

# Assessing the Impact of Cash Assistance on the Welfare of Syrian Refugees in Lebanon and their Access to Services

## Questionnaire

HID1	Area/ Governorate	Akkar	North Lebanon	Bekaa	Baalbek/ Hermel	Mount Lebanon	Nabatieh	Beirut	South Lebanon			
		1	2	3	4	5	6	7	8			
HID2	District											
HID3	Cadastral Area	<i>Note: Please enter the cadastre that the HH is currently found in (not the one that is found in the sample shared with you in case they are different)</i>										
HID4	Cluster Number											
HID6	UNHCR Case number											
HID7	Contact Name											
HID8	Contact Number											
SEXDC	gender of the data collector	1	Male									
		2	Female									
ITS	Informal tented settlement	1	Yes									
		0	No									
DAT	Date	ST	Start Time		ET	End Time						
DCID	Data Collector's ID											
SPID	Supervisor's ID											
GPS	GPS street location											
QR	Survey Status	Complete	Partially complete	No one qualified available to answer	Refused to be interviewed	Vacant	No one at home	Not Applicable	No one answering the phone	Moved to another location	Wrong number	Dropped for logistic or security reasons
		1	2	3	4	5	6	7	8	9	10	11

<p>Note: Data collector reads the consent form and asks respondent if he/she is interested to participate in the study. If yes, data collector should sign the provided consent form.</p> <p>Data collector then proceeds with writing household member names on data collection sheet.</p>			
<b>ELIG2</b>	Are you interested in participating in this study?	1	Yes
		0	No ( <b>discontinue the survey and go to QR</b> )
<b>SEXRES</b>	Note to the data collector, what is the gender of the respondent?	1	Male
		2	Female
<b>HHRES</b>	How many people have lived with you, in this house for more than 6 months? (including yourself)		
<b>HHSIZE</b>	Members in your household, who have lived with you for more than 6 months and share dwelling, food and budget, amount to:		
<b>REG</b>	Definition of registration: Registration case is defined as a group of people who normally reside together, form a nuclear family, are dependent on one another and have been registered as a unit sharing a common registration number.		
<b>REG1</b>	How many unique registered/recorded case numbers belong to this household?		

DEM: Demographics1											
DEM1	DEM2		DEM3b		DEM4		DEM5	DEM6		DEM7	
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household</p>	Is (NAME) the respondent?		Relationship of (NAME) to head of household		What is (NAME)'s gender?		What is (NAME)'s age in years?	<b>If DEM5&lt;8</b> What is (NAME)'s date of birth? Note: Do not deduce date of birth based on age. If unknown, choose "Don't Know"		<b>If DEM5&gt;11</b> What is (NAME)'s marital status?	
	1	Yes	2	Husband/Wife	1	Male	Age in years (Record 0 for ages less than 1)	DEM6_m	DEM6_y	1	Single
	0	No			2	Female		month	year	2	Engaged
			3	Son/Daughter				MOTHER		3	Married
			4	Father/Mother				4	Separated		
			5	Brother/Sister				5	Divorced		
			6	Grandfather/Grandmother				6	Widowed		
			7	Grandson/Granddaughter				88	Don't know		
			8	Niece/Nephew				99	Refuse to answer		
			9	Son/Daughter in Law				<b>If DEM5&lt;18</b> Does (NAME)'s natural mother live in this household? 1 Yes 0 No 88 Don't know 99 Refuse to answer			
	DEM3a							DEM7_1			
	Is {Name} the head of household?		12	Wife of the Son of the Head of HH/ Husband of the Daughter of the Head of HH				MOTHER_1		<b>If DEM4=2 and DEM7=3,4,5,6</b> How old was (NAME) at their first marriage/union?	
	1	Yes	13	Other Relative				<b>If MOTHER=1</b> What is her name?  __		__  in Years	
	0	No						MOTHER_2			
			14	Other, Not Relatives				<b>If MOTHER=1</b> What is her roster number?  __			
			15	Cousin of the head of household							
			88	Don't know							
			99	Refuse to answer							

DEM: Demographics2				
DEM1	DEM8		DEM9	
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household</p>	<p><b>If DEM7=3</b> What document do you have to prove your marriage? (applies to most recent marriage) (select highest option only)</p>		<p><b>If DEM5&lt;8</b> What document do you have to prove the birth of (NAME)? (select only the highest option)</p>	
	1	No Documents	1	No documents
	2	Marriage contract from an uncertified Sheikh	2	Birth notification issued by the doctor/midwife
	3	Marriage contract from a religious authority or Proof of marriage from the Sharia Court	3	Birth certificate issued by the Mukhtar
	4	Marriage certificate authenticated by the Mukhtar	4	Birth certificate registered with the Nofous
	5	Marriage certificate registered with the Noufous	5	Birth certificate registered with the Foreigners' Registry
	6	Marriage certificate registered with the Foreigners Registry	6	Birth certificate stamped by the Ministry of Foreign Affairs
	7	Marriage certificate stamped by the Ministry of Foreign Affairs	7	Birth Certificate stamped by the Syrian Embassy
	8	Marriage certificate stamped by the Syrian Embassy	8	Family booklet or individual civil extract for the child or family civil extract
	9	Updated Family booklet or family civil extract or marriage certificate from Syria	88	Don't know
	88	Don't know	99	Refuse to answer
99	Refuse to answer			

DEM: Demographics3									
DEM1	DEM10		DEM11		Dem13		DEM15		
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household</p>	What is (NAME)'s nationality?		If DEM10=1 Is (Name) registered/recorded with UNHCR?		If DEM10=1/4 When did (Name) first arrive to Lebanon  Arrival Year		If DEM10=1 & DEM14=0 Reasons for illegal residence:		
							1	I cannot afford the cost of renewal	
							2	I am registered with UNHCR but GSO asked me to obtain a Lebanese sponsor	
							3	I am not registered with UNHCR or I have previously renewed based on sponsorship and I am unable to obtain a Lebanese sponsor	
							4	I tried to renew but GSO refused my application without explanation	
							5	I tried but GSO kept telling me to come back another time	
							6	Waiting for my appointment with UNHCR to renew my certificate and obtain a Housing attestation	
	1	Syrian	1	Yes	__		7	Waiting for approval or additional information from government agency in Lebanon	
	2	Lebanese	0	No			8	I don't want to sign the 'pledge to abide by Lebanese law'	
	3	Palestinian from Lebanon	88	Don't know			9	I entered through unofficial border crossing and GSO refused to allow me to regularize	
			99	Refuse to answer			10	Limited/restricted freedom of movement	
	4	Palestinian from Syria					11	Reluctance of HH member for personal reasons	
	77	Other					12	GSO informed me that women and children do not have to renew	
	88	Don't know	DEM12		DEM14		13	Unaware of procedures	
	99	Refuse to answer	If DEM10=3 or 4 Is (Name) registered with UNRWA?		If DEM10=1 Does (Name) have regularized legal residency in Lebanon?		14	Fears approaching GSO	
			1	Yes	1	Yes → EDU1	15	I am discouraged to go since I heard that GSO is not renewing based on UNHCR certificate and is asking for money and sponsors	
			0	No	0	No	16	Lacks ID documents	
			88	Don't know	88	Don't know	17	GSO told me I needed to go out of the country and back in to apply for a legal residency	
			99	Refuse to answer	99	Refuse to answer	77	Other	
							88	Don't know	
DEM10_1:						99	Refuse to answer		
If DEM10=77 If other, please specify:						DEM15_77 If DEM15=77 If other, please specify: _____			

