INTERVIEW ENDED

:

20. SECTIONS MISSING/INCOMPLETE AFTER 2ND INTERVIEW

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

THIRD INTERVIEW

21. DATE OF THIRD INTERVIEW VISIT:

/	/
---	---

[DATE / MONTH / YEAR]

22. TIME THIRD INTERVIEW STARTED

:

23. TIME THIRD INTERVIEW ENDED

:

24. SECTIONS MISSING/INCOMPLETE AFTER 3RD INTERVIEW

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

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

LATITUDE (N)						
__	__	__	__	__	__	__

LONGITUDE (E)						
__	__	__	__	__	__	__

AFTER COMPLETING EACH VISIT, PLEASE MAKE OBSERVATIONS ON THE INTERVIEW

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

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

33. STATUS OF QUESTIONNAIRE	FIELD ONLY		DATA ENTRY ONLY	
		Code		Code

<u>Response Status</u>		1	Refused.....	4
Complete.....		2	Household Not Located...	5
Partially Complete.....		3	Moved Away...	6
Not at Home.....			Other (Specify).....	7

34. BRANCH NAME & CODE		
	NAME	CODE

SECTION 1: HOUSEHOLD ROSTER

I N D I V I D U A L I D	4c.	4d.	4e.	4f.	4g.	4h.	5.	6.	7.	8.
	Is [NAME] still a member of this household?	Is the sex recorded on flap F accurate?	What is the correct sex of [NAME]?	CHECK IF THE AGE RECORDED ON THE PRINTOUT IS THE SAME AS THE ANSWER GIVEN FOR Q4.(compare with the age from postplanting and Livestock member's roster)	What is [NAME]'s day, month, and year of birth?	What is [NAME]'s correct age?	For how many months during the last 12 months was [NAME] away from the household?	IS RESPONDENT 10 YEARS AND OLDER?	What is [NAME]'s main religion?	What is [NAME]'s marital status?
	YES.....1 NO.....2 (▶Q22)	YES.....1 (▶Q4f) NO.....2	MALE.....1 FEMALE....2	YES, THE SAME.....1 (▶Q5) NO, DIFFERENT..2	<p><u>CODES FOR MONTHS</u></p> 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			YES.....1 NO.....2 (▶Q11)	ORTHODOX.....1 CATHOLIC.....2 PROTESTANT....3 MUSLEM.....4 TRADITIONAL...5 PAGAN.....6 WAKIFATA.....7 OTHER (Specify).8	NEVER MARRIED.....1 (▶ Q11) MARRIED (MONOGAMOUS)..2 MARRIED (POLYGAMOUS)..3 DIVORCED.....4 (▶ Q11) SEPERATED.....5 (▶ Q11) WIDOWED.....6 (▶ Q11)
				DAY	MONTH	YEAR	NUMBER OF MONTHS			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

9. Does [NAME]'s spouse/partner live in this household now? ASK ABOUT FIRST WIFE FOR RESPONDENT WITH MULTIPLE WIVES YES.....1 NO.....2 (►Q11)	10. WRITE ID CODE OF CURRENT SPOUSE (OR FIRST WIFE) WHO LIVES IN THE HOUSEHOLD. COPY SPOUSE ID FROM ROSTER	11. 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	12. Does [NAME]'s biological father live in this household? YES.....1 NO.....2 (►Q14)	13. RECORD ROSTER ID OF [NAME]'S BIOLOGICAL FATHER. COPY ID FROM ROSTER (► Q15)	14. Is [NAME]'s biological father alive? YES.....1 NO.....2	15. What is/was [NAME]'s biological father's highest educational level completed? (USE ATTACHED EDUCATION CODES) LEVEL

16. Does [NAME]'s biological mother live in this household? YES.....1 NO.....2 (►Q18)	17. RECORD ROSTER ID OF [NAME]'S BIOLOGICAL MOTHER. COPY ID FROM ROSTER (► Q19)	18. Is [NAME]'s biological mother alive? YES.....1 NO.....2	19. What is/was [NAME]'s biological mother's highest educational level completed? (USE ATTACHED EDUCATION CODES) LEVEL	20. What is/was [NAME]'s biological father's main industry of occupation? AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/SCIENTIFIC/ TECHNICAL ACTIVITIES.....4 ELECTRICITY.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION...13 OTHER (SPECIFY).....14	21. What is/was [NAME]'s biological mother's main industry of occupation? ► NEXT PERSON AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/SCIENTIFIC/ TECHNICAL ACTIVITIES.....4 ELECTRICITY.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION...13 OTHER (SPECIFY).....14

