

# Vulnerability Assessment Framework (VAF) | Jordan Population Survey – Urban | One Refugee Approach 2023

<p><b>Description</b></p>	<p>This survey collects the Vulnerability Assessment Framework (VAF) indicators used by UNHCR and partners to determine the multi-sectoral vulnerability scores for refugee household living in Jordan. The tool and sector-specific indicators have been developed by the Inter-Sector Working Group (ISWG), in close coordination with the Sector Leads. The VAF consolidates all sector-specific assessments into one, with the intent of de-duplicating data collection exercises and minimizing the burden on refugee households. The results of this exercise will drive targeting methods, program planning, support fundraising and inform the Jordan Response Plan.</p> <p>This exercise is conducted on a bi-annual basis, with representation at the location (governorate and camp) and nationality levels (Syrian, Iraqi, Other Nationalities). It is updated each round to reflect changes in the current context. For 2023, the sample population follows a One Refugee Approach by including non-Syrian and camp-based refugees. This year, a new set of questions are included to capture how Climate Change affects refugees’ lives.</p> <p>The survey is accompanied by a Kobo Form tool, and partners are given training and encouraged to deploy these tools to inform their own programs.</p> <p>For more information, please contact VAF Coordinator, Aimee Foong: <a href="mailto:kunzefoo@UNHCR.org">kunzefoo@UNHCR.org</a> <a href="#">Click here for VAF Portal</a></p>
<p><b>Language</b></p>	<p>English and Arabic</p>
<p><b>Key</b></p>	<ul style="list-style-type: none"> <li>● <b>Usage:</b> Questions used to calculate VAF Indicators, by sector</li> <li>● <b>Calculated field:</b> </li> <li>● <b>Loops (repeats):</b> </li> <li>● <b>Time Stamp (new section):</b> </li> <li>● <b>Note for enumerator:</b> </li> <li>● <b>Hints:</b> <i>Guidance for the enumerator</i></li> </ul>

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## SURVEY INITIALISATION

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>SI.TIME</b> TimeIntervalSI		TimeStamp		
<b>SI.Note</b> SurveyInitializationNote	<b>Survey Initialization Note</b>	This section is completed before entering interview with the respondent. It captures information about the enumerator and the visit for quality control and monitoring purposes.		
<b>SI.01</b> DateOfVisit	<b>Assessment Info</b>	Date of Visit <i>Today's date</i>		. <= today()
<b>SI.02</b> enumerator_id	<b>Enumerator ID #</b>	<b>To enumerator:</b> please enter your national ID number		
<b>SI.02a</b> enumerator_confirm	<b>Enumerator Info</b>	Enumerator ID		Calculated field
<b>SI.02b</b> enumerator_name	<b>Enumerator Info</b>	Enumerator: enter your supervisor password		Calculated field
<b>SI.02c</b> enumerator_gender	<b>Enumerator Info</b>	Enumerator Gender		Calculated field
<b>SI.02d</b> enumerator_phonenum	<b>Enumerator Info</b>	Enumerator Phone Number		Calculated field
<b>SI.03</b> enumerator_name_note	<b>Enumerator Info</b>	<b>To enumerator:</b> please confirm your name is {name} <i>If the name appeared is not your name, please go back and enter your correct ID number.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SI.04</b> enumerator_id2	<b>Enumerator ID #</b>	<b>To enumerator:</b> please enter your national ID number		
<b>SI.04a</b> enumerator_confirm2	<b>Enumerator Info</b>	Enumerator ID		Calculated field
<b>SI.04b</b> enumerator_name2	<b>Enumerator Info</b>	Enumerator Name		Calculated field
<b>SI.04c</b> enumerator_gender2	<b>Enumerator Info</b>	Enumerator Gender		Calculated field
<b>SI.04d</b> enumerator_phonenum2	<b>Enumerator Info</b>	Enumerator Phone Number		Calculated field
<b>SI.05</b> enumerator_name_note2	<b>Enumerator Info</b>	<b>To enumerator:</b> please confirm your name is {name} <i>If the name appeared is not your name, please go back and enter your correct ID number.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
SI.06 Supervisor	Supervisor Name	To the enumerator: Please select the name of your supervisor from the list below		
SI.06a supervisor_pass	Supervisor Info	To enumerator: enter your supervisor password		
SI.07 QN	Questionnaire Number	To enumerator: please enter the questionnaire number		
SI.08 Sn	Target Case File #	To enumerator: please enter the serial number # of the target case	To pull from sample list	
SI.08a Info_note1	Confirm Target Case Info	Target Case Information: Name: \${Name}		Calculated field
SI.08b Info_note2	Confirm Target Case Info	To Enumerator: Are you sure this information matches the target case you will be interviewing? <i>If no, please go back and enter correct questionnaire number</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SI.09 CaseStatus	Case availability	Availability of case for interview	<input type="checkbox"/> Available <input type="checkbox"/> Not Available	

## HOUSEHOLD NOT AVAILABLE FOR INTERVIEW

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
NA.01Note NotAvailableNote	Case Not Available Note	If the case is not available for the interview, information about the reasons is captured for follow up purposes.		
NA.01 NotAvailableReason	Case NA	Why is the case not available?	<input type="checkbox"/> Refused the visit <input type="checkbox"/> Head of household not available <input type="checkbox"/> PA passed away <input type="checkbox"/> PA in hospital <input type="checkbox"/> PA in prison <input type="checkbox"/> Out of country <input type="checkbox"/> Merged with another file number <input type="checkbox"/> Out of scope <input type="checkbox"/> Unreachable by field <input type="checkbox"/> Unreachable by phone <input type="checkbox"/> Other	SI.09=not available

2023 . HOUSEHOLD AVAILABLE FOR INTERVIEW: LOCATION INFORMATION

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>NA.01a</b> NotAvailableOther	Case NA	You selected Other for case not available, please specify		SI.09=not available NA.01 = Other
<b>NA.01b</b> OutOfScope	Case NA	You selected Out of scope, please provide detail	<input type="checkbox"/> Zaatari Camp <input type="checkbox"/> Azraq Camp <input type="checkbox"/> King Abdulla Park <input type="checkbox"/> Remote area: Ruwashid and borders areas <input type="checkbox"/> Remote area: Wadi Rum inside desert areas <input type="checkbox"/> Remote area: remote farms areas/no public transportation or clear roads that leads to the place.	SI.09=not available NA.01 = Out of Scope
<b>NA.02</b> GPSUnreachable	Case unreachable by Field	Collect the GPS of the building <i>Collect at unreachable location; can be collected outside of building</i>		SI.09=not available NA.01= Unreachable by field
<b>Survey ends</b>				

HOUSEHOLD AVAILABLE FOR INTERVIEW: LOCATION INFORMATION

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>LI.01Note</b> LocationInformationNote	Location Information Note	Information collected here is verified against the Asylum Seeker Certificate and is used to verify that the respondent and family are correct. This is used for anti-fraud.		
<b>C.02</b> ConsentForAssistance		I give my consent for my name, contact details, UNHCR case number and other necessary details to be shared with UNHCR partner organizations providing assistance and responding to refugee needs in Jordan		

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>C.03</b> ConsentSharingExplain		It has been explained to me that shared information will be strictly limited to what is necessary for extension of services and will not be shared further.  It has also been explained to me that if I have concerns about the way my personal information is being used, I can file a complaint with the Inspector General’s Office of UNHCR either by phone (+41 22 739 88 44 – not toll-free, telephone charges apply), fax (+41 22 739 73 80 – not toll-free, telephone charges apply), by confidential email (Inspector@unhcr.org) or by using the online complaint form ( <a href="http://www.unhcr.org/pages/52e11bc16.html">http://www.unhcr.org/pages/52e11bc16.html</a> ).		If ConsentForAssistance="Yes"
<b>C.04</b> ConsentNoShare		I do not wish to share my information. I choose for my information to be hosted exclusively by UNHCR [and the partner agency conducting the reHome Visit – MindSet].		If ConsentForAssistance="No"
<b>C.05</b> UnderstandImplicationsNotSharing		It has been explained to me that opting not to share my information may impact on my ability to access certain services. I will, however, continue to access services relating to health, education and protection regardless of whether I consent to share the information provided by me in this Home Visit.		If ConsentForAssistance="No"
<b>LI.01</b> GeoAddress	<b>Location GPS</b>	Collect the GPS of the building  <i>GPS coordinates can be collected outside of the building if the GPS signal is weak</i>		SI.09=Available
<b>LI.02</b> Governorate	<b>Location Gov</b>	Select the Governorate	<input type="checkbox"/> Amman <input type="checkbox"/> Ajloun <input type="checkbox"/> Aqaba <input type="checkbox"/> Balqa <input type="checkbox"/> Irbid <input type="checkbox"/> Jerash <input type="checkbox"/> Karak <input type="checkbox"/> Ma’an <input type="checkbox"/> Madaba <input type="checkbox"/> Mafraq <input type="checkbox"/> Tafileh <input type="checkbox"/> Zarqa	SI.09=Available

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>LI.03</b> District	<b>Location District</b>	Select the district		Options to be shown are linked to the Governorate selected
<b>LI.03a</b> SubDistrict	<b>Location Sub-District</b>	Select the sub-district		Options to be shown are linked to the district selected
<b>LI.03b</b> Locality	<b>Location Locality</b>	Select the locality		Options to be shown are linked to the sub-district selected

**Read this statement:**

Hello my name is \_(your name)\_ and I work for Mindset on behalf of UNHCR. I would like to ask you some questions for about 2 – 3.5 hours about your household and your situation as refugees in Jordan. Your input will help us better understand your needs and the needs of the community.

Please note, your participation is entirely voluntary. Your decision whether to participate or not will have no impact on the assistance or services you may receive. Likewise, there is no direct benefit, money or compensation provided to you for participating in this assessment. You may refuse to answer any question, or choose to stop the assessment at any time. You may ask questions at any time about this assessment.

We may need to contact you in the near future in order to verify the information that we will collect today. Please be aware that if we contact you again, it does not necessarily mean that you will receive assistance.

At the end of the survey, we will collect your consent to share your responses with other external organizations for the purpose of referral for other forms of assistance.

Note that this is a household survey and interviews every individual living under this household. It is important to note that in case the individual or decisionmaker is not available today, another relevant household member can answer on their behalf e.g., spouse or caretaker. Do you have any questions?

## HOUSEHOLD INFORMATION

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>HHC.TIME</b> TimeIntervalHHC		TimeStamp		
<b>HHC.Note</b> HHinformationNote2	<b>Household Composition Note</b>	This section is used to build a picture of the household. It will collect information for each family unit living under the roof, such as sharing of resources, expenses, or food. It will also identify who is the head of household. <u>The respondent should be the head of household or another relevant or senior household member e.g., spouse or Principal Applicant.</u>		

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
HHC.01 NumberOfFamilies	# of families living in Household	How many families live in the household? <i>These are nuclear families E.g. Husband, wife, son and daughter (one family booklet)</i>		1=<X<=10
HHC.01a NumberOfFamiliesConfirm	# Sharing Groups Confirmation	Do you confirm that the number of families in the household is {NumberOfFamilies}? <i>If no, please go back and change number of families</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Calculated Field
HHC.02 ALLFamiliesShare	Families living in Household that share resources (sharing Group)	Do the different families live as one family/household and share resources such as meals and expenses? <i>Individuals who sleep under one roof and share meals and expenses together</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF HHC.01 >1
HHC.03 numberOfSharingGroups	# Sharing Groups living in Household	How many sharing groups are in this household? <i>If 3 families live in the same house AND only 2 families are sharing resources, there are 2 sharing groups</i> <i>NOTE: # of Sharing groups must be equal or less than number of families</i>		IF HHC.01 >2 AND IF HHC.02 = No;
HHC.03a numberOfSharingGroupSConfirm	# Sharing Groups Confirmation	Do you confirm that there are {number of sharing groups} sharing groups living in this household? <i>If no, please go back and change number of sharing groups</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Calculated Field
HHC.04 HoHReg	Head of Household Registration Status	Is the head of household registered with UNHCR? <i>Head of household is the person who is generally acknowledged as the head by other family members and other families living in the household. There should only be one per household.</i> <i>The head of household is head of all cases. He/she should not be confused with the head of a case (e.g., principal applicant).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HHC.05 HoHID	Head of Household ID	What is the UNHCR Individual ID of the Head of Household? <i>Refer to the individuals UNHCR Asylum Seekers Certificate. For example, 199-00106109. Take care when entering that it matches the pattern</i>		IF HHC.04 = Yes
HHC.05a HoHName	Head of Household Name/not registered	What is the name of the Head of Household?		IF HHC.04 = No

**SHARING GROUP LOOP NOTE: [IF family/HHC.01 = 1 OR All families share resource/HHC.02 = yes]{1} OR [HHC.01=2 families and HHC.01/not sharing resources] {2} OR [Families>2 REPEAT x the value in HHC.03/sharing groups]**

<b>FSG.01</b> FamiliesShareGroup	<b>Number of families in sharing group</b>	How many families are inside this sharing group? <i>These are nuclear families E.g. Husband, wife, son and daughter (one family booklet)</i>		If {ALLFamiliesShare}='No' and {numberOfSharingGroups}>=2 and {NumberOfFamilies} > 2; 1<X<4
<b>HHC.03</b> numberOfSharingGroupsConfirm	<b># families Confirmation</b>	Do you confirm that there are {FamiliesShareGroup} families in this household <i>If no, please go back and change number of families</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Calculated Field

## FAMILY INFORMATION

#	Usage	Question	Options	Skip logic # Validation # Description
<b>IN.TIME</b>	<b>VAF</b>	TimeStamp		
<b>FAMILY LOOP: REPEAT x the value in HHC.02 IF FSG.01 = 0 or NA, else REPEAT x the value in FSG.01</b>				
<b>F.Note</b> FamilyNote	<b>Family Loop</b>	You will now collect information on family. Start with family 1 and with the primary/target case, and then move to other families if there are more than one family. Ask each individual to have their asylum seekers certificate in their hand if they are registered with UNHCR. If not, ask for an identification document (e.g., ID, MOI, passport, proof of registration, etc.) <b>The respondent of this section should be the Principal Applicant or Head of Family. If they are not available, another relevant or senior household member should ask on their behalf e.g., spouse.</b>		
<b>F.01</b> TargetCase	<b>Target Case</b>	Are you the target case (registered with UNHCR)? <i>This is the case Mindset called to schedule interview with</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F.02</b> FamilyRegistered	<b>Family UNHCR Registration Status</b>	Is the family registered with UNHCR? <i>Check if ANYONE in the family has asylum seekers certificate</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF F.01 = No
<b>F.03</b> ASCInFamily	<b>Number of ASC/ UNCHR files in family</b>	How many asylum seeker certificates does this family have? <i>Please check how many UNHCR files the family has</i>		IF F.02 = Yes OR F.01 = Yes 1<x<5
<b>CASE LOOP: IF F.02 = NO, REPEAT 1x, else repeat the value in F.03</b>				
<b>C.01</b> CaseBarcodeEntryMethod	<b>Case File #</b>	How will you enter UNHCR file number?	<input type="checkbox"/> Barcode <input type="checkbox"/> Manual	IF F.02 = yes OR IF F.01 = Yes

#	Usage	Question	Options	Skip logic # Validation # Description
<b>C.02</b> CaseReasonsManual	<b>Case File #</b>	If manual entry of UNHCR file number, please specify why	<input type="checkbox"/> The device does not support the scanner <input type="checkbox"/> File does not allow scanning <input type="checkbox"/> Not available <input type="checkbox"/> Other	IF F.02 = yes OR IF F.01 = Yes AND C.01 = Manual
<b>C.03</b> FileNumberBarcode	<b>Case File #</b>	UNHCR File Number (barcode): <i>Check the Asylum seekers Certificate For example, 199-19-12345 OR 199-13C12345</i>		IF F.02 = yes OR IF F.01 = Yes AND C.01= Barcode
<b>C.03a</b> FileNumberManual	<b>Case File #</b>	UNHCR File Number (Manual 01): <i>Check the Asylum seekers Certificate For example, 199-19-12345 OR 199-13C12345</i>		IF F.02 = yes OR IF F.01 = Yes AND C.01= Manual Digit format validation
<b>C.03b</b> FileNumberManualRepeat	<b>Case File #</b>	UNHCR File Number (Manual for confirmation): <i>Check the Asylum seekers Certificate For example, 199-19-12345 OR 199-13C12345</i>		IF F.02 = yes OR IF F.01 = Yes AND C.01= Manual AND Must equal C.03a
<b>C.03</b> CaseUNHCRFileNumber	<b>File # of Case</b>	UNHCR File Number for Case	Calculated field. The file number	
<b>C.03c</b> ASC_Valid	<b>ASC Valid</b>	What is the <b>expiry date</b> of the UNHCR/Case File Asylum Seekers Certificate? <i>Check EXPIRY DATE on the Asylum Seekers Certificate; If no date exists, enter 08/08/2088</i>		IF F.01 = YES or F.02 = YES
<b>C.04</b> NotRegIDFamilyType	<b>Not registered ID Type</b>	What type of identification does the head of family have? <i>For families that are not registered with UNHCR</i>	<input type="checkbox"/> MOI (Syrian only) <input type="checkbox"/> Passport <input type="checkbox"/> National ID <input type="checkbox"/> Proof of registration <input type="checkbox"/> Other	IF F.02 = No
<b>C.04a</b> NotRegIDFamilyType	<b>Not registered ID Type Other</b>	You selected 'Other', for identification of the head of family, please specify:		IF F.02 = No
<b>C.04b</b> NotRegIDFamily	<b>Not registered ID #</b>	What is the <b>identification number</b> of the head of family?		IF F.02 = No

#	Usage	Question	Options	Skip logic # Validation # Description
<b>C.05</b> RelationshipToTargetCase	<b>Relationship with target case</b>	What is respondents' relationship with the Principal Applicant of the target case? <i>This should be asked to the PA or head of family or case</i>	<input type="checkbox"/> I am target/primary case <input type="checkbox"/> Nuclear family (Parents, siblings, children) <input type="checkbox"/> Other close relatives (grandparents, grand children) <input type="checkbox"/> Other relatives (Aunts, uncles, cousins, in-laws etc) <input type="checkbox"/> Not related (Friends, other associates)	
<b>C.06</b> CaseNationality	<b>Case Nationality</b>	What is the Case/Family nationality? <i>For mixed families, please select nationality of PA or head of household.</i>	<input type="checkbox"/> Syrian <input type="checkbox"/> Iraqi <input type="checkbox"/> Sudanese <input type="checkbox"/> Somali <input type="checkbox"/> Yemeni <input type="checkbox"/> Jordanian <input type="checkbox"/> Palestinian <input type="checkbox"/> Other	
<b>C.06a</b> CaseNationalityOther	<b>Case Nationality</b>	You selected nationality 'Other' for case/family, please specify:		IF C.06 = Other
<b>C.07</b> Phone	<b>Phone number</b>	What is your primary telephone number? <i>This should be asked to the principal applicant or Head of family.</i>		
<b>C.07a</b> PhoneAlternate	<b>Alternate phone number</b>	What is your alternative number? Optional <i>This should be asked to the principal applicant or Head of family.</i>		
Individuals List Note	<b>Individuals_list_note</b>	<b>To the enumerator:</b> Please note that this file contains data for the individuals in the sample. The system will ask about old individuals and then ask about individuals who are not present in the data (new registered/not registered with the Commission). Therefore, please enter the number of new individuals (for example: if 3 names are displayed and there are 2 individuals not included in the list, you will enter 2 individuals and the system will ask about the first 3 individuals, then the two new individuals) names list: \${Individuals_list}		

#	Usage	Question	Options	Skip logic # Validation # Description
<b>IC.01</b> NumbOfIndividuals	<b>Number of Individuals in Case for Loop</b>	How many individuals belong to this UNHCR case/nuclear family? Only count individuals who live in this house, regardless of who is listed on the ASC. <i>For UNHCR registered and non-registered (regardless if the individual has ASC) <b>Only count individuals who live in this house, regardless of who is listed on the ASC.</b> E.g., include new-born babies pending registration or spouse is Jordanian and not registered with UNHCR or other non-Jordanians not registered with UNHCR</i>		MAX = 15