EDU: Education1									
To be asked to members aged >=3 or <=21 (If 3=<DEM5<=21)									
DEM1	EDU1		EDU2		EDU3		EDU5		EDU6
Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.  Includes babies, other residents etc. The Head of Household should be a resident of the household.	During the current school year, that is 2018-2019, was (Name) enrolled in formal or informal school or preschool at any time?		If EDU1=1/2/3/4/5/6 During 2018-2019 school year, which level and grade is/was (Name) enrolled in?		If EDU1=1/2/3/4/5/6 During 2018-2019 school years, what type of school was (Name) enrolled in?		If EDU1=0 If not, what is/are the reason(s) for not attending school/university?		If EDU5=77 If other, please specify:
	1	Yes, formal	1	Nursery	1	Public school	19	Child is too young	
			2	Kindergarten 1 (Kg1)			1	Cost of education	
	2	Yes, informal	3	Kindergarten 2 (Kg2)	2	Private school with fees	2	Informal education program/ short course/ vocational training	
			4	Kindergarten 3 (Kg3)					
	5	Yes, formal but dropped out	5	Grade 1	3	Private school without fees	3	No space in school	
	6	Yes, informal but dropped out	6	Grade 2	4	Public vocational school	4	School did not allow enrolment	
	0	No	7	Grade 3	5	Private vocational school	5	No school shifts or school in area	
	88	Don't know	8	Grade 4	6	UNRWA school	6	Difficulties at school with curriculum or language of instruction	
	99	Refuse to answer	9	Grade 5	7	Lebanese university	7	School too far	
			10	Grade 6	8	Private university	8	Marriage	
	EDU1A		11	Grade 7	9	Special needs institution	9	Work	
	If {Name} was enrolled, was he/she attending classes?		12	Grade 8	10	Kindergarten	10	Disability or illness	
			13	Grade 9	11	NGO or community center	11	Learning difficulty	
	1	Yes is attending	14	Grade 10	77	Other	12	Cultural/religious reasons	
	0	No isn't attending	15	Grade 11	88	Don't know	13	Children need to stay at home	
	88	Don't know	16	Grade 12	99	Refuse to answer	14	Fear of violence/bullying in schools	
	99	Refuse to answer	17	BT (1, 2,3)			15	Fear of violence on the way to school	
			18	BP (1,2)			16	No interest in attending school	
			19	TS (1,2,3)			17	Transportation problems/cost	
			20	University			18	Already graduated	
			21	Syrian curriculum in Lebanon			77	Other	
			22	Other Non-standard curriculum					
			23	Short course/ vocational training			EDU4	88	
			77	Other	If EDU3=77 If other, please specify	99	Refuse to answer		
			88	Don't know					
			99	Refuse to answer					

EDU: Education2				
DEM1	EDU7		EDU8	
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household.</p>	<p><b>If DEM5&gt;3</b></p> <p>Current educational attainment: What is the highest level of schooling (Name) has achieved?</p>		<p><b>If EDU7=1 and DEM5&gt;=6</b></p> <p>If never attended, which of the following applies to (Name)?</p>	
	1	Never Attended	1	Read and write
	2	Elementary (grades1,2,3,4,5,6) – no certificate	2	Illiterate
	3	Elementary (grades1,2,3,4,5,6) - with certificate	88	Don't know
	4	Preparatory level (grades 7,8,9) - no Brevet	99	Refuse to answer
	5	Preparatory level (grades 7,8,9) - with Brevet		
	6	Secondary (grades 10,11,12) - without Baccalaureate		
	7	Secondary (grades 10,11,12) - with Baccalaureate		
	8	Vocational (no certificate)		
	9	Vocational (with certificate TS/ BTS / Diploma)		
	10	University (without Degree)		
	11	University (with Degree.-License, BSc, BA, etc.)		
	12	Post Graduate (Masters, PhD)		
	88	Don't Know		
	99	Refuse to answer		

EMP: Employment1 To be asked to members aged>=5												
Dem1	EMP1		EMP2		EMP3		EMP4			EMP5		
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household.</p>	Did (NAME) work for wage (cash or in kind) even for one hour during last 30 days (Work without pay does not include domestic work and family care)?				Unemployed		Employed					
			If did not work at all the past 30 days				If did work in the past month					
			If EMP1=0 Was (NAME) out and looking for work in the past month?		If EMP1=0 & EMP2=0 If no, why? → EMP18		If EMP1=1 or EMP3=10/11 Classify the job in one of the below categories			If EMP1=1 & EMP3=10/11 In which economic sector does (Name) work in their main job?		
	1	Yes	1	Yes	1	Lost hope of finding a job so gave up	1	Agriculture (Farming, raising and selling livestock products)			1	Agriculture
	0	No	0	No	2	Fears to be detained because is illegal	2	Construction(excluding crafts like plumbing) and quarrying			2	Industry
	88	Don't Know	88	Don't Know	3	Student	3	Concierge/housemaid/Janitor/cleaning services			3	Construction
	99	Refuse to answer	99	Refuse to answer	4	Housewife /pregnant/ raises children	4	Manufacturing/Industry (machine operators)			4	Education
					5	Food processing - agrofood						
					5	Wholesale and retail trade			5	Health care		
					6	Street vendor and street services (shoe cleaning, selling food/vegetables)			6	Trade		
					7	Personal and other services workers(Hairdressers, barbers, beauticians, day care, data collector, delivery)			7	Transport and Communication		
					8	Restaurant services workers(Cooks, Waiters, waitresses and bartenders)			8	Other services		
					9	Transportation, valet service, delivery driver, truck driver			9	Insurance and Financial Sector		
					10	Admin/support and clerks (secretaries, office boy, cashier, receptionist)			10	Hospitality (Food and Beverage services) and Tourism		
					11	Crafts (painting, carpentry, metal, aluminum, plumbing, cooling/heating systems, tailoring, car repair)			11	Environment		
					12	Environment (including garbage collection and recycling)			88	Don't Know		
					13	other elementary occupations (filling bags at supermarket)			99	Refuse to answer		
					77	Other						
					88	Don't Know						
					99	Refuse to answer						
						15	Asking strangers for money					
						16	Professionals and technicians (teachers, architects, engineers, doctors)					
						77	Other					
						88	Don't Know					
						99	Refuse to answer					