SECTION 2- EDUCATION

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

1. MARK 'X' IF MEMBER IS 5 YEARS OR OLDER ONLY ASK QUESTIONS IF MEMBER IS 5 YEARS AND OLDER	2. Can [NAME] read and write in any language? YES.....1 NO.....2	3. Has [NAME] ever attended school? YES.....1 (▶ Q5) NO.....2	4. What was the main reason [NAME] never attended school? WORKING (JOB).....1 WORKING (HOME).....2 PARENTS DON'T THINK IT'S IMPORTANT...3 EXPENSIVE.....4 LACK OF MONEY.....5 TOO FAR AWAY.....6 MARRIAGE.....7 ILLNESS.....8 DISABILITY.....9 FAMILY MEMBER DISABILITY.....10 DEATH OF PARENT/S.....11 SEPARATION OF PARENTS.....12 IGNORANCE.....13 TOO YOUNG.....14 TOO OLD.....15 OTHER (SPECIFY).....16 (▶ Q18)	5. What is the highest grade [NAME] completed? USE ATTACHED EDUCATION CODES	LEVEL	6. Is [NAME] currently attending school? YES.....1 (▶ Q8) NO.....2	(▶ Q18)	7. Why is [NAME] not currently in school? HAD ENOUGH 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 OTHERS (SPECIFY) 13	8. Which grade is [NAME] attending? USE EDUCATION CODES ON OPPOSITE PAGE GRADE

<p>9.</p> <p>What kind of organization runs the school that [NAME] is attending?</p> <p>GOVERNMENT.....1 MISSION/RELIGIOUS WITH FEE.....2 MISSION/RELIGIOUS FREE OF CHARGE.....3 PRIVATE.....4 COMMUNITY.....5 INTERNATIONAL COMMUNITY.....6 OTHER (SPECIFY).....7</p>	<p>10.</p> <p>Was [NAME] absent from school last semester for more than a week continuously?</p> <p>YES.....1 NO.....2 (▶Q12)</p>	<p>11.</p> <p>What is the main reason for being absent from school?</p> <p>SICK.....1 DEATH IN THE FAMILY.....2 HAD TO WORK.....3 OTHER (SPECIFY).....4</p>	<p>12.</p> <p>By what means does [NAME] mainly go to school?</p> <p>FOOT.....1 BICYCLE.....2 MOTORCYCLE.....3 PRIVATE CAR.....4 TAXI.....5 BUS.....6 ANIMAL TRANSPORT (HORSE/MULE/CAMEL/DONKEY).....7 BA'AJ.....8 OTHER (SPECIFY).....9</p>	<p>13.</p> <p>How much time does it take [NAME] to get to school? (in minutes)</p> <p>0 - 15 ..1 16 - 30 ..2 31 - 45 ..3 46 - 60 ..4 61 - 90...5 91 - 120..6 120 +.....7</p> <p>CODE</p>	<p>14.</p> <p>Does [NAME] receive any scholarship or assistance to attend school from any organization or the government or any individual other than a household member?</p> <p>YES.....1 NO.....2 (▶Q16)</p>	<p>15.</p> <p>For the current school year, what is the value of this assistance, including the value of in-kind assistance and cash?</p> <p>BIRR</p>	<p>16.</p> <p>For the current school year, what did the household spend on [NAME]'s school fees</p> <p>ENTER 0 IF NOTHING WAS SPENT</p> <p>BIRR</p>	<p>17.</p> <p>During the past 12 months, what did the household spend on [NAME]'s school books, uniforms, stationary etc.. for school?</p> <p>ENTER 0 IF NOTHING WAS SPENT</p> <p>BIRR</p>	<p>18.</p> <p>Does [NAME] plan to attend school next year?</p> <p>YES.....1 NO.....2</p>

SECTION 3: HEALTH

FOR CHILDREN 10 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.
	Has [NAME] faced any health problem during the last 2 months? YES.....1 NO.....2 (▶ Q4)	What was the sickness/ injury [NAME] faced? LIST UP TO 2 ILLNESSES MALARIA.....1 DIARRHEA.....2 INJURY.....3 DENTAL.....4 OPHTHALMIC.....5 SKIN DISEASE.....6 EAR/NOSE/THROAT (ENT).....7 TUBERCULOSIS.....8		For how many days was [NAME] absent from usual activity due to the health problem during the last 2 months?	Has [NAME] received medical assistance or consulted from health institutions or traditional healers during the last 2 months? (Regardless of whether sick or not) YES.....1 NO.....2 (▶ Q6)	Where did [NAME] receive or consult medical assistance primarily? HOSPITAL.....1 HEALTH CENTER.....2 HEALTH POST.....3 CLINICS.....4 PHARMACY.....5 TRADITIONAL HEALER.....6 RELIGIOUS/SPIRITUAL.....7 OTHER (SPECIFY)....8 (▶ Q7)	What was the main reason for [NAME] not to consult health institutions/ traditional healer during the last two months? 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 institutions or traditional healers during the last 12 months? (Regardless of whether sick or not) YES.....1 NO.....2 (▶ Q9)
		ILLNESS #1	ILLNESS #2	NUMBER OF DAYS				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Form ESS-H (13/14)

8.	9.	10.	11.						12a.
How many times has [NAME] consulted any medical assistance or consulted from health institutions or traditional healers during the last 12 months?	Has [NAME] been sick for at least 3 consecutive months during the last 12 months? (Excluding accident)	Has [NAME] or the household received any assistance free of charge for the long-term illness?	Does [NAME] get the assistance free of charge from the following sources? YES.....1 NO.....2						IS THIS MEMBER AGE 0-5 YEARS OLD? YES.....1 (► Q20) NO.....2
NUMBER	YES.....1 NO.....2 (► Q12a)	YES.....1 NO.....2 (► Q12a)	Government Institution	NGO	HIV/AIDS related	Social/Community Association (Edir)	Traditional/religious providers	Others	