## INDIVIDUAL INFORMATION

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>IND.TIME</b> TimeIntervalIND		TimeStamp		
<b>INDIVIDUAL LOOP: REPEAT x the value in IC.01</b>				
<b>IND.01Note</b> IndividualNote	<b>Individual Loop Note</b>	<p>You will now collect information on the individuals of this case. Start with the head of case or the Principal Applicant. All Information collected here should be verified against the Asylum Seeker Certificate for the registered individuals OR any other identification document for non-registered. It should be used to verify that the respondent details are correct.</p> <p>Spend time adding the information for each person, this will be referenced in later sections.</p> <p><u>Each individual in the household will respond for themselves. If the individual is not at home or unable to participate due to a health problem or functional limitation, their caretaker, support person or parent should respond on their behalf.</u></p>		
<b>IND.01</b> IndFirstName	<b>Individual Full First Name</b>	What is your full name (first name and family)? <i>Check/verify on Asylum Seekers Certificate or Document Identification</i>		
<b>IND.02</b> IndNationality	<b>Individual Nationality</b>	What is your nationality? <i>Check/verify on Asylum Seekers Certificate or Document Identification</i>	<input type="checkbox"/> Syrian <input type="checkbox"/> Iraqi <input type="checkbox"/> Sudanese <input type="checkbox"/> Somali <input type="checkbox"/> Yemeni <input type="checkbox"/> Jordanian <input type="checkbox"/> Palestinian <input type="checkbox"/> Other	
<b>IND.02a</b> IndNationalityOther	<b>Individual Nationality</b>	You selected 'Other', for individual nationality, please specify:		

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
IND.03 RegStatus	UNHCR Registration Status	Is this individual registered with UNHCR? <i>Ask to see asylum seekers certificate</i> <i>If the individual is currently registered with UNHCR, but the ASC is expired, select 'Yes'</i> <i>If individual was registered with UNHCR in the past, but their <u>file is currently closed</u>, select 'No'</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IND.02 ≠ Jordanian
IND.04 NotRegReason	Reason not registered	Reason not registered or reasons why file is closed with UNHCR:	<input type="checkbox"/> Valid work permit/To apply for work permit (Non-Syrian only) <input type="checkbox"/> Applicants from countries that are considered a-priori to provide national protection ( <i>USA, Canada, and European countries</i> ) <input type="checkbox"/> Entered Jordan after January 2019 <input type="checkbox"/> Has a Jordanian citizenship/acquired the Jordanian citizenship <input type="checkbox"/> Lack of documentation <input type="checkbox"/> New-born baby-waiting for an appointment <input type="checkbox"/> New-born baby-don't know it is necessary to register child <input type="checkbox"/> New-born baby-don't want to register child <input type="checkbox"/> UNHCR registration offices are closed due to COVID-19 pandemic <input type="checkbox"/> Unwilling to be registered with UNHCR <input type="checkbox"/> Valid residency in Third country <input type="checkbox"/> Waiting to be registered with UNHCR/with appointment <input type="checkbox"/> Domestic workers <input type="checkbox"/> Other	IF IND.03 = No AND IND.02 ≠ Jordanian

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>IND.04a</b> NotRegReasonOther	<b>Reason not registered</b>	You selected 'Other' for reason individual not registered, please specify:		IF IND.03 = No IF IND.04 = Other
<b>IND.05</b> IndBarcodeEntryMethod	<b>Case File # of Individual</b>	How will you enter UNHCR Individual Number of the individual?	<input type="checkbox"/> Barcode <input type="checkbox"/> Manual	IF IND.03 = Yes
<b>IND.05a</b> IndFileNumberBarcode	<b>Case File # of Individual</b>	UNHCR Individual Number (barcode): <i>For example, 199-00106109 Check Asylum Seekers Certificate. Take care when entering that it matches the pattern</i>		IF IND.03 = Yes and IND.05=Barcode
<b>IND.05b</b> IndFileNumberManual	<b>Case File # of Individual</b>	UNHCR Individual Number (Manual 01): <i>For example, 199-00106109 Check Asylum Seekers Certificate. Take care when entering that it matches the pattern</i>		IF IND.03 = Yes and IND.05=Manual
<b>IND.05c</b> IndFileNumberManualRepeat	<b>Case File # of Individual</b>	UNHCR Individual Number (Manual 01): <i>For example, 199-00106109 Check Asylum Seekers Certificate. Take care when entering that it matches the pattern</i>		IF IND.03 = Yes and IND.05=Manual
<b>IND.05</b> IndUNHCRFileNumber	<b>Case File # of Individual</b>	UNHCR Individual Number Calculated field. The UNHCR Individual Number		Calculated field. The UNHCR Individual Number
<b>IND.06</b> ACS_ValicIND	<b>ASC Valid for Individual</b>	Is the ASC Valid? If expiry date is in the future, select yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF IND.03 = Yes
<b>IND.07</b> IndGender	<b>Individual Gender</b>	What is your gender? <i>Check/verify on Asylum Seekers Certificate or Document Identification</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>IND.08</b> IndDoB	<b>Individual DoB</b>	What is your date of birth? <i>Check/verify on Asylum Seekers Certificate or Document Identification</i>		
<b>IND.08a</b> AgeConfirmation	<b>Individual Age</b>	Is this your age (age)? <i>Please verify with individual and their documentation. If no, please change date of birth</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Calculated Field
<b>IND.09</b> IndMaritalStatus	<b>Individual Marital Status</b>	What is your marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Engaged	Age > 16
<b>IND.10</b> SpouseHouse	<b>Spouse Location</b>	If you are married, does your spouse live in the same house as you? <i>This house</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age >16 IND.09 = married

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>IND.10a</b> SpouseLocation	<b>Spouse Location</b>	Where does your spouse live?	<input type="checkbox"/> Working or living in another governorate in Jordan <input type="checkbox"/> Working or living outside of Jordan <input type="checkbox"/> Other	IND.10 = No
<b>IND.10b</b> SpouseLocationOther	<b>Spouse Location</b>	You selected "Other" for where your spouse is, please specify:		IND.10a = other
<b>IND.10d</b> Polygamous	<b>Individual Marital Status - polygamous</b>	Do you have another wife?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age >16 and IND.07 = Male IND.09 = married
<b>IND.10e</b> PolygamousLocation	<b>Individual Marital Status - polygamous</b>	Does your other wife/wives live in same house as you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IND.10d = Yes
<b>IND.10f</b> PolygamousExpenses	<b>Individual Marital Status - polygamous</b>	Do you contribute to the expenses of the other wife/wives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IND.10d = Yes
<b>IND.11</b> IndHeadOfHousehold	<b>Head of Household</b>	Are you the head of household? <i>Head of household is the person who is generally acknowledged as the head by other family members and other families living in the household. There should only be one per household.</i> <i>The head of household is head of all cases. He/she should not be confused with the head of a case.</i> CAUTION: There can only be one head of household per home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age >16

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>IND.12</b> IndRelationshipToPA	<b>Relationship to Principal Applicant or Head of Family</b>	What is the respondents' relationship to the Principal Applicant OR to the head of family (if not registered)? <i>This question will build relationships within a case or family. Verify with asylum seekers certificate if individual is registered with UNHCR.</i> <i>If Principal Applicant or head of family is the respondent, select Principal Applicant/Head of Family</i>  <b><i>Respondent is principal applicant's/ head of family's ( _____ )</i></b>  CAUTION: There can only be one PA/head of family per case	<input type="checkbox"/> Principal Applicant <input type="checkbox"/> Head of Family (only for not-registered families) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Grand-mother <input type="checkbox"/> Grand-father <input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> Father in law <input type="checkbox"/> Mother in law <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Son-in-law <input type="checkbox"/> Distant relative <input type="checkbox"/> No family relations	
<b>IND.13</b> ArrivalDate	<b>Arrival Date</b>	What is the date you first arrived into Jordan? <i>Enter year that first arrived into Jordan to live (not for tourism); if born in Jordan, enter birth year</i>		IND.02 is not Jordanian Date < today
<b>IND.14</b> LeftJordan	<b>Left Jordan</b>	Have you left Jordan since your first date of arrival?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IND.02 is not Jordanian
<b>IND.14a</b> LeftJordanTimes	<b>Amount of times left Jordan</b>	How many times have you left Jordan since your first date of arrival?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 – 5 times <input type="checkbox"/> 6+ times	If IND.14=yes

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>IND.14b</b> ReasonsLeft	<b>Reasons left Jordan</b>	Why did you leave? <i>Select all that apply</i>	<input type="checkbox"/> Go back to COO for Family visit <input type="checkbox"/> Go back to COO to renew/obtain documents <input type="checkbox"/> Go back to COO to check on my home/property <input type="checkbox"/> Go back to COO to check on situation in general <input type="checkbox"/> Go back to COO for medical treatment <input type="checkbox"/> Go back to COO to work <input type="checkbox"/> Go back to COO for other economic reasons <input type="checkbox"/> Go to another country (not COO) for work <input type="checkbox"/> Other	IF IND.14=yes
<b>IND.14c</b> ReasonsLeftOther	<b>Reasons Left Other</b>	You selected other for “reasons you have left Jordan”, please specify:	<input type="checkbox"/>	IF ReasonsLeft="Other"

## DOCUMENTATION/REGISTRATION

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>D.TIME</b> TimeIntervalD	<b>Documentation TimeStamp</b>	TimeStamp		
<b>D.01Note</b> DocNote	<b>Documentation Note</b>	This section is used to collect information about documentation for each individual. This section is only asked to all Syrians OR non-Syrian refugees or asylum seekers registered with UNHCR. <b>If the individual is not available, another relevant family member may respond on their behalf.</b>		
<b>D.01</b> IndMOI	<b>Individual Mol Registration</b>	Do you have a MOI Service Card from the Ministry of Interior? <i>Ask to see Mol Card</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF IND.02 = Syrian
<b>D.01a</b> MOI_Valid	<b>Individual Mol Registration</b>	Is the MOI card valid? <i>Check expiry date; must renew every 2 years</i> <i>If issued before 2020, NO expiry date available and IS valid</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF D.01 = yes AND IF IND.01= Syrian
<b>D.02</b> IndPassport	<b>Individual Passport Documentation</b>	Do you have a national passport? <i>Ask to see passport</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF IND.02 IS NOT Syrian AND Not Jordanian

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>D.03</b> IndResidency	<b>Individual Residency</b>	Do you have residency in Jordan? <i>Check to see residency card</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If IND.02 is not Jordanian
<b>D.03a</b> IndResidencyType	<b>Individual Residency Type</b>	What type of residency do you have? <i>Check to see residency card</i>	<input type="checkbox"/> Student residence <input type="checkbox"/> Work residence <input type="checkbox"/> Bank deposit residence <input type="checkbox"/> Investment residence <input type="checkbox"/> Jordanian spouse <input type="checkbox"/> Other	If D.03 = Yes
<b>D.03ab</b> IndResidencyTypeOther	<b>Individual Residency Type</b>	You selected 'Other' for type of residency, please specify:		If D.03 = Yes If D.03a = Other

## HEALTH

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
H.TimeInterval	<b>Health TimeStamp</b>	TimeStamp		
<b>H.01Note</b> HealthNoteNote	<b>Health Note</b>	This section is used to collect information about the current health risks in the family, including existing medical conditions and disabilities. <u>If the individual is unable to participate due to a health problem or functional limitation, their caretaker, support person or parent should respond on their behalf.</u>		
<b>H.01</b> WGQSeeing	<b>Disability Washington Group Questions Seeing</b>	Do you have difficulty seeing, even if wearing glasses?	<input type="checkbox"/> No, no difficulty <input type="checkbox"/> Yes, some difficulty <input type="checkbox"/> Yes, a lot of difficulty <input type="checkbox"/> Cannot do at all	Age >=5
<b>H.02</b> WGQHearing	<b>Disability Washington Group Questions Hearing</b>	Do you have difficulty hearing, even if wearing a hearing aid?	<input type="checkbox"/> No, no difficulty <input type="checkbox"/> Yes, some difficulty <input type="checkbox"/> Yes, a lot of difficulty <input type="checkbox"/> Cannot do at all	Age >=5
<b>H.03</b> WGQWalking	<b>Disability Washington Group Questions Walking</b>	Do you have difficulty walking or climbing steps?	<input type="checkbox"/> No, no difficulty <input type="checkbox"/> Yes, some difficulty <input type="checkbox"/> Yes, a lot of difficulty <input type="checkbox"/> Cannot do at all	Age >=5

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
H.04 WGQRemembering	Disability Washington Group Questions Remembering	Do you have difficulty remembering or concentrating?	<input type="checkbox"/> No, no difficulty <input type="checkbox"/> Yes, some difficulty <input type="checkbox"/> Yes, a lot of difficulty <input type="checkbox"/> Cannot do at all	Age >=5
H.05 WGQSelfCare	Disability Washington Group Questions Self-Care	Do you have difficulty with self-care such as washing all over or dressing?	<input type="checkbox"/> No, no difficulty <input type="checkbox"/> Yes, some difficulty <input type="checkbox"/> Yes, a lot of difficulty <input type="checkbox"/> Cannot do at all	Age >=5
H.06 WGQCommunication	Disability Washington Group Questions Communication	Using your normal customary language, do you have difficulty communicating, for example understanding or being understood?	<input type="checkbox"/> No, no difficulty <input type="checkbox"/> Yes, some difficulty <input type="checkbox"/> Yes, a lot of difficulty <input type="checkbox"/> Cannot do at all	Age >=5
H.08 DisabilityMedicalReport	Disability Report	Do you have medical report for this disability/these disabilities? <i>Check to see medical report to confirm</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF ANY of H.01, H.02, H.03, H.04, H.05 or H.06 ≠ No, no difficulty
H.09 ChronicAffectDailyLife	Disability Affect Daily Life	Does this disability/do these disabilities affect your daily life? <i>Such as eating, personal hygiene, use of toilet, getting dressed, and mobility</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF ANY of H.01, H.02, H.03, H.04, H.05 or H.06 ≠ No, no difficulty
H.10 ChronicAffectWork	Disability Affect Work	Does this disability/do these disabilities affect your ability to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF ANY of H.01, H.02, H.03, H.04, H.05 or H.06 ≠ No, no difficulty AND Age>18  <i>Loop: repeat H.08-H.10 for all disabilities reported (06 answered "Yes, some difficulty", "Yes, a lot of difficulty", or "Cannot do at all") in H.01, H.02, H.03, H.04, H.05 or H.06</i>

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
H.07 WGQDepression	Disability Washington Group Questions Depression	How <i>often</i> do you feel depressed?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Never <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	Age>=18
H.07a WGQDepressionFeel	Disability Washington Group Questions Depression	Thinking about the last time you felt depressed, how depressed did you feel? <i>Read categories and select one</i>	<input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Somewhere in between a little and a lot <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	Age>=18 If H.07 = Daily, Weekly, Monthly, A few times a year
H.11 ChronicIllnes	Chronic Illness	Do you have a serious medical condition (including only chronic illness and/or serious medical conditions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.11a ChronicIllnesCount	# of chronic conditions	What is the number of medical conditions you have? <i>Less than 10</i>		IF H.11 = Yes 1<=X<10
H.11b ChronicIllnesType	Chronic Illness type	What is the type of the medical condition or chronic illness? <i>Select all that apply</i>	<input type="checkbox"/> Diabetes <input type="checkbox"/> Respiratory Illness <input type="checkbox"/> Cancer <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other	IF H.11 = Yes
H.11c ChronicIllnesType	Chronic Illness type	You selected 'Other' for medical condition/chronic illness type, please specify:		IF H.11 = Yes IF H.11b = Other
H.11d ChronicMedicalReport	Chronic Illness Report	Do you have medical report for this condition? <i>Check to see medical report to confirm</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF H.11 = Yes
H.11e ChronicAffectDailyLife	Chronic Illness Affect Daily Life	Does this medical condition affect your daily life? <i>Such as eating, personal hygiene, use of toilet, getting dressed, and mobility</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF H.11 = Yes
H.11f ChronicAffectWork	Chronic Illness Affect Work	Does this medical condition affect your ability to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF H.11 = Yes Age>18

## EDUCATION

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
TimeIntervalL	Education TimeStamp	TimeStamp		
<b>E.01</b> EducationNote	Education Note	For adults, this section is used to collect information on education level. For children (age 5-18), it is used to collection information about school and any reasons that a child might not be attending school for the previous school year. <i>Depending on age or availability of the individual, this section may be answered by parent or caretaker.</i>		
<b>E.01</b> IndEnrolledSchool	Education Access MPI	Are you enrolled in school? <i>For the last school year</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age .>=5 and .<=18
<b>E.02</b> IndEverAttendedSchool	School Attendance ILO Child Labour	Have you ever attended school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	E.01= No Age .>=5 and .<=18
<b>E.03</b> IndAgeLeaveSchool	School Attendance ILO Child Labour	At what age did you leave school?		E.01= No Age .>=5 and .<=17
<b>E.04</b> IndAgeSchoolStarted	Education	What age did you start basic school?		Age .>=5 and .<=10
<b>E.05</b> IndTypeOfSchool	School Enrollment Type	What type of school are you enrolled in currently?	<input type="checkbox"/> Pre-school <input type="checkbox"/> Private basic school (grade 1-10) <input type="checkbox"/> Private secondary school (grade 11-12) <input type="checkbox"/> Private kindergarten 2 <input type="checkbox"/> Government/public kindergarten 2 <input type="checkbox"/> Government/public basic school (grade 1-10) <input type="checkbox"/> Government/public secondary school (grade 11-12)	E.01 = yes Age .>=5 and .<=18

<p><b>E.06</b> IndReasonsNotAttending</p>	<p><b>Reasons for non-attendance</b></p> <p><b>Access (out)</b></p>	<p>What are the reasons for not attending?</p> <p><i>Please select up to 4 items</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at school age</li> <li><input type="checkbox"/> Not interested (cultural/not useful)</li> <li><input type="checkbox"/> Serious Health Condition</li> <li><input type="checkbox"/> Contracted Coronavirus</li> <li><input type="checkbox"/> Child marriage/engagement (ages 6-15)</li> <li><input type="checkbox"/> Missed 3 or more years of education</li> <li><input type="checkbox"/> Parents will not allow/Family Obligation/ responsibilities of household</li> <li><input type="checkbox"/> Child labour/work with other priorities (ages 6-15)</li> <li><input type="checkbox"/> Financial constraints (transport, uniforms, internet/laptop for remote learning)</li> <li><input type="checkbox"/> No or weak internet connectivity (for remote learning)</li> <li><input type="checkbox"/> No or lack of devices (TV, smart phone, tablet, PC, etc – for remote learning)</li> <li><input type="checkbox"/> Lack of documentation (MOI Card/ UNHCR Certificate)</li> <li><input type="checkbox"/> Distance to school (more than 2km)</li> <li><input type="checkbox"/> Refused entry (by headmaster/mistress)</li> <li><input type="checkbox"/> Safety fears for movement outside the home</li> <li><input type="checkbox"/> Refused entry due to disability (school unable to cater)</li> <li><input type="checkbox"/> Disability/impairment (unable/unwilling/ family will not allow)</li> <li><input type="checkbox"/> Afraid for safety in school</li> <li><input type="checkbox"/> Tried to enrol after closing the enrolment period</li> </ul>	<p>E.01 = No Age .&gt;=5 and .&lt;=18</p>
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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
			<input type="checkbox"/> School does not accept my nationality <input type="checkbox"/> Did not pass last year <input type="checkbox"/> Difficulty of the curriculum	
<b>E.07</b> IndTransportToSchool	<b>Transport to school</b>	How do you get to school?	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Car <input type="checkbox"/> Carpool <input type="checkbox"/> School bus <input type="checkbox"/> Public transport <input type="checkbox"/> Taxi <input type="checkbox"/> Private car hire <input type="checkbox"/> Did not travel (remote learning)	E.01 = yes Age .>=5 and .<=18
<b>E.08</b> IndYearsNotGoingToSchool	<b>Formal Education Missed 3+ years of school</b>	How many years of missed education have there been (including this one)?	<input type="checkbox"/> None <input type="checkbox"/> Less than 3 years <input type="checkbox"/> 3 years or more	Age .>=5 and .<=18
<b>E.08a</b> IndYearsMissedConsecutive	<b>Formal Education Missed years</b>	Were the years you missed consecutive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If E.08 ≠ None Age .>=5 and .<=18

