





Vulnerability Assessment Framework (VAF) | Jordan

Population Survey – Out of Camp/Urban | One Refugee Approach

2021

Description	<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 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 2021, the sample population follows a One Refugee Approach by including non-Syrian and camp-based refugees for the first time. A section on COVID: Knowledge, Attitudes and Practices has been added and the consumption/expenditure module was expanded in order to update the VAF Poverty Score (PMT).</p> <p>The survey is accompanied by a Kobo Form tool, and partners are given trainings and encouraged to deploy these tools to inform their own programs.</p> <p>For more information, please contact VAF Coordinator, Maria Lagourou : Lagourou@UNHCR.org</p> <p>Click here for VAF Portal</p>
Language	<p>English and Arabic</p>
Key	<ul style="list-style-type: none"> • Usage: Questions used to calculate VAF Indicators, by sector • Calculated field:  • Loops (repeats):  • Time Stamp (new section):  • Note for enumerator:  • Hints: <i>Guidance for the enumerator</i>

2021 . SURVEY INITIALISATION

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2021 . SURVEY INITIALISATION

SURVEY INITIALISATION

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
SI.TIME TimeIntervalSI		TimeStamp		
SI.Note SurveyInitializationNote	Survey Initialization Note	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.		
SI.01 DateOfVisit	Assessment Info	Date of Visit <i>Today's date</i>		. <= today()
SI.02 enumerator_id	Enumerator ID #	To enumerator: please enter your national ID number		
SI.02a enumerator_confirm	Enumerator Info	Enumerator ID		Calculated field
SI.02b enumerator_name	Enumerator Info	Enumerator Name		Calculated field
SI.02c enumerator_gender	Enumerator Info	Enumerator Gender		Calculated field
SI.02d enumerator_phonenum	Enumerator Info	Enumerator Phone Number		Calculated field
SI.03 enumerator_name_note	Enumerator Info	To enumerator: 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	
SI.04 enumerator_id2	Enumerator ID #	To enumerator: please enter your national ID number		
SI.04a enumerator_confirm2	Enumerator Info	Enumerator ID		Calculated field
SI.04b enumerator_name2	Enumerator Info	Enumerator Name		Calculated field
SI.04c enumerator_gender2	Enumerator Info	Enumerator Gender		Calculated field
SI.04d enumerator_phonenum2	Enumerator Info	Enumerator Phone Number		Calculated field
SI.05 enumerator_name_note2	Enumerator Info	To enumerator: 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.06b 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 are captured for follow up reasons.		
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"/> 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.10=not available
NA.01a NotAvailableOther	Case NA	You selected Other for case not available, please specify		SI.10=not available NA.01 = Other

2021 . HOUSEHOLD AVAILABLE FOR INTERVIEW: LOCATION INFORMATION

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
NA.02 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.10=not available NA.01 = Out of Scope
NA.03 GPSUnreachable	Case unreachable by Field	Collect the GPS of the building <i>Collect at unreachable location; can be collected at outside of bulding</i>		SI.10=not available NA.01= Unreachable by field
Survey ends				

HOUSEHOLD AVAILABLE FOR INTERVIEW: LOCATION INFORMATION

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
LI.01Note 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.		
LI.01 GeoAddress	Location GPS	Collect the GPS of the building <i>GPS coordinates can be collected outside of the building if the GPS signal is weak</i>		SI.10=Available
LI.02 Governorate	Location Gov	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.10=Available

Question # and name	Usage	Question	Options	Skip logic # Validation # Description
LI.03a District	Location District	Select the district		Options to be shown are linked to the Governorate selected
LI.03b SubDistrict	Location Sub-District	Select the sub-district		Options to be shown are linked to the sub-district selected
LI.03c Locality	Location Locality	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 participation is voluntary. There is no direct benefit, money or compensation provided to you for participating in this assessment. You may refuse to answer any question or you may choose to stop the assessment at any time. However, we hope that the assessment will help us to understand issues and work to resolve them. You may ask questions at any time about this assessment.

We might also contact you in the near future in order to verify 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
HHC.TIME TimeIntervalHHC		TimeStamp		
HHC.Note HHinformationNote2	Household Composition Note	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 or 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>		
HHC.01a 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

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
HHC.01b 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 NumberOfFamilies >1
HHC.03a 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 NumberOfFamilies >2 AND IF ALLFamiliesShare = No;
HHC.03b 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.05 HoHName	Head of Household Name/not registered	What is the name of the Head of Household?		IF HHC.04 = No

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>		

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
SH.01 TypeOfShelter	VAF Shelter Type	What type of shelter is the household residing in?	<input type="checkbox"/> Formal: Finished building <i>(Completed & 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>		Between 1 and 11
SH.02b KitchenBathroom	VAF Shelter Kitchen Bathroom	Is there a kitchen and a bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SH.03 HasElectricity	VAF Shelter Condition MPI	Does the shelter have electricity for more than 15 days a month? <i>50% of the month</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SH.04a 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.04b 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.04a = Sub- standard
SH.05 OpeningsConditions	VAF Shelter Condition Openings	Openings condition <i>Acceptable = All openings have a functional window or door made of of a solid material and close with a lock (not broken, not temporary)</i> <i>Sub-standard = Openings do not 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.06 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.07 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 do not have windows and doors that open to provide natural light and ventilation</i>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Sub- standard	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
SH.08a EnumeratorJudgementInformal	VAF Shelter Condition	[TO THE INTERVIEWER] Although the tent housing is acceptable, are you sure that housing and roof is acceptable? <i>Do not address this question to the respondent. If “no”, please update responses above</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	SH.01 = Informal settlement AND SH.04a = Acceptable
SH.09 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	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
SH.10 HouseholdAssets	Household Items MPI	What items of furniture or other assets are found in the shelter which they can use even if they don't own them? <i>Select all items that are in good condition.</i> <i>Do not select an appliance that is not working</i>	<input type="checkbox"/> Floor mattress <input type="checkbox"/> Beds <input type="checkbox"/> Blankets <input type="checkbox"/> Table/chairs <input type="checkbox"/> Sofa set <input type="checkbox"/> Cabinets <input type="checkbox"/> Kitchen utilities <input type="checkbox"/> Water filter <input type="checkbox"/> Fridge <input type="checkbox"/> Freezer <input type="checkbox"/> Gas/electric oven <input type="checkbox"/> Gas stove <input type="checkbox"/> Kerosene stove <input type="checkbox"/> Water heater <input type="checkbox"/> Water pump <input type="checkbox"/> Washing machine <input type="checkbox"/> Electric fan <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Electric lamps <input type="checkbox"/> Fireplace <input type="checkbox"/> Electric Heater <input type="checkbox"/> Gas Heater <input type="checkbox"/> Kerosene heater <input type="checkbox"/> Diesel Boiler <input type="checkbox"/> Television <input type="checkbox"/> Computer <input type="checkbox"/> Tablet <input type="checkbox"/> Radio <input type="checkbox"/> Basic cell Phone (no internet connection) <input type="checkbox"/> Smart Phone <input type="checkbox"/> Phone - Landline <input type="checkbox"/> Car <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tractor <input type="checkbox"/> Other	
SH.10a HouseholdAssetsOther	Household Items	You selected 'Other' for household assets, please specify		SH.10 = Other

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
SH.11 RentedAccommodation	Shelter rental Payments	Is the residence rented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SH.11a RentLastQuarter	Rental Payments in last quarter	Have you paid rent in the last 3+ months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If RentedAccommodation = yes
SH.11b NotPayingRent	Shelter rental Payments	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 RentedAccommodation = No
SH.11c Owned	Shelter rental Payments	You selected 'don't pay rent' because the shelter is 'Owned', by whom?	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employer <input type="checkbox"/> Other	SH.11b= Owned
SH.11d OwnedOther	Shelter rental Payments	You selected "don't pay rent owned by other", please specify:		SH.11c = 'other'
SH.11e NotPayingRentOther	Shelter rental Payments	You selected don't pay rent 'Other', please specify:		SH.11b= Other
SH.12 AgreementType	VAF Security of Tenure	What type of agreement between the landlord and tenant? <i>If written agreement is expired in 2020, you should still select "written agreement". If written agreement expired 2019 or before, select no agreement</i>	<input type="checkbox"/> Written agreement <input type="checkbox"/> Verbal agreement <input type="checkbox"/> No agreement	If RentedAccommodation = yes
SH.13 ThreatOfEviction	VAF Threat of Eviction	Is there currently a threat of eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SH.11 = Yes
SH.13a ThreatOfEvictionWhy	VAF Threat of Eviction	You selected 'Yes' for threat of eviction, why?	<input type="checkbox"/> Conflict with host community and/or Landlord <input type="checkbox"/> Fear of eviction (Scared the landlord will evict him) <input type="checkbox"/> Verbal threat of eviction <input type="checkbox"/> Written note for eviction <input type="checkbox"/> Other	SH.11 = Yes SH.14 = Yes
SH.13b ThreatOfEvictionOther	VAF Threat of Eviction	You selected 'Other' as s threat of eviction, please specify:		SH.11 = Yes SH.14 = Yes SH.14a = Other