EMP: Employment2				
DEM1	EMP6		EMP8	
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc.</p> <p>The Head of Household should be a resident of the household.</p>	<b>If EMP1=1 &amp; EMP3=10/11</b> Is (Name)'s main job seasonal?		<b>If EMP1=1 &amp; EMP3=10/11</b> On what basis is (NAME) paid in their main job?	
	1	Yes	1	Hourly
	0	No	2	Daily
	88	Don't know	3	Weekly
	99	Refuse to answer	4	Monthly
			5	By piece/ service
			88	Don't know
			99	Refuse to answer
	<b>EMP7</b>			
	<b>If EMP1=1 &amp; EMP3=10/11</b> (Name)'s main job is:			
	1	Full-time (monthly)		
	2	Part-time (monthly)		
	3	Daily or by piece/service regular		
	4	Daily or by piece/service irregular		
77	Other			
88	Don't know			
99	Refuse to answer			

EMP: Employment3					
DEM1	EMP10		EMP11		EMP13
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc.</p> <p>The Head of Household should be a resident of the household.</p>	<b>If EMP1=1 &amp; EMP3=10/11</b> Does (Name) have another job?		<b>If EMP1=1 &amp; EMP3=10/11</b> Does (Name) want another job or willing to work more hours?		<b>If EMP1=1 &amp; EMP3=10/11</b> How many hours does (NAME) work in a usual week (for all jobs)?
					__  hours
	1	Yes	1	Yes	<b>EMP14</b>
	0	No	0	No	<b>If EMP1=1 &amp; EMP3=10/11</b> What is the amount of (name's) income or net value profit in? (for the last month for all jobs)
	88	Don't know	88	Don't know	
	99	Refuse to answer	99	Refuse to answer	
					__
					<b>EMP15</b>
					<b>If EMP1=1 &amp; EMP3=10/11</b>
					CURR:
				1    Lebanese Lira (LL)	
				2    US Dollars	
				66    Not applicable	
				88    Don't know	
				99    Refuse to answer	

EMP: Employment5								
DEM1	EMP16		EMP17		EMP18			
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household.</p>	<b>If EMP1!=1</b>		<b>If EMP16_1=1</b>		<b>If EMP16=1 or EMP1=1</b>			
	Did (NAME) work for wage (cash or in kind) even for one hour during the last 6 months (Work without pay does not include domestic work and family care)?		If yes, what type of injury did (NAME) receive? (multiple choice)		Is (NAME) exposed to any of the following hazards at work? (multiple choice)			
	1	Yes	1	Superficial injury	1	Heavy dust, fumes		
	0	No	2	Fracture	2	Heavy fire, gas, flames		
	88	Don't know	3	Dislocation, sprain, strain	3	Continuous and very loud noise or vibration		
	99	Refuse to answer	4	Amputation	4	Unsafe handling of dangerous tools (knives etc)		
			5	Concussion, internal injury	5	Work in unsafe conditions/ at heights		
			6	Burn, corrosion, scald, frostbite	6	Workplace too dark or confined		
			7	Acute poisoning or infection	7	Insufficient ventilation		
			77	Other injury	8	Chemicals (pesticides, glues, etc.)		
			88	Don't know	9	Was not subjected to hazards at work		
	<b>EMP16_1</b>		99	Refuse to answer	77	Other		
	<b>If EMP16=1 or EMP1=1</b>				88	Don't know		
	In the last 6 months, was (NAME) hurt in any accident while working that caused him/her injury or illness?				99	Refuse to answer		
	1	Yes					<b>EMP17_other</b>	
	0	No					<b>If EMP17=77</b> If other, please specify_____	
	88	Don't know			<b>EMP18_1</b> <b>If EMP18=77</b> If other, please specify_____			
	99	Refuse to answer						

HEA: Health1					
DEM1	HEA2		HEA4		HEA6
Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.  Includes babies, other residents etc. The Head of Household should be a resident of the household	Was (Name) diagnosed with any of the below chronic diseases? (multiple options)		Does (name) have any of the below disabilities? ( multiple options)		<b>If HEA5=1</b> If yes, what is this illness? (multiple options)
	1	Diabetes	1	Physical disability – affecting upper body such as arms	1 Diarrhea / gastroenteritis
	2	Cancer	2	Physical disability- affecting lower body/ability to walk	2 Flu, other upper respiratory infection (e.g. pharyngitis)
	3	Hypertension			
	4	Hyperlipidemia (high Cholesterol/ Triglyceride)	3	Hearing impairment/deaf	3 Lower respiratory infection (bronchitis, bronchiolitis, pneumonia)
	5	Cardiovascular diseases (Cardiomyopathy, Coronary artery disease, Cardiac failure Dysrhythmias)			
	6	Chronic pulmonary diseases (Bronchial Asthma, Bronchiectasis, Chronic obstructive pulmonary disorder)	4	Vision impairment (Loss of sight not corrected by glasses/blind)	4 Other infection or inflammation (eye, ear, nose, mouth, etc.)
	7	Chronic Renal Failure (On Dialysis, Kidney transplant)	5	Speech difficulty	5 Joint diseases or inflammation (anthropathies, inc. arthritis)
	8	Other Endocrinology diseases (Addison's disease, Thyroid disease)			6 Fever
	9	Neurological diseases (Epilepsy, Multiple sclerosis, Parkinson's disease, dementia)	6	Learning disability (ADHD, Dyslexia)	77 Other, specify
	10	Mental health disorder (Schizophrenia, psychosis, bipolar disorder, depression, other)	7	Intellectual disability (Down's Syndrome)	88 Don't know
	11	Anemia	8	Autism	99 Refuse to answer
	12	Stroke	88	Don't know	
	13	Disc	99	Refuse to answer	
	15	Rheumatoid Arthritis			
	14	Was not diagnosed with chronic illness	<b>HEA5</b>		<b>HEA6_1</b>
	77	Other chronic conditions (Hemophilia, Glaucoma, chronic joint pains, Thalassemia/Sickle cell disease, Liver cirrhosis, chronic intestinal diseases such as Ulcerative colitis/Crohn's disease)	<b>If DEM5&lt;=5</b> Has (name) suffered from an acute illness in the past 6 months? (diarrhea, fever, cough, infection, skin infection..)		<b>If HEA6=77</b> If other, please specify_____
	88	Don't know	1	Yes	
	99	Refuse to answer	0	No → <b>HEA7</b>	
			88	Don't know	
		99	Refuse to answer		