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
E.09 IndSchoolChallenges	Education Risk of non-completion	IF your child is attending school, what difficulties or challenges if any is he/she experiencing? <i>Please address question to caretaker. Do not read list out loud, open ended question to respondent.</i> <i>Please select up to 4 items</i>	<input type="checkbox"/> Not applicable/ no difficulties <input type="checkbox"/> Child labour / engagement / early marriage (ages 6-15) <input type="checkbox"/> No or weak internet connectivity <input type="checkbox"/> No or lack of devices (TV, smartphone, tablet, PC, etc) <input type="checkbox"/> Physical &/or prolonged verbal abuse from staff <input type="checkbox"/> Humiliation, discrimination, verbal abuse from staff <input type="checkbox"/> Safety fears for movement outside home <input type="checkbox"/> Poor quality of teaching and/or management (service) <input type="checkbox"/> Not inclusive for children with disabilities (environment or systematic) <input type="checkbox"/> Financial constraints (transport, uniforms, etc.) <input type="checkbox"/> Need for family income <input type="checkbox"/> Distance to school (>2km) <input type="checkbox"/> Bullying amongst students <input type="checkbox"/> Psychological distress / severely distressed <input type="checkbox"/> Poor quality of infrastructure ( i.e. WASH facility, classroom furniture etc.)	E.01 = yes Age .>=5 and .<=18

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>E.10</b> AdultEducationLevel	<b>Adult Education Level</b>	What is your education level?	<input type="checkbox"/> Pre-school (Kindergarten) <input type="checkbox"/> Basic school (grade 1-10) <input type="checkbox"/> Secondary school (grade 11-12) <input type="checkbox"/> Vocational Education <input type="checkbox"/> Higher Education - Diploma <input type="checkbox"/> Higher Education - Bachelor <input type="checkbox"/> Higher Education – Post-Bachelor <input type="checkbox"/> None (never attended school)	Age >18

## LIVELIHOODS AND CHILD LABOUR

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>L.TIME</b> TimeIntervall	<b>Livelihoods TimeStamp</b>	TimeStamp		
<b>L.01Note</b> LivelihoodsNote	<b>Livelihoods Note</b>	This section is used to collect information about current work and any difficulties experienced at work or finding employment for adults (age 18+) and child labour (aged 5-17). <b>If the individual is not available, another relevant family member may respond on their behalf.</b>		
<b>L.01</b> IndDoYouWork	<b>Livelihoods Child Labour</b>	Did you work in the last 30 days? <i>Work is any income generating activity, including home-based business and self-employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age >5
<b>L.01a</b> PaidWork	<b>Livelihoods</b>	How do you get paid?	<input type="checkbox"/> Cash in hand <input type="checkbox"/> Mobile wallet <input type="checkbox"/> Bank account	If L.01=Yes AND Age > 18

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>L.01b</b> NoWorkReason	<b>Not Working Reason</b>	Why are you not working?	<input type="checkbox"/> Studying (in school or vocational training) <input type="checkbox"/> Retired (ages 65+) <input type="checkbox"/> Unemployed <input type="checkbox"/> Household/family duties (household chores, looking after children or elderly) <input type="checkbox"/> Cannot work due to disability or medical condition <input type="checkbox"/> Do not want to work <input type="checkbox"/> Cannot work due to family obligations <input type="checkbox"/> Do not have needed skills on available job opportunities (need trainings, skill building activities) <input type="checkbox"/> Other	Age > 18 IF L.02 = No
<b>L.01c</b> NoWorkReasonOther	<b>Not Working Reason</b>	You selected 'other' reason for not working, please specify:		Age > 18 L.01 = No AND L.01b = Other
<b>L.02d</b> LookingForEmployment	<b>Job Seeker</b>	Have you searched for work in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age > 18 IF L.01 = No AND L.01b = Unemployed

<p><b>L.03</b> IndSectorWork</p>	<p><b>Livelihoods</b> <b>Child</b> <b>Labour/Hazardous</b> <b>Work</b> <b>ILO</b></p>	<p>In which sector is your <b>current</b> Job?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agriculture, Forestry &amp; fishing <i>(agricultural worker, farmer, etc.)</i></li> <li><input type="checkbox"/> Mining &amp; quarrying <i>(stone, saw machine worker, etc.)</i></li> <li><input type="checkbox"/> Manufacturing <i>(Factory worker including baker, kitchen worker, butcher, tailor, shoemaker, carpenter, welder, etc.)</i></li> <li><input type="checkbox"/> Electricity, gas, steam &amp; air supply <i>(electricity installation, maintenance, gas bottles shops, etc.)</i></li> <li><input type="checkbox"/> Water supply, Waste management &amp; related activities <i>(Plumbers, waste recycling, water supply, drinking water shops and delivery, etc.)</i></li> <li><input type="checkbox"/> Construction <i>(workers – builders, bricklayers, loading/unloading, highway maintenance, etc.)</i></li> <li><input type="checkbox"/> Wholesale and retail trade; repair of motor vehicles <i>(shop workers including tailor, shoe repairs, car wash worker, car repairs, greenhouse worker, cleaning fish/poultry, etc.)</i></li> <li><input type="checkbox"/> Transportation &amp; storage <i>(loading, warehouses, shipping companies, etc)</i></li> <li><input type="checkbox"/> Accommodation &amp; food service activities <i>(restaurant/café worker, hotel worker, cleaner or maintenance worker in a restaurant or hotel, etc.)</i></li> <li><input type="checkbox"/> Administrative and support service activities <i>(administrative assistance, secretariat, public relations, marketing, office keeping, etc.)</i></li> </ul>	<p>Age &gt; 5 IF L.01 = Yes</p>
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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
			<input type="checkbox"/> Home Based Businesses <input type="checkbox"/> Human health & Social work – Medical Sector ( <i>doctors, nurses, clinics/labs, x-rays, etc.</i> ) <input type="checkbox"/> Arts ( <i>all types of arts such as performing arts, music painting, handicrafts, etc.</i> ) <input type="checkbox"/> Other service activities ( <i>hairdresser, jewellery design, barber</i> ) <input type="checkbox"/> Other	
<b>L.03a</b> IndSectorWorkOther	<b>Livelihoods Child Labour</b>	You said “Other” for current job sector, please explain:		Age > 5 If L.03 = other
<b>L.04</b> IndOtherWork	<b>Livelihoods ILO</b>	In addition to your main work, did you do any other work during the past week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age > 18 If L.01 = Yes
<b>L.05</b> IndAvgHoursPerWeek	<b>Livelihoods Child Labour/Hazardous Work ILO</b>	Within the last month, on average, how many hours do you work in a week?		Age > 5 L.01 = Yes . >0 and . <168

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<p><b>L.06</b> IndWorkActivities</p>	<p>Livelihoods Child Labour/Working Child/ Hazardous Work ILO</p>	<p>Even though you are not currently working, during the past month, did you do any of the following activities, even for only one hour? <i>Warning: If currently working now, <b>do not</b> select none of the above</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Run or do any kind of business, big or small, for himself/herself or with one or more partners?</li> <li><input type="checkbox"/> Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)?</li> <li><input type="checkbox"/> Do any work as a domestic worker for a wage, salary or any payment in kind?</li> <li><input type="checkbox"/> Help unpaid in a household business of any kind? (Don't count normal housework.)</li> <li><input type="checkbox"/> Do any work on his/her own or the household's plot, farm, food garden, or help in growing farm produce or in looking after animals for the household?</li> <li><input type="checkbox"/> Do any construction or major repair work on his/her own home, plot, or business or those of the household?</li> <li><input type="checkbox"/> Fetch water or collect firewood for household use?</li> <li><input type="checkbox"/> Produce any other good for this household use?</li> <li><input type="checkbox"/> None of the above</li> </ul>	<p>Age &gt; 5 L.01 =No</p>
<p><b>L.06a</b> IndCanReturnToWork</p>	<p>Livelihoods Child Labour/Working Child ILO</p>	<p>Even though you <b>do NOT currently work</b> or <b>did not do any of these working activities</b> in the past month, do you have a job, business, or other economic or farming activity that you will definitely return to? <i>If they are temporarily out of work do you have a job to go back to? Work is any income generating activity, including home-based business and self-employment</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<p>Age &gt; 5 If L.06 = none of the above AND L.01 = No</p>

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>L.07</b> IndCarryHeavyLoads	Livelihoods Child Labour/Hazardous Work ILO	Do you carry heavy loads at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age > 5 L.01 = Yes
<b>L.08</b> IndOperateMachinery	Livelihoods Child Labour/Hazardous Work ILO	Do you operate any machinery/heavy equipment at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age > 5 L.01 = Yes
<b>L.09</b> IndWorkHazards	Livelihoods Child Labour/Hazardous Work ILO	Are you exposed to any of the following at work? <i>Select all that apply</i>	<input type="checkbox"/> Dust, fumes, <input type="checkbox"/> Fire, gas, flames <input type="checkbox"/> Loud noise or vibration <input type="checkbox"/> Extreme cold or heat <input type="checkbox"/> Dangerous tools (knives etc.) <input type="checkbox"/> Work underground <input type="checkbox"/> Work at heights <input type="checkbox"/> Work in water/lake/pond/river. <input type="checkbox"/> Workplace too dark or confined <input type="checkbox"/> Insufficient ventilation <input type="checkbox"/> Chemicals (pesticides, glues, etc.) <input type="checkbox"/> Explosives <input type="checkbox"/> Other <input type="checkbox"/> None of the above	Age > 5 L.01 = Yes
<b>L.09a</b> IndWorkHazardsOther	Livelihoods Child Labour/ Hazardous Work	You said "Other" for exposed to hazards at work, please explain:		Age > 5 If L.01 =Yes AND If L.09 = Other

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>L.10</b> IndWorkAbuse	<b>Livelihoods</b> <b>Child Labour/Hazardous Work</b> <b>ILO</b>	Have you ever been subject to the following at work? <i>Select all that apply</i>	<input type="checkbox"/> Long working hours ( <b>more than 8 hours without overtime</b> ) <input type="checkbox"/> Paying less than minimum wage (260JOD) <input type="checkbox"/> Did not get paid at all <input type="checkbox"/> Received salary after more than one month of working ( <b>delay in receiving salary</b> ) <input type="checkbox"/> Don't have a contract <input type="checkbox"/> Constantly shouted at <input type="checkbox"/> Repeatedly insulted <input type="checkbox"/> Beaten /physically hurt <input type="checkbox"/> Sexually abused (touched or done things to you that you did not want) <input type="checkbox"/> Other <input type="checkbox"/> No/Not applicable	Age > 5 L.01 = Yes
<b>L.10a</b> IndWorkAbuseOther	<b>Livelihoods</b> <b>Child Labour</b> <b>Hazardous Work</b>	You selected "Other" being subject to at work, please specify:		Age > 5 L.01 = Yes AND IF L.10 = Other
<b>L.11</b> IndHaveWorkPermit	<b>Work Permit</b>	Do you have a valid work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age > 18 AND ONLY IND.02=SYR
<b>L.11a</b> PreviouslyHadWP	<b>Work Permit in past</b>	Have you ever obtained a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age > 18AND ONLY NON Jordanians AND IF L.11 = No
<b>L.11b</b> PlantoRenewWP	<b>Renew Work Permit</b>	Are you planning to renew your work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age > 18AND ONLY NON Jordanians IF L.011 = No AND L.11a =YES

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
L.11c NoPlantoRenewReason	Not Renewal Reason	Why are you not planning to renew your work permit? <i>Please select one</i>	<input type="checkbox"/> It is costly <input type="checkbox"/> My employer is not willing to renew my work permit <input type="checkbox"/> I do not work in one specific sector <input type="checkbox"/> My work is seasonal <input type="checkbox"/> I work in a closed sector <input type="checkbox"/> I do not want to be tied to an employer <input type="checkbox"/> I cannot pay to social security <input type="checkbox"/> I am unemployed <input type="checkbox"/> I do not want to work anymore <input type="checkbox"/> Other	Age > 18AND ONLY NON Jordanians IF L.11 = No AND L.11a =YES AND L.11b = No
L.11d NoPlantoRenewReasonOther	Not Renewal Reason Other	You selected 'Other' for not planning to renew work permit, please specify:		Age > 18AND ONLY NON Jordanians IF L.11 = No AND L.11a =YES AND L.11b = No AND L.11c = other
L.12 SocialSecuritySubscriptions	Social Security Subscriptions	Have you paid all requested subscriptions for social security for the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If IND.02=SYR and L.11c= "I cannot pay to social security"
L.12a SocialSecuritySubscriptionsRemain	Social Security Subscriptions Remaining	How many months are not paid?	<input type="checkbox"/>	If L.12=No and If IND.02=SYR and L.11c= "I cannot pay to social security" Max= 48
<b>END INDIVIDUAL LOOP</b>				

## FINANCIAL SITUATION

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
TIME TimeIntervalID	Income and Debt TimeStamp	TimeStamp		

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>FS.01NoteA</b> IncomeNoteA	<b>Financial Situation Note A</b>	This section is used to collect information on income, debt and access to finance for the specific case. Be careful if income and debt are potentially shared by cases or families in the house. Be very mindful when asking the following questions that the values reported back are for the individual case, not the entire household. <b>The respondent of this section should be the head of the Principal Applicant or Head of Family. If they are not available, another relevant or senior household member should ask on their behalf e.g., spouse.</b>		
<b>ID.01NoteB</b> IncomeNoteB	<b>Financial Situation Note A</b>	The following section will start with the following questions: <b>In the past month/30 days, what is the case's income from the following sources:</b>		
<b>FS.01a</b> Remittances	<b>Remittances</b>	Remittances <i>People sending you money</i>		Max value = 700
<b>FS.01ab</b> RemittancesFrequency	<b>Remittances</b>	How often do you receive remittances?	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	If FS.01 = Yes
<b>FS.01b</b> WFPAssistance	<b>WFP Assistance</b>	WFP providing regular assistance		Max value = 700
<b>FS.01c</b> UNHCRAssistance	<b>UNHCR Assistance</b>	UNHCR providing regular assistance		Max value = 700
<b>FS.01d</b> UNICEFAssistance	<b>UNICEF Assistance</b>	UNICEF providing regular assistance		Max value = 700
<b>FS.01e</b> IrregAssistance	<b>Irregular Assistance</b>	Irregular or one-off assistance		Max value = 700
<b>FS.01f</b> OtherAssistance	<b>Other Assistance</b>	Income from other organizations or charitable donations - monthly and continuously (not from UNHCR, WFP & UNICEF)		Max value = 700
<b>FS.01g7</b> OtherIncome	<b>Other Sources</b>	Other Income Sources		Max value = 700
<b>FS.01ga</b> OtherItems	<b>Other Income type</b>	You added a value for Other Income, please describe the items:		FS.01j> 0
<b>FS.01h</b> ReceiveAlimony	<b>Alimony Payment Receipt</b>	Do you or anyone in this family <b>receive</b> alimony from an ex-spouse/wife?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FS.01ha</b> ReceiveAlimonyAmount	<b>Alimony Payment Receipt</b>	How much alimony do you <b>receive</b> ? <i>In JOD</i>		IF FS.01a = yes 0=>X=>2,000
<b>FS.02</b> TotalIncome	<b>Total Income</b>	Total Income		= SUM (All above)
<b>FS03.note</b> IncomeConfirm	<b>VAF</b>	Ask the respondent if {FS.02/TotalIncome} <b>JOD</b> feels like the right total amount for the last 30 days for this case <i>If no, then return to the income items and amend them</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>FS.04</b> Debt	<b>Debt</b>	Are you in debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FS.04a</b> DebtAmount	<b>Debt Amount</b>	What is your total amount of debt up to now (JD)? <i>This should include not paying the rent, etc.</i>		FS.04 = Yes 1<=X<10000
<b>FS.04b</b> DebtAmountConfirm	<b>Debt Amount Confirm</b>	Please enter total amount of debt again for confirmation.		FS.04 = Yes 1<=X<10000 FS.04a should equal FS.04b
<b>FS.04c</b> DebtPaidBack	<b>Spent in paying debt</b>	How much have you spent in the past three months repaying debt?		FS.04 = Yes 1<=X<10000
<b>FS.04d</b> BorrowReason	<b>Borrowed money reason</b>	What is the primary reason you have to borrow money? <i>Select one</i>	<input type="checkbox"/> Paying rent <input type="checkbox"/> Buying food <input type="checkbox"/> Healthcare expenses <input type="checkbox"/> Educational expenses <input type="checkbox"/> Business-related expenses <input type="checkbox"/> Other	FS.04 = Yes
<b>FS.04da</b> BorrowReasonOther	<b>Borrowed money reason</b>	You selected 'Other' for reason to borrow money, please specify:		IF FS.04 = Yes AND FS.04d = Other
<b>FS.04e</b> BorrowFrom	<b>Borrow money from</b>	Who do you usually borrow from? <i>Select all that apply</i>	<input type="checkbox"/> Relatives in Jordan ( <i>informal</i> ) <input type="checkbox"/> Friends/neighbours in Jordan ( <i>informal</i> ) <input type="checkbox"/> Relatives or friends in country of origin ( <i>informal</i> ) <input type="checkbox"/> Landlord ( <i>informal</i> ) <input type="checkbox"/> Creditors ( <i>formal</i> ) <input type="checkbox"/> Shop keepers ( <i>informal</i> ) <input type="checkbox"/> Micro-finance institutions ( <i>formal</i> ) <input type="checkbox"/> Other	IF FS.04 = Yes
<b>FS.04ea</b> BorrowFromOther	<b>Borrow money from</b>	You selected borrow from 'Other', please specify:		IF FS.04 = Yes AND IF FS.04e = Other
<b>FS.04eb</b> BorrowFromShopKeeper	<b>Borrow from shopkeeper</b>	You selected borrow from shop keeper. Do you borrow cash or items from shop? <i>Select all that apply</i>	<input type="checkbox"/> Items from shop <input type="checkbox"/> Cash	IF FS.06 = Yes AND IF FS.04e = Shop keepers

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
FS.04ec BorrowFromLandlord	Borrow from landlord	You selected borrow from landlord. Do you borrow cash or extension of rent? <i>Select all that apply</i>	<input type="checkbox"/> Extension of rent <input type="checkbox"/> Cash	IF FS.04 = Yes AND IF FS.04e = Landlord
FS.05 AccessToCredit	Access to credit	Do you have a mobile wallet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FS.05a CreditUse	Credit use	What do you use your mobile wallet for? <i>Select all that apply</i>	<input type="checkbox"/> Send remittances outside of Jordan <input type="checkbox"/> Receive remittances into Jordan <input type="checkbox"/> Transfers to friends or relatives <input type="checkbox"/> Pay rent <input type="checkbox"/> Pay bills (electricity, water) <input type="checkbox"/> Virtual assistance (Receive assistance from UN or NGOs) <input type="checkbox"/> Other	IF FS.05 = Yes
FS.05ab CreditUseOther	Credit use other	You selected "Other" for use of mobile wallet, please specify:		IF FS.05a = Other
<b>END CASE LOOP</b>				

## CONSUMPTION AND EXPENDITURE: FOOD

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.TIME TimeIntervalEF	Consumption Food TimeStamp	TimeStamp		
CF.01NoteA FoodNoteA	Consumption Food Note A	This section is used to collect information on food consumption and expenditure for the specific <b>sharing group or family</b> . <b>The sharing group/family member who makes decisions around food (purchasing and eating) should answer these questions. If they are not available, another relevant sharing group or senior family member should ask on their behalf.</b>		
CF.01NoteB FoodNoteB	Consumption Food Note B	Be careful if food expenditures are potentially shared by other sharing groups families in the house, outside of this sharing group. Be very mindful when asking the following questions that the values reported back are for the sharing group IF <u>meals are not shared</u> . If all <u>meals are shared</u> , the values reported back should be for the entire household		