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
W.TIME WASHTimeStamp	WASH TimeStamp	TimeStamp		
W.01Note WASHnote	WASH Enumerator Note	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>		
W.01 WaterSource	Source of Water MPI	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	
W.01a WaterSourceOther	Source of Water	You selected 'other' as the main source of water, please specify:		W.01 = Other
W.02 WaterStorageCapacity	Water Storage	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 the family runs 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	
W.03 LatrineAccess	Sanitation Physical Accessibility	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	
W.04 LatrineExclusive	Sharing Latrine Sanitation MPI	Is the latrine for exclusive use in 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	
W.05 LatrineSafe	Perception of Safety Sanitation	Is the latrine located in a safe, secure and accessible location in the house and with a safe infrastructure? <i>Are all members of the family comfortable to use the toilet independently during the whole day and night</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W.06 TypeOfWasteWater	Type of Wastewater Disposal Sanitation	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, field, bucket, plastic bag, other	
W.07 FrequencySolidWaste	Disease Vector Evidence Solid Waste	What is the frequency of solid waste related to vector evidence? <i>Parasites, rats and rodents, insects, etc.</i>	<input type="checkbox"/> Never <input type="checkbox"/> 1 - 2 times per year <input type="checkbox"/> More than 2 per year	

SHARING GROUP LOOP: [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]

Note: The next three sections will be asked to each sharing group. Please start with all members in SG 1. When you are done, move to members of SG2.

2021 . CONSUMPTION AND EXPENDITURE: FOOD

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 sharing group or family. <u>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.</u>		
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 the all <u>meals are shared</u> , the values reported back should be for the entire household		
CF.01NoteC FoodNoteC	Consumption Food Note C	The following questions will start have the following format: In the past 7 days that precede the interview, did anyone in the <u>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.</u>		
CF.01a GrainsConsume	Cereals, Grains, Roots and Tubers Consumption	Did anyone in the household/sharing group consume any of the following cereal, grains, roots and tubers items 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 (bulgar, biscuits, etc.) <input type="checkbox"/> None/ Not applicable	
CF.01ab GrainsConsumeFCS	Cereals, Grains, Roots and Tubers FCS	Over the last 7 days, how many days did your sharing group/family consume cereal, grains, roots and tubers ? <i>Select 1 – 7</i> <i>E.g., Rice, Bread, potatoes, Macaroni/Noodles, Other grains, etc.</i>	<input type="checkbox"/> 1-7	IF CF.01a does not equal none
CF.01b GrainsPurchase	Cereals, Grains, Roots and Tubers Purchase	Did anyone in the household /sharing group purchase any of the following cereal, grains, roots and tubers items 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 (bulgar, biscuits, etc.) <input type="checkbox"/> None/ Not applicable	
CF.01c GrainsInKind	Cereals, Grains, Roots and Tubers In-Kind	Did anyone in the household/sharing group receive any of the following cereal, grains, roots and tubers items as humanitarian aid or in-kind assistance 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 (bulgar, biscuits, etc.) <input type="checkbox"/> None/ Not applicable	

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

2021 . CONSUMPTION AND EXPENDITURE: FOOD

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.02b ProteinsPurchase	<i>Proteins and Fats Purchase</i>	Did anyone in the household /sharing group purchase any of the following protein and fats items 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 (<i>beef, lamb, etc.</i>) <input type="checkbox"/> Canned Fish (<i>sardines, tuna</i>) <input type="checkbox"/> Eggs <input type="checkbox"/> Infant Milk (<i>baby formula</i>) <input type="checkbox"/> Powder Milk <input type="checkbox"/> Fresh Milk/Carton Milk <input type="checkbox"/> Yogurt <input type="checkbox"/> Labneh <input type="checkbox"/> Oil (<i>Olive oil, sunflower, soya, palm, etc.</i>) <input type="checkbox"/> Nuts and Seeds (<i>cashews, almonds, pistachio, sunflower seeds, etc.</i>) <input type="checkbox"/> Tahini <input type="checkbox"/> None/ Not applicable	
CF.02c ProteinsInKind	<i>Proteins and Fats In-Kind</i>	Did anyone in the household/sharing group receive any of the following protein and fats items as humanitarian aid or in-kind assistance 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 (<i>beef, lamb, etc.</i>) <input type="checkbox"/> Canned Fish (<i>sardines, tuna</i>) <input type="checkbox"/> Eggs <input type="checkbox"/> Infant Milk (<i>baby formula</i>) <input type="checkbox"/> Powder Milk <input type="checkbox"/> Fresh Milk/Carton Milk <input type="checkbox"/> Yogurt <input type="checkbox"/> Labneh <input type="checkbox"/> Oil (<i>Olive oil, sunflower, soya, palm, etc.</i>) <input type="checkbox"/> Nuts and Seeds (<i>cashews, almonds, pistachio, sunflower seeds, etc.</i>) <input type="checkbox"/> Tahini <input type="checkbox"/> None/ Not applicable	

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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.03a FruitsVegConsume	Fruits & Vegetables Consumption	Did anyone in the household/sharing group consume any of the following fruit and vegetable items 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 (boxes) <input type="checkbox"/> Leafy green vegetables (Eg, grape leaves, broccoli, spinach, lettuce, etc.) <input type="checkbox"/> None/ Not applicable	
CF.03ab FruitsConsumeFCS	Fruits FCS	Over the last 7 days, how many days did your sharing group/family consume fruits ? <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.03a = Lemons, Oranges, Mandarins, Clementines, Bananas, Apples, Watermelon, Dates
CF.03ab VegetablesConsumeFCS	Vegetables FCS	Over the last 7 days, how many days did your sharing group/family consume vegetables and leaves ? <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.03a = Tomatoes, cucumbers, onions, Concentrated tomato puree (boxes), leafy green vegetables

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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.03b FruitsVegPurchase	<i>Fruits & Vegetables</i> Purchase	Did anyone in the household /sharing group purchase any of the following fruit and vegetable items 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 (boxes) <input type="checkbox"/> Leafy greens vegetables (<i>Eg, grape leaves, broccoli, spinach, lettuce, etc.</i>) <input type="checkbox"/> None/ Not applicable	
CF.03c FruitsVegInKind	<i>Fruits & Vegetables</i> In-Kind	Did anyone in the household/sharing group receive any of the following fruit and vegetable items as humanitarian aid or in-kind assistance 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 (boxes) <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.04a BevSpiceSweetConsume	<i>Beverages, Spices, Sweets</i> Consumption	Did anyone in the household/sharing group consume any of the following beverages, spice or sweets items 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.04ab SugarConsumeFCS	<i>Sugar and Sweets</i> FCS	Over the last 7 days, how many days did your sharing group/family consume sugar or sweets ? <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
CF.04b BevSpiceSweetPurchase	<i>Beverages, Spices, Sweets</i> Purchase	Did anyone in the household /sharing group purchase any of the following beverages, spice or sweets items 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</i> In-Kind	Did anyone in the household/sharing group receive any of the following beverages, spice or sweets items as humanitarian aid or in-kind assistance 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	