CONTRACEPTION							
If SEXDC=2 & DEM7=3 & DEM4=2 & DEM2=1 & DEM5>=15 & DEM5<=49							
CP1		CP2		CP3		CP4	
I would like to talk with you about another subject – family planning.		Couples use various ways or methods to delay or avoid a pregnancy.		Have you ever done something or used any method to delay or avoid getting pregnant?		What are you doing to delay or avoid a pregnancy? <b>(multiple options)</b>	
Are you pregnant now?		During the past 6 months, have you been doing something or using any method to delay or avoid getting pregnant?				If more than one method is mentioned, select multiple	
1	Yes → CP3	1	Yes → CP4	1	Yes → CP4	1	Birth control pill
0	No	0	No	0	No	2	Intrauterine device (IUD)
66	Not Applicable	66	Not Applicable	66	Not Applicable		
88	Don't know	88	Don't know	88	Don't know	3	Implants
99	Refuse to answer	99	Refuse to answer	99	Refuse to answer	4	The contraceptive injection
						5	Male condom
						6	Female condom/diaphragm
						7	Female sterilization
						8	Male sterilization
						9	Lactational amenorrhoea method (LAM)
						10	Periodic abstinence / Rhythm
						11	Withdrawal
						77	Other → CP4_other
						CP4_other	
						If other, please specify:	

HEA: Health3 – Hospitalization– Household Level				
DEM1	HEA20		HEA21	
Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.  Includes babies, other residents etc. The Head of Household should be a resident of the household	If DEM4=2 & 15<=DEM5<=49		If HEA20=1	
	Did (Name) give birth to a baby in the last 6 months?		Where did (Name) give birth?	
	1	Yes	1	Home
	0	No	2	Government hospital
	88	Don't know	3	Government clinic / health center
	99	Refuse to answer	4	Government health center/ NGO clinic/ health center
			5	Private hospital
			6	Private clinic
			7	Private maternity home/ Other private medical institution
			77	Other
88			Don't know	
		99	Refuse to answer	

HEA: Health2 – Primary Health Care – Individual level												
DEM1	HEA7		HEA8/A_1/2/3/4/5/6/7/7		HEA9/A_1/2/3/4/5/6/7/7		HEA11/A_1/2/3/4/5/6/7/7					
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc.</p> <p>The Head of Household should be a resident of the household</p>	Did (Name) require any of the following primary health care assistance in the last 6 months (select multiple)		<b>If HEA7/A_1/2/3/4/5/6/7/7=1</b> Did (Name) get the required primary health care assistance if needed?		<b>If HEA8/A_1/2/3/4/5/6/7/7=1</b> Was (Name) prescribed medication?		<b>If HEA8/A_1/2/3/4/5/6/7/7=0</b> Why was (Name) unable to receive the required primary health assistance?					
	_1	Illness- Fever diarrhea other infection or inflammation, respiratory infection like pneumonia and bronchitis					1	Yes, from a pharmacy	1	Yes	5	Distance to healthcare center
	_2	Preventive care (checkup- vaccination/pediatric consultation/ well-baby/ dermatology, orthopedics, other)					2	Yes from a doctor	0	No	6	Doctor visit fees
	_3	Accident/injury					0	No	88	Don't know	7	Cost of drugs/treatment
	_4	Diagnostic test (Screenings for blood pressure, cancer, cholesterol, obesity, and Type 2 diabetes, Lab tests, mammography)	88	Don't know	99	Refuse to answer	8	Cost of diagnostic test				
	_5	Doctor visit for chronic illness	99	Refuse to answer			9	Not admitted				
	_6	Mental health service			<b>HEA10/A_1/2/3/4/5/6/7/7</b>  <b>If HEA9/A_1/2/3/4/5/6/7/7=1</b> Did name get the required medication?		10	Didn't know where to go				
	_77	Other					11	Long waiting time				
	HEA7_other						12	Bad quality of primary healthcare centers				
	If other, please specify:						77	Other				
	HEA8A_3						88	Don't know				
	<b>If HEA20=1</b> How many antenatal care visits did (Name) have before giving birth?						99	Refuse to answer				
	HEA7A				1 Yes 0 No 88 Don't know 99 Refuse to answer		<b>HEA11_A/B1/2/3/4/5/6/7/7</b> <b>If HEA11/A_1/2/3/4/5/6/7/7=77</b> If other, please specify:					
	<b>If DEM4=2 &amp; 15=&lt;DEM5&lt;=49 &amp; DEM7=3</b> did (Name) require any of the following in the last 6 months (select multiple)											
	_1	Routine women's health check-up (breast examination, pap smear) or family planning visit (birth spacing)										
	_4	<b>If HEA20=1</b> Postnatal care (within 6 weeks of delivery)										

HEA: Health3 – Hospitalization– Household Level						
<b>DEM1</b>	<b>HEA12</b>		<b>HEA15</b>		<b>HEA17</b>	
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc.</p> <p>The Head of Household should be a resident of the household</p>	Did any member of the HH require specialized or hospitalization care in the last 6 months (Birth, illness, accident, injury)?		<b>If HEA12&gt;HEA13</b> Why were they unable to receive the required specialized health assistance? (multiple options)		Was any HH member prescribed medication after the hospitalization visit? <b>If HEA12=1</b>	
	1	Yes	1	Distance to healthcare center	1	Yes
	0	No	2	Transportation cost	0	No
	88	Don't know	3	Physical limitations to access the health center	88	Don't know
	99	Refuse to answer	4	Inadequate welcoming/treatment by health center staff	99	Refuse to answer
			5	Security concerns / fear of movement		
			6	Doctor visit fees	<b>HEA18</b>	
			7	Cost of treatment/drugs	<b>If HEA17=1</b> If yes, how many members were prescribed?	
	<b>HEA13</b>		8	Not admitted	__  members	
	<b>If HEA12=1</b> If yes, how many members needed it?		9	Didn't know where to go		
	__  members		10	Long waiting time	<b>HEA19</b>	
			11	Cultural reasons and family pressure	<b>If HEA17=1</b> How many members got access to it?	
	<b>HEA14</b>		77	Other	__  members	
	<b>If HEA12=1</b> How many received the care needed?		88	Don't know		
	__  members		99	Refuse to answer		
		<b>HEA16</b>				
		<b>If HEA15=77</b> If other, please specify:				