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>CF.01</b> FoodNoteC	<b>Consumption Food Note C</b>	The following questions will start have the following format: In the past 7 days that precede the interview, did anyone in the <b>sharing groups or household 1.) Consume, 2.) Purchase, 3.) Receive as assistance for specific food items. Responses should reflect food cooked and eaten at home. Please take care when responding.</b>		
<b>CF.01</b> GrainsConsume	<b>Cereals, Grains, Roots and Tubers Consumption</b>	Did most members in the household/sharing group <b>consume any of the following cereal, grains, roots, and tubers items</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i>	<input type="checkbox"/> Rice <input type="checkbox"/> Bread <input type="checkbox"/> Potatoes <input type="checkbox"/> Macaroni/Noodles <input type="checkbox"/> Other grains ( <i>bulgar, biscuits, etc.</i> ) <input type="checkbox"/> None/ Not applicable	
<b>CF.01a</b> GrainsConsumeFCS	<b>Cereals, Grains, Roots and Tubers FCS</b>	Over the last 7 days, how many days did your sharing group/family consume <b>cereal, grains, roots, and tubers</b> ? <i>Select 1 – 7</i> <i>E.g., Rice, Bread, potatoes, Macaroni/Noodles, Other grains, etc.</i>	<input type="checkbox"/> 1-7	IF CF.01≠ None / Not applicable
<b>CF.01b</b> GrainsPurchase	<b>Cereals, Grains, Roots and Tubers Purchase</b>	Did most members in the household /sharing group <b>purchase or (buy on credit) any of the following cereal, grains, roots, and tuber items</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i>	<input type="checkbox"/> Rice <input type="checkbox"/> Bread <input type="checkbox"/> Potatoes <input type="checkbox"/> Macaroni/Noodles <input type="checkbox"/> Other grains ( <i>bulgar, biscuits, etc.</i> ) <input type="checkbox"/> None/ Not applicable	
<b>CF.01c</b> GrainsInKind	<b>Cereals, Grains, Roots and Tubers In-Kind</b>	Did most members in the household/sharing group <b>receive any of the following cereal, grains, roots and tubers items as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i>	<input type="checkbox"/> Rice <input type="checkbox"/> Bread <input type="checkbox"/> Potatoes <input type="checkbox"/> Macaroni/Noodles <input type="checkbox"/> Other grains ( <i>bulgar, biscuits, etc.</i> ) <input type="checkbox"/> None/ Not applicable	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>CF.02</b> ProteinsConsume	<i>Proteins and Fats Consumption</i>	Did most members in the household/sharing group <b>consume any of the following protein and fats items</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i>	<input type="checkbox"/> Chicken <input type="checkbox"/> Meat ( <b>beef, lamb, etc.</b> ) <input type="checkbox"/> Canned fish ( <b>sardines, tuna</b> ) <input type="checkbox"/> Eggs <input type="checkbox"/> Infant Milk ( <b>baby formula</b> ) <input type="checkbox"/> Powder Milk <input type="checkbox"/> Fresh Milk/Carton Milk <input type="checkbox"/> Yogurt <input type="checkbox"/> Labneh <input type="checkbox"/> Oil ( <b>Olive oil, sunflower, soya, palm, etc.</b> ) <input type="checkbox"/> <input type="checkbox"/> Nuts and Seeds ( <b>cashews, almonds, pistachio, sunflower seeds, etc.</b> ) <input type="checkbox"/> Tahini <input type="checkbox"/> None/ Not applicable	
<b>CF.02a</b> MeatConsumeFCS	<i>Meat, Fish, Eggs FCS</i>	Over the last 7 days, how many days did your sharing group/family consume <b>chicken, meat, canned fish or eggs</b> ? <i>Select 1 – 7</i> <i>E.g., Chicken, Meat, Canned fish, Eggs, etc.</i>	<input type="checkbox"/> 1-7	If CF.02 = Chicken, Meat, Canned fish, Eggs
<b>CF.02b</b> DairyConsumeFCS	<i>Dairy Products FCS</i>	Over the last 7 days, how many days did your sharing group/family consume <b>milk or dairy products</b> ? <i>Select 1 – 7</i> <i>E.g., Infant milk, powder milk, yogurt, labneh, fresh/carton milk</i>	<input type="checkbox"/> 1-7	If CF.02 = Infant milk, powder milk, fresh milk/Carton milk, yogurt, labneh
<b>CF.02c</b> OilandFatConsumeFCS	<i>Oil, Fat, Butter FCS</i>	Over the last 7 days, how many days did your sharing group/family consume <b>oil, fats or butter</b> ? <i>Select 1 - 7</i>	<input type="checkbox"/> 1-7	If CF.02 = Oil
<b>CF.02d</b> NutsConsumeFCS	<i>Nuts, Legumes FCS</i>	Over the last 7 days, how many days did your sharing group/family consume <b>nuts, seeds, or tahini</b> ? <i>Select 1 – 7</i> <i>E.g., Nuts, seeds, tahini, etc.</i>	<input type="checkbox"/> 1-7	If CF.02 = Nuts and Seeds, , tahini

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<p><b>CF.02e</b> ProteinsPurchase</p>	<p><i>Proteins and Fats Purchase</i></p>	<p>Did most members in the household /sharing group <b>purchase (or buy on credit) any of the following protein and fats items</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Chicken</li> <li><input type="checkbox"/> Meat (<i>beef, lamb, etc.</i>)</li> <li><input type="checkbox"/> Canned fish (<i>sardines, tuna</i>)</li> <li><input type="checkbox"/> Eggs</li> <li><input type="checkbox"/> Infant Milk (<i>baby formula</i>)</li> <li><input type="checkbox"/> Powder Milk</li> <li><input type="checkbox"/> Fresh Milk/Carton Milk</li> <li><input type="checkbox"/> Yogurt</li> <li><input type="checkbox"/> Labneh</li> <li><input type="checkbox"/> Oil (<i>Olive oil, sunflower, soya, palm, etc.</i>)</li> <li><input type="checkbox"/> Nuts and Seeds (<i>cashews, almonds, pistachio, sunflower seeds, etc.</i>)</li> <li><input type="checkbox"/> Tahini</li> <li><input type="checkbox"/> None/not applicable</li> </ul>	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<p><b>CF.02f</b> ProteinsInKind</p>	<p><i>Proteins and Fats In-Kind</i></p>	<p>Did most members in the household/sharing group <b>receive any of the following protein and fats items as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Chicken</li> <li><input type="checkbox"/> Meat (<i>beef, lamb, etc.</i>)</li> <li><input type="checkbox"/> Canned fish (<i>sardines, tuna</i>)</li> <li><input type="checkbox"/> Eggs</li> <li><input type="checkbox"/> Infant Milk (<i>baby formula</i>)</li> <li><input type="checkbox"/> Powder Milk</li> <li><input type="checkbox"/> Fresh Milk/Carton Milk</li> <li><input type="checkbox"/> Yogurt</li> <li><input type="checkbox"/> Labneh</li> <li><input type="checkbox"/> Oil (<i>Olive oil, sunflower, soya, palm, etc.</i>)</li> <li><input type="checkbox"/> Nuts and Seeds (<i>cashews, almonds, pistachio, sunflower seeds, etc.</i>)</li> <li><input type="checkbox"/> Tahini</li> <li><input type="checkbox"/> None/Not applicable</li> </ul>	
<p><b>CF.03</b> FruitsVegConsume</p>	<p><i>Fruits &amp; Vegetables Consumption</i></p>	<p>Did most members in the household/sharing group <b>consume any of the following fruit and vegetable items</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lemons</li> <li><input type="checkbox"/> Oranges, Mandarins, Clementines</li> <li><input type="checkbox"/> Bananas</li> <li><input type="checkbox"/> Apples</li> <li><input type="checkbox"/> Watermelon</li> <li><input type="checkbox"/> Dates</li> <li><input type="checkbox"/> Tomatoes</li> <li><input type="checkbox"/> Cucumbers</li> <li><input type="checkbox"/> Onions/garlic</li> <li><input type="checkbox"/> Concentrated tomato puree (<i>boxes</i>)</li> <li><input type="checkbox"/> Leafy green vegetables (<i>Eg, grape leaves, broccoli, spinach, lettuce, etc.</i>)</li> <li><input type="checkbox"/> None/ Not applicable</li> </ul>	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>CF.03a</b> FruitsConsumeFCS	<b>Fruits</b> <b>FCS</b>	Over the last 7 days, how many days did your sharing group/family consume <b>fruits</b> ? <i>Select 1 – 7</i> <i>E.g., Lemons, Oranges, Mandarins, Clementines, Bananas, Apples, Watermelon, Dates, etc.</i>	<input type="checkbox"/> 1-7	If CF.03 = Lemons, Oranges, Mandarins, Clementines, Bananas, Apples, Watermelon, Dates
<b>CF.03b</b> VegetablesConsumeFCS	<b>Vegetables</b> <b>FCS</b>	Over the last 7 days, how many days did your sharing group/family consume <b>vegetables and leaves</b> ? <i>Select 1 – 7</i> <i>E.g., Tomatoes, cucumbers, garlic onions, Concentrated tomato puree (boxes), leafy green vegetables</i>	<input type="checkbox"/> 1-7	If CF.03 = Tomatoes, cucumbers, onions, Concentrated tomato puree (boxes), leafy green vegetables
<b>CF.03c</b> FruitsVegPurchase	<b>Fruits &amp; Vegetables</b> <b>Purchase</b>	Did most members in the household /sharing group <b>purchase (or buy on credit) any of the following fruit and vegetable items</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i>	<input type="checkbox"/> Lemons <input type="checkbox"/> Oranges, Mandarins, Clementines <input type="checkbox"/> Bananas <input type="checkbox"/> Apples <input type="checkbox"/> Watermelon <input type="checkbox"/> Dates <input type="checkbox"/> Tomatoes <input type="checkbox"/> Cucumbers <input type="checkbox"/> Onions/garlic <input type="checkbox"/> Concentrated tomato puree ( <b>boxes</b> ) <input type="checkbox"/> Leafy greens vegetables ( <i>Eg, grape leaves, broccoli, spinach, lettuce, etc.</i> ) <input type="checkbox"/> None/ Not applicable	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.03d FruitsVegInKind	<i>Fruits &amp; Vegetables In-Kind</i>	Did most members in the household/sharing group <b>receive any of the following fruit and vegetable items as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i>	<input type="checkbox"/> Lemons <input type="checkbox"/> Oranges, Mandarins, Clementines <input type="checkbox"/> Bananas <input type="checkbox"/> Apples <input type="checkbox"/> Watermelon <input type="checkbox"/> Dates <input type="checkbox"/> Tomatoes <input type="checkbox"/> Cucumbers <input type="checkbox"/> Onions/garlic <input type="checkbox"/> Concentrated tomato puree ( <b>boxes</b> ) <input type="checkbox"/> Leafy greens vegetables ( <i>Eg, grape leaves, broccoli, spinach, lettuce, etc.</i> ) <input type="checkbox"/> None/ Not applicable	
CF.04 BevSpiceSweetConsume	<i>Beverages, Spices, Sweets Consumption</i>	Did most members in the household/sharing group <b>consume any of the following beverages, spices, or sweet items</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i>	<input type="checkbox"/> Sugar <input type="checkbox"/> Ice Cream or Chocolate Bars <input type="checkbox"/> Table Salt and black pepper <input type="checkbox"/> Other spices ( <i>cardamon, zaatar, maggi</i> ) <input type="checkbox"/> Coffee <input type="checkbox"/> Tea <input type="checkbox"/> Mineral (bottled) water <input type="checkbox"/> Juice and soda <input type="checkbox"/> None/ Not applicable	
CF.04a SugarConsumeFCS	<i>Sugar and Sweets FCS</i>	Over the last 7 days, how many days did your sharing group/family consume <b>sugar, sweets, juice or soda</b> ? <i>Select 1 – 7</i> <i>E.g., Sugar, ice cream, chocolate bars</i>	<input type="checkbox"/> 1-7	If CF.04a = Sugar, Ice Cream or Chocolate Bars, Juice, Soda

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.04b BevSpiceSweetPurchase	<i>Beverages, Spices, Sweets Purchase</i>	Did most members in the household /sharing group <b>purchase (or buy on credit) any of the following beverages, spice or sweets items</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i>	<input type="checkbox"/> Sugar <input type="checkbox"/> Ice Cream or Chocolate Bars <input type="checkbox"/> Table Salt and black pepper <input type="checkbox"/> Other spices ( <i>cardamon, zaatar, maggi</i> ) <input type="checkbox"/> Coffee <input type="checkbox"/> Tea <input type="checkbox"/> Mineral (bottled) water <input type="checkbox"/> Juice and soda <input type="checkbox"/> None/ Not applicable	
CF.04c BevSpiceSweetInKind	<i>Beverages, Spices, Sweets In-Kind</i>	Did most members in the household/sharing group <b>receive any of the following beverages, spice or sweets items as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Read out each option and select all that apply</i>	<input type="checkbox"/> Sugar <input type="checkbox"/> Ice Cream or Chocolate Bars <input type="checkbox"/> Table Salt and black pepper <input type="checkbox"/> Other spices ( <i>cardamon, zaatar, maggi</i> ) <input type="checkbox"/> Coffee <input type="checkbox"/> Tea <input type="checkbox"/> Mineral (bottled) water <input type="checkbox"/> Juice and soda <input type="checkbox"/> None/ Not applicable	
CF.05 RestaurantConsume	<i>Restaurant Meals Consumption</i>	Did most members in the household/sharing group <b>consume any of the following restaurant items</b> during the 7 days that precede the interview? <i>Meals in restaurants, external orders - pizza, humus, falafel</i>	<input type="checkbox"/> Hummus and falafel (inside restaurant) <input type="checkbox"/> Snacks (inside restaurant) <input type="checkbox"/> Breakfast (inside restaurant) <input type="checkbox"/> Lunch (inside restaurant) <input type="checkbox"/> Dinner (inside restaurant) <input type="checkbox"/> Takeaway/ External orders (pizza, humus, falafel) <input type="checkbox"/> None/ Not applicable	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.05a RestaurantPurchase	<i>Restaurant Meals Purchase</i>	Did most members in the household /sharing group <b>purchase (or buy on credit) any of the following restaurant items</b> during the 7 days that precede the interview? <i>Meals in restaurants, external orders - pizza, humus, falafel</i>	<input type="checkbox"/> Hummus and falafel (inside restaurant) <input type="checkbox"/> Snacks (inside restaurant) <input type="checkbox"/> Breakfast (inside restaurant) <input type="checkbox"/> Lunch (inside restaurant) <input type="checkbox"/> Dinner (inside restaurant) <input type="checkbox"/> Takeaway/ External orders (pizza, humus, falafel) <input type="checkbox"/> None/ Not applicable	
CF.05b RestaurantInKind	<i>Restaurant Meals In-Kind</i>	Did most members in the household/sharing group <b>receive any of the following restaurant items as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Meals in restaurants, external orders - pizza, humus, falafel</i>	<input type="checkbox"/> Hummus and falafel (inside restaurant) <input type="checkbox"/> Snacks (inside restaurant) <input type="checkbox"/> Breakfast (inside restaurant) <input type="checkbox"/> Lunch (inside restaurant) <input type="checkbox"/> Dinner (inside restaurant) <input type="checkbox"/> Takeaway/ External orders (pizza, humus, falafel) <input type="checkbox"/> None/ Not applicable	
CF.06NoteD FoodNoteD	<i>Consumption Food Note D</i>	The following questions will ask for the <b>specific amounts purchased, consumed, or received as assistance</b> , based on the food items you selected above.		
CF.06a RiceConsumeAmt	<i>Grains and Products Rice Consumption Amount</i>	How <b>much rice</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs (1 small bag = 1KG, Medium = 2KG, Large = 4kg)</i>		<b>IF CF.01 = Selected 'consumed rice'</b> .1>=X>=7
CF.06b RicePurchaseAmt	<i>Grains and Products Rice Purchase Amount</i>	How <b>much rice</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.01b = Selected 'purchased rice'</b> .1>=X>=50
CF.06c RiceInKind	<i>Grains and Products Rice In-Kind Amount</i>	How <b>much rice</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs (1 small bag = 1KG, Medium = 2KG, Large = 4kg)</i>		<b>IF CF.01c = Selected 'received rice'</b> .1>=X>=7
CF.07a BreadConsumeAmt	<i>Grains and Products Bread Consumption Amount</i>	How <b>much bread</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs</i> <i>1 bag of flat bread = 1.25 KGs</i>		<b>IF CF.01 = Selected 'consumed bread'</b> .1>=X>=20

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.07b BreadPurchaseAmt	<i>Grains and Products</i> <b>Bread Purchase Amount</b>	How <b>much bread</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i> <i>1 bag of flat bread = 1.25 KGs (1 bag = half JOD)</i>		<b>IF CF.01b = Selected</b> <b>'purchased bread'</b> .1>=X>=50
CF.07c BreadInKind	<i>Grains and Products</i> <b>Bread In-Kind Amount</b>	How <b>much bread</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs</i> <i>1 bag of flat bread = 1.25 KGs</i>		<b>IF CF.01c = Selected</b> <b>'received bread'</b> .1>=X>=20
CF.08a PotatoesConsumeAmt	<i>Grains and Products</i> <b>Potatoes Consumption Amount</b>	How <b>many potatoes</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs (~4-5 medium potatoes = 1KG)</i>		<b>IF CF.01a = Selected</b> <b>'consumed potatoes'</b> .1>=X>=35
CF.08b PotatoesPurchaseAmt	<i>Grains and Products</i> <b>Potatoes Purchase Amount</b>	How <b>many potatoes</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.01b = Selected</b> <b>'purchased potatoes'</b> .1>=X>=50
CF.08c PotatoesInKind	<i>Grains and Products</i> <b>Potatoes In-Kind Amount</b>	How <b>many potato</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs (~4-5 medium potatoes = 1KG)</i>		<b>IF CF.01c = Selected</b> <b>'received potatoes'</b> .1>=X>=35
CF.09a MacaroniConsumeAmt	<i>Grains and Products</i> <b>Macaroni Consumption Amount</b>	How <b>much macaroni/noodles</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In grams (1 packet = 250-500 grams)</i>		<b>IF CF.01a = Selected</b> <b>'consumed macaroni/Noodles'</b> 50>=X>=5,000
CF.09b MacaroniPurchaseAmt	<i>Grains and Products</i> <b>Macaroni Purchase Amount</b>	How <b>much macaroni/noodles</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.01b = Selected</b> <b>'purchased macaroni/noodles'</b> .1>=X>=50
CF.09c MacaroniInKind	<i>Grains and Products</i> <b>Macaroni In-Kind Amount</b>	How <b>much macaroni/noodles</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In grams (1 packet = 250-500 grams)</i>		<b>IF CF.01c = Selected</b> <b>'received macaroni/noodles'</b> 100>=X>=5,000
CF.10a OtherGrainsConsumeAmt	<i>Grains and Products</i> <b>Other Grains Consumption Amount</b>	How <b>much other grains</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? (bulgar, biscuits, etc.) <i>In grams (1 Bulgar packet =800-1000grams; 1 pack of biscuits= 200 grams)</i> <i>1 cup of bulgar = 200 grams</i>		<b>IF CF.01a = Selected</b> <b>'consumed other grains'</b> 30>=X>=5,000

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.10b OtherGrainsPurchaseAmt	<i>Grains and Products</i> Other Grains Purchase Amount	How <b>much other grains</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? (bulgar, biscuits, etc.) <i>In JOD</i>		IF CF.01b = Selected 'purchased other grains' .1>=X>=50
CF.10c OtherGrainsInKind	<i>Grains and Products</i> Other Grains In-Kind Amount	How <b>much other grains</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? (bulgar, biscuits, etc.) <i>In grams (1 Bulgar packet =800-1000grams; 1 pack of biscuits= 200 grams)</i>		IF CF.01c = Selected 'received other grains' 30>=X>=5,000
CF.11a ChickenConsumeAmt	<i>Proteins and Fats</i> Chicken Consumption Amount	How <b>much chicken</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs</i>		IF CF.02a = Selected 'consumed chicken' .1>=X>=10
CF.11b ChickenPurchaseAmt	<i>Proteins and Fats</i> Chicken Purchase Amount	How <b>much chicken</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		IF CF.02b = Selected 'purchased chicken' .1>=X>=50
CF.11c ChickenInKind	<i>Proteins and Fats</i> Chicken In-Kind Amount	How <b>much chicken</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs</i>		IF CF.02c = Selected 'received chicken' .1>=X>=10
CF.11d ChickenOnCredit	<i>Proteins and Fats</i> Chicken On-Credit Amount	How <b>much chicken</b> did the household/sharing group <b>cover through credit</b> the 7 days that precede the interview? <i>In KGs</i>		IF CF.02b = Selected 'purchased chicken' .1>=X>=50
CF.12a MeatConsumeAmt	<i>Proteins and Fats</i> Meat Consumption Amount	How <b>much meat</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>Beef, lamb, etc.</i> <i>In KGs</i>		IF CF.02a = Selected 'consumed meat' .1>=X>=20
CF.12b MeatPurchaseAmt	<i>Proteins and Fats</i> Meat Purchase Amount	How <b>much meat</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>Beef, lamb, etc.</i> <i>In JOD</i>		IF CF.02b = Selected 'purchased meat' .1>=X>=200
CF.12c MeatInKind	<i>Proteins and Fats</i> Meat In-Kind Amount	How <b>much meat</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Beef, lamb, etc.</i> <i>In KGs</i>		IF CF.02c = Selected 'received meat' .1>=X>=20
CF.13a CanFishConsumeAmt	<i>Proteins and Fats</i> Canned Fish Consumption Amount	How <b>much fish</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>Sardines, tuna, etc.</i> <i>In # of cans</i>		IF CF.02a = Selected 'consumed fish' .5>=X>=20