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

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

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

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.14a EggsConsumeAmt	<i>Proteins and Fats</i> Eggs Consumption Amount	How much eggs did the household/sharing group consume during the 7 days that precede the interview? <i>In # of eggs</i>		IF CF.02a = Selected 'consumed eggs' 1>=X>=75
CF.14b EggsPurchaseAmt	<i>Proteins and Fats</i> Eggs Purchase Amount	How much eggs did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.02b = Selected 'purchased eggs' .1>=X>=50
CF.14c EggsInKind	<i>Proteins and Fats</i> Eggs In-Kind Amount	How much eggs did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In # of eggs</i>		IF CF.02c = Selected 'received eggs' 1>=X>=75
CF.15a InfantMilkConsumeAmt	<i>Proteins and Fats</i> Infant Milk Consumption Amount	How much infant milk did the household/sharing group consume during the 7 days that precede the interview? <i>Baby formula</i> <i>In grams (small jar = 400 grams, Med = 900 grams, Large = 1,800 grams)</i>		IF CF.02a = Selected 'consumed infant milk' 50>=X>=5,000
CF.15b InfantMilkPurchaseAmt	<i>Proteins and Fats</i> Infant Milk Purchase Amount	How much infant milk did the household/sharing group purchase during the 7 days that precede the interview? <i>Baby formula</i> <i>In JOD</i>		IF CF.02b = Selected 'purchased infant milk' .1>=X>=50
CF.15c InfantMilkInKind	<i>Proteins and Fats</i> Infant Milk In-Kind Amount	How much infant milk did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>Baby formula</i> <i>In grams (small jar = 400 grams, Med = 900 grams, Large = 1,800 grams)</i>		IF CF.02c = Selected 'received infant milk' 100>=X>=5,000
CF.16a PowderMilkConsumeAmt	<i>Proteins and Fats</i> Powder Milk Consumption Amount	How much powder milk did the household/sharing group consume during the 7 days that precede the interview? <i>In grams (small jar= 350 grams, Med=750 grams, Large = 2,250grams)</i>		IF CF.02a = Selected 'consumed powder milk' 50>=X>=5,000
CF.16b PowderMilkPurchaseAmt	<i>Proteins and Fats</i> Powder Milk Purchase Amount	How much powder milk did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.02b = Selected 'purchased powder milk' .1>=X>=50
CF.16c PowderMilkInKind	<i>Proteins and Fats</i> Powder Milk In-Kind Amount	How much powder milk did the household/sharing group receive as humanitarian aid or in-kind assistance 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 fresh/carton milk did the household/sharing group consume during the 7 days that precede the interview? <i>1 cup = .25 litres</i>		IF CF.02a = Selected 'consumed 'fresh/carton milk' .125>=X>=15
CF.17b MilkPurchaseAmt	<i>Proteins and Fats</i> Fresh/Carton Milk Purchase Amount	How much fresh/carton milk did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.02b = Selected 'purchased 'fresh/carton milk' .1>=X>=50

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.17c MilkInKind	<i>Proteins and Fats</i> Fresh/Carton In-Kind Amount	How much fresh/carton milk did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In litres; 1 cup = .25 litres</i>		IF CF.02c = Selected 'received 'fresh/carton milk' .125>=X>=15
CF.18a YogurtConsumeAmt	<i>Proteins and Fats</i> Yogurt Consumption Amount	How much yogurt did the household/sharing group consume 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 yogurt did the household/sharing group purchase 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 yogurt did the household/sharing group receive as humanitarian aid or in-kind assistance 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 labneh did the household/sharing group consume 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 labneh did the household/sharing group purchase 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 labneh did the household/sharing group receive as humanitarian aid or in-kind assistance 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.02c = Selected 'received labneh' 90>=X>=4,000
CF.20a OilConsumeAmt	<i>Proteins and Fats</i> Oil Consumption Amount	How much oil did the household/sharing group consume during the 7 days that precede the interview? <i>Olive oil, sunflower, soya, palm, etc.</i> <i>In Millilitres (extra small bottle = 250 ML, small = 500ML, Medium = 1,000 ML, Large = 1,800 ML)</i>		IF CF.02a = Selected 'consumed oil' 60>=X>=6,000
CF.20b OilPurchaseAmt	<i>Proteins and Fats</i> Oil Purchase Amount	How much oil did the household/sharing group purchase during the 7 days that precede the interview? <i>Olive oil, sunflower, soya, palm, etc.</i> <i>In JOD</i>		IF CF.02b = Selected 'purchased oil' .1>=X>=50
CF.20c OilInKind	<i>Proteins and Fats</i> Oil In-Kind	How much oil did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview?		IF CF.02c = Selected 'received oil'

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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
	Amount	<i>Olive oil, sunflower, soya, palm, etc.</i> In Millilitres (extra small bottle = 250 ML, small = 500ML, Medium = 1,000 ML, Large = 1,800 ML)		100>=X>=6,000
CF.21a NutsConsumeAmt	<i>Proteins and Fats</i> Nuts and Seeds Consumption Amount	How much nuts and seeds did the household/sharing group consume during the 7 days that precede the interview? <i>Cashews, almonds, pistachio, sunflower seeds, etc.</i> In KGS		IF CF.02a = Selected 'consumed nuts and seeds' .1>=X>=5
CF.21b NutsPurchaseAmt	<i>Proteins and Fats</i> Nuts and Seeds Purchase Amount	How much nuts and seeds did the household/sharing group purchase during the 7 days that precede the interview? <i>Cashews, almonds, pistachio, sunflower seeds, etc.</i> In JOD		IF CF.02b = Selected 'purchased nuts and seeds' .1>=X>=50
CF.21c NutsInKind	<i>Proteins and Fats</i> Nuts and Seeds In-Kind Amount	How much nuts and seeds did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>Cashews, almonds, pistachio, sunflower seeds, etc.</i> In KGS		IF CF.02c = Selected 'received nuts and seeds' .1>=X>=5
CF.22a TahiniConsumeAmt	<i>Proteins and Fats</i> Tahini Consumption Amount	How much tahini did the household/sharing group consume during the 7 days that precede the interview? In Grams (small jar = 250 grams, medium = 400- grams, large = 800-900 grams) 1 tablespoon of tahini = 15 grams		IF CF.02a = Selected 'consumed tahini' 15>=X>=2,000
CF.22b TahiniPurchaseAmt	<i>Proteins and Fats</i> Tahini Purchase Amount	How much tahini did the household/sharing group purchase during the 7 days that precede the interview? In JOD		IF CF.02b = Selected 'purchased tahini' .1>=X>=50
CF.22c TahiniInKind	<i>Proteins and Fats</i> Tahini In-Kind Amount	How much tahini did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? In Grams (small jar = 250 grams, medium = 400- grams, large = 800-900 grams)		IF CF.02c = Selected 'received tahini' 100>=X>=2,000
CF.23a LemonsConsumeAmt	<i>Fruits & Vegetables</i> Lemons Consumption Amount	How much lemons did the household/sharing group consume during the 7 days that precede the interview? In KGS (~6-8 lemons = 1 kg)		IF CF.03a = Selected 'consumed lemons' .1>=X>=5
CF.23b LemonsPurchaseAmt	<i>Fruits & Vegetables</i> Lemons Purchase Amount	How much lemons did the household/sharing group purchase during the 7 days that precede the interview? In JOD		IF CF.03b = Selected 'purchased lemons' .1>=X>=50
CF.23c LemonsInKind	<i>Fruits & Vegetables</i> Lemons In-Kind Amount	How much lemons did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? In KGS (~6-8 lemons = 1 kg)		IF CF.03c = Selected 'received lemons' .1>=X>=5