Food Consumption				
	How often do members of your household eat the following foods (how many times per day, per week, per month)?	Frequency enter 0 if never  _frequency	Timeframe 1. Daily 2. Weekly 3. Monthly 4. Never 88 – Don't Know 99-Refuse to answer  _timeframe	Has any member of the household eaten this food in the last 24 hours (during the day and night)? Yes=1, No=0, Don't Know=88 Refuse to answer=99  _24hours
Cereals	Cereals (Bread, Rice, Burghol, Pasta, Frikeh, bulgur Manakish)			
Tubers	Roots and Tubers ( baked potatoes, beet root)			
Dairy	Milk and Dairy products fresh milk / sour, yogurt, lebneh, cheese, other dairy products (Exclude margarine / butter or small amounts of milk for tea / coffee)			
Chicken_meat	Chicken and Meat (goat, beef, chicken, ,, turkey, , (meat and fish consumed in large quantities and not as a condiment)			
Fish	Fish (Fresh/Canned) (dried, fresh and smoked fish, including canned tuna, and / or other seafood (fish in large quantities and not as a condiment)			
Eggs	Eggs			
Pulses	Pulses and legumes (lentils, chickpeas, beans, fava beans, green beans, peas, , cowpeas, groundnut, ground bean):			
Vegetables	Vegetables and leaves (: Spinach, Onion, Tomatoes, Carrots, Peppers, Lettuce, Cucumber, Radish, Cabbage Etc)			
Fruits	Fruits (Fruits: Banana, Apple, Lemon, Mango, Papaya, Apricot, Peach, Watermelon etc...)			
Oil_fats	Oils and fats (butter, vegetable oil, margarine, olive oil , fried, chips)			
Sugar_sweets	sugar and sweets and(sugar, honey, jam, cakes, candy, cookies, pasteries, Chocolate/ Candies/ Desserts / Biscuits/ Ice-cream)			
Bev	Beverages (Sodas/ Bottled Beverages/ Jellab/Tout)			
Wild	Wild plants/ herbs ( Wild thyme, akkoub, khibbayze, hindbeh)			
Nuts	Nuts( walnuts, almonds, peanuts)			



FOOD SECURITY			
FOOD1	In the past 6 months, which of these sentences applies the most to the food eaten by your household?	1	We had enough to eat of the kinds of food we wanted (quantity & quality)
		2	We had enough to eat but not always the kinds of food we wanted (only quantity)
		3	Sometimes we did not have enough to eat (quantity)
		4	Often we did not have enough to eat
		88	Don't know
		99	Refuse to answer
FOOD2	In the past 6 months, was there a time when you were concerned that you would run out of food for your household for the next month?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD3	In the past 6 months, did the following statement apply to your household? "The food that we bought was not enough and we didn't have money to get more."	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD4	In the past 6 months, are there any foods you feel your family does not eat enough of?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD5	In the past 6 months, did you or any other adult in your household ever cut the size of your meal because there was not enough food?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD6	In the past 6 months, did you or any other adult ever skip a meal because there was not enough food?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD7	In the past 6 months, was there a time when you or any adult in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD8	In the past 6 months, was there a time when you or any adult in your household were hungry but did not eat because there was not enough money or other resources for food?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD9	In the past 6 months, was there a time when you or any adult in your household went without eating for a whole day or got to bed hungry because of a lack of money or other resources?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer

FOOD: COPING STRATEGIES		
In the past 6 months did anyone in your household have to do one of the following things because there was not enough food or money to buy it?		Insert the code below: 1-4
COPE1	Sold household goods (radio, furniture, television, jewelry, livestock, motorcycle, car, etc.)	__
COPE3	Reduce expenses on health (including drugs)	__
COPE4	Reduce expenses on education	__
COPE5	Spent some or all of the HH savings	__
COPE6	Bought food on credit and/or borrowed money to purchase food	__
COPE7	Moved to a cheaper rental place/live on the street	__
COPE8	Withdrew children from school	__
COPE9	Have school children (6 -15 years old) involved in income generation	__
COPE11	HH members accepting high risk, dangerous, or exploitative work	__
COPE15	Marriage of children under 18	__
1=No, wasn't necessary 2=No, because I already did it (so cannot continue to do it) 3=Not applicable 4=Yes 88=Don't know 99=Refuse to answer		

HOUS: Housing1														
HOUS1	Specify type of residence	Apartment/house (Not shared)	Apartment/house (Shared)	Active construction site	Agricultural/engine/pump room	Concierge's room in residential building	Factory	Farm	Garage	Hotel room	Prefab unit			
		1	2	3	4	5	6	7	8	9	10			
		School	Shop	Tent	Warehouse	Workshop	other	Don't know	Refuse to answer					
		11	12	13	14	15	77	88	99					
HOUS1_1	<b>If HOUS1=77</b> If other, please specify: _____													
HOUS2	Specify type of tenure	Owned	Rented (direct rent payment)	Rented (in exchange of work)	Hosted for free	squatting	Assisted (by organizations, agencies, charity)			other	Don't know	Refuse to answer		
		1	2	3	4	5	6	77			88	99		
HOUS2a	Is there a rent agreement? <b>If HOUS2=2</b>				Yes, verbal	1	Yes, written – official (stamped)	2	Yes, written - unofficial	3	No	0		
					Other	77	Don't know	88	Refuse to answer	99				
HOUS3	Total area of your house: (Meters squared)				__  m <sup>2</sup>									
HOUS4	What is the number of rooms occupied by your household? (excluding kitchen, bathrooms, garage, balcony )				__  rooms									
HOUS5	Do you have access to a functional toilet facility?				Yes, Flush	Yes, Improved pit latrine with cement slab	Yes, Traditional/Pit latrine with no slab	No, Bucket/open air	Don't know			Refuse to answer		
					1	2	3	4	88			99		
HOUS6	Where is the toilet located?				Within Shelter		1	Outside Shelter			2			
HOUS7	Do you share this/these toilets/latrines with other household(s)?				1	Yes								
					0	No								