12.	13.	14.	15.	16.	17.	18.	19.	20.
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?	ENUMERATOR: CHECK QUESTIONS 12 TO 17. DID THE RESPONDENT HAVE ANY DIFFICULTY? YES.....1 NO.....2 (▶ Q20)	Does this difficulty reduce the amount of work [NAME] can do at home, at work or at school? YES, ALL THE TIME..1 YES, SOMETIMES....2 NO.....3 NA (IF NOT WORKING OR ATTENDING SCHOOL).....4	IS THIS MEMBER AGES 6-83 MONTHS (LESS THAN 7 YEARS OLD & 6 MONTHS AND ABOVE)? YES.....1 NO.....2 ▶ NEXT HH MEMBER
QUESTIONS 12 to 17, READ RESPONSES: NO DIFFICULTY.....1 YES - SOME DIFFICULTY.....2 YES - A LOT OF DIFFICULTY.....3 CANNOT PERFORM ACTIVITY AT ALL.....4								

20e.	20f.	21.			21b	22.	23.	24.
Since the time of birth, for how many months was [NAME] breastfed?	Since the time of birth, for how many months was [NAME] exclusively 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"	In what day, month, and year was [NAME] born? CHECK THAT AGE IN QUESTION 4 OF THE ROSTER AND YEAR OF BIRTH REPORTED HERE ARE CONSISTENT.			ENUMERATOR: WHAT IS THE SOURCE OF DATE OF BIRTH INFORMATION GIVEN IN Q.21? Birth Certificate....1 Vaccination card...2 Other documents...3 Parent.....4 Other (Specify).....5	WEIGHT IN KILOGRAMS (KGS)(Include decimals)	LENGTH OR HEIGHT (IN CENTIMETERS) CHILD UNDER 2 YRS OLD MEASURE LENGTH (LYING DOWN) CHILD AGE 2 OR MORE YRS MEASURE HEIGHT (STANDING UP)	RESULT OF MEASUREMENT MEASURED...1 NOTPRESENT...2 SICK OR INJURED...3 REFUSED...4 OTHER (SPECIFY)...5
MONTHS	MONTHS	2 DIGIT	2 DIGIT	4 DIGIT	SOURCE	KILOGRAM		
		DAY	MONTH	YEAR EC				
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	
						___ . ___	___ . ___	

SECTION 4: TIME USE AND LABOR FOR CHILDREN 7-10 YEARS, ASK THEIR CAREGIVER THE QUESTIONS.

I N D I V I D U A L I D	1.	2.		3.		4.	5.	6.	7.	8.
	MARK 'X' IF MEMBER IS 7 YEARS OR OLDER ONLY ASK QUESTIONS IF MEMBER IS 7 YEARS AND OLDER	How many hours and minutes did [NAME] spend yesterday collecting water?		How many hours and minutes did [NAME] spend yesterday collecting firewood (or other fuel materials)?		How many hours in the last seven days did [NAME] spend on household agricultural activities (including livestock and fishing-related activities) whether for sale or for household use?	How many hours 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?(Exclude domestic work)	How many hours in the last seven days did [NAME] engage in casual, part-time, or temporary labour?	How many hours in the last seven days did [NAME] do any work for a wage, salary, commission, or any payment in kind, excluding temporary?	How many hours in the last seven days did [NAME] engage in an unpaid apprenticeship?
		HOURS	MINUTES	HOURS	MINUTES	HOURS	HOURS	HOURS	HOURS	HOURS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

MAIN JOB OVER THE LAST 12 MONTHS

<p>9. 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?</p> <p>EXCLUDE TEMPORARY WORK</p> <p>YES.....1 NO.....2 (► Q31)</p>	<p>10. Describe [NAME]'s main job over the last 12 months.</p>		<p>11. Describe what kind of trade or business [NAME]'s main job over the last 12 months is connected with. (describe the main product or service)</p>		<p>12. Is [NAME]'s employer for this main occupation over the last 12 months...</p> <p>READ RESPONSES</p> <p>PRIVATE COMPANY...1 PRIVATE INDIVIDUAL...2 GOVERNMENT...3 STATE-OWNED ENTERPRISE (PARASTATAL)...4 PUBLIC WORKS PROGRAM...5 CHURCH/RELIGIOUS ORGANIZATION...6 POLITICAL PARTY...7 OTHER (SPECIFY)...8</p>	<p>14. During these months, approximately on average how many weeks per month did [NAME] work at this job?</p>	<p>15. During these weeks, approximately on average how many hours per week did [NAME] work at this job?</p>	<p>16. How much was [NAME]'s last payment for wages/salary?</p>	<p>17. What period of time did this last payment cover?</p> <p>TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT...4 MONTH.....5 QUARTER OF A YEAR.....6 1/2 YEAR.....7 YEAR.....8</p>	<p>18. How much does [NAME] usually receive in allowances or gratuities, including in-kind payments such as uniform(cloth/shoe), housing, food, and transport, that were not included in the salary just reported?</p> <p>WRITE "0" IF NONE.</p> <p>ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED.</p> <p>IF NOTHING, RECORD ZERO, ► Q20.</p>	<p>19. Over what period of time is [NAME] reporting allowances and gratuity payments?</p> <p>TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT...4 MONTH.....5 QUARTER OF A YEAR.....6 1/2 YEAR...7 YEAR.....8</p>		
		WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	INDUSTRY CODE			BIRR			BIRR		