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.24a VitCConsumeAmt	<i>Fruits & Vegetables</i> Vit C Consumption Amount	How much oranges, mandarins/clementines did the household/sharing group consume during the 7 days that precede the interview? <i>In KGs (~3-4 oranges = 1 kg AND ~13-14 mandarins = 1kg)</i>		IF CF.03a = Selected 'consumed oranges, mandarins/clementines' .1>=X>=5
CF.24b VitCPurchaseAmt	<i>Fruits & Vegetables</i> Vit C Purchase Amount	How much oranges, mandarins/clementines did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.03b = Selected 'purchased oranges, mandarins/clementines' .1>=X>=50
CF.24c VitCInKind	<i>Fruits & Vegetables</i> Vit C In-Kind Amount	How much oranges, mandarins/clementines did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In KGs (~3-4 oranges = 1 kg AND ~13-14 mandarins = 1kg)</i>		IF CF.03c = Selected 'received oranges, mandarins/clementines' .1>=X>=5
CF.25a BananasConsumeAmt	<i>Fruits & Vegetables</i> Bananas Consumption Amount	How much bananas did the household/sharing group consume during the 7 days that precede the interview? <i>In KGs (~6-7 bananas = 1 kg)</i>		IF CF.03a = Selected 'consumed bananas' .1>=X>=5
CF.25b BananasPurchaseAmt	<i>Fruits & Vegetables</i> Bananas Purchase Amount	How much bananas did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.03b = Selected 'purchased bananas' .1>=X>=50
CF.25c BananasInKind	<i>Fruits & Vegetables</i> Bananas In-Kind Amount	How much bananas did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In KGs (~6-7 bananas = 1 kg)</i>		IF CF.03c = Selected 'received bananas' .1>=X>=5
CF.26a ApplesConsumeAmt	<i>Fruits & Vegetables</i> Apples Consumption Amount	How much apples did the household/sharing group consume during the 7 days that precede the interview? <i>In KGs (~5-6 medium apples = 1 kg)</i>		IF CF.03a = Selected 'consumed apples' .1>=X>=5
CF.26b ApplesPurchaseAmt	<i>Fruits & Vegetables</i> Apples Purchase Amount	How much apples did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.03b = Selected 'purchased apples' .1>=X>=50
CF.26c ApplesInKind	<i>Fruits & Vegetables</i> Apples In-Kind Amount	How much apples did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In KGs (~5-6 medium apples = 1 kg)</i>		IF CF.03c = Selected 'received apples' .1>=X>=5
CF.27a WatermelonConsumeAmt	<i>Fruits & Vegetables</i> Watermelon Consumption Amount	How much watermelon did the household/sharing group consume during the 7 days that precede the interview? <i>In KGs</i>		IF CF.03a = Selected 'consumed watermelon' .1>=X>=30
CF.27b WatermelonPurchaseAmt	<i>Fruits & Vegetables</i> Watermelon Purchase Amount	How much watermelon did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.03b = Selected 'purchased watermelon' .1>=X>=50

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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.27c WatermelonInKind	<i>Fruits & Vegetables</i> Watermelon In-Kind Amount	How much watermelon did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In KGs</i>		IF CF.03c = Selected 'received watermelon' .1>=X>=30
CF.28a DatesConsumeAmt	<i>Fruits & Vegetables</i> Dates Consumption Amount	How much dates did the household/sharing group consume during the 7 days that precede the interview? <i>In Grams (1 medium box = 500 grams)</i> <i>1 date = 25 grams</i>		IF CF.03a = Selected 'consumed dates' 25>=X>=2,000
CF.28b DatesPurchaseAmt	<i>Fruits & Vegetables</i> Dates Purchase Amount	How much dates did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.03b = Selected 'purchased dates' .1>=X>=50
CF.28c DatesInKind	<i>Fruits & Vegetables</i> Dates In-Kind Amount	How much dates did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In Grams (1 medium box = 500 grams)</i> <i>1 date = 25 grams</i>		IF CF.03c = Selected 'received dates' 25>=X>=2,000
CF.29a TomatoesConsumeAmt	<i>Fruits & Vegetables</i> Tomatoes Consumption Amount	How much tomatoes did the household/sharing group consume during the 7 days that precede the interview? <i>In KGs</i> <i>(~6-7 tomatoes = 1 kg)</i>		IF CF.03a = Selected 'consumed tomatoes' .1>=X>=50
CF.29b TomatoesPurchaseAmt	<i>Fruits & Vegetables</i> Tomatoes Purchase Amount	How much tomatoes did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.03b = Selected 'purchased tomatoes' .1>=X>=50
CF.29c TomatoesInKind	<i>Fruits & Vegetables</i> Tomatoes In-Kind Amount	How much tomatoes did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In KGs (~6-7 tomatoes = 1 kg)</i>		IF CF.03c = Selected 'received tomatoes' .1>=X>=50
CF.30a CucumbersConsumeAmt	<i>Fruits & Vegetables</i> Cucumbers Consumption Amount	How much cucumbers did the household/sharing group consume during the 7 days that precede the interview? <i>In KGs</i>		IF CF.03a = Selected 'consumed cucumbers' .1>=X>=15
CF.30b CucumbersPurchaseAmt	<i>Fruits & Vegetables</i> Cucumbers Purchase Amount	How much cucumbers did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.03b = Selected 'purchased cucumbers' .1>=X>=50
CF.30c CucumbersInKind	<i>Fruits & Vegetables</i> Cucumbers In-Kind Amount	How much cucumbers did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In KGs</i>		IF CF.03c = Selected 'received cucumbers' .1>=X>=15
CF.31a OnionsConsumeAmt	<i>Fruits & Vegetables</i> Onion Consumption Amount	How much onions/garlic did the household/sharing group consume during the 7 days that precede the interview? <i>In KGs</i>		IF CF.03a = Selected 'consumed onions' .1>=X>=5

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
		(~6-7 onions = 1 kg)		
CF.31b OnionsPurchaseAmt	Fruits & Vegetables Onions Purchase Amount	How much onions/garlic did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.03b = Selected 'purchased onions' .1>=X>=50
CF.31c OnionsInKind	Fruits & Vegetables Onions In-Kind Amount	How much onions/garlic did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In KGs (~6-7 onions = 1 kg)</i>		IF CF.03c = Selected 'received onions' .1>=X>=5
CF.32a TomPureeConsumeAmt	Fruits & Vegetables Tomato puree Consumption Amount	How much concentrated tomato puree did the household/sharing group consume 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>		IF CF.03a = Selected 'consumed concentrated tomato puree' 15>=X>=5,000
CF.32b TomPureePurchaseAmt	Fruits & Vegetables Tomato puree Purchase Amount	How much concentrated tomato puree did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.03b = Selected 'purchased concentrated tomato puree' .1>=X>=50
CF.32c TomPureeInKind	Fruits & Vegetables Tomato puree In – Kind Amount	How much concentrated tomato puree did the household/sharing group receive as humanitarian aid or in-kind assistance 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>		IF CF.03c = Selected 'received concentrated tomato puree' 100>=X>=5,000
CF.33a GreensConsumeAmt	Fruits & Vegetables Leafy Greens Consumption Amount	How much leafy green vegetables did the household/sharing group consume during the 7 days that precede the interview? <i>Eg, grape leaves, broccoli, spinach, lettuce, etc. In KGs</i>		IF CF.03a = Selected 'consumed leafy greens' .1>=X>=25
CF.33b GreensPurchaseAmt	Fruits & Vegetables Leafy Greens Purchase Amount	How much leafy green vegetables did the household/sharing group purchase during the 7 days that precede the interview? <i>Eg, grape leaves, broccoli, spinach, lettuce, etc. In JOD</i>		IF CF.03b = Selected 'purchased leafy greens' .1>=X>=50
CF.33c GreensInKind	Fruits & Vegetables Leafy Greens In – Kind Amount	How much leafy green vegetables did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>Eg, grape leaves, broccoli, spinach, lettuce, etc. In KGs</i>		IF CF.03c = Selected 'received leafy greens' .1>=X>=25
CF.34a SugarConsumeAmt	Beverages, Spices, Sweets Sugar Consumption Amount	How much sugar did the household/sharing group consume during the 7 days that precede the interview? <i>In Grams 1 teaspoon = 4 grams</i>		IF CF.04a = Selected 'consumed sugar' 8>=X>=8,000