HOUS: Housing2									
HOUS8	Does your household have access to sufficient water for drinking purposes?			1	Yes				
				0	No				
				88	Don't know				
				99	Refuse to answer				
HOUS9	Does your household have access to sufficient water for cooking, washing and toilet purposes?			1	Yes , all year long		2	Yes, but not all year long (less in summer or dry months)	
				0	No		88	Don't know	
HOUS10	What is the main source of drinking water in households?			CODE0					
HOUS11	What is the main source of cooking water in households?			CODE0					
HOUS12	What is the main source of washing water in households?			CODE0					
CODE0	1	Household water tap/water network			9	Spring			
	2	Household water tap/water network Unpaid			10	Water tank/trucked water - UN/NGO provided			
	3	Public/ shared piped/ water stand/ tap water outside shelter- paid			11	Water tank/trucked water - paid			
	4	Public/ shared piped/ water stand/ tap water outside shelter- unpaid			12	Rainwater			
	5	Well/borehole – paid			13	Surface water			
	6	Well/borehole – unpaid			77	Other			
	7	Bottled mineral water (branded)			88	Don't know			
	8	Bottled mineral water (unbranded)			99	Refuse to answer			

HEA: Mental Health									
Now I am going to ask you a few questions about your own health, wellbeing and interactions with others.									
		Very Good	Good	Half/Half	Not Good	Not Good At All	Don't Know	Refuse to Answer	
SRH	How do you perceive your current health?	1	2	3	4	5	88	99	
		All the time	Most of the time	A lot of the time	Some of the time	Little of the time	Never	Don't know	Refuse to answer
HEA22	In the past six months, how much of the time did you feel that you are a happy person?	1	2	3	4	5	6	88	99
HEA23	In the past six months, how much of the time did you feel calm and reassured?	1	2	3	4	5	6	88	99
HEA24	In the past six months, how much of the time were you very angry?	1	2	3	4	5	6	88	99
HEA25	In the past six months, how much of the time did you feel upset?	1	2	3	4	5	6	88	99
HEA26	In the past six months, how much of the time did you feel depressed and there was no way to be happy?	1	2	3	4	5	6	88	99

HOUS: Housing3												
HOUS13	What is your source of energy for household purposes? (multiple choice)	Private generator usage	Legal connection to the electricity grid	Informal connection to the grid	Solar Panels or another renewable power	None (do not have access to electricity and using candles, battery lamps. etc)		Don't know	Refuse to answer			
		1	2	3	4	5	88	99				
HOUS14	How many hours per day, on average, do you get power?	__  hours										
HOUS15	What is the source of energy used in cooking?	Gas	Oil (e.g. furnace oil)	Wood	Briquette	Electric powered heater/cooker	None	Don't know	Refuse to answer			
		1	2	3	4	5	6	88	99			
HOUS16	What do the walls of more than half the rooms look like? (Answer based on respondent answer and data collector's observation)	Raw Concrete	Plastered Concrete Walls	Plastered and Painted Concrete Walls	Wood	Fabric or Plastic Sheeting	Cement	Iron/ Zinc	Other	Don't know	Refuse to answer	
		1	2	3	4	5	6	7	77	88	99	
HOUS17	<b>If HOUS16=77</b> If other, please specify: _____											
HOUS18	What is the roof made of? (Answer based on respondent's answer and data collector's observation)	Raw Concrete	Wood	Fabric or Plastic Sheeting	Iron/Zinc	Cement	Other	Don't know	Refuse to answer			
		1	2	3	4	5	77	88	99			
HOUS19	<b>If HOUS18=77</b> If other, please specify: _____											
HOUS20a	What do you use for heating? (multiple options)	Gas	Oil (e.g. furnace oil)	Wood	Briquette	Air conditioning	None	Don't know	Refuse to answer			
		1	2	3	4	5	6	88	99			

Are any of the following observable inside/outside the household shelter/property? (Answer based on the data collector's observation and the answer of the respondent)		Very damaged	Somewhat damaged	Not damaged	Not Applicable	Don't Know	Refuse to answer
HOUS20	Shelter structure (walls and roof) with visible damage	1	2	3	66	88	99
HOUS21	Dark and gloomy	1	2	3	66	88	99
HOUS22	Windows/ doors visibly damaged / broken /not sealed	1	2	3	66	88	99
HOUS23	Visible leakage and/ or damping	1	2	3	66	88	99
HOUS24	Water and wastewater piping visibly damaged/ broken/ not useable	1	2	3	66	88	99
HOUS25	latrine/toilet visibly damaged/ broken/ not useable /no hand-washing facilities	1	2	3	66	88	99
HOUS26	Absence of electric wiring / electricity connection is not adequately installed	1	2	3	66	88	99
HOUS30	Bathing/washing facilities not useable (damaged, no privacy, etc.)	1	2	3	66	88	99

HOUS: Housing5			
HOUS27	How many times have you switched residence in the 6 months?	__  times	
HOUS28	<b>If HOUS27&gt;0</b> If once or more, why? (multiple options)	1	Difficulties in freedom of movements at the last location [i.e.: checkpoint, detention, no proper documentations to leave the area, etc.]
		2	Safety concerns at last location [i.e.: [hostility/tensions]
		3	No access to health/education services at last location
		4	Lower rent
		5	More employment opportunities here
		6	Same cultural background [i.e. religion, politics]
		7	Eviction
		8	Previous shelter conditions were poor
		9	The House was partially or fully demolished
		77	Other
88	Don't know		
99	Refuse to answer		
HOUS29	<b>If HOUS28=77</b> If other, please specify: _____		

ASSET: Assets		
	Does anyone in your household have any of the following assets? Yes=1 No=0 Don't Know=88 Refuse to Answer=99	
ASSET1	Car	__
ASSET3	Motorbike/Scooter	__
ASSET5	Van	__
ASSET7	Pick-up Truck	__
ASSET9	Bicycle/electric bicycle	__
ASSET10	Mattresses	__
ASSET11	Blankets	__
ASSET12	Winter clothing set (long pants, jacket, closed shoes)	__
ASSET13	Beds	__
ASSET14	Table and chairs	__
ASSET15	Small gas stove for cooking	__
ASSET16	Oven	__
ASSET17	Refrigerator	__
ASSET18	Microwave/Vacuum cleaner	__
ASSET21	Dish washer/separate freezer/dryer	__
ASSET22	Iron	__
ASSET23	Heater/heating stove (electric, diesel, wood etc.)	__
ASSET24	Water heater	__
ASSET25	Washing machine	__
ASSET26	Air conditioning	__
ASSET27	Sewing machine	__
ASSET28	TV	__
ASSET29	Computer	__
ASSET30	Satellite dish	__
ASSET31	Mobile phone	__
ASSET32	Internet	__