SECONDARY JOB OVER THE LAST 12 MONTHS

20. At any time over the last 12 months, was [NAME] employed for a second job, 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 YES.....1 NO.....2 (▶ Q31)	21. Describe [NAME]'s secondary job over the last 12 months.		22. Describe what kind of trade or business [NAME]'s secondary job over the last 12 months is connected with.		23. Is [NAME]'s employer for this secondary job over the last 12 months... READ RESPONSES PRIVATE COMPANY...1 PRIVATEINDIVIDUAL.2 GOVERNMENT.....3 STATE-OWNED ENTERPRISE (PARASTATAL)4 PUBLIC WORKS PROGRAM.....5 CHURCH/RELIGIOUS ORGANIZATION.....6 POLITICAL PARTY.....7 OTHER (SPECIFY)....8	24. In how many months over the last 12 months did [NAME] work at this job?	25. During these months, approximately how many weeks per month did [NAME] work at this job?	26. During these weeks, approximately how many hours per week did [NAME] work at this job?
	WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	INDUSTRY CODE		NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK

SECTION 5A: FOOD LAST 7 DAYS

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

CEREALS

1	Teff										
2	Wheat										
3	Barley										
4	Maize										
5	Sorghum										
6	Millet										

PULSES

7	Horsebeans										
8	Chick pea										
9	Field pea										
10	Lentils										
11	Haricot beans										

OIL SEEDS

12	Niger seed										
13	Linseed										

CODES FOR UNIT:

- Gram 1
- Cubic Centimeter 3
- Number 4
- Pair 6
- Box 7
- Roll 11
- Pack 12
- Tuba 14
- Araba 16
- Kg 20
- Cup 31
- Liter 32
- Other (Specify) 33

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

CODES FOR UNIT:

Gram	1
Cubic Centimeter	3
Number	4
Pair	6
Box	7
Roll	11
Pack	12
Tuba	14
Araba	16
Kg	20
Cup	31
Liter	32
Other (Specify)	33

SECTION 5B: FOOD AGGREGATE

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

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?		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)				YES.....1 NO.....2 ▶ NEXT ITEM				
				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 [...]?	What was the total number of meals that were shared over past 7 days with [...]?	B		Lunch			
			C		Dinner			
			D	Snacks such as Kolo, bread, biscuits, cakes, etc.				
			E	Dairy based beverages such as milk, yoghurt etc.				
	NUMBER OF DAYS	NUMBER OF MEALS	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 (local beer, Beer, Areqe etc)		
C	Adults 16-65 years							
D	People over 65 years old							

SECTION 6: NON-FOOD EXPENDITURE

LAST ONE MONTH

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

SECTION 7:HOUSEHOLD FOOD SECURITY

Form ESS-H (13/14)

1. In the past 7 days, did you worry that your household would not have enough food? YES...1 NO....2	2. In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO.								3. How many meals, including breakfast are taken on average per day in your household?	
	A	B	C	D	E	F	G	H	A.	B.
	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?	5 yrs and above	Children (6-59 months)
	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	NUMBER	NUMBER

4. Do all household members eat roughly the same diet? YES...1 (► Q6) NO....2	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			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	7. In which months of the last 12 months did you experience this incident ? MARK X IN EACH COLUMN FOR 2005, 2006								8. What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM.				
	A	B	C		2005 (EC)												
	Men	Women	Children (6-59 months)		Feb	Mar	Apr	May	Jun	Jul	Aug	A.				B.	C.
					Sep	Oct	Nov	Dec	Jan			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 8: SHOCKS FOR THE LAST 12 MONTHS

C O D E	SHOCK	0	1.	2.	3.	4.					5.	6.				
			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), Second Most Severe (2), Third 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.			During the last 12 months, how many times did [SHOCK] occur?			During the last 2 years, how many times did [SHOCK] occur?			
						INCOME	ASSETS	FOOD PRODUC.	FOOD STOCKS	FOOD PURCH.	1ST	2ND	3RD			
101	Death of household member (Main bread earner)				<p align="center">THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN Q2.</p> <p align="center">LEAVE ALL OTHER ROWS BLANK.</p>											
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															

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

C O D E	SHOCK	1.	2.	3.	4.					5.	6.				
		During the last 12 months, was your household affected by [SHOCK]?	Rank the three most significant shocks you experienced - Most Severe (1), Second Most Severe (2), Third 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.			
		YES...1 NO...2 ▶ NEXT SHOCK			INCOME	ASSETS	FOOD PRODUC.	FOOD STOCKS	FOOD PURCH.	1ST	2ND	3RD			
108	Other crop damage			<p align="center">THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN Q2.</p> <p align="center">LEAVE ALL OTHER ROWS BLANK.</p>											
109	Price fall of food items														
110	Price rise of food items														
111	Increase in price of inputs (seed, fertilizer)														
112	Great loss/death of livestock														
113	Fire														
114	Theft/Robbery and other violence														
115	Involuntary loss of house/land														
116	Displacement (due to government development projects)														
117	Local Unrest/Violence														
118	Other (Specify)														