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.34b SugarPurchaseAmt	<i>Beverages, Spices, Sweets</i> Sugar Purchase Amount	How much sugar did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.04b = Selected 'purchased sugar' .1>=X>=50
CF.34c SugarInKind	<i>Beverages, Spices, Sweets</i> Sugar In – Kind Amount	How much sugar did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In Grams</i> <i>1 teaspoon = 4 grams</i>		IF CF.04c = Selected 'received sugar' 100>=X>=8000
CF.35a ChocolateConsumeAmt	<i>Beverages, Spices, Sweets</i> Chocolate/Ice Cream Consumption Amount	How much ice cream and chocolate bars did the household/sharing group consume during the 7 days that precede the interview? <i>In number of bars</i>		IF CF.04a = Selected 'consumed ice cream and chocolate bars' 1>=X>=90
CF.35b ChocolatePurchaseAmt	<i>Beverages, Spices, Sweets</i> Chocolate/Ice Cream Purchase Amount	How much ice cream and chocolate bars did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.04b = Selected 'purchased ice cream and chocolate bars' .1>=X>=50
CF.35c ChocolateInKind	<i>Beverages, Spices, Sweets</i> Chocolate/Ice Cream In – Kind Amount	How much ice cream and chocolate bars did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In number of bars</i>		IF CF.04c = Selected 'received ice cream and chocolate bars' 1>=X>=90
CF.36a SaltPepperConsumeAmt	<i>Beverages, Spices, Sweets</i> Salt & Pepper Consumption Amount	How much table salt and black pepper did the household/sharing group consume during the 7 days that precede the interview? <i>In Grams</i> <i>1 teaspoon = 4 grams</i>		IF CF.04a = Selected 'consumed salt & pepper' 4>=X>=5000
CF.36b SaltPepperPurchaseAmt	<i>Beverages, Spices, Sweets</i> Salt & Pepper Purchase Amount	How much table salt and black pepper did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.04b = Selected 'purchased salt & pepper' .1>=X>=50
CF.36c SaltPepperInKind	<i>Beverages, Spices, Sweets</i> Salt & Pepper In – Kind Amount	How much table salt and black pepper did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In Grams</i> <i>1 teaspoon = 4 grams</i>		IF CF.04c = Selected 'received salt & pepper' 100>=X>=5000
CF.37a OtherSpicesConsumeAmt	<i>Beverages, Spices, Sweets</i> Other Spices Consumption Amount	How much other spices did the household/sharing group consume during the 7 days that precede the interview? <i>Cardamon, zaatar, maggi, etc.</i> <i>In Grams; 1 teaspoon = 4 grams</i>		IF CF.04a = Selected 'consumed other spices' 8>=X>=5000
CF.37b OtherSpicesPurchaseAmt	<i>Beverages, Spices, Sweets</i>	How much other spices did the household/sharing group purchase during the 7 days that precede the interview?		IF CF.04b = Selected 'purchased other spices'

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
	Other Spices Purchase Amount	Cardamon, zaatar, maggi, etc. <i>In JOD</i>		.1>=X>=50
CF.37c OtherSpicesTealnKind	<i>Beverages, Spices, Sweets</i> Other Spices In – Kind Amount	How much other spices did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? Cardamon, zaatar, maggi, etc. <i>In Grams; 1 teaspoon = 4 grams</i>		IF CF.04c = Selected 'received other spices' 100>=X>=5000
CF.38a TeaConsumeAmt	<i>Beverages, Spices, Sweets</i> Coffee & Tea Consumption Amount	How much tea did the household/sharing group consume during the 7 days that precede the interview? <i>In teabags</i> 1 teaspoon of loose leaf tea = 1 teabag		IF CF.04a = Selected 'consumed tea' 1>=X>=350
CF.38b TeaPurchaseAmt	<i>Beverages, Spices, Sweets</i> Coffee & Tea Purchase Amount	How much tea did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.04b = Selected 'purchased tea' .1>=X>=50
CF.38c TealnKind	<i>Beverages, Spices, Sweets</i> Coffee & Tea In – Kind Amount	How much tea did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In boxes</i> 1 box = 100 teabags; 1 teaspoon of loose leaf tea = 1 teabag		IF CF.04c = Selected 'received tea' .25>=X>=15
CF.39a CoffeeConsumeAmt	<i>Beverages, Spices, Sweets</i> Coffee & Tea Consumption Amount	How much coffee did the household/sharing group consume during the 7 days that precede the interview? <i>In cups</i> e.g., nescafe		IF CF.04a = Selected 'consumed coffee' 1>=X>=150
CF.39b CoffeePurchaseAmt	<i>Beverages, Spices, Sweets</i> Coffee & Tea Purchase Amount	How much coffee did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.04b = Selected 'purchased coffee' .1>=X>=50
CF.39c CoffeeInKind	<i>Beverages, Spices, Sweets</i> Coffee & Tea In – Kind Amount	How much coffee did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In KGs</i> 1 packet of nescafe is 20 grams; 1 bag of nescafe =30 packets = .6 KG		IF CF.04c = Selected 'received coffee' .1>=X>=15
CF.40a MineralWaterConsumeAmt	<i>Beverages, Spices, Sweets</i> Mineral Water Consumption Amount	How much mineral (bottled) water did the household/sharing group consume during the 7 days that precede the interview? <i>In litres (1 large standard cooler bottle = 18.9 litres)</i>		IF CF.04a = Selected 'consumed mineral (bottled) water' .5>=X>=300
CF.40b MineralWaterPurchaseAmt	<i>Beverages, Spices, Sweets</i> Mineral Water Purchase Amount	How much mineral (bottled) water did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.04b = Selected 'purchased (bottled) water' .1>=X>=50

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CF.40c MineralWaterInKind	<i>Beverages, Spices, Sweets</i> Mineral Water In – Kind Amount	How much mineral (bottled) water did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In litres (1 large standard cooler bottle = 18.9 litres)</i>		IF CF.04c = Selected 'received (bottled) water' .5>=X>=300
CF.41a JuiceSodaConsumeAmt	<i>Beverages, Spices, Sweets</i> Juice and Soda Consumption Amount	How much juice and soda did the household/sharing group consume during the 7 days that precede the interview? <i>In litres</i> <i>1 cup = .25 litres</i>		IF CF.04a = Selected 'consumed juice and soda' .125>=X>=50
CF.41b JuiceSodaPurchaseAmt	<i>Beverages, Spices, Sweets</i> Juice and Soda Purchase Amount	How much juice and soda did the household/sharing group purchase during the 7 days that precede the interview? <i>In JOD</i>		IF CF.04b = Selected 'purchased juice and soda' .1>=X>=50
CF.41c JuiceSodaInKind	<i>Beverages, Spices, Sweets</i> Juice and Soda In – Kind Amount	How much juice and soda did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>In litres</i> <i>1 cup = .25 litres</i>		IF CF.04c = Selected 'received juice and soda' .125>=X>=50
CF.42a RestaurantConsumeAmt	<i>Restaurant Meals</i> Consumption Amount	How much meals in restaurants or take away/ external orders did the household/sharing group consume during the 7 days that precede the interview? <i>breakfast, lunch, dinner or pizza, hummus, falafel, etc.</i> <i>In # of meals</i>		IF CF.05a = Selected 'consumed restaurant meals or external orders' 1>=X>=25
CF.42b RestaurantPurchaseAmt	<i>Restaurant Meals</i> Purchase Amount	How much meals in restaurants or take away/ external orders did the household/sharing group purchase during the 7 days that precede the interview? <i>breakfast, lunch, dinner or pizza, hummus, falafel, etc.</i> <i>In JOD</i>		IF CF.05a = Selected 'consumed restaurant meals or external orders' .1>=X>=250
CF.42c RestaurantInKind	<i>Restaurant Meals</i> In – Kind Amount	How much meals in restaurants or take away/ external orders did the household/sharing group receive as humanitarian aid or in-kind assistance during the 7 days that precede the interview? <i>breakfast, lunch, dinner or pizza, hummus, falafel, etc.</i> <i>In # of meals</i>		IF CF.05a = Selected 'consumed restaurant meals or external orders' 1>=X>=25
CF.41a WeeklyFoodExp	Weekly Food Expenditure	Total Weekly Expenditure on Food Items		Calculated field.
CF.41b MonthlyFoodExp	Monthly Food Expenditure	Total Monthly Expenditure on F100ood Items		Calculated field.
CF.41Cnote FoodExpNote	Food Expenditure Note	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>		