SS: Safety and Security								
	Note to the data collector: this is only asked for the respondent	Never	A little of the time	Some of the time	Most of the time	All the time	Don't know	Refused to answer
SS1	To what extent do you worry/fear about losing your source of income or your family's source of income?	1	2	3	4	5	88	99
SS2	To what extent do you worry/fear losing your home?	1	2	3	4	5	88	99



EXP: Expenditures																
	AMNT_		CURR_				TF_									
	How much did your family spend in the last 6 months on each of the following? Note: This includes all types of cash or in-kind assistance received		Please specify the currency				Please specify the timeframe									
		Amount	Lebanese Pound (L.L.)	US Dollar (\$)	Don't know	Refuse to answer	Daily	Weekly	Monthly	Quarterly	Yearly	One time	Never /Not applicable	Don't know	Refuse to answer	
EXP1	Rent	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP2	Food/groceries	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP3	Water Service	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP4	Drinking Water	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP5	Cooking Gas	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP6	Benzene/Fuel for Transport	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP7	Coal/Diesel for heating	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP8	Electricity/Generator Subscription	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP9	Soap and other household hygiene items (household cleaning supplies, kitchen utensils, personal care supplies, diapers / nappies, makeup supplies...)	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP27	Trash removal	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP10	Clothing	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP11	Household repair/maintenance/insurance	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP12	Vehicle repair/maintenance/insurance	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP13	Education (tuition, books, stationery, tutoring)	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP14	Doctor consultations	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP15	Diagnostic tests	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP16	Hospitalization		1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP17	Medication	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP18	Public Transportation	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP19	School Transportation	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP20	Communications (landline, mobile phones, internet fees)	__	1	2	88	99	1	2	3	4	5	6	66	88	99	

EXP: Expenditures

EXP: Expenditures															
	AMNT_		CURR_				TF_								
	How much did your family spend in the last 6 months on each of the following? Note: This includes all types of cash or in-kind assistance received		Please specify the currency				Please specify the timeframe								
		Amount	Lebanese Pound (L.L.)	US Dollar (\$)	Don't know	Refuse to answer	Daily	Weekly	Monthly	Quarterly	Yearly	One time	Never /Not applicable	Don't know	Refuse to answer
EXP21	Outings and other entertainment (dvd rentals, etc.)	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP22	Tobacco (cigarettes, cigars, argileh)	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP23	Debt repayment	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP24	Cost of registration/legalizing stay in Lebanon	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP25	Other (including weddings, funerals, ceremonies)	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP26	Total	__	1	2	88	99	1	2	3	4	5	6	66	88	99

ASST: Assistance					
		Yes	No	Don't know	Refuse to answer
ASST1	Have you received Multi-purpose Cash assistance in the past 6 months (175\$/month or 262,500 LBP/ month)?	1	0	88	99
ASST2	Have you received cash-for-food in the past 6 months (27\$/person/month or 40,500/person/month retrieved from an ATM)?	1	0	88	99
ASST3	Have you received any food assistance (e-card/voucher) assistance in the past 6 months? (27\$/person/month or 40,500/person/month retrieved from any of the WFP contracted shops)	1	0	88	99
ASST4	Have you received in-kind food assistance in the past 6 months?	1	0	88	99
ASST5	Have you received any Winter cash assistance during the past winter cycle (375 \$ or 562,000 LBP in December 2018)?	1	0	88	99
ASST6	Have you received UNICEF winter cash assistance between 9 and 13 December 2018 (40\$ or 60,000 LBP for each child between 0 and 15 years of age for a maximum of 4 children per household)	1	0	88	99
ASST7	Have you received any other cash assistance in the past 6 months?	1	0	88	99
ASST8	Have you received any other non-food in-kind assistance in the past 6 months (clothes, hygiene products, etc...)?	1	0	88	99
ASST9	Have you received any services assistance in the past 6 months (dwelling maintenance/repair etc...)	1	0	88	99
ASST10	Have you received any Technical assistance (capacity building, vocational trainings) over the last 6 months?	1	0	88	99
ASST11	How does your family cover the primary health care expenditures?	1	Yes, totally free health care		
		2	Yes, discounted/subsidized/financial contribution/ cost sharing for primary health care		
		3	No, household needs to pay in full for primary health care related costs		
		4	Primary health care assistance never required		
		77	Other		
		88	Don't know		
		99	Refuse to answer		
ASST12	How do your family cover hospitalization expenditures?	1	Hospitalization expenditures have been totally covered through aid		
		2	Hospitalization expenditures have been partially covered through UNHCR or any other organization		
		3	No, assistance was not received. HH needs to pay in full for hospital care		
		4	No, the family did not need any assistance as medical insurance is available		
		5	Hospital care assistance never required		
		77	Other		
		88	Don't know		
		99	Refuse to answer		

INC: Income							
INC1	INC2		INC3				INC4
Approximately how much is the household income?	<b>If INC1&gt;0</b> Please specify the currency.		<b>If INC1&gt;0</b> How frequently do you receive this income?		Rank the three main sources of income you use to cover your expenses? (multiple options) Note: Buying on credit is a form of income		Income source 1:
_	1	Lebanese Pound (L.L.)	1	Daily	1	Remittances	
	2	U.S. Dollars (\$)	2	Weekly	2	Employment (wage, profit)	INC5
	88	Don't know	3	Fortnightly	3	Begging	Income source 2:
	99	Refuse to answer	4	Monthly	4	Savings	
			5	Every 6 months	5	Credits/debts/loan (including credits from shops)	
			6	Annually	6	Sale of assets/household goods/livestock/crops	INC6
			88	Don't know	7	Sale of in-kind aid	Income source 3:
			99	Refuse to answer	8	Assistance from humanitarian organization(cash, voucher, in-kind, other assistance and services)	
					9	Gifts, donations from friends/relatives in Lebanon	
	10	No other source of income (only for INC5 and INC6)					
	77	Other					
	88	Don't know					
	99	Refuse to answer					

DEBT: Debt			
DEBT1	Does your family have debt?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
DEBT2	If DEBT1=1 How much?	_	
CURR_	Currency	1	Lebanese Pound (L.L.)
		2	US Dollar (\$)
		88	Don't know
		99	Refuse to answer

For Cash and Food Groups only If ASST1=1 or ASST2=1			
CASH1	How many times did you or other household members go to the ATM to withdraw cash assistance in the last 30 days?	_  times	
CASH2	Who in your household normally goes to the ATM to withdraw cash with your red card?	1	Mainly husband or male head
		2	Mainly wife or female head
		3	Mainly both husband/male head and wife/female head jointly
		4	Other female household member
		5	Other male household member
		6	We did not withdraw cash from ATM
		88	Don't know
		99	Refuse to answer