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 9: HOUSING

2. How long has this household been living in this dwelling?		3. On what basis does the household occupy the dwelling?	4. How many rooms (excluding kitchen, toilet and bath room) does the household occupy?	5. The walls of the main dwelling are predominantly made of what material?	6. The roof of the main dwelling is predominantly made of what material?	7. The floor of the main dwelling is predominantly made of what material?	8. What type of kitchen does the household use?
YEARS	MONTHS	PRIVATELY OWNED..1 FREE OF RENT.....2 RENTED.....13 OTHER (SPECIFY)..4		WOOD AND MUD.....1 WOOD AND THATCH.....2 WOOD ONLY.....3 STONE ONLY.....4 STONE AND MUD.....5 STONE AND CEMENT.....6 BLOCKS, PLASTERED WITH CEMENT.....7 BLOCKS, UNPLASTERED...8 BRICKS.....9 MUD BRICKS (TRADITIONAL).....10 STEEL ("LAMERA").....11 CARGO CONTAINER.....12 PARQUET OR POLISHED WOOD.....13 CHIP WOOD.....14 CORRUGATED IRON SHEET.15 ASBESTOS.....16 REED/BAMBOO.....17 OTHER, SPECIFY.....18	CORRUGATED IRON SHEET.....1 CONCRETE/CEMENT...2 THATCH.....3 WOOD AND MUD.....4 BAMBOO/REED.....5 PLASTIC CANVAS...6 ASBESTOS.....7 BRICKS.....8 OTHERS(SPECIFY)...9	MUD/DUNG.....1 BAMBOO /REED.....2 WOOD PLANKS.....3 PARQUET OR POLISHED WOOD.....4 CEMENT SCREED.....5 PLASTIC TILES.....6 CEMENT TILES.....7 BRICK TILES.....8 CERAMIC/MARBLE TILES.9 OTHERS(SPECIFY)...10	NO KITCHEN.....1 A ROOM USED FOR TRADITIONAL KITCHEN INSIDE THE HOUSING UNIT.....2 A ROOM USED FOR TRADITIONAL KITCHEN OUTSIDE THE HOUSING UNIT.....3 A ROOM USED FOR MODERN KITCHEN INSIDE THE HOUSING UNIT.....4 A ROOM USED FOR MODERN KITCHEN OUTSIDE THE HOUSING UNIT.....5 OTHER (SPECIFY).....6
9. What is the primary type of oven (Mitad) used for baking Injera/bread?		10. What type of toilet facilities does the household use?	11. What type of bathing facilities does the household have?	12. What type of solid waste disposal facilities does the household use?	13. What is the main source of drinking water in the rainy season?	13a. How much time does it take you to get to the source of water indicated in Q13? (in minutes)	14. What is the main source of drinking water in the dry season?
TRADITIONAL MITAD (OVEN) REMOVABLE...1 TRADITIONAL MITAD (NOT REMOVABLE).....2 IMPROVED ENERGY SAVING MITAD (RURAL TECHNOLOGY PRODUCT).....3 ELECTRIC MITAD.....4 NONE.....5		FLUSH TOILET -PRIVATE..1 FLUSH TOILET -SHARED...2 PIT LATRINE PRIVATE- VENTILATED.....3 PIT LATRINE SHARED- VENTILATED.....4 PIT LATRINE PRIVATE- NOT VENTILATED.....5 PIT LATRINE SHARED- NOT VENTILATED.....6 BUCKET.....7 FIELD /FOREST.....8 OTHERS (SPECIFY).....9	BATHTUB PRIVATE..1 BATHTUB SHARED...2 SHOWER PRIVATE...3 SHOWER SHARED...4 A ROOM RESERVED FOR BATHING (PRIVATE).....5 A ROOM RESERVED FOR BATHING (SHARED).....6 NO FIXED PLACE FOR BATHING.....7	WASTE DISPOSABLE VEHICLE.....1 WASTE DISPOSAL CONTAINER.....2 DUG-OUT.....3 THROW AWAY.....4 USE AS FERTILIZER...5 BURNING THE WASTE...6 COLLECTED BY MUNICIPALITY (PUBLIC DUMP).....7 OTHER (SPECIFY).....8	TAP INSIDE THE HOUSE.....1 PRIVATE TAP IN THE COMPOUND.....2 SHARED TAP IN COMPOUND.....3 COMMUNAL TAP OUTSIDE COMPOUND.....4 WATER FROM KIOSKS/RETAILER.....5 PROTECTED WELL / SPRING (PRIVATE).....6 PROTECTED WELL / SPRING (SHARED).....7 UNPROTECTED WELL OR SPRING.....8 RIVER /LAKE/ POUND.9 RAIN WATER.....10 OTHER (SPECIFY).....11	LESS THAN 15...1 16-30.....2 31-45.....3 46-60.....4 61-90.....5 91-120.....6 MORE THAN 120...7	TAP INSIDE THE HOUSE.....1 PRIVATE TAP IN THE COMPOUND.....2 SHARED TAP IN COMPOUND.....3 COMMUNAL TAP OUTSIDE COMPOUND.....4 WATER FROM KIOSKS/RETAILER...5 PROTECTED WELL / SPRING (PRIVATE)....6 PROTECTED WELL / SPRING (SHARED)...7 UNPROTECTED WELL OR SPRING.....8 RIVER /LAKE/ POUND.9 OTHER (SPECIFY)....10