2021 . CONSUMPTION AND EXPENDITURE: NON-FOOD

CONSUMPTION AND EXPENDITURE: NON-FOOD

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.TIME TimeIntervalEF	Consumption Non-Food TimeStamp	TimeStamp		
NF.01NoteA NonFoodNoteA	Consumption Non-Food Note	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>		
NF.01NoteB NonFoodNoteB	Consumption Non-Food Note 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.		
NF.01NoteC NonFoodNoteC	Consumption Non-Food Note C	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. Responses should be for items purchased over the last year. If the item was not purchased over the last year, record 0.		
NF.01 TransportationExp	Transport & Communication Bus/Taxi Expenditure	How much in total did all members of this sharing group pay for transportation <u>during the last month (last 30 days)?</u> Please calculate for all members of your sharing group. <i>Bus, taxi</i> <i>In JOD</i>		Max value = 700
NF.02 CellExp	Transport & Communication Cellular Phone Bill Expenditure	How much in total did all members of this sharing group pay for you cellular phone bill <u>during the last month (last 30 days)?</u> Please calculate for all members of your sharing group. <i>In JOD</i>		Max value = 500
NF.03 SalonExp	Personal Care Salon Expenditure	How much in total did all members of this sharing group pay for the salon <u>during the last month (last 30 days)?</u> Please calculate for all members of your sharing group. <i>Men, women, and children haircut, service fees</i> <i>In JOD</i>		Max value = 1000
NF.04 SoapShampExp	Personal Care Soap and Shampoo Expenditure	How much in total did all members of this sharing group pay for soap and shampoo <u>during the last month (last 30 days)?</u> Please calculate for all members of your sharing group. <i>In JOD</i>		Max value = 100
NF.05 OtherPersCareExp	Personal Care Other Items Expenditure	How much in total did all members of this sharing group pay for other personal care items <u>during the last month (last 30 days)?</u> Please calculate for all members of your sharing group. <i>Towels, tissues, perfume, toothpaste, creams etc.</i> <i>In JOD</i>		Max value = 100

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.06 MaskExp	<i>Personal Care</i> Mouth Mask Expenditure	How much in total did all members of this sharing group pay for mouth masks <u>during the last month (last 30 days)?</u> Please calculate for all members of your sharing group. <i>For coronavirus</i> <i>In JOD</i>		Max value = 50
NF.07 DiaperExp	<i>Personal Care</i> Diapers Expenditure	How much in total did all members of this sharing group pay for diapers <u>during the last month (last 30 days)?</u> Please calculate for all members of your sharing group. <i>For infants and adults, including feminine hygiene products</i> <i>In JOD</i>		Max value = 100
NF.08 CigarettesExp	<i>Tobacco- Cigarettes & Shisha</i> Expenditure	How much in total did all members of this sharing group pay for tobacco (cigarettes and shisha) <u>during the last month (last 30 days)?</u> Please calculate for all members of your sharing group. <i>In JOD</i>		Max value = 250
NF.09 MedicinesExp	<i>Health: Medicines</i> Expenditure	How much in total did all members of this sharing group pay for medicines from pharmacy <u>during the last month (last 30 days)?</u> Please calculate for all members of your sharing group. <i>Monthly or one-off prescriptions, etc</i> <i>In JOD</i>		Max value = 250
NF.10 HospitalExp	<i>Health</i> Expenditure	How much in total did all members of this sharing group pay for health-related costs <u>during the last one year?</u> 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> <i>In JOD</i>		Max value = 50,000
NF.11 EducationExp	<i>Education</i> Expenditure	How much in total did all members of this sharing group pay for education-related costs <u>during the last one year?</u> 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> <i>In JOD</i>		Max value = 50,000

2021 . CONSUMPTION AND EXPENDITURE: NON-FOOD

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.12 ClothesExp	<i>Clothing & Footwear Expenditure</i>	How much in total did all members of this sharing group pay for clothes and shoes during <i>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> <i>In JOD</i>		Max value = 5,000
NF.NoteD NonFoodNoteD	<i>Consumption Non Food Note D</i>	For the following items, please provide your groups contribution if paid together with other sharing groups. E.g., if rent is 500 JOD and your sharing groups pays 50%, report 250 JOD. Responses should be for items purchased over the last year. If the item was not purchased over the last year, record 0.		
NF.13a CleaningExp	<i>Cleaning Materials Expenditure</i>	How much in total did all members of this sharing group pay for cleaning materials the last time it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>Detergent and all other types of cleaning materials and items.</i> <i>In JOD</i>		Max value =300
NF.13b CleaningFreq	<i>Cleaning Materials Frequency</i>	How often do members of this sharing group purchase or pay for cleaning materials ? <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.13a > 0
NF.14a RentExp	<i>Housing, Water, Electricity and Gas Rent Expenditure</i>	How much in total did all members of this sharing group pay for rent the last time it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>In JOD</i>		Max value = 3,000
NF.14b 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 rentexp>0

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.14c RentFreq	<i>Housing, Water, Electricity and Gas</i> Rent Frequency	How <i>often</i> do members of this sharing group purchase or pay for <i>rent</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.14a > 0
NF.14d PayRent	<i>Housing, Water, Electricity and Gas</i> Shelter rental Payments	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 RentedAccommodation = yes
NF.14d PayRentOther	<i>Housing, Water, Electricity and Gas</i> Shelter rental Payments	You selected 'Other' as the main source of cash to pay rent, please specify:		NF.14c = Other
NF.14e ChangeResidence	<i>Changed Residence during Corona Pandemic</i>	Since March 2020, have you ever changed your residency location? <i>Moved residences after the CoronaVirus pandemic started</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.14f ChangeResidenceReason	Changed Residence during Corona Pandemic	What are the main reasons that you changed your residency location for? <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"/> Eviction <input type="checkbox"/> Other	IF SH.16 = Yes
NF.14g ChangeResidenceReasonOther	Changed Residence during Corona Pandemic	You selected “other” reasons for changing your residency location, please specify:		IF SH.16 = Yes AND IF SH.16a = Other
NF.15a InternetExp	Housing, Water, Electricity and Gas Home Internet Bill Expenditure	How much in total did all members of this sharing group pay for home internet bill 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.15b InternetFreq	Housing, Water, Electricity and Gas Home Internet Bill Frequency	How often do members of this sharing group purchase or pay for home internet bill ? <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.15a > 0
NF.16a GasBottleExp	Housing, Water, Electricity and Gas Gas Cylinder Expenditure	How much in total did all members of this sharing group pay for gas cylinder 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> <i>In JOD</i>		Max value = 100

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.16b GasBottleFreq	<i>Housing, Water, Electricity and Gas</i> Gas Cylinder Frequency	How <i>often</i> do members of this sharing group purchase or pay for gas cylinder ? 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.16a > 0
NF.17a GasRefillExp	<i>Housing, Water, Electricity and Gas</i> Gas Refill Expenditure	How much in total did all members of this sharing group pay for gas refill the last time it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>Gas refill, for cooking</i> <i>In JOD</i>		Max value = 75
NF.17b GasRefillFreq	<i>Housing, Water, Electricity and Gas</i> Gas Refill Frequency	How <i>often</i> do members of this sharing group purchase or pay for gas refill ? <i>Gas refill, for cooking</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.17a > 0
NF.18a KeroseneExp	<i>Housing, Water, Electricity and Gas</i> Kerosene Expenditure	How much in total did all members of this sharing group pay for Kerosene (kaaz) the last time it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>Heating Fuel, etc.</i> <i>In JOD</i>		Max value = 75

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.18b KeroseneFreq	<i>Housing, Water, Electricity and Gas</i> Kerosene Frequency	How <i>often</i> do members of this sharing group purchase or pay for Kerosene (kaaz) fuel ? <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.18a > 0
NF.19a WaterBillExp	<i>Housing, Water, Electricity and Gas</i> Water Bill Expenditure	How much in total did all members of this sharing group pay for the water bill the last time it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>In JOD</i>		Max value = 150
NF.19b WaterBillFreq	<i>Housing, Water, Electricity and Gas</i> Water Bill Frequency	How <i>often</i> do members of this sharing group purchase or pay for the water bill ? <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.19a > 0
NF.19c 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	
NF.20a ElectricityBillExp	<i>Housing, Water, Electricity and Gas</i> Electricity Bill Expenditure	How much in total did all members of this sharing group pay for the electricity bill the last time it was purchased? Please provide your groups contribution if paid together with other sharing groups. <i>In JOD</i>		Max value = 300