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.13b CanFishPurchaseAmt	<i>Proteins and Fats</i> Canned Fish Purchase Amount	How <b>much fish</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>Sardines, tuna, etc.</i> <b>In JOD</b>		<b>IF CF.02b = Selected</b> <b>'purchased canned fish'</b> .1>=X>=50
CF.13c CanFishInKind	<i>Proteins and Fats</i> Canned Fish In-Kind Amount	How <b>much fish</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Sardines, tuna, etc.</i> <b>In # of cans</b>		<b>IF CF.02c = Selected</b> <b>'received canned fish'</b> 1>=X>=20
CF.14a EggsConsumeAmt	<i>Proteins and Fats</i> Eggs Consumption Amount	How <b>many eggs</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <b>In # of eggs</b>		<b>IF CF.02a = Selected</b> <b>'consumed eggs'</b> 1>=X>=75
CF.14b EggsPurchaseAmt	<i>Proteins and Fats</i> Eggs Purchase Amount	How <b>many eggs</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <b>In JOD</b>		<b>IF CF.02b = Selected</b> <b>'purchased eggs'</b> .1>=X>=50
CF.14c EggsInKind	<i>Proteins and Fats</i> Eggs In-Kind Amount	How <b>many eggs</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <b>In # of eggs</b>		<b>IF CF.02c = Selected</b> <b>'received eggs'</b> 1>=X>=75
CF.15a InfantMilkConsumeAmt	<i>Proteins and Fats</i> Infant Milk Consumption Amount	How <b>much infant milk</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>Baby formula</i> <b>In grams (small jar = 400 grams, Med = 900 grams, Large = 1,800 grams)</b>		<b>IF CF.02a = Selected</b> <b>'consumed infant milk'</b> 50>=X>=5,000
CF.15b InfantMilkPurchaseAmt	<i>Proteins and Fats</i> Infant Milk Purchase Amount	How <b>much infant milk</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>Baby formula</i> <b>In JOD</b>		<b>IF CF.02b = Selected</b> <b>'purchased infant milk'</b> .1>=X>=50
CF.15c InfantMilkInKind	<i>Proteins and Fats</i> Infant Milk In-Kind Amount	How <b>much infant milk</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Baby formula</i> <b>In grams (small jar = 400 grams, Med = 900 grams, Large = 1,800 grams)</b>		<b>IF CF.02c = Selected</b> <b>'received infant milk'</b> <b>100&gt;=X&gt;=5,000</b>
CF.16a PowderMilkConsumeAmt	<i>Proteins and Fats</i> Powder Milk Consumption Amount	How <b>much powder milk</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <b>In grams (small jar= 350 grams, Med=750 grams, Large = 2,250grams)</b>		<b>IF CF.02a = Selected</b> <b>'consumed powder milk'</b> 50>=X>=5,000
CF.16b PowderMilkPurchaseAmt	<i>Proteins and Fats</i> Powder Milk Purchase Amount	How <b>much powder milk</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <b>In JOD</b>		<b>IF CF.02b = Selected</b> <b>'purchased powder milk'</b> .1>=X>=50

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.16c PowderMilkInKind	<i>Proteins and Fats</i> Powder Milk In-Kind Amount	How much <b>powder milk</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In grams (small jar= 350 grams, Med=750 grams, Large = 2,250grams)</i>		IF CF.02c = Selected 'received powder milk' 100>=X>=5,000
CF.17a MilkConsumeAmt	<i>Proteins and Fats</i> Fresh/Carton Milk Consumption Amount	How much <b>fresh milk/carton milk</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>1 cup = .25 litres</i>		IF CF.02a = Selected 'consumed 'fresh milk/carton milk' .125>=X>=15
CF.17b MilkPurchaseAmt	<i>Proteins and Fats</i> Fresh/Carton Milk Purchase Amount	How much <b>fresh milk/carton milk</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		IF CF.02b = Selected 'purchased 'fresh milk/carton milk' .1>=X>=50
CF.17c MilkInKind	<i>Proteins and Fats</i> Fresh/Carton In-Kind Amount	How much <b>fresh milk/carton milk</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In litres; 1 cup = .25 litres</i>		IF CF.02c = Selected 'received 'fresh milk/carton milk' .125>=X>=15
CF.18a YogurtConsumeAmt	<i>Proteins and Fats</i> Yogurt Consumption Amount	How much <b>yogurt</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In grams (small tub = 200 grams, med= 500 grams, large grams = 700, Xlarge = 1800 grams)</i>		IF CF.02a = Selected 'consumed yogurt' 30>=X>=6,000
CF.18b YogurtPurchaseAmt	<i>Proteins and Fats</i> Yogurt Purchase Amount	How much <b>yogurt</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		IF CF.02b = Selected 'purchased yogurt' .1>=X>=50
CF.18c YogurtInKind	<i>Proteins and Fats</i> Yogurt In-Kind Amount	How much <b>yogurt</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In grams (small tub = 200 grams, med= 500 grams, large grams = 700, Xlarge = 1800 grams)</i>		IF CF.02c = Selected 'received yogurt' 100>=X>=6,000
CF.19a LabnehConsumeAmt	<i>Proteins and Fats</i> Labneh Consumption Amount	How much <b>labneh</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In grams (Extra small tub = 180, small = 200 grams, med= 500 grams, large =1,000 grams)</i>		IF CF.02a = Selected 'consumed labneh' 90>=X>=4,000
CF.19b LabnehPurchaseAmt	<i>Proteins and Fats</i> Labneh Purchase Amount	How much <b>labneh</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		IF CF.02b = Selected 'purchased labneh' .1>=X>=50
CF.19c LabnehInKind	<i>Proteins and Fats</i> Labneh In-Kind Amount	How much <b>labneh</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview?		IF CF.02c = Selected 'received labneh' 90>=X>=4,000

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
		<i>In grams (Extra small tub = 180, small = 200 grams, med= 500 grams, large =1,000 grams)</i>		
MargarineConsumeAmt	<i>Proteins and Fats Margarine Consumption Amount</i>	How <b>much margarine</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview?		<b>IF CF.02a = Selected 'received margarine'</b> 50>=X>=2,000
MargarinePurchaseCost	<i>Proteins and Fats Margarine Purchase Amount</i>	How <b>much margarine</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.02b = Selected 'received margarine'</b> 50>=X>=2,000
MargarineInKind	<i>Proteins and Fats Margarine In-Kind Amount</i>	How <b>much margarine</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview?		<b>IF CF.02c = Selected 'received margarine'</b> 50>=X>=2,000
CF.20a OilConsumeAmt	<i>Proteins and Fats Oil Consumption Amount</i>	How <b>much oil</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>Olive oil, sunflower, soya, palm, etc. In Millilitres (extra small bottle = 250 ML, small = 500ML, Medium = 1,000 ML, Large = 1,800 ML)</i>		<b>IF CF.02a = Selected 'consumed oil'</b> 60>=X>=6,000
CF.20b OilPurchaseAmt	<i>Proteins and Fats Oil Purchase Amount</i>	How <b>much oil</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>Olive oil, sunflower, soya, etc. In JOD</i>		<b>IF CF.02b = Selected 'purchased oil'</b> .1>=X>=50
CF.20c OilInKind	<i>Proteins and Fats Oil In-Kind Amount</i>	How <b>much oil</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Olive oil, sunflower, soya, etc. In millilitres (extra small bottle = 250 ML, small = 500ML, Medium = 1,000 ML, Large = 1,800 ML)</i>		<b>IF CF.02c = Selected 'received oil'</b> 100>=X>=6,000
PalmoilConsumeAmt	<i>Proteins and Fats Palm oil Consumption Amount</i>	How <b>much Palm oil</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview?		<b>IF CF.02a = Selected 'received Palmoil'</b> 60>=X>=6,000
PalmoilPurchaseCost	<i>Proteins and Fats Palm oil Purchase Amount</i>	How <b>much Palm oil</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.02b = Selected 'received Palmoil'</b> 60>=X>=6,000
PalmoilInKind	<i>Proteins and Fats Palm oil In-Kind Amount</i>	How <b>much Palm oil</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview?		<b>IF CF.02c = Selected 'received Palmoil'</b> 60>=X>=6,000
GheeButterConsumeAmt	<i>Proteins and Fats Ghee Consumption Amount</i>	How <b>much Ghee</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview?		<b>IF CF.02a = Selected 'received GheeButter'</b> 60>=X>=6,000

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
GheeButterPurchaseCost	<i>Proteins and Fats</i> Ghee Purchase Amount	How <b>much Ghee</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.02b = Selected</b> <b>'received GheeButter'</b> 60>=X>=6,000
GheeButterInKind	<i>Proteins and Fats</i> Ghee In-Kind Amount	How <b>much Ghee</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview?		<b>IF CF.02c = Selected</b> <b>'received GheeButter'</b> 60>=X>=6,000
OtherFatsConsumeAmt	<i>Proteins and Fats</i> Other Fats Consumption Amount	How <b>much Other Fats</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview?		<b>IF CF.02a = Selected</b> <b>'received OtherFats'</b> 0.1>=X>=50
OtherFatsPurchaseCost	<i>Proteins and Fats</i> Other Fats Purchase Amount	How <b>much Other Fats</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.02b = Selected</b> <b>'received OtherFats'</b> 0.1>=X>=50
OtherFatsInKind	<i>Proteins and Fats</i> Other Fats In-Kind Amount	How <b>much Other Fats</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview?		<b>IF CF.02c = Selected</b> <b>'received OtherFats'</b> 0.1>=X>=50
CF.22a NutsConsumeAmt	<i>Proteins and Fats</i> Nuts and Seeds Consumption Amount	How <b>much nuts and seeds</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>Cashews, almonds, pistachio, sunflower seeds, etc.</i> <i>In KGS</i>		<b>IF CF.02a = Selected</b> <b>'consumed nuts and seeds'</b> .1>=X>=5
CF.22b NutsPurchaseAmt	<i>Proteins and Fats</i> Nuts and Seeds Purchase Amount	How <b>much nuts and seeds</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>Cashews, almonds, pistachio, sunflower seeds, etc.</i> <i>In JOD</i>		<b>IF CF.02b = Selected</b> <b>'purchased nuts and seeds'</b> .1>=X>=50
CF.22c NutsInKind	<i>Proteins and Fats</i> Nuts and Seeds In-Kind Amount	How <b>much nuts and seeds</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Cashews, almonds, pistachio, sunflower seeds, etc.</i> <i>In KGS</i>		<b>IF CF.02c = Selected</b> <b>'received nuts and seeds'</b> .1>=X>=5
CF.24a TahiniConsumeAmt	<i>Proteins and Fats</i> Tahini Consumption Amount	How <b>much tahini</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In Grams (small jar = 250 grams, medium = 400- grams, large = 800-900 grams) 1 tablespoon of tahini = 15 grams</i>		<b>IF CF.02a = Selected</b> <b>'consumed tahini'</b> 15>=X>=2,000
CF.24b TahiniPurchaseAmt	<i>Proteins and Fats</i> Tahini Purchase Amount	How <b>much tahini</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.02b = Selected</b> <b>'purchased tahini'</b> .1>=X>=50

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.24c TahiniInKind	<i>Proteins and Fats</i> Tahini In-Kind Amount	How <b>much tahini</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In Grams (small jar = 250 grams, medium = 400- grams, large = 800-900 grams)</i>		<b>IF CF.02c = Selected</b> <b>'received tahini'</b> 100>=X>=2,000
CF.25a LemonsConsumeAmt	<i>Fruits &amp; Vegetables</i> Lemons Consumption Amount	How <b>many lemons</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs</i> <i>(~6-8 lemons = 1 kg)</i>		<b>IF CF.03a = Selected</b> <b>'consumed lemons'</b> .1>=X>=5
CF.25b LemonsPurchaseAmt	<i>Fruits &amp; Vegetables</i> Lemons Purchase Amount	How <b>many lemons</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased lemons'</b> .1>=X>=50
CF.25c LemonsInKind	<i>Fruits &amp; Vegetables</i> Lemons In-Kind Amount	How <b>many lemons</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs (~6-8 lemons = 1 kg)</i>		<b>IF CF.03c = Selected</b> <b>'received lemons'</b> .1>=X>=5
CF.26a VitCConsumeAmt	<i>Fruits &amp; Vegetables</i> Vit C Consumption Amount	How <b>many oranges, mandarins/clementines</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs (~3-4 oranges = 1 kg AND ~13-14 mandarins = 1kg)</i>		<b>IF CF.03a = Selected</b> <b>'consumed oranges, mandarins/clementines'</b> .1>=X>=5
CF.26b VitCPurchaseAmt	<i>Fruits &amp; Vegetables</i> Vit C Purchase Amount	How <b>many oranges, mandarins/clementines</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased oranges, mandarins/clementines'</b> .1>=X>=50
CF.26c VitCInKind	<i>Fruits &amp; Vegetables</i> Vit C In-Kind Amount	How <b>many oranges, mandarins/clementines</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs (~3-4 oranges = 1 kg AND ~13-14 mandarins = 1kg)</i>		<b>IF CF.03c = Selected</b> <b>'received oranges, mandarins/clementines'</b> .1>=X>=5
CF.27a BananasConsumeAmt	<i>Fruits &amp; Vegetables</i> Bananas Consumption Amount	How <b>many bananas</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs</i> <i>(~6-7 bananas = 1 kg)</i>		<b>IF CF.03a = Selected</b> <b>'consumed bananas'</b> .1>=X>=5
CF.27b BananasPurchaseAmt	<i>Fruits &amp; Vegetables</i> Bananas Purchase Amount	How <b>many bananas</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased bananas'</b> .1>=X>=50
CF.27c BananasInKind	<i>Fruits &amp; Vegetables</i> Bananas In-Kind Amount	How <b>many bananas</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview?		<b>IF CF.03c = Selected</b> <b>'received bananas'</b> .1>=X>=5

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
		<i>In KGs (~6-7 bananas = 1 kg)</i>		
CF.28a ApplesConsumeAmt	<i>Fruits &amp; Vegetables</i> <b>Apples Consumption Amount</b>	How <b>many apples</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs (~5-6 medium apples = 1 kg)</i>		<b>IF CF.03a = Selected</b> <b>'consumed apples'</b> .1>=X>=5
CF.28b ApplesPurchaseAmt	<i>Fruits &amp; Vegetables</i> <b>Apples Purchase Amount</b>	How <b>many apples</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased apples'</b> .1>=X>=50
CF.28c ApplesInKind	<i>Fruits &amp; Vegetables</i> <b>Apples In-Kind Amount</b>	How <b>many apples</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs (~5-6 medium apples = 1 kg)</i>		<b>IF CF.03c = Selected</b> <b>'received apples'</b> .1>=X>=5
CF.29a WatermelonConsumeAmt	<i>Fruits &amp; Vegetables</i> <b>Watermelon Consumption Amount</b>	How <b>much watermelon</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs</i>		<b>IF CF.03a = Selected</b> <b>'consumed watermelon'</b> .1>=X>=30
CF.29b WatermelonPurchaseAmt	<i>Fruits &amp; Vegetables</i> <b>Watermelon Purchase Amount</b>	How <b>much watermelon</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased watermelon'</b> .1>=X>=50
CF.29c WatermelonInKind	<i>Fruits &amp; Vegetables</i> <b>Watermelon In-Kind Amount</b>	How <b>much watermelon</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs</i>		<b>IF CF.03c = Selected</b> <b>'received watermelon'</b> .1>=X>=30
CF.30a DatesConsumeAmt	<i>Fruits &amp; Vegetables</i> <b>Dates Consumption Amount</b>	How <b>many dates</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In Grams (1 medium box = 500 grams)</i> <i>1 date = 25 grams</i>		<b>IF CF.03a = Selected</b> <b>'consumed dates'</b> 25>=X>=2,000
CF.30b DatesPurchaseAmt	<i>Fruits &amp; Vegetables</i> <b>Dates Purchase Amount</b>	How <b>many dates</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased dates'</b> .1>=X>=50
CF.30c DatesInKind	<i>Fruits &amp; Vegetables</i> <b>Dates In-Kind Amount</b>	How <b>many dates</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In Grams (1 medium box = 500 grams)</i> <i>1 date = 25 grams</i>		<b>IF CF.03c = Selected</b> <b>'received dates'</b> 25>=X>=2,000
CF.31a TomatoesConsumeAmt	<i>Fruits &amp; Vegetables</i> <b>Tomatoes Consumption Amount</b>	How <b>much tomatoes</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs</i> <i>(~6-7 tomatoes = 1 kg)</i>		<b>IF CF.03a = Selected</b> <b>'consumed tomatoes'</b> .1>=X>=50

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.31b TomatoesPurchaseAmt	<i>Fruits &amp; Vegetables</i> Tomatoes Purchase Amount	How much <b>tomatoes</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased tomatoes'</b> .1>=X>=50
CF.31c TomatoesInKind	<i>Fruits &amp; Vegetables</i> Tomatoes In-Kind Amount	How much <b>tomatoes</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs (~6-7 tomatoes = 1 kg)</i>		<b>IF CF.03c = Selected</b> <b>'received tomatoes'</b> .1>=X>=50
CF.32a CucumbersConsumeAmt	<i>Fruits &amp; Vegetables</i> Cucumbers Consumption Amount	How much <b>cucumbers</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs</i>		<b>IF CF.03a = Selected</b> <b>'consumed cucumbers'</b> .1>=X>=15
CF.32b CucumbersPurchaseAmt	<i>Fruits &amp; Vegetables</i> Cucumbers Purchase Amount	How much <b>cucumbers</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased cucumbers'</b> .1>=X>=50
CF.32c CucumbersInKind	<i>Fruits &amp; Vegetables</i> Cucumbers In-Kind Amount	How much <b>cucumbers</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs</i>		<b>IF CF.03c = Selected</b> <b>'received cucumbers'</b> .1>=X>=15
CF.33a OnionsConsumeAmt	<i>Fruits &amp; Vegetables</i> Onion Consumption Amount	How much <b>onions/garlic</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In KGs</i> <i>(~6-7 onions = 1 kg)</i>		<b>IF CF.03a = Selected</b> <b>'consumed onions'</b> .1>=X>=5
CF.33b OnionsPurchaseAmt	<i>Fruits &amp; Vegetables</i> Onions Purchase Amount	How much <b>onions/garlic</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased onions'</b> .1>=X>=50
CF.33c OnionsInKind	<i>Fruits &amp; Vegetables</i> Onions In-Kind Amount	How much <b>onions/garlic</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs (~6-7 onions = 1 kg)</i>		<b>IF CF.03c = Selected</b> <b>'received onions'</b> .1>=X>=5
CF.34a TomPureeConsumeAmt	<i>Fruits &amp; Vegetables</i> Tomato puree Consumption Amount	How much <b>concentrated tomato puree</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In Grams (1 small box = 135 grams, 2 small boxes = 270 grams, 3 small boxes =405grams, 4 small boxes = 540 grams); 1 tablespoon of tomato puree = 15 grams</i>		<b>IF CF.03a = Selected</b> <b>'consumed concentrated tomato puree'</b> 15>=X>=5,000
CF.34b TomPureePurchaseAmt	<i>Fruits &amp; Vegetables</i> Tomato puree Purchase Amount	How much <b>concentrated tomato puree</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased concentrated tomato puree'</b> .1>=X>=50