<p>14a.</p> <p>How much time does it take you to get to the source of water indicated in Q14? (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>15a.</p> <p>On average, how much does the household spend on water each month?</p> <p>IF NONE, RECORD "0".</p>	<p>15.</p> <p>Does the household have the habit of boiling water before drinking?</p> <p>YES...1 NO...2</p>	<p>16.</p> <p>Does the household have the habit of purifying drinking water using chemicals?</p> <p>YES...1 NO...2</p>	<p>17.</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 (►Q19)</p>	<p>18.</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>19.</p> <p>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 ELECTRICAL BATTERY.....6 LANTERN7 LIGHT FROM DRY CELL WITH SWITCH.....8 KEROSENE LIGHT LAMP IMPORTED)...9 LOCAL KEROSENE LAMP (KURAZ)...10 CANDLE/WAX11 FIRE WOOD.....12 OTHER (SPECIFY).....13</p> <p>IF THE RESPONSE IS CODE 5 TO 13 (►Q21)</p>
BIRR						
<p>19b.</p> <p>What is the source of your electricity supply?</p> <p>GOVERNMENT.....1 PRIVATE GENERATOR.....2 SOLAR PANELS.....3</p>	<p>19c.</p> <p>On average, how much does the household spend on electricity each month?</p> <p>IF NONE, RECORD "0".</p>	<p>20a.</p> <p>How many times did the household faced electric power failure/interruption at least lasting for one hour during last week?</p> <p>NO INTERRUPTION.1 ONLY ONCE...2 TWICE...3 THREE TIMES...4 MORE THAN 3 TIMES..5</p>	<p>20b.</p> <p>In the last week, how many hours were you without electricity power?</p>	<p>21.</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>22.</p> <p>Does any member of your household own a cell phone or landline phone?</p> <p>YES...1 NO...2 ►NEXT SECTION</p>	<p>23.</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>
BIRR		HOURS				BIRR

SECTION 10: 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	Mobile Telephone			
9	Radio/ tape recorder			
10	Television			
11	CD/VCD/DVD/Video Deck			
12	Satellite Dish			
13	Sofa set			
14	Bicycle			
15	Motor cycle			
16	Cart (Hand pushed)			
17	Cart (animal drawn)- for transporting people and goods			
18	Sewing machine			
19	Weaving equipment			
20	Mitad-Electric			
21	Energy saving stove (lakech, mirt etc)			
22	Refrigerator			
23	Private car			
24	Gold (in grams)			
25	Wardrobe			
26	Shelf for storing goods			
27	Biogas stove (pit)			
28	Water storage pit			
30	Sickle (Machid)			
31	Axe (Gejera)			
32	Pick Axe (Geso)			
33	Plough (Traditional)			
34	Plough (Modern)			
35	Water Pump			
36	Silver(in grams)			

SECTION 11A: NON-FARM ENTERPRISE

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

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.?

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?

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

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?

YES..1
NO...2

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

7 ... owned hotel, bar or restaurant?

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

8a. ENUMERATOR: REFER TO THE COVER SECTION, Q12a, AND COPY THE ANSWER CODE HERE.

PANEL (WAVE 1) HOUSEHOLD.....1

BRAND NEW HOUSEHOLD.....2

►Q9

8b. ENUMERATOR: DID THE HOUSEHOLD HAVE A NON-FARM ENTERPRISE IN WAVE 1?

YES..1
NO...2

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

YES..1
NO...2

►Section 11B, Q18

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

SECTION 11B: NON-FARM ENTERPRISE

ENUMERATOR: REFER TO THE COVER SECTION, Q12a. IF THIS IS A BRAND NEW HOUSEHOLD (CODE=2), YOU MUST ASK THE RESPONDENT FOR ALL HOUSEHOLD ENTERPRISES IN Q1 BELOW.
PRE-FILLING Q1 IS FOR PANEL (WAVE 1) HOUSEHOLDS ONLY.

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?		
	FIRST LIST ALL NON-FARM ENTERPRISE, COPIED FROM WAVE 1 HOUSEHOLD QUESTIONNAIRE. THIS INCLUDES BUSINESSES THAT ARE CURRENTLY OPERATING AND ANY THAT ARE NOW CLOSED. ALL ENTERPRISES MUST BE COPIED IN THE EXACT SEQUENCE LISTED IN THE WAVE 1 HH QUESTIONNAIRE. ANY NEW NON-FARM ENTERPRISES SHOULD BE ADDED TO THE END AND MUST GET A NEW ID.		
		SECTOR CODES	
WRITTEN DESCRIPTION OF ACTIVITIES		PRIMARY CODE	SECONDARY CODE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

ENUMERATOR:
REFER TO THE COVER SECTION, Q12a.
SKIP TO Q2 IF THIS IS A BRAND NEW HOUSEHOLD (CODE=2).