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
NF.20b ElectricityBillFreq	<i>Housing, Water, Electricity and Gas</i> Electricity Bill Frequency	How <i>often</i> do members of this sharing group purchase or pay for the electricity bill ? <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.20a > 0
NF.20c 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	
NF.21a MiscellaneousExp	<i>Other</i> Miscellaneous Items Expenditure	How much in total did all members of this sharing group pay for miscellaneous Items the last time 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.21b MiscellaneousFreq	<i>Other</i> Miscellaneous Items Frequency	How <i>often</i> do members of this sharing group purchase or pay for the miscellaneous Items ? <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.21a > 0

COPING STRATEGIES

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CS.TIME TimeIntervalCS	Coping Strategies TimeStamp	TimeStamp		
CS.01Note CopingStrategiesNote	Coping Strategies Note	This section is used to collect information on coping strategies for the specific sharing group. <u>The member of this 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 ask on their behalf.</u>		

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CS.01Noteb CopingStrategiesNoteB	Coping Strategies Note B	Be careful if coping strategies are potentially shared by other cases or families in the house outside of this sharing group. Be very mindful when asking the following questions that the responses are reported back are for the sharing group.		
LCSI.02Note CopingStrategiesNoteC	LSCI Note	The following section will start with a group of questions under this question: In the past 30 days, has anyone in your sharing group applied any of the below strategies to meet basic needs?		
LSCI.02a LCSISpentSaving	LSCI Stress	Spent savings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore	
LSCI.02b LCSIBoughtFoodOnCredit	LSCI Stress	Bought food on credit or borrowed money to purchase food from nonrelatives/friends	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore	
LSCI.02c LCSITookALoan	LSCI Stress	Took a loan to purchase for essentials other than food	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore	
LSCI.02d LCSIReduceEssentialNonFoodExp	LSCI Crisis	Reduced essential non-food expenditure such as education/health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore	
LSCI.02e LCSISellHouseholdAssests	LSCI Stress	Sell household assets/goods <i>Jewellery, phone, furniture, electronics, domestic items, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore	
LSCI.02f LCSISellProductiveAssests	LSCI Crisis	Sell productive assets or means of transport <i>Sewing machine, car, bicycle, wheelbarrow, motorbike, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
LSCI.02g LSCIChangedAccommodationLocation	LSCI Stress	Changed accommodation location or type in order to reduce rental expenditure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore	
LSCI.02h LSCIAdultsAcceptedRiskJob	LSCI Emergency	Adult members of the household accepted socially degrading, exploitative, high risk or illegal temporary jobs <i>Working without work permit</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore	
LSCI.02i LCSISentAdultToBeg	LSCI Emergency	Sent adult family members to beg	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore	
LSCI.02j LCSISentChildrenToBeg	LSCI Emergency	Sent children (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 <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore <input type="checkbox"/> Not Applicable	
LSCI.02k LCSISentChildrenToWork	LSCI Emergency	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 <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore <input type="checkbox"/> Not Applicable	
LSCI.02l LSCIWithdrewChildFromSchool	LSCI Crisis	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 <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore <input type="checkbox"/> Not Applicable	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
LCSI.02m LCSIEarlyMarriage	LCSI Emergency	Sent children (under the age of 15) to marry <i>If there are no children in case/family, select not applicable</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore <input type="checkbox"/> Not Applicable	
LSCI.03 SavingsSpent	LSCI Stress	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.02a = Yes 1<=X<1000
LSCI.03a SavingsRemaining	LSCI Stress	How much is left from your savings? <i>In JOD</i>		LSCI.02a = Yes 0<=X<5000
LSCI.03b SavingsRemainingConfirm	LSCI Stress	Please enter leftover savings again for confirmation <i>In JOD</i>		LSCI.02a = Yes LSCI.03a == LSCI.03b
RCSI.04Note RCSINote	RCSI Note	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)		
RCSI.04a rCSILessPreferred	Food Security RCSI	Rely on less preferred and less expensive food (i.e. cheaper lower quality food)?		Range = 0 - 7
RCSI.04b rCSIBorrowFood	Food Security RCSI	Borrow food or relied on help from relative(s) or friend(s):		Range = 0 - 7
RCSI.04c rCSIReduceNumber	Food Security RCSI	Reduce number of meals eaten a day?		Range = 0 - 7
RCSI.04d rCSILimitPortion	Food Security RCSI	Limit portion size at mealtime (different from above: i.e. less food per meal)?		Range = 0 - 7
RCSI.04e rCSIRestrictConsumption	Food Security RCSI	Restrict consumption by adults in order for small children to eat?		Range = 0 - 7

COVID

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CV.TIME TimeIntervalC	COVID TimeStamp	TimeStamp		
CV.01Note COVIDNote	COVID Note	This section is used to collect information about knowledge, attitudes and practices on COVID and vaccines. <u>The respondent of this section should be the head of household or the head of the sharing group. If they are not available, another relevant or senior household member should ask on their behalf e.g., spouse.</u>		

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CV.01 KnowledgeSymptoms	Knowledge COVID Symptoms	Which of the following are possible symptoms of a COVID infection? <i>Please read out loud and select all that apply</i>	<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Constipation <input type="checkbox"/> Body aches <input type="checkbox"/> Headache <input type="checkbox"/> No symptoms <input type="checkbox"/> Loss of taste and smell <input type="checkbox"/> Other <input type="checkbox"/> Refused to answer	
CV.01a KnowledgeSymptomsOther	Knowledge COVID Symptoms	You selected other for possible symptoms of a COVID infection, please specify:		IF CV.01 = Other
CV.02 KnowledgeTransmission	Knowledge COVID Transmission	How can COVID be transmitted? <i>Read options out loud and select all that apply</i>	<input type="checkbox"/> Through the air (coughing, sneezing) <input type="checkbox"/> On surfaces <input type="checkbox"/> Handshaking, hugging <input type="checkbox"/> Via food <input type="checkbox"/> Other <input type="checkbox"/> Refused to answer	
CV.02a KnowledgeTransmissionOther	Knowledge COVID Transmission	You selected other for how can COVID be transmitted, please specify:		IF CV.02 = Other
CV.03 AttitudesSerious	Attitudes COVID Severity	"COVID-19 is a serious health concern". Do you.. <i>Select one</i>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Refused to answer	
CV.04 AttitudesGovMeasures	Attitudes GoJ Measures	In your opinion, do you believe that Government of Jordan's measures are appropriate to help win the battle against COVID? <i>Select one</i>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Refused to answer	
CV.05 AttitudesRisk	Attitudes Refugee vs Jordanian Risk	Are refugees more or less likely to catch COVID than Jordanians? <i>Read options out loud and select one</i>	<input type="checkbox"/> More likely <input type="checkbox"/> No, both groups are the same <input type="checkbox"/> Less likely <input type="checkbox"/> Refused to answer	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CV.05a AttitudesRiskMoreLikely	Attitudes Refugee vs Jordanian Risk	You selected that refugees are <i>more</i> likely to catch COVID compared to Jordanians, please explain:		IF CV.05 = more likely
CV.05b AttitudesRiskLessLikely	Attitudes Refugee vs Jordanian Risk	You selected that refugees are <i>less</i> likely to catch COVID compared to Jordanians, please explain:		IF CV.05 = less likely
CV.06 COVIDPos	Practices COVID Positive	Have you had COVID in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	
CV.06a COVIDPosActions	Practices COVID Positive	What did you do when you were sick / suspected you might be sick?	<input type="checkbox"/> Self-isolate <input type="checkbox"/> Seek medical treatment <input type="checkbox"/> Self-isolate and seek medical treatment <input type="checkbox"/> Nothing <input type="checkbox"/> Other <input type="checkbox"/> Refused to answer	IF CV.06 = Yes or Unsure
CV.06b COVIDPosActionsOther	Practices COVID Positive	You selected other for what you did when you were sick with COVID, please specify:		IF CV.06 = Yes or Unsure AND CV.06a = other
CV.06c COVIDFear	Practices COVID Far of Catching	Are you personally afraid of catching COVID?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	IF CV.06 = No
CV.07 COVIDTest	Practices COVID Test	Have you ever gotten a test for COVID?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to answer	
CV.08 COVIDOtherPos	Practices COVID Other People Positive	Do you know other people who have had COVID?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to answer	
CV.09 COVIDOtherTest	Practices COVID Other People Test	Have you or someone you know had COVID-like symptoms in the past but preferred not to get tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to answer	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CV.09a COVIDOtherTestYes	Practices COVID Other People Test	You selected 'yes' for you or people you know people suspected they had COVID but never got tested, please specify:	<input type="checkbox"/> They did not have access to a test <input type="checkbox"/> They did not have the money to pay for a test <input type="checkbox"/> They were afraid they would be forced to self-isolate <input type="checkbox"/> They were afraid they would get judged in the community <input type="checkbox"/> Other <input type="checkbox"/> Refused to answer	IF CV.09 = yes
CV.09b COVIDOtherTestYesOther	Practices COVID Other People Test	You selected 'other' for you or people you know people suspected they had COVID but never got tested, please specify:		IF CV.09 = yes AND CV.09a =Other
CV.10 VaccinatePlan	Vaccines Planning to Vaccinate	Are you planning to get vaccinated against COVID? <i>If they have registered on the GoJ Portal, select "Yes – I have registered on GoJ Portal"</i>	<input type="checkbox"/> Yes – I have registered on GoJ Portal <input type="checkbox"/> Yes – I have not yet registered on GoJ Portal <input type="checkbox"/> I am already vaccinated <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	For everyone
CV.10a VaccineRegAware	Vaccines Registration Awareness	Do you know where you can get the vaccine for COVID / the process for registering to get it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	If VaccinatePlan = no or unsure
CV.10b VaccinatePlanNo	Vaccines Vaccine No Registration Reason	You selected you are unsure or not planning to get vaccinated, why not? <i>Please select one</i>	<input type="checkbox"/> I would want a certain vaccine only <input type="checkbox"/> I don't think it is safe <input type="checkbox"/> Not useful/I don't think I need it <input type="checkbox"/> I am worried about side effects <input type="checkbox"/> I am not at risk of contracting COVID / I don't need a vaccine <input type="checkbox"/> It is against my religion <input type="checkbox"/> I do not have access to a health facility <input type="checkbox"/> Other <input type="checkbox"/> Refused to answer	VaccinatePlan = no or unsure
CV.10c VaccinatePlanNoOther	Vaccines Vaccine No Registration Reason	You selected other for unsure or not planning to get vaccinated, please specify:		VaccinatePlanNo = Other