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.34c TomPureeInKind	<i>Fruits &amp; Vegetables</i> Tomato puree In – Kind Amount	How much <b>concentrated tomato puree</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In Grams (1 small box = 135 grams, 2 small boxes = 270 grams, 3 small boxes =405grams, 4 small boxes = 540 grams)</i>		<b>IF CF.03c = Selected</b> <b>'received concentrated tomato puree'</b> 100>=X>=5,000
CF.35a GreensConsumeAmt	<i>Fruits &amp; Vegetables</i> Leafy Greens Consumption Amount	How much <b>leafy green vegetables</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>Eg, grape leaves, broccoli, spinach, lettuce, etc.</i> <i>In KGs</i>		<b>IF CF.03a = Selected</b> <b>'consumed leafy greens'</b> .1>=X>=25
CF.35b GreensPurchaseAmt	<i>Fruits &amp; Vegetables</i> Leafy Greens Purchase Amount	How much <b>leafy green vegetables</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>Eg, grape leaves, broccoli, spinach, lettuce, etc.</i> <i>In JOD</i>		<b>IF CF.03b = Selected</b> <b>'purchased leafy greens'</b> .1>=X>=50
CF.35c GreensInKind	<i>Fruits &amp; Vegetables</i> Leafy Greens In – Kind Amount	How much <b>leafy green vegetables</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Eg, grape leaves, broccoli, spinach, lettuce, etc.</i> <i>In KGs</i>		<b>IF CF.03c = Selected</b> <b>'received leafy greens'</b> .1>=X>=25
CF.36a SugarConsumeAmt	<i>Beverages, Spices, Sweets</i> Sugar Consumption Amount	How much <b>sugar</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In Grams</i> <i>1 teaspoon = 4 grams</i>		<b>IF CF.04a = Selected</b> <b>'consumed sugar'</b> 8>=X>=8,000
CF.36b SugarPurchaseAmt	<i>Beverages, Spices, Sweets</i> Sugar Purchase Amount	How much <b>sugar</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.04b = Selected</b> <b>'purchased sugar'</b> .1>=X>=50
CF.36c SugarInKind	<i>Beverages, Spices, Sweets</i> Sugar In – Kind Amount	How much <b>sugar</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In Grams</i> <i>1 teaspoon = 4 grams</i>		<b>IF CF.04c = Selected</b> <b>'received sugar'</b> 100>=X>=8000
CF.37a ChocolateConsumeAmt	<i>Beverages, Spices, Sweets</i> Chocolate/Ice Cream Consumption Amount	How much <b>ice cream and chocolate bars</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In number of bars</i>		<b>IF CF.04a = Selected</b> <b>'consumed ice cream and chocolate bars'</b> 1>=X>=90

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.37b ChocolatePurchaseAmt	<i>Beverages, Spices, Sweets</i> Chocolate/Ice Cream Purchase Amount	How much <b>ice cream and chocolate bars</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.04b = Selected</b> <b>'purchased ice cream and chocolate bars'</b> .1>=X>=50
CF.37c ChocolateInKind	<i>Beverages, Spices, Sweets</i> Chocolate/Ice Cream In – Kind Amount	How much <b>ice cream and chocolate bars</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In number of bars</i>		<b>IF CF.04c = Selected</b> <b>'received ice cream and chocolate bars'</b> 1>=X>=90
CF.38a SaltPepperConsumeAmt	<i>Beverages, Spices, Sweets</i> Salt & Pepper Consumption Amount	How much <b>table salt and black pepper</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In Grams</i> <i>1 teaspoon = 4 grams</i>		<b>IF CF.04a = Selected</b> <b>'consumed salt &amp; pepper'</b> 4>=X>=5000
CF.38b SaltPepperPurchaseAmt	<i>Beverages, Spices, Sweets</i> Salt & Pepper Purchase Amount	How much <b>table salt and black pepper</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.04b = Selected</b> <b>'purchased salt &amp; pepper'</b> .1>=X>=50
CF.38c SaltPepperInKind	<i>Beverages, Spices, Sweets</i> Salt & Pepper In – Kind Amount	How much <b>table salt and black pepper</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In Grams</i> <i>1 teaspoon = 4 grams</i>		<b>IF CF.04c = Selected</b> <b>'received salt &amp; pepper'</b> 100>=X>=5000
CF.39a OtherSpicesConsumeAmt	<i>Beverages, Spices, Sweets</i> Other Spices Consumption Amount	How much <b>other spices</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>Cardamon, zaatar, maggi, etc.</i> <i>In Grams; 1 teaspoon = 4 grams</i>		<b>IF CF.04a = Selected</b> <b>'consumed other spices'</b> 8>=X>=5000
CF.39b OtherSpicesPurchaseAmt	<i>Beverages, Spices, Sweets</i> Other Spices Purchase Amount	How much <b>other spices</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>Cardamon, zaatar, maggi, etc.</i> <i>In JOD</i>		<b>IF CF.04b = Selected</b> <b>'purchased other spices'</b> .1>=X>=50
CF.39c OtherSpicesTealInKind	<i>Beverages, Spices, Sweets</i> Other Spices In – Kind Amount	How much <b>other spices</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>Cardamon, zaatar, maggi, etc.</i> <i>In Grams; 1 teaspoon = 4 grams</i>		<b>IF CF.04c = Selected</b> <b>'received other spices'</b> 100>=X>=5000
CF.40a TeaConsumeAmt	<i>Beverages, Spices, Sweets</i> Coffee & Tea Consumption Amount	How much <b>tea</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In teabags</i> <i>1 teaspoon of loose leaf tea = 1 teabag</i>		<b>IF CF.04a = Selected</b> <b>'consumed tea'</b> 1>=X>=350

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.40b TeaPurchaseAmt	<i>Beverages, Spices, Sweets Coffee &amp; Tea Purchase Amount</i>	How <b>much tea</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.04b = Selected</b> <b>'purchased tea'</b> .1>=X>=50
CF.40c TeaInKind	<i>Beverages, Spices, Sweets Coffee &amp; Tea In – Kind Amount</i>	How <b>much tea</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In boxes 1 box = 100 teabags; 1 teaspoon of loose leaf tea = 1 teabag</i>		<b>IF CF.04c = Selected</b> <b>'received tea'</b> .25>=X>=15
CF.41a CoffeeConsumeAmt	<i>Beverages, Spices, Sweets Coffee &amp; Tea Consumption Amount</i>	How <b>much coffee</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In cups e.g., nescafe</i>		<b>IF CF.04a = Selected</b> <b>'consumed coffee'</b> 1>=X>=150
CF.41b CoffeePurchaseAmt	<i>Beverages, Spices, Sweets Coffee &amp; Tea Purchase Amount</i>	How <b>much coffee</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.04b = Selected</b> <b>'purchased coffee'</b> .1>=X>=50
CF.41c CoffeeInKind	<i>Beverages, Spices, Sweets Coffee &amp; Tea In – Kind Amount</i>	How <b>much coffee</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In KGs 1 packet of nescafe is 20 grams; 1 bag of nescafe =30 packets = .6 KG</i>		<b>IF CF.04c = Selected</b> <b>'received coffee'</b> .1>=X>=15
CF.42a MineralWaterConsumeAmt	<i>Beverages, Spices, Sweets Mineral Water Consumption Amount</i>	How <b>much mineral (bottled) water</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In litres (1 large standard cooler bottle = 18.9 litres)</i>		<b>IF CF.04a = Selected</b> <b>'consumed mineral (bottled) water'</b> .5>=X>=300
CF.42b MineralWaterPurchaseAmt	<i>Beverages, Spices, Sweets Mineral Water Purchase Amount</i>	How <b>much mineral (bottled) water</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.04b = Selected</b> <b>'purchased (bottled) water'</b> .1>=X>=50
CF.42c MineralWaterInKind	<i>Beverages, Spices, Sweets Mineral Water In – Kind Amount</i>	How <b>much mineral (bottled) water</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In litres (1 large standard cooler bottle = 18.9 litres)</i>		<b>IF CF.04c = Selected</b> <b>'received (bottled) water'</b> .5>=X>=300
CF.43a JuiceSodaConsumeAmt	<i>Beverages, Spices, Sweets Juice and Soda Consumption Amount</i>	How <b>much juice and soda</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>In litres 1 cup = .25 litres</i>		<b>IF CF.04a = Selected</b> <b>'consumed juice and soda'</b> .125>=X>=50

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.43b JuiceSodaPurchaseAmt	<i>Beverages, Spices, Sweets</i> Juice and Soda Purchase Amount	How <b>much juice and soda</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>In JOD</i>		<b>IF CF.04b = Selected</b> <b>'purchased juice and soda'</b> .1>=X>=50
CF.43c JuiceSodaInKind	<i>Beverages, Spices, Sweets</i> Juice and Soda In – Kind Amount	How <b>much juice and soda</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>In litres</i> <i>1 cup = .25 litres</i>		<b>IF CF.04c = Selected</b> <b>'received juice and soda'</b> .125>=X>=50
CF.44a RestaurantConsumeAmt	<i>Restaurant Meals</i> Consumption Amount	How <b>many in-restaurant meals (hummus, falafel)</b> did the household/sharing group <b>consume</b> during the 7 days that precede the interview? <i>breakfast, lunch, dinner or pizza, hummus, falafel, etc.</i> <i>In # of meals</i>		<b>IF CF.05a = Selected</b> <b>'consumed restaurant meals or external orders'</b> 1>=X>=25
CF.44b RestaurantPurchaseAmt	<i>Restaurant Meals</i> Purchase Amount	How <b>many in-restaurant meals (hummus, falafel)</b> did the household/sharing group <b>purchase or cover through credit</b> during the 7 days that precede the interview? <i>breakfast, lunch, dinner or pizza, hummus, falafel, etc.</i> <i>In JOD</i>		<b>IF CF.05a = Selected</b> <b>'consumed restaurant meals or external orders'</b> .1>=X>=250
CF.44c RestaurantInKind	<i>Restaurant Meals</i> In – Kind Amount	How <b>many in-restaurant meals</b> did the household/sharing group <b>receive as humanitarian aid or in-kind assistance</b> during the 7 days that precede the interview? <i>breakfast, lunch, dinner or pizza, hummus, falafel, etc.</i> <i>In # of meals</i>		<b>IF CF.05a = Selected</b> <b>'consumed restaurant meals or external orders'</b> 1>=X>=25
CF.45a WeeklyFoodExp	<i>Weekly Food Expenditure</i>	Total Weekly Expenditure on Food Items		Calculated field.
CF.45b MonthlyFoodExp	<i>Monthly Food Expenditure</i>	Total Monthly Expenditure on Food Items		Calculated field.
CF.45Cnote FoodExpNote	<i>Food Expenditure Note</i>	Ask the respondent if <i>weekly food expenses</i> and <i>monthly food expenses</i> feels like the right total amount for the last 7 days and last 30 days <i>If no, then return to the food items and amend them</i>		
WeeklyFoodExpOnCredit	<i>Weekly Food Expenditure Credit share</i>	<b>To the enumerator:</b> The total weekly food expenses are \${WeeklyFoodExp} JD. Please enter the amount that the family covered on credit.		<b>IF WeeklyFoodExp&gt;0</b> Upper limit: WeeklyFoodExp

## CONSUMPTION AND EXPENDITURE: NON-FOOD

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>NF.TIME</b> TimeIntervalEF	<b>Consumption Non-Food TimeStamp</b>	TimeStamp		
<b>NF.01NoteA</b> NonFoodNoteA	<b>Consumption Non-Food Note</b>	This section is used to collect information on expenditure of non-food items for the sharing group. <u>The sharing group/family member who makes decisions around spending decisions should answer these questions. If they are not available, another relevant sharing group or senior family member should ask on their behalf.</u>		
<b>NF.01NoteB</b> NonFoodNoteB	<b>Consumption Non-Food Note B</b>	Be careful if non- food expenditures are potentially shared by other sharing groups families in the house, outside of this sharing group. Be very mindful when asking the following questions that the values reported back are for the sharing group IF expenses are shared. IF all the expenses are shared, the values reported back should be for the entire household.		
<b>NF.01NoteC</b> NonFoodNoteC	<b>Consumption Non-Food Note C</b>	The following questions will start with the following questions: How much in total did all members of this sharing group pay for [ITEM] during the last [frequency]? Please calculate for all members of your sharing group. <b>Responses should be for items purchased over the last year. If the item was not purchased over the last year, record 0.</b>		
<b>NF.01</b> TransportationExp	<b>Transport &amp; Communication Bus/Taxi Expenditure</b>	How much in total did all members of this sharing group pay for <b>transportation</b> <i>during the last month (last 30 days)?</i> Please calculate for all members of your sharing group. <i>Bus, taxi, fuel costs</i> <b>In JOD</b>		Max value = 700
<b>NF.02</b> CellExp	<b>Transport &amp; Communication Cellular Phone Bill Expenditure</b>	How much in total did all members of this sharing group pay for <b>cellular phone bills</b> <i>during the last month (last 30 days)?</i> Please calculate for all members of your sharing group. <b>In JOD</b>		Max value = 500
<b>NF.03</b> SalonExp	<b>Personal Care Salon Expenditure</b>	How much in total did all members of this sharing group pay for the <b>salon</b> <i>during the last month (last 30 days)?</i> Please calculate for all members of your sharing group. <i>Men, women, and children haircut, service fees</i> <b>In JOD</b>		Max value = 1000
<b>NF.04</b> SoapShampExp	<b>Personal Care Soap and Shampoo Expenditure</b>	How much in total did all members of this sharing group pay for <b>soap and shampoo</b> <i>during the last month (last 30 days)?</i> Please calculate for all members of your sharing group. <b>In JOD</b>		Max value = 100
<b>NF.05</b> OtherPersCareExp	<b>Personal Care Other Items Expenditure</b>	How much in total did all members of this sharing group pay for <b>other personal care items</b> <i>during the last month (last 30 days)?</i> Please calculate for all members of your sharing group. <i>Towels, tissues, perfume, toothpaste, creams etc.</i> <b>In JOD</b>		Max value = 100

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.06 DiaperExp	<i>Personal Care</i> <b>Diapers Expenditure</b>	How much in total did all members of this sharing group pay for <b>diapers and or feminine hygiene items</b> <i>during the last month (last 30 days)?</i> Please calculate for all members of your sharing group. <i>For infants and adults, including feminine hygiene products</i> <b>In JOD</b>		Max value = 100
NF.07 CigarettesExp	<i>Tobacco- Cigarettes &amp; Shisha</i> <b>Expenditure</b>	How much in total did all members of this sharing group pay for <b>tobacco (cigarettes, e- cigarettes and shisha)</b> <i>during the last month (last 30 days)?</i> Please calculate for all members of your sharing group. <b>In JOD</b>		Max value = 250
NF.08 MedicinesExp	<i>Health: Medicines</i> <b>Expenditure</b>	How much in total did all members of this sharing group pay for <b>medicines from pharmacy</b> <i>during the last month (last 30 days)?</i> Please calculate for all members of your sharing group. <i>Monthly or one-off prescriptions, etc</i> <b>In JOD</b>		Max value = 250
NF.09 HospitalExp	<i>Health</i> <b>Expenditure</b>	How much in total did all members of this sharing group pay for <b>health-related costs</b> <i>during the last one year?</i> Please calculate for all members of your sharing group. Frequency = 1 year. <i>Hospital, clinic and dental costs BUT excluding medicines purchased from pharmacy</i> <b>In JOD</b>		Max value = 50,000
NF.10 EducationExp	<i>Education</i> <b>Expenditure</b>	How much in total did all members of this sharing group pay for <b>education-related costs</b> <i>during the last one year?</i> Please calculate for all members of your sharing group. Frequency = 1 year. <i>School fees all levels - government and private, Education stationery - tablet or smart phones, text books, pens, school bags , School uniforms</i> <b>In JOD</b>		Max value = 50,000
NF.11 ClothesExp	<i>Clothing &amp; Footwear</i> <b>Expenditure</b>	How much in total did all members of this sharing group pay for <b>clothes and shoes</b> <i>during the last 6 months?</i> Please calculate for all members of your sharing group. Frequency = Last 6 months. <i>Men, women, and children – excluding school uniforms</i> <b>In JOD</b>		Max value = 5,000
NF.NoteD NonFoodNoteD	<b>Consumption Non Food Note D</b>	For the following items, please provide <b>your groups contribution</b> if paid together with other sharing groups. E.g., if rent is 500 JOD and your sharing groups pays 50%, report 250 JOD. <b>Responses should be for items purchased over the last year. If the item was not purchased over the last year, record 0.</b>		

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.12 CleaningExp	<i>Cleaning Materials Expenditure</i>	How much in total did all members of your sharing group pay for <b>cleaning materials</b> in the last 12 months? Please provide your groups contribution if paid together with other sharing groups. <i>Detergent and all other types of cleaning materials and items.</i> <b>In JOD</b>		Max value =300
NF.12a CleaningFreq	<i>Cleaning Materials Frequency</i>	How <i>often</i> do members of your sharing group purchase or pay for <b>cleaning materials</b> ? <i>Detergent and all other types of cleaning materials and items.</i> <i>Select one</i>	<input type="checkbox"/> Weekly ( <i>once every week</i> ) <input type="checkbox"/> Fortnightly ( <i>once every 2 weeks</i> ) <input type="checkbox"/> Monthly ( <i>Once every month</i> ) <input type="checkbox"/> Quarterly ( <i>once every 3 months</i> ) <input type="checkbox"/> Bi-annually ( <i>twice a year</i> ) <input type="checkbox"/> Annual ( <i>once every year</i> )	If NF.12 > 0
NF.13 RentExp	<i>Housing, Water, Electricity and Gas Rent Expenditure</i>	In the last 6 months, did your household purchase any or pay for <b>rent</b> , using cash or credit? Please provide your groups contribution if paid together with other sharing groups. <b>In JOD</b>		Max value = 3,000
NF.13a RentExp_Explain	<i>Housing, Water, Electricity and Gas Rent Expenditure</i>	You selected “residence is not rented” but you recorded more than 0 for rent expenditure, please explain		If SH.11=No and NF.13a > 0
NF.13b RentFreq	<i>Housing, Water, Electricity and Gas Rent Frequency</i>	How <i>often</i> do members of your sharing group purchase or pay for <b>rent</b> ? <i>Select one</i>	<input type="checkbox"/> Weekly ( <i>once every week</i> ) <input type="checkbox"/> Fortnightly ( <i>once every 2 weeks</i> ) <input type="checkbox"/> Monthly ( <i>Once every month</i> ) <input type="checkbox"/> Quarterly ( <i>once every 3 months</i> ) <input type="checkbox"/> Bi-annually ( <i>twice a year</i> ) <input type="checkbox"/> Annual ( <i>once every year</i> )	If NF.13 > 0

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.13c PayRent	<i>Housing, Water, Electricity and Gas Shelter rental Payments</i>	What is main source of cash you usually use to pay rent? <i>Select one – the income source which contributes the most to paying your rent</i>	<input type="checkbox"/> From work salary <input type="checkbox"/> Use savings <input type="checkbox"/> Cash for work <input type="checkbox"/> In kind <i>Shelter in return for work e.g.in a farm, as a guard</i> <input type="checkbox"/> Borrow money <input type="checkbox"/> Assistance from family abroad (remittances) <input type="checkbox"/> Assistance From UNHCR <input type="checkbox"/> Assistance from other aid agencies <input type="checkbox"/> Begging <input type="checkbox"/> Other	If SH.11 = yes And if NF.13 > 0
NF.13d PayRentOther	<i>Housing, Water, Electricity and Gas Shelter rental Payments</i>	You selected 'Other' as the main source of cash to pay rent, please specify:		NF.13c = Other
NF.14 InternetExp	<i>Housing, Water, Electricity and Gas Home Internet Bill Expenditure</i>	How much in total did all members of your sharing group pay for <b>home internet bill</b> the last time it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>In JOD</i>		Max value = 100
NF.14a InternetFreq	<i>Housing, Water, Electricity and Gas Home Internet Bill Frequency</i>	How often do members of your sharing group purchase or pay for <b>home internet bill</b> ? <i>Select one</i>	<input type="checkbox"/> Weekly ( <i>once every week</i> ) <input type="checkbox"/> Fortnightly ( <i>once every 2 weeks</i> ) <input type="checkbox"/> Monthly ( <i>Once every month</i> ) <input type="checkbox"/> Quarterly ( <i>once every 3 months</i> ) <input type="checkbox"/> Bi-annually ( <i>twice a year</i> ) <input type="checkbox"/> Annual ( <i>once every year</i> )	IF NF.14 > 0