IF THIS IS A PANEL HOUSEHOLD (FROM WAVE 1), CONTINUE ON TO 1a.

1a.	1b.	1c.	2.	3.	3b.	3c.
Is this a new enterprise?	Was this enterprise in operation in the last 12 months?	Why is this enterprise was not in operation in the last 12 months?	Where does this enterprise operate primarily?	Who owns/owned this enterprise in the household?	Is the owner of this enterprise providing the responses to these questions?	Who from the household is providing the responses to these questions?
YES...1 (▶ Q2) NO.....2	YES...1 (▶ Q2) NO.....2	LEGAL PROBLEMS...1 COULD NOT OBTAIN INPUTS.....2 LACK OF DEMAND...3 LOW PROFILE.....4 COULD NOT OBTAIN CREDIT.....5 TOO MUCH DEBT...6 SECURITY ISSUES..7 OTHER (SPECIFY)..)	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 ID SECOND OWNER ID	YES...1 (▶ Q3D) NO.....2	ROSTER ID #
		▶ NEXT ENTERPRISE				
		IF THIS IS LAST ENTERPRISE ▶ Q18				

E N T E R P R I S E I D	3d. Who in the household makes decisions regarding the earnings from this enterprise? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		4. 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		4b. In the last 12 months, did you try to get credit for this enterprise from banks and other formal financial agencies? YES.....1 NO.....2 (► Q4d)	4c. Did you eventually get the credit from the banks OR other formal financial agencies for this enterprise? YES.....1 NO.....2	4d. In the last 12 months, did you get any credit to operate this enterprise ? YES.....1 NO.....2 (► Q4g)	4e. In the last 12 months, what was the source of credit that has been used to operate this enterprise? LOAN FROM BANK (COMMERCIAL, MICRO FINANCE, CREDIT UNION).....1 MONEY LENDER.....2 OTHER LOANS.....3 COOPERATIVE/ TRADE ASSOCIATIONS.....4 RELATIVES/FRIENDS.....5 OTHER (SPECIFY).....6		4f. In the last 12 months, how much have you borrowed for this enterprise?
	ROSTER ID #1	ROSTER ID #2	PRIMARY	SECONDARY				1ST SOURCE	2ND SOURCE	BIRR
	1									
2										
3										
4										
5										
6										
7										
8										
9										
10										

E N T E R P R I S E I D	4g.	4h.	5.		6.		7.	8.			9.	10.	11.
	In the last 12 months, did the enterprise have any loans that it was repaying (in cash or kind)? YES.....1 NO.....2 (►Q5)	In the last 12 months, what is the amount repaid on loans for the enterprise?	When did this enterprise start operating?		To whom does/did this enterprise mostly sell its products?		Are the activities of this enterprise seasonal? YES..1 NO...2 (►Q9)	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
			BIRR	MONTH	4 DIGIT EC YEAR	RESPONSE 1		RESPONSE 2	MONTH 1st	MONTH 2nd			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

E N T E R P R I S E I D	12. 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.						13. During the months the enterprise was operating in the last 12 months, what were average monthly sales?	14. During the months the enterprise was operating in the last 12 months, what were average monthly operating costs (including stocks and hired labour)?				15. Over the past 12 months, what share of total household cash income came from this enterprise? ALMOST NONE...1 ABOUT 25%...2 ABOUT HALF...3 ABOUT 75%...4 ALMOST ALL...5
	PAID			UNPAID			BIRR	BIRR				
	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID	ROSTER ID		WAGES	PURCHASE OF GOODS FOR SALE	RAW MATERIALS	TRANSPORTATION	ALL OTHER OPERATING COSTS
	1											
2												
3												
4												
5												
6												
7												
8												
9												
10												

E N T E R P R I S E I D	16. List three most important constraints to non-farm business operations and growth?			17. Does the enterprise have a license?
	REFER TO CONSTRAINT CODES ON THE RIGHT			YES...1 NO...2
	1st	2nd	3rd	
	1			
	2			
	3			
	4			
	5			
	6			
	7			
8				
9				
10				

18. Is any member of this household planning to open a non-farm enterprise in the next 12 months?	19. List up to three primary constraints preventing HH members from opening a non-farm enterprise.		
YES.....1 NO.....2	REFER TO CONSTRAINT CODES ON THE RIGHT		
	1st	2nd	3rd

- Codes for Q16 & 19 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)
75 = Fear of not being able to pay loan installments
-
- Codes for Q16 & 19 (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
- 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
114 = Access to information and technology
- REGISTRATION AND PERMITS**
121 = Time and cost of registering enterprise
122 = Time and cost of obtaining enterprise permits
123 = Complicated enterprise registration and permit regulations
- TAXATION**
131 = High taxes
132 = Unofficial levies
- OTHER**
140 = Other (specify)