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
CV.10d VaccinatePlanNoOtherType	Vaccines Vaccine No Registration Reason Vaccine Type	You selected want a certain vaccine type, please specify:	<input type="checkbox"/> AstraZeneca <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Sinovac <input type="checkbox"/> Sputnik V <input type="checkbox"/> Other <input type="checkbox"/> Refused to answer	VaccinatePlanNo = Want a certain type
CV.10e VaccinateTypeOther	Vaccines Vaccine No Registration Reason Vaccine Type	You selected “vaccine type other”, please specify:		VaccinatePlanNoOtherType =Other
CV.10f VaccinateRecommendation	Vaccines Vaccine Registration Recommendation	If not willing or unsure about taking the vaccine: Would you be more likely to receive the COVID-vaccine if any of the following individuals/ authorities receive or recommend the vaccine? <i>Select all that apply</i>	<input type="checkbox"/> Family and friends <input type="checkbox"/> Religious leaders <input type="checkbox"/> Doctors/nurses/pharmacist/health workers <input type="checkbox"/> Community leaders <input type="checkbox"/> Scientists and epidemiologists <input type="checkbox"/> Celebrities and social media influencers <input type="checkbox"/> No one can influence me <input type="checkbox"/> Other <input type="checkbox"/> Refused to answer	IF VaccinatePlan = no or unsure
CV.10f VaccinateRecommendationOther	Vaccines Vaccine Registration Recommendation	You selected ‘other’ for a recommendation to vaccinate from an individual or authority, please specify:		VaccinateRecommendation = other
CV.10g VaccineDose	Vaccines Dosage Received	Have you received your COVID vaccine?	<input type="checkbox"/> No <input type="checkbox"/> Yes- first shot <input type="checkbox"/> Yes- all necessary shorts <input type="checkbox"/> Refused to answer	IF VaccinatePlan = yes I am registered or I am already vaccinated (no constraint)
FSG.01 FamiliesShareGroup	Number of families in sharing group	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 NumberOfFamilies >2 AND IF AllFamiliesShare = No; 1<X<4
HHC.03 numberOfSharingGroupsConfirm	# families Confirmation	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

2021 . FAMILY INFORMATION

FAMILY INFORMATION

#	Usage	Question	Options	Skip logic # Validation # Description
IN.TIME	VAF	TimeStamp		
FAMILY LOOP: REPEAT x the value in HHC.02 IF FSG.01 = 0 or NA, else REPEAT x the value in FSG.01				
F.Note FamilyNote	Family Loop	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.) <u>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.</u>		
F.01 TargetCase	Target Case	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	
F.02 FamilyRegistered	Family UNHCR Registration Status	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
F.03 ASCInFamily	Number of ASC/ UNCHR files in family	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
CASE LOOP: IF F.02 = NO, REPEAT 1x, else repeat the value in F.03				
C.01 CaseBarcodeEntryMethod	Case File #	How you will enter UNHCR file number?	<input type="checkbox"/> Barcode <input type="checkbox"/> Manual	IF F.02 = yes OR IF F.01 = Yes
C.02 CaseReasonsManual	Case File #	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
C.03a FileNumberBarcode	Case File #	UNHCR File Number (barcode): <i>Check the Asylum seekers Certificate</i> <i>For example, 199-19-12345 OR 199-13C12345</i>		IF F.02 = yes OR IF F.01 = Yes AND C.01= Barcode
C.03b FileNumberManual	Case File #	UNHCR File Number (Manual 01): <i>Check the Asylum seekers Certificate</i> <i>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

#	Usage	Question	Options	Skip logic # Validation # Description
C.03c FileNumberManualRepeat	Case File #	UNHCR File Number (Manual for confirmation): <i>Check the Asylum seekers Certificate</i> <i>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.03b
C.03 CaseUNHCRFileNumber	File # of Case	UNHCR File Number for Case	Calculated field. The file number	
C.03d ASC_Valid	ASC Valid	What is the expiry date 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
C.04 NotRegIDFamilyType	Not registered ID Type	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
C.04a NotRegIDFamilyType	Not registered ID Type Other	You selected 'Other', for identification of the head of family, please specify:		IF F.02 = No
C.04bc NotRegIDFamily	Not registered ID #	What is the identification number of the head of family?		IF F.02 = No
C.05 RelationshipToTargetCase	Relationship with target case	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)	
C.06 CaseNationality	Case Nationality	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	
C.06a CaseNationalityOther	Case Nationality	You selected nationality 'Other' for head of family/household, please specify:		IF HHC.09 = other

#	Usage	Question	Options	Skip logic # Validation # Description
C.07 Phone	Phone number	What is your primary telephone number? <i>This should be asked to the principal applicant or Head of family.</i>		
C.07a PhoneAlternate	Alternate phone number	What is your alternative number? Optional <i>This should be asked to the principal applicant or Head of family.</i>		

FINANCIAL SITUATION

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
TIME TimeIntervalID	Income and Debt TimeStamp	TimeStamp		
FS.01NoteA IncomeNoteA	Financial Situation Note A	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. <u>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.</u>		
ID.01NoteB IncomeNoteB	Financial Situation Note A	The following section will start with the following questions: In the past month/30 days, what is the case's income from the following sources:		
FS.01a WorkIncome	Work Income	Proceeds from work <i>Monthly salary – Roughly how much do you get paid in the last month, even if your salary is cash in hand daily</i> <i>0 if no one in case or family is working</i>		Max value = 700
FS.01b Pension	Pension	Pension		Max value = 700
FS.01c AssetsCoO	Assets in CoO	Income from assets in your country of origin		Max value = 700
FS.01d Remittances	Remittances	Remittances <i>People sending you money</i>		Max value = 700
FS.01e WFPAssistance	WFP Assistance	WFP providing regular assistance		Max value = 700
FS.01f UNHCRAssistance	