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.15 GasBottleExp	<i>Housing, Water, Electricity and Gas Gas Cylinder Expenditure</i>	How much in total did all members of your sharing group pay for <b>gas cylinder</b> the last time it was purchased? Please provide your groups contribution if paid together with other sharing groups. NOTE: If you have not bought a gas cylinder in that last one year, record 0. <i>Gas bottle, for cooking</i> <b>In JOD</b>		Max value = 100
NF.15a GasBottleFreq	<i>Housing, Water, Electricity and Gas Gas Cylinder Frequency</i>	How often do members of your sharing group purchase or pay for <b>gas cylinder</b> ? NOTE: If you bought a gas cylinder only one time in the last year, select "annual" <i>Gas bottle, for cooking</i>	<input type="checkbox"/> Weekly ( <i>once every week</i> ) <input type="checkbox"/> Fortnightly ( <i>once every 2 weeks</i> ) <input type="checkbox"/> Monthly ( <i>Once every month</i> ) <input type="checkbox"/> Quarterly ( <i>once every 3 months</i> ) <input type="checkbox"/> Bi-annually ( <i>twice a year</i> ) <input type="checkbox"/> Annual ( <i>once every year</i> )	IF NF.15 > 0
NF.16 GasRefillExp	<i>Housing, Water, Electricity and Gas Gas Refill Expenditure</i>	How much in total did all members of yoursharing group pay for <b>gas refill</b> the last time it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>Gas refill, for cooking</i> <b>In JOD</b>		Max value = 75
NF.16a GasRefillFreq	<i>Housing, Water, Electricity and Gas Gas Refill Frequency</i>	How often do members of your sharing group purchase or pay for <b>gas refill</b> ? <i>Gas refill, for cooking</i> <b>Select one</b>	<input type="checkbox"/> Weekly ( <i>once every week</i> ) <input type="checkbox"/> Fortnightly ( <i>once every 2 weeks</i> ) <input type="checkbox"/> Monthly ( <i>Once every month</i> ) <input type="checkbox"/> Quarterly ( <i>once every 3 months</i> ) <input type="checkbox"/> Bi-annually ( <i>twice a year</i> ) <input type="checkbox"/> Annual ( <i>once every year</i> )	IF NF.16 > 0

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.17 KeroseneExp	<i>Housing, Water, Electricity and Gas</i> Kerosene Expenditure	How much in total did all members of your sharing group pay for <b>Kerosene (kaaz) the last time</b> it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>Heating Fuel, etc.</i> <b>In JOD</b>		Max value = 75
NF.17a KeroseneFreq	<i>Housing, Water, Electricity and Gas</i> Kerosene Frequency	How <i>often</i> do members of your sharing group purchase or pay for <b>Kerosene (kaaz) fuel?</b> <i>Select one</i> <i>Heating Fuel, etc.</i>	<input type="checkbox"/> Weekly ( <i>once every week</i> ) <input type="checkbox"/> Fortnightly ( <i>once every 2 weeks</i> ) <input type="checkbox"/> Monthly ( <i>Once every month</i> ) <input type="checkbox"/> Quarterly ( <i>once every 3 months</i> ) <input type="checkbox"/> Bi-annually ( <i>twice a year</i> ) <input type="checkbox"/> Annual ( <i>once every year</i> )	IF NF.17 > 0
NF.18 WaterBillExp	<i>Housing, Water, Electricity and Gas</i> Water Bill Expenditure	How much in total did all members of your sharing group pay for the <b>water bill the last time</b> it was purchased? Please provide your groups contribution if paid together with other sharing groups. <b>In JOD</b>		Max value = 150
NF.18a WaterBillFreq	<i>Housing, Water, Electricity and Gas</i> Water Bill Frequency	How <i>often</i> do members of your sharing group purchase or pay for the <b>water bill?</b> <i>Select one</i>	<input type="checkbox"/> Weekly ( <i>once every week</i> ) <input type="checkbox"/> Fortnightly ( <i>once every 2 weeks</i> ) <input type="checkbox"/> Monthly ( <i>Once every month</i> ) <input type="checkbox"/> Quarterly ( <i>once every 3 months</i> ) <input type="checkbox"/> Bi-annually ( <i>twice a year</i> ) <input type="checkbox"/> Annual ( <i>once every year</i> )	IF NF.18 > 0
NF.18b WaterPayment	<i>Housing, Water, Electricity and Gas</i> Electricity Payment To	Do you pay the water bill directly to the water company or to your landlord?	<input type="checkbox"/> Pay directly to company/provider <input type="checkbox"/> Pay directly to landlord or homeowner <input type="checkbox"/> I don't know/ I don't pay	IF NF.18>0

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.19 ElectricityBillExp	<i>Housing, Water, Electricity and Gas</i> Electricity Bill Expenditure	How much in total did all members of your sharing group pay for the <b>electricity bill</b> <i>the last time</i> it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>In JOD</i>		Max value = 300
NF.19a ElectricityBillFreq	<i>Housing, Water, Electricity and Gas</i> Electricity Bill Frequency	How <i>often</i> do members of your sharing group purchase or pay for the <b>electricity bill</b> ? <i>Select one</i>	<input type="checkbox"/> Weekly ( <i>once every week</i> ) <input type="checkbox"/> Fortnightly ( <i>once every 2 weeks</i> ) <input type="checkbox"/> Monthly ( <i>Once every month</i> ) <input type="checkbox"/> Quarterly ( <i>once every 3 months</i> ) <input type="checkbox"/> Bi-annually ( <i>twice a year</i> ) <input type="checkbox"/> Annual ( <i>once every year</i> )	IF NF.19 > 0
NF.19b ElectricityPayment	<i>Housing, Water, Electricity and Gas</i> Electricity Payment To	Do you pay the electricity bill directly to the electricity company or to your landlord?	<input type="checkbox"/> Pay directly to company/provider <input type="checkbox"/> Pay directly to landlord or homeowner <input type="checkbox"/> I don't know/ I don't pay	IF NF.19>0
NF.20 MiscellaneousExp	<i>Other</i> Miscellaneous Items Expenditure	How much in total did all members of yoursharing group pay for <b>miscellaneous items</b> <i>the last time</i> it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>Include any items which were not asked above</i> <i>In JOD</i>		Max value = 750
NF.20a MiscellaneousFreq	<i>Other</i> Miscellaneous Items Frequency	How <i>often</i> do members of your sharing group purchase or pay for the <b>miscellaneous items</b> ? <i>Include any items which were not asked above</i> <i>Select one</i>	<input type="checkbox"/> Weekly ( <i>once every week</i> ) <input type="checkbox"/> Fortnightly ( <i>once every 2 weeks</i> ) <input type="checkbox"/> Monthly ( <i>Once every month</i> ) <input type="checkbox"/> Quarterly ( <i>once every 3 months</i> ) <input type="checkbox"/> Bi-annually ( <i>twice a year</i> ) <input type="checkbox"/> Annual ( <i>once every year</i> )	IF NF.20 > 0

## COPING STRATEGIES

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>CS.TIME</b> TimeIntervalCS	<b>Coping Strategies</b> <b>TimeStamp</b>	TimeStamp		
<b>CS.01Note</b> CopingStrategiesNoteA	<b>Coping Strategies</b> <b>Note</b>	This section is used to collect information on coping strategies for the specific sharing group. <b>The member of the sharing group who makes most decisions around reliance on coping strategies should answer these questions. If they are not available, another relevant or senior household member should answer on their behalf.</b>		
<b>CS.01Noteb</b> CopingStrategiesNoteB	<b>Coping Strategies</b> <b>Note B</b>	Be careful if coping strategies are potentially shared by other cases or families in the house outside of the sharing group. Be very mindful when asking the following questions that the responses reported back are for the sharing group.		
<b>LCSI.01Note</b> RCSINot	<b>LSCI Note</b>	The following section will start with a group of questions under this question: In the past 30 days, has <b>anyone in your sharing group</b> applied any of the below strategies to meet basic needs?		
<b>LSCI.01a</b> LCSISpentSaving	<b>LSCI</b> <b>Stress</b>	Spent savings	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	
<b>LSCI.01b</b> LCSIBoughtFoodOnCredit	<b>LSCI</b> <b>Stress</b>	Bought items on credit	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	
<b>LCSI.01c</b> LCSITookALoan	<b>LSCI</b>	Take out a debt to buy necessities except for food	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>LCSI.01c</b> LCSIBorrowMoney_BN	<b>LCSI</b> <b>Stress</b>	Borrowed money to cover basic needs (education, health, rent, food purchase, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	
<b>LCSI.01d</b> LCSIReduceEssentialNonFoodExp	<b>LCSI</b> <b>Stress</b>	Reduced essential non-food expenditure such as education/health	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	
<b>LCSI.01e</b> LCSISellHouseholdAssests	<b>LCSI</b> <b>Stress</b>	Sell household assets/goods <i>Jewellery, phone, furniture, electronics, domestic items, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	
<b>LCSI.01f</b> LCSISellProductiveAssests	<b>LCSI</b> <b>Crisis</b>	Sell productive assets or means of transport <i>Sewing machine, car, bicycle, wheelbarrow, motorbike, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	
<b>LCSI.01g</b> LCSIBorrowedfood	<b>LCSI</b> <b>Crisis</b>	Borrowed food	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>LSCI.01h</b> LSCIChangedAccommodationLocation	<b>LSCI Stress</b>	Changed accommodation location or type in order to reduce rental expenditure	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	
<b>LSCI.01i</b> LSCIAdultsAcceptedRiskJob	<b>LSCI Crisis</b>	Adult members of the household accepted socially degrading, exploitative, high risk or illegal temporary jobs <i>Working without work permit</i> <i>Accepted jobs with unfair working conditions (overtime, long working hours, below minimum wage payment, late payment, discrimination from the managers, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable..	
<b>LSCI.01j</b> LCSISentAdultToBeg	<b>LSCI Emergency</b>	Sent adult family members to beg	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable..	
<b>LSCI.01k</b> LCSISentChildrenToBeg	<b>LSCI Emergency</b>	Sent child (under 16) family members to beg <i>If there are no children in case/family, select not applicable</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	
<b>LSCI.01l</b> LCSISentChildrenToWork	<b>LSCI Emergency</b>	Sent children (under the age of 16) to work in order to provide resources <i>If there are no children in case/family, select not applicable</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>LCSI.01la</b> LCSISentChildrenToWork_yn	<b>LCSI</b> <b>Emergency</b>	If yes; what's the gender of the children who were sent to work?	<input type="checkbox"/> Female children only <input type="checkbox"/> Male children only <input type="checkbox"/> Both	
<b>LCSI.01m</b> LCSIWithdrewChildFromSchool	<b>LCSI</b> <b>Emergency</b>	Withdrew children from school <i>If there are no children in case/family, select not applicable</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable.	
<b>LCSI.01ma</b>	<b>LCSI</b> <b>Emergency</b>	If yes; who did you withdraw from school?	<input type="checkbox"/> Female children only <input type="checkbox"/> Male children only <input type="checkbox"/> Both	
<b>LCSI.01n</b> LCSIEarlyMarriage	<b>LCSI</b> <b>Emergency</b>	Early marriage of children (male and female) under 18 <i>If there are no children in case/family, select not applicable</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable	
<b>LCSI.01na</b>	<b>LCSI</b> <b>Emergency</b>	If yes; what is the gender of children that were married early?	<input type="checkbox"/> Female children only <input type="checkbox"/> Male children only <input type="checkbox"/> Both	
<b>LCSI.01o</b> LCSIMigration	<b>LCSI</b>	Initiated the emigration process to other countries.	<input type="checkbox"/> Yes <input type="checkbox"/> No, we did not need to do this. <input type="checkbox"/> No, we have already used this strategy and cannot use it anymore. <input type="checkbox"/> No, not applicable	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>LCSI.01p</b> reasonCopingStrategies	<b>LCSI</b>	What is the main reason(s) (i.e., to access which essential needs) you or other members of your sharing group adopted these coping strategies? Note to enumerator: do not list the below as options to the interviewee. Instead, mark all those that apply based on the answer provided. Select <i>all</i> that apply.	<input type="checkbox"/> To buy food <input type="checkbox"/> To pay for rent or access adequate shelter <input type="checkbox"/> To pay for school fees and other education costs <input type="checkbox"/> To cover health expenses <input type="checkbox"/> To buy essential non-food items (Clothes, small furniture...) <input type="checkbox"/> To access water or sanitation facilities <input type="checkbox"/> To access essential dwelling services (Electricity, energy, waste disposal...) <input type="checkbox"/> To pay for existing debts <input type="checkbox"/> Other	
<b>LSCI.02</b> SavingsSpent	<b>LSCI</b> <b>Stress</b>	You selected “spent saving” to meet basic needs. How much of your savings have you spent in the last month? <i>In JOD</i>		LSCI.01a = Yes 1<=X<1000
<b>LSCI.02a</b> SavingsRemaining	<b>LSCI</b> <b>Stress</b>	How much is left from your savings? <i>In JOD</i>		LSCI.01a = Yes 0<=X<5000
<b>LSCI.02b</b> SavingsRemainingConfirm	<b>LSCI</b> <b>Stress</b>	Please enter leftover savings again for confirmation <i>In JOD</i>		LSCI.01a = Yes LSCI.02a == LSCI.02b
<b>RCSI.01Note</b> RCSINote	<b>RCSI Note</b>	The following questions will start with the following questions: During the last 7 days, how many times (in days) did anyone in your sharing group have to employ one of the following strategies to cope with a lack of food or money to buy it? (0-7)		
<b>RCSI.01a</b> rCSILessPreferred	<b>Food Security</b> <b>RCSI</b>	Rely on less preferred and less expensive food (i.e. cheaper lower quality food)?		Range = 0 - 7
<b>RCSI.01b</b> rCSIBorrowFood	<b>Food Security</b> <b>RCSI</b>	Borrow food or relied on help from relative(s) or friend(s):		Range = 0 - 7
<b>RCSI.01c</b> rCSIReduceNumber	<b>Food Security</b> <b>RCSI</b>	Reduce number of meals eaten a day?		Range = 0 - 7
<b>RCSI.01d</b> rCSILimitPortions	<b>Food Security</b> <b>RCSI</b>	Limit portion size at mealtime (different from above: i.e. less food per meal)?		Range = 0 - 7
<b>RCSI.01e</b> rCSIRestrictAdultConsumption	<b>Food Security</b> <b>RCSI</b>	Restrict consumption by adults in order for small children to eat?		Range = 0 - 7

**END SHARING GROUP LOOP**

**END FAMILY LOOP**

SHELTER

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
SH.TIME	Shelter TimeStamp	TimeStamp		
SH.01Note ShelterNote	Shelter Note	This section is used to collect information about the quality of the housing and the security of the tenancy of the residents. <u>The respondent should be the head of household identified in the section above. If the head of household is not available, the PA or another relevant or senior member should respond.</u>		
SH.01 TypeOfShelter	VAF Shelter Type	What type of shelter is the household residing in?	<input type="checkbox"/> Formal: Finished building <i>(Completed &amp; permanent building ready to be occupied)</i> <input type="checkbox"/> Formal: Sub-standard building <i>(Any type of building not designated as dwelling, requiring rehabilitation)</i> <input type="checkbox"/> Informal: Settlement <i>(made of makeshift tents, not recognized by authorities)</i>	
SH.02 NumberOfRooms	VAF Shelter Crowding MPI	How many rooms are there, excluding the kitchen & sanitary facilities? <i>Only bedrooms and living areas, not the bathrooms and kitchen</i>		1=<X<=11
SH.02a Kitchen_yn	VAF Shelter Kitchen	Is there a private kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SH.02b Bathroom_yn	VAF Shelter Bathroom	Is there a private bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
SH.02c KitchenLocation	Kitchen location	Is the kitchen inside the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If SH.02a="No"
SH.02d BathroomLocation	Bathroom location	Is the bathroom inside the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If SH.02b="No"
SH.03 RoofCondition	VAF Shelter Condition Roof	Roof's condition (leakage /structural) <i>Acceptable = No visible major cracks or leakages present</i> <i>Sub-standard = Damp, Crack, Leaks, Zinc roof, etc.</i>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Sub- standard	
SH.03a RoofConditionOther	VAF Shelter Condition Roof Other	Why did you select 'sub-standard' for roof condition? <i>Select all that apply</i>	<input type="checkbox"/> Damp/Mold <input type="checkbox"/> Crack/Leakage <input type="checkbox"/> Water Infiltration ( <i>worse than leakage</i> )	IF SH.03 = Sub- standard
SH.04 OpeningsConditions	VAF Shelter Condition Openings	Openings condition <i>Acceptable = All openings have a functional window or door made of a solid material and close with a lock (not broken, not temporary)</i> <i>Sub-standard = Openings <b>do not</b> have functional windows or doors; at least one window or door is broken with no lock</i>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Sub- standard	
SH.05 ElectricalCndition	VAF Shelter Condition Electricity Safety	Electrical installation condition <i>Acceptable = Presence of fuse board, all wires are enclosed, safe</i> <i>Substandard = Exposed wired, improvised installation, unsafe</i>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Sub- standard	
SH.06 LightVentilationCondition	VAF Shelter Condition Natural Light Ventilation	Natural light and ventilation <i>Acceptable = All living areas and bedrooms have windows and doors that open to provide natural light and ventilation</i> <i>Sub-standard = Some or all living areas and bedrooms <b>do not</b> have windows and doors that open to provide natural light and ventilation</i>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Sub- standard	
SH.07 AccessToDwellingCondition	Mobility & Accessibility	Is there easy access to the dwelling (for all members of family)? <i>Acceptable = All members of the family can reach / leave the shelter, from / to the public space without support and independently</i> <i>Sub-standard = One of more members of the family requires support from the family to reach / leave the shelter from the public space. (i.e., the person needs to be carried or cannot go alone)</i>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Sub- standard	
SH.07a MedicalAccess	Medical Access	If there was any medical need, were you able to access hospitals/clinics in the last six months? <i>This is for any medical condition, not just the ones covered above.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

<p><b>SH.08</b> HouseholdAssets</p>	<p><b>Household Items</b> <b>MPI</b></p>	<p>What items of furniture or other assets are found in the shelter which the household can use even if the household does not own them? <i>Select all items that are in good condition.</i> <i>Do not select an appliance that is not working</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Floor mattress</li> <li><input type="checkbox"/> Beds</li> <li><input type="checkbox"/> Blankets</li> <li><input type="checkbox"/> Table/chairs</li> <li><input type="checkbox"/> Sofa set</li> <li><input type="checkbox"/> Cabinets</li> <li><input type="checkbox"/> Kitchen utilities</li> <li><input type="checkbox"/> Water filter</li> <li><input type="checkbox"/> Fridge</li> <li><input type="checkbox"/> Freezer</li> <li><input type="checkbox"/> Gas/electric oven</li> <li><input type="checkbox"/> Gas stove</li> <li><input type="checkbox"/> Kerosene stove</li> <li><input type="checkbox"/> Water heater</li> <li><input type="checkbox"/> Water pump</li> <li><input type="checkbox"/> Washing machine</li> <li><input type="checkbox"/> Electric fan</li> <li><input type="checkbox"/> Air conditioner</li> <li><input type="checkbox"/> Electric lamps</li> <li><input type="checkbox"/> Fireplace</li> <li><input type="checkbox"/> Electric heater</li> <li><input type="checkbox"/> Gas heater</li> <li><input type="checkbox"/> Kerosene heater</li> <li><input type="checkbox"/> Diesel boiler</li> <li><input type="checkbox"/> Television</li> <li><input type="checkbox"/> Computer</li> <li><input type="checkbox"/> Tablet</li> <li><input type="checkbox"/> Radio</li> <li><input type="checkbox"/> Basic cell phone (no internet connection)</li> <li><input type="checkbox"/> Smartphone</li> <li><input type="checkbox"/> Phone - landline</li> <li><input type="checkbox"/> Car</li> <li><input type="checkbox"/> Bicycle</li> <li><input type="checkbox"/> Motorcycle</li> <li><input type="checkbox"/> Tractor</li> <li><input type="checkbox"/> Other</li> </ul>	
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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>SH.08a</b> HouseholdAssetsOther	<b>Household Items</b>	You selected 'Other' for household assets, please specify		SH.08 = Other
<b>SH.09</b> Heating	<b>Heating</b>	What do you use for heating?  <i>Select multiple</i>	<input type="checkbox"/> Air Condition <input type="checkbox"/> Gas <input type="checkbox"/> Kerosine <input type="checkbox"/> Electric heater <input type="checkbox"/> Firewood <input type="checkbox"/> Other	
<b>SH.09a</b> Heating Other	<b>Heating Other</b>	Other		If SH.09=Other
<b>SH.09b</b> Cooling	<b>Cooling Source</b>	What does the household use for cooling?	<input type="checkbox"/> Air condition <input type="checkbox"/> Electric Fan <input type="checkbox"/> Nothing <input type="checkbox"/> Other (specify)	
<b>SH.09c</b> CoolingOther	<b>Heating Other</b>	Other		If SH.09b=Other
<b>SH.09d</b> AirConditioningUsage	<b>Adaptive Capacity CVI</b>	How often can you not operate the fan/air conditioning due to a lack of electricity or because it is too expensive?	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Very often	IF SH.09="Electric Fan" OR "Air Condition" OR IF Sh.09b="Air Condition" or "Electric Fan"
<b>SH.10</b> ChangeResidence	<b>Changed Residence</b>	Since January 2022, have you changed your residency location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>SH.10a</b> ChangeResidenceReason	<b>Changed Residence Reasons</b>	What are the main reasons that you changed your residency location? <i>Select up to 3 reasons</i>	<input type="checkbox"/> Protection/security concerns <input type="checkbox"/> Moved to be closer to schools <input type="checkbox"/> Moved to a cheaper house <input type="checkbox"/> Moved to a place with better living conditions <input type="checkbox"/> Moved to live with other family members <input type="checkbox"/> Conflict with host community and/or Landlord <input type="checkbox"/> Fear of eviction (Scared the landlord will evict them) <input type="checkbox"/> Verbal threat of eviction <input type="checkbox"/> Written note for eviction <input type="checkbox"/> Other	IF SH.10= Yes
<b>SH.10d</b> ChangeResidenceReasonOther	<b>Changed Residence Other</b>	You selected 'Other' reasons for changing your residency location, please specify:		IF SH.10 = Yes AND IF SH.10a = Other
<b>SH.11</b> RentedAccommodation	<b>Shelter rental Payments</b>	Is the residence rented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SH.11a</b> RentLastQuarter	<b>Rental Payments in last quarter</b>	Have you paid rent in the last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If SH.11 = Yes
<b>SH.11b</b> NotPayingRent	<b>Shelter rental Payments</b>	You selected 'residence is not rented', please specify:	<input type="checkbox"/> Owned <input type="checkbox"/> Squatter ( <i>illegal occupation of someone else's house/land</i> ) <input type="checkbox"/> Accommodation is free <input type="checkbox"/> Other	If SH.11= No