Decision Making – To be asked to female respondents ONLY		
	R01	R02
<p>Read: within a household, there are various decisions to make about different issues including work, children, how to spend money as well as personal issues. The next set of questions is about this topic.</p> <p>If household does not engage in that particular activity, enter code for “Decision not made” and proceed to next activity.</p>	<p>In the last 6 months, who in your household generally had the last word in the decision?</p> <p><b>Code 1</b></p>	<p><b>If R0a/b/c/d/e/f/g/h1=2</b></p> <p>In the last 6 months, to what extent did you feel you could make your own personal decisions regarding these aspects of household life if you want(ed) to?</p> <ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. Small extent</li> <li>3. Medium extent</li> <li>4. To a high extent</li> </ol>
a. About if you should work to earn money or not and the acceptable wage?		
b. About what to prepare for daily meals?		
c. About visiting family/relatives or friends?		
d. About major household expenditures? (Such as a large appliance for the house like a refrigerator)		
e. About minor household expenditures? (Such as food for daily consumption or other household needs like toiletries)		
f. About whether or not to use family planning (contraceptives/birth control) to space or limit births?		
g. About the education of your children		
h. About where to obtain health care/advice?		
<b>R03</b>	For Enumerator: were there other household members aside from the woman present during these questions?	<b>Code 2</b>

Code 1: Decision Making		Code 2: Presence of others	
1	Mainly husband	1	Woman was alone
2	Mainly wife	2	Spouse/ partner was present
3	Mainly both husband and wife jointly	3	Other household members were present
40	Husband/male with another person	4	Woman was with toddlers
50	Wife/female with another person	5	Spouse/ partner and the household members were present
8	Someone outside the household/other	88	Don't know
9	Decision not made/Not Applicable	99	Refuse to answer
88	Don't know		
99	Refuse to answer		

Accountability1									
AC1	Have you or anyone in your household tried to call the helpline in the last 6 months?	Yes, and was able to get through and speak to someone	Yes, but my call didn't go through/wasn't answered/didn't receive a call back	No	Don't know	Refuse to answer			
		1	2	3	88	99			
AC1A	<b>If AC1=2</b> If you called but could not get through in the past six months, why did this happen? (tick all that apply)	Busy signal so I was unable to get through	I was put on hold for too long so hung up	The line rang but no one picked up	I called on the weekend or at night	I left a message but did not hear back	Other	Don't know	Refuse to answer
		1	2	3	4	5	77	88	99
AC1A_other	<b>If AC1A=77</b> If other, please specify: _____								
AC2	<b>If AC1=1/2</b> If yes (you/your HH called the helpline, whether or not you got through), what problem or query were you trying to have addressed?	1	Lost/stolen card	7	Other protection threats (not directly related to cash assistance)				
		2	Lost/forgotten PIN	8	Cash assistance terminated (request for further information/appeal)				
		3	Card stuck in ATM/not functioning	9	Change in status requiring update to registration data				
		4	Non-transfer/late transfer of cash to card	10	Request for emergency cash assistance e.g. to access health care				
				11	Other cash related issue or query				
		5	Experienced threats/insecurity/theft when collecting cash from ATM	77	Other non-cash related issues e.g. access to services				
		6	Experienced threats/insecurity/theft of cash in other locations	88	Don't know				
				99	Refuse to answer				
AC3	<b>If AC1=1</b> If yes (you/your HH called the helpline and got through), were they able to resolve your problem/answer your questions effectively?	Yes – immediately during the call		Yes – received a call back later		Yes, was requested to visit office		No	Other
		1		2		3		4	77
		Don't know		Refuse to answer					
		88		99					
AC3_1	<b>If AC3=77</b> If other, please specify: _____								
AC4	<b>If AC1=1</b> If yes (you/your HH called the helpline and got through), how long did it take to completely resolve your issue?	1	On the same day the call was made	6	One to two months				
		2	Less than a week	7	More than two months				
				8	The issue has not been resolved yet (still in progress)				
		3	One to two weeks	9	The issue cannot be resolved				
		4	Two to three weeks	88	Don't know				
		5	Three to four weeks	99	Refuse to answer				
AC5	<b>If AC1=1/2</b> If you used the helpline, how satisfied were you with the service you received?	1	Very satisfied						
		2	Satisfied						
		3	Neither satisfied nor dissatisfied						
		4	Dissatisfied						
		5	Very dissatisfied						
		88	Don't know						
		99	Refuse to answer						

Accountability2										
AC6	How have you/your HH received messages and communications from those who provide assistance? (tick any that apply)	1	Did not receive messages or communications				7	Through phone calls		
		2	Text messages				8	Online/social media/Facebook		
		3	During the distribution of the cards				9	Validation exercise		
		4	Word of mouth from neighbors/_others in community				77	Other		
		5	Signs in shops				88	Don't know		
		6	NGO representative				99	Refuse to answer		
AC6_other		<b>If AC6=77</b> If other, please specify: _____								
AC10	Have you/your HH had any problems accessing information about your assistance?	1	Yes							
		0	No							
		88	Don't know							
		99	Refuse to answer							
AC11	<b>If AC10=1</b> If yes, what were the problems you had?	Phone not accessible (i.e. shared or not working or lost or changed )		Phone call too expensive	Can't get through to the helpline	Can't reach UNHCR/WFP center	Other	Don't know	Refuse to answer	
		1	2	3	4	77	88	99		
AC7A	Please tell us whether you have received the information you needed on the programme (tick all that apply)									
	_1	To understand why they are selected/discontinued				_6	How to be re-considered for assistance			
	_2	To be able to easily access the programme (ie how to use the card, access the money, what days to go to ATM)				_7	Duration of assistance (number of months)			
	_3	To understand the validation process that UNHCR or other NGOs do 3 times yearly to update the information of those enrolled in the cash programmes								
	_4	How to get addition information about your case								
	_5	How to file a complaint to UNHCR or WFP								
		Yes		No		No applicable		Don't know		Refuse to answer
	1	0	66		88		99			
AC8	Do you find the messages on your assistance easy to understand?	1	Yes			88	Don't know			
		0	No			99	Refuse to answer			
AC9	<b>If AC8=0</b> If not, why not?	1	Limited ability to read Arabic							
		2	The information is complicated							
		3	Not enough information provided							
		77	Other							
AC9_1	<b>If AC9=77</b> If other, please specify: _____									