SECTION 12: OTHER INCOME

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

SECTION 13: ASSISTANCE

1. Did you or members of your household receive any [...] in the past 12 months from the government or a non-governmental institution (such as church,mosque)? EXCLUDE SELF-HELP GROUPS AND FRIENDS YES...1 NO...2 ▶ NEXT ITEM	2. What is the name of the organization/program who provided this assistance? GOVERNMENT.....1 INTERNATIONAL NGO.....2 LOCAL NGO.....3 OTHER.....4		3. How much cash did your household receive from this organization in the last 12 months? IF NONE RECORD "0"	4. What was the value of food the household received from this organization in the last 12 months? IF NONE RECORD "0"	5. What was the value of any other in-kind assistance received in the last 12 months? IF NONE RECORD "0"	6. 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	7. Which members of the household participated in this program? LIST UP TO 3 HOUSEHOLD ROSTER ID		
	SPECIFIC NAME	CODE	BIRR	BIRR	BIRR		1	2	3
A. PSNP (note: do not include PSNP labour activities)									
Other assistance (not PSNP):									
B. Free food									
C. Food-for-work programme or cash-for-work programme									
D. Inputs-for Agricultural work programme									
E. Other assistance (not listed above), specify:									

SECTION 14: CREDIT and SAVING

[ASK OF HOUSEHOLD HEAD]

1. 'Over the past 12 months, did you or anyone else in this household borrow on credit from someone outside the household or from an institution for consumption, health, education, business or farming purposes, etc... receiving either cash or inputs worth more than Birr 150? YES...1
NO...2 ▶Q9

L O A N N O	2.		3.		4.	5.		6.	7.		8.		
	From whom did you or anyone else in your household borrow on credit money for business or farming over the past 12 months? LIST ALL NAMES BEFORE GOING TO THE NEXT QUESTION. LOOK TO NEXT PAGE FOR CODES.		Which household member was responsible for the loan? LIST UP TO 2 FROM HOUSEHOLD ROSTER		What was the main reason for obtaining the loan? Was it: [READ CODES ON NEXT PAGE]	When was the loan obtained within the past 12 months? REPORT THE MOST RECENT IF MORE THAN ONE 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		Has the loan been re-paid? YES.....1 (▶Q8) NO.....2	Approximately when is the loan expected to be paid back? 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		How much was paid (or expect to pay) in total when the loan is paid off? THEN ▶ NEXT LOAN.		
CODE	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2	MONTH	4 DIGIT EC YEAR	MONTH	4 DIGIT EC YEAR	PRINCIPAL	INTEREST	TOTAL				
1													
2													
3													
4													
5													
6													

SECTION 15: CONTACT INFORMATION

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

PHONE NUMBER FOR HOUSEHOLD HEAD:

LANDLINE

CELL

1A NAME : _____ PHONE : _____ / _____

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

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

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

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

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

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

CONTACT INFORMATION FOR REFERENCE PERSON 1

CONTACT INFORMATION FOR REFERENCE PERSON 2

3A1. NAME : _____

3B1. NAME : _____

3A2. RELATION TO HEAD : _____

3B2. RELATION TO HEAD : _____

3A3. PHONE (LANDLINE) : _____

3B3. PHONE (LANDLINE) : _____

3A4. PHONE (CELL) : _____

3B4. PHONE (CELL) : _____

3A5. VILLAGE NAME

3B5. A VILLAGE NAME

SECTION 1: HOUSEHOLD ROSTER

ENUMERATOR: REFER TO THE COVER SECTION, Q12a.

IF "1" FOR PANEL HOUSEHOLD, PREFILL ALL HOUSEHOLD MEMBERS FROM LIVESTOCK QUESTIONNAIRE (POST-PLANTING IF HOUSEHOLD DID NOT HAVE LIVESTOCK).

IF "2" FOR NEW HOUSEHOLD (IF THE HH IS FROM THE NEWLY ADDED URBAN ENUMERATION AREAS), RECORD A FRESH HOUSEHOLD ROSTER

I N D I V I D U A L I D	1.	2.	3.	4.		4b.
	NAME LIST ALL HOUSEHOLD MEMBERS, COPIED FROM LIVESTOCK QUESTIONNAIRE (IF HOUSEHOLD DID NOT ANSWER A LIVESTOCK QUESTIONNAIRE, COPY ROSTER FROM POST-PLANTING QUESTIONNAIRE). ALL MEMBERS MUST BE COPIED IN THE EXACT SEQUENCE LISTED IN THE PP OR LIVESTOCK ROSTER. ANY NEW HOUSEHOLD MEMBERS SHOULD BE ADDED TO THE END AND MUST GET A NEW ID.	What is [NAME]'s relationship to the head of household? 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	What is the sex of [NAME]? MALE.....1 FEMALE.....2	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. (If 7 years and over give YEARS only. If less than 7 years in age give YEARS and MONTHS. If less than one month put "0")	YEARS	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

ENUMERATOR:
REFER TO THE COVER SECTION, Q12a.
SKIP TO Q5 IF THIS IS A BRAND NEW HOUSEHOLD (CODE=2).

IF THIS IS A PANEL HOUSEHOLD FROM WAVE 1 (CODE=1), CONTINUE ON TO 4b.

EDUCATION CODES (SECTION 2, QUESTIONS 5 AND 8)

BASED ON BOTH CURRICULUMS

KINDERGARTEN, 0 GRADE, NURSERY, OR 1ST GRADE.....	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