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>SH.11c</b> Owned	<b>Shelter rental Payments</b>	You selected 'residence is not rented' because the shelter is 'owned', by whom?	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employer <input type="checkbox"/> Head of Household <input type="checkbox"/> Other	SH.11 = no SH.11b= Owned
<b>SH.11d</b> OwnedOther	<b>Shelter rental Payments</b>	You selected 'resident is not rented' 'owned by other', please specify:		SH.11c = Other
<b>SH.11e</b> NotPayingRentOther	<b>Shelter rental Payments</b>	You selected 'resident is not rented' 'other', please specify:		SH.11b= Other
<b>SH.12</b> AgreementType	<b>VAF Security of Tenure</b>	What type of agreement is there between the landlord and tenant? <i>If written agreement expires in 2023, you should still select "written agreement". If written agreement expired December 2022 or before, select no agreement</i>	<input type="checkbox"/> Written agreement <input type="checkbox"/> Verbal agreement <input type="checkbox"/> No agreement	If SH.11 = Yes
<b>CVI.02</b> DamageDwelling	<b>Exposure CVI</b>	In the last 12 months, has your dwelling been damaged by...	<input type="checkbox"/> —	
<b>CVI.02a</b> DamageDwellingFlood		...too much rain or floods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CVI.02b</b> DamageDwellingStorm		...a sandstorm/windstorm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CVI.03</b> ImpairmentHeat	<b>Exposure CVI</b>	In the last 12 months, how often did the heat make you feel tired and sick so that you could not carry out your usual duties?	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Very often	
<b>CVI.04</b> NoWaterDrink	<b>Sensitivity CVI</b>	In the last 12 months, how often were you without water to drink?	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Very often	
<b>CVI.05</b> NoWaterOther	<b>Sensitivity CVI</b>	In the last 12 months how often were you without water to clean your home or water plants or garden? <i>This should refer to cleaning house and watering plants</i>	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Very often	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>CVI.08</b> DwellingShock50	<b>Sensitivity CVI</b>	Imagine that a weather event damaged the dwelling you are living in and repairing it would cost 50 JOD. Would you be able to repair it using your own savings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CVI.09</b> DwellingShock300	<b>Sensitivity CVI</b>	Imagine that a weather event damaged the dwelling you are living in and repairing it would cost 300 JOD. Would you be able to repair it using your own savings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF CVI.08=Yes
<b>CVI.10</b> SocialSafetyNet	<b>Sensitivity CVI</b>	How many relatives and friends would be able and willing to lend you 50 JOD or material to do the repairs?	<input type="checkbox"/> Specify a number	integer >=0

## WASH

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>W.TIME</b> WASHTimeStamp	<b>WASH TimeStamp</b>	TimeStamp		
<b>W.01Note</b> WASHnote	<b>WASH Enumerator Note</b>	This section is used to collect information about the water and sanitation situation in the property. <u>It is asked to the head of household identified in the section above. If the head of household is not available, the PA or another relevant or senior household member should respond.</u>		
<b>W.01</b> WaterSource	<b>Source of Water</b>	What is your main source of water in your house for hygiene and sanitation?	<input type="checkbox"/> Municipality / piped <input type="checkbox"/> Water trucking <input type="checkbox"/> Other	
<b>W.01a</b> WaterSourceOther	<b>Source of Water</b>	You selected 'other' as the main source of water, please specify:		W.01 = Other
<b>W.01b</b> Water reliability	<b>Water Reliability</b>	How often do you have water available through your main source?	<input type="checkbox"/> At all times <input type="checkbox"/> Once a day <input type="checkbox"/> Every other day <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a week	
<b>W.02</b> WaterStorageCapacity	<b>Water Storage</b>	Do you consider your water storage capacity (roof tanks, reservoirs, etc.) enough to cover all family needs (personal hygiene, cooking, house cleaning, etc.)? <i>How often does the household run out of water. If it is regularly more than once a month then it is unlikely the capacity is large enough.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>W.03</b> LatrineAccess	<b>Sanitation Physical Accessibility</b>	Is the latrine physically accessible to all members of the household? <i>If any person needs support to use the bathroom, select no</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>W.04</b> LatrineExclusive	<b>Sharing Latrine Sanitation</b>	Is the latrine for exclusive use by your house? <i>This refers to separate residences with a shared bathroom. Select how many households or residences your latrine is shared with.</i>	<input type="checkbox"/> Exclusive/private <input type="checkbox"/> Shared with 2 houses <input type="checkbox"/> Shared with 3+ houses	
<b>W.05</b> LatrineSafe	<b>Perception of Safety Sanitation</b>	Is the latrine located in a safe, secure and accessible location and with safe infrastructure? <i>Are all members of the family comfortable to use the toilet independently during the whole day and night</i> <ul style="list-style-type: none"> <li>- <i>Is it detached to the main household?</i></li> <li>- <i>Does the door have a lock?</i></li> <li>- <i>Does it have lights so it can be used at night?</i></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>W.06</b> TypeOfWasteWater	<b>Type of Wastewater Disposal Sanitation</b>	How is wastewater disposed of or collected?	<input type="checkbox"/> Network/sewage system <input type="checkbox"/> Tank or lined pit <input type="checkbox"/> Unlined pit <input type="checkbox"/> field <input type="checkbox"/> bucket <input type="checkbox"/> plastic bag <input type="checkbox"/> Other	
<b>W.06a</b> WasteWaterEmptyFrequency	<b>Type of Wastewater Disposal Sanitation</b>	If you selected tank or lined, how often do you empty it?	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	If W.06= Tank or lined pit
<b>W.06b</b> WasteWaterEmptyCost	<b>Type of Wastewater Disposal Sanitation</b>	How much does it cost you? <i>In JOD</i>		If W.06= Tank or lined pit Restrict to a 2-digit number
<b>W.07</b> RecyclingPractise	<b>Recycling</b>	Do you separate waste material (food, recyclables, and mixed material?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>W.07a</b> RecyclingPractiseRankingType	<b>Recycling</b>	If yes, please specify by ranking from largest to smallest amount. <i>This should be ranked by the HH - select first, select second, select third, etc</i>	<input type="checkbox"/> Paper/cardboard, <input type="checkbox"/> Plastic <input type="checkbox"/> Food waste <input type="checkbox"/> Tin/cans and foils <input type="checkbox"/> Glass <input type="checkbox"/> Textile <input type="checkbox"/> Other	W.07=Yes

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>W.08</b> FrequencySolidWaste	<b>Disease Vector Evidence Solid Waste</b>	How often have you noticed rodents, rats, mosquitos, or other insects on waste disposal areas within the home?	<input type="checkbox"/> Never <input type="checkbox"/> 1 - 2 times per year <input type="checkbox"/> More than 2 per year	

## BEHAVIORAL QUESTIONS

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>TIME</b>	<b>Shelter TimeStamp</b>	TimeStamp		
<b>BehavioralQuestionsNote</b>		In this section, participants are <b>randomly assigned</b> to being read one out of four statements. Participants (head of household only) will then be presented with a hypothetical purchasing task. They will be asked to choose a set of 5 items out of a larger selection.		
<b>BehavioralQuestionsNote2</b>		<b>IN THIS SECTION, WE WILL READ A STATEMENT ABOUT A CERTAIN TOPIC TO YOU AND THEN ASK FOR YOUR VIEW ON HOW IMPORTANT THE TOPIC IS.</b>		
<b>EXP.01a</b> Awareness	<b>Experiment Group 1</b>	The climatic conditions in Jordan are changing. Temperatures above 40°C will likely become more frequent and water will likely become scarcer and less available.  Would you say that this is an important topic?	<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important at all	Only one out of EXP.01a, EXP.01b, EXP.01c, and EXP.01d, selected at random
<b>EXP.01b</b> AwarenessNudge	<b>Experiment Group 2</b>	The climatic conditions in Jordan are changing. Temperatures above 40°C will likely become more frequent and water will likely become scarcer and less available. <b>To reduce negative consequences it is important to take preventive actions now!</b>  <b>Would you say that this is an important topic?</b>	<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important at all	Only one out of EXP.01a, EXP.01b, EXP.01c, and EXP.01d, selected at random

<p><b>EXP.01c</b> PlaceboConcern</p>	<p><b>Experiment Group 3</b></p>	<p>The labor market conditions in Jordan are challenging. For example, many people are unemployed because the skills they have do not match what employers look for. National, international, and local organizations are working with the government to create more job opportunities.</p> <p>Would you say that this is an important topic?</p>	<p><input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important at all</p>	<p>Only one out of EXP.01a, EXP.01b, EXP.01c, and EXP.01d, selected at random</p>
<p><b>EXP.01d</b> PlaceboNeutral</p>	<p><b>Experiment Group 4</b></p>	<p>Jordan has great tourism potential due to its rich history, diverse landscapes, and cultural attractions. The country is home to famous historical sites like the ancient city of Petra, a stunning UNESCO World Heritage site, and the well-preserved Roman ruins in Jerash. Jordan's hospitality and warm welcoming people add to the appeal of the tourism experience.</p> <p>Would you say that this is an important topic?</p>	<p><input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important at all</p>	<p>Only one out of EXP.01a, EXP.01b, EXP.01c, and EXP.01d, selected at random</p>

<p><b>EXP.01e</b> ClimateInvest</p>	<p><b>Climate related investment CVI</b></p>	<p>Imagine that you were offered to choose five of the following items to keep for free. Which would you choose?</p> <table border="1" data-bbox="728 359 1646 1165"> <tr> <td data-bbox="728 359 958 622">  Fan         </td> <td data-bbox="958 359 1189 622">  9 packs of cigarettes         </td> <td data-bbox="1189 359 1420 622">  Blanket         </td> <td data-bbox="1420 359 1646 622">  Reflective heat cover         </td> </tr> <tr> <td data-bbox="728 622 958 901">  School items         </td> <td data-bbox="958 622 1189 901">  Food         </td> <td data-bbox="1189 622 1420 901">  Gas heater         </td> <td data-bbox="1420 622 1646 901">  Waterproof sheet         </td> </tr> <tr> <td data-bbox="728 901 958 1165">  Items for small children         </td> <td data-bbox="958 901 1189 1165">  Solar Lamp         </td> <td data-bbox="1189 901 1420 1165">  Clothes         </td> <td data-bbox="1420 901 1646 1165">  Hygiene items         </td> </tr> </table>	 Fan	 9 packs of cigarettes	 Blanket	 Reflective heat cover	 School items	 Food	 Gas heater	 Waterproof sheet	 Items for small children	 Solar Lamp	 Clothes	 Hygiene items	<ul style="list-style-type: none"> <li><input type="checkbox"/> Fan</li> <li><input type="checkbox"/> 9 packs of cigarettes</li> <li><input type="checkbox"/> Blanket</li> <li><input type="checkbox"/> Reflective heat cover</li> <li><input type="checkbox"/> School items</li> <li><input type="checkbox"/> Food</li> <li><input type="checkbox"/> Heater</li> <li><input type="checkbox"/> Waterproof sheet</li> <li><input type="checkbox"/> Items for small children</li> <li><input type="checkbox"/> Solar Lamp</li> <li><input type="checkbox"/> Clothes</li> <li><input type="checkbox"/> Hygiene items</li> </ul>	<p>Tick exactly five items</p>
 Fan	 9 packs of cigarettes	 Blanket	 Reflective heat cover													
 School items	 Food	 Gas heater	 Waterproof sheet													
 Items for small children	 Solar Lamp	 Clothes	 Hygiene items													

<p><b>EXP.02</b></p> <p>RiskAttitude</p>	<p><b>Adaptive Capacity CVI</b></p>	<p>Imagine that your task is to collect boxes 📦 , each worth 1JOD. There are 100 boxes in total. You can choose to collect any number of boxes, from zero to ninety-nine.</p> <p>There is, however, a thief 🕵️ is hidden in one of the boxes chosen. If you collect it, all boxes will be stolen by the thief and you will lose all the money collected. If instead the box with the thief is not chosen your score in the game in JOD will be equal to the number of boxes collected.</p> <p>Example:</p>  <p style="text-align: center;"> <span>Collected: 66/ 100</span> <span style="margin-left: 200px;">Collected: 66/ 100</span> </p> <p><input type="checkbox"/> How many boxes would you like to collect?</p>	<p>Specify a number</p>	<p>integer</p> <p>&gt;=0 &amp; &lt;=100</p>
<p><b>EXP.03</b></p> <p>TimePreferences</p>	<p><b>Adaptive Capacity CVI</b></p>	<p>In comparison to others, are you a person who is generally willing to give up something today in order to benefit from that in the future or are you not willing to do so? Please place yourself on a scale from 1 to 10, where 1 means “completely unwilling to give up something today” and 10 means “very willing to give up something today”.</p>	<p>Enter a number</p>	<p>Integer</p> <p>&gt;= 1 &amp; &lt;= 10</p>

<b>EXP.04</b> SocialTrust	<b>Adaptive Capacity CVI</b>	Generally speaking, would you say that most people can be trusted? Or do you need to be very careful in dealing with people?	<input type="checkbox"/> Most people can be trusted <input type="checkbox"/> Need to be very careful	
<b>IND.15</b> LifeSatisfaction	<b>Life Satisfaction</b>	How satisfied are you with your life at the moment, all things considered?  Please place yourself on a scale from 1 (completely dissatisfied) to 10 (completely satisfied).	<input type="checkbox"/> Select 1- 10  <input type="checkbox"/>	1-10

## CLIMATE CHANGE

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>SH.TIME</b>	<b>Shelter TimeStamp</b>	TimeStamp		
<b>W.09</b> ClimateChangeKnowledge	<b>Climate Change</b>	Do you know what Climate Change is or have you ever heard about it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have a vague idea	
<b>W.10</b> ClimateChangeNow	<b>Climate Change</b>	Climate change can be understood as both changes in average weather (e.g. temperature and rainfall) and changes in the frequency of extreme weather events (e.g. a heatwave, drought or flooding). How strongly does climate change affect your life at the moment? Please place yourself on a scale from 1 to 10, where 1 means “absolutely not affected” and 10 means “affected very strongly”.	<input type="checkbox"/> Enter a number	Integer >= 1 & <= 10
<b>W.11</b> ClimateChangeExpectation	<b>Climate Change</b>	Do you think climate change will affect your life in two years? Please place yourself on a scale from 1 to 10, where 1 means “absolutely not affected” and 10 means “affected very strongly”.	<input type="checkbox"/> Enter a number	Integer >= 1 & <= 10
<b>W.12</b> EventsExpectation	<b>Climate Change</b>	Do you think you will be affected by the following extreme weather events in the next two years? For each, please place yourself on a scale from 1 to 10, where 1 means “will definitely not be affected = 0% probability” and 10 means “will definitely be affected = 100% probability”.		
<b>W.12.a</b> EventsExpectationHeat	<b>Climate Change</b>	...heat wave	<input type="checkbox"/> Enter a number	Integer >= 1 & <= 10

<b>W.12b</b> EventsExpectationFlood	<b>Climate Change</b>	...too much rain or floods	<input type="checkbox"/> Enter a number	Integer >= 1 & <= 10
<b>W.12c</b> EventsExpectationDrought	<b>Climate Change</b>	...drought	<input type="checkbox"/> Enter a number	Integer >= 1 & <= 10
<b>W.12d</b> EventsExpectationStorm	<b>Climate Change</b>	...sandstorm/windstorm	<input type="checkbox"/> Enter a number	Integer >= 1 & <= 10
<b>W.12e</b> EventsExpectationCold	<b>Climate Change</b>	...cold wave	<input type="checkbox"/> Enter a number	Integer >= 1 & <= 10
<b>W.13</b> ClimateChangeBehaviourChange	<b>Climate Change</b>	What actions have you, or members of your household, taken in the last two years to reduce the risks of climate change for your household? <i>Please tick all actions mentioned, provide examples to the HH if they require prompting.</i>	<input type="checkbox"/> Energy efficiency <input type="checkbox"/> Water conservation <input type="checkbox"/> Planted different crops/vegetables <input type="checkbox"/> Changed agricultural practices <input type="checkbox"/> Migration <input type="checkbox"/> Changed transportation <input type="checkbox"/> Solid waste management <input type="checkbox"/> <u>None</u> <input type="checkbox"/> <u>Other</u>	Tick all that apply

## JUDGEMENT

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>J.TIME</b>	<b>Judgement TimeStamp</b>	TimeStamp		
<b>SN.01Note</b> JudgementNote	<b>Judgement Note</b>	This section is used to collect information about the Enumerator's Judgment on the household/family's situation and vulnerability classification. <b>It should not be asked to any household member or individual.</b>		
<b>J.01</b> EnumeratorJudgement	<b>Enumerator Judgement</b>	Based on your experience with other families, does the family classify as: <b>GUIDANCE: Vulnerability classification should be based on 1) difficulty of the household to eat an adequate meal; 2) the shelter condition.</b>	<input type="checkbox"/> Severely vulnerable <input type="checkbox"/> Highly vulnerable <input type="checkbox"/> Moderately vulnerable <input type="checkbox"/> Not vulnerable	

## CONSENT

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
<b>C.TIME</b> CTimeStamp		TimeStamp		
<b>C.01Note</b> ConsentNote	Consent	This section is used to collect consent for recording and sharing information. <u>It should be read to the head of household, senior family member or principal applicant /primary caregiver (in the case of a PA under 18 years of age) in his/her first language.</u> It should be clearly stated that the principal applicant is under no obligation to give his/her consent.		
<b>C.01</b> ConfirmationofEnumerator	Consent	I confirm that the volunteer [ADD REFERENCE TO ENUMERATOR NAME] conducted the home visit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C.06</b> ConsentAccurateInfo	Consent	I understand the importance of providing accurate and complete information and to keep UNHCR [and partner agency conducting Home Visit – MindSet] informed of any changes to my situation (births, deaths or marriages etc. in the family) by calling the UNHCR Helpline +962 64008000 from Sunday to Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C.07</b> Signature	Consent	Please collect the signature of the Principal Applicant		
<b>GPS</b>	GPS	Collect the GPS of the building <i>GPS coordinates can be collected outside of the building if the GPS signal is weak</i>		
<b>J.02</b> EnumeratorComments_yn	Enumerator comments Y/N	Do you have any comments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J.02a</b> EnumeratorComments	Enumerator comments on the HH	Please add any other comments that are relevant to this household <i>Do not address this question to the respondent</i>	Open Text	<b>IF J.02 = "Yes"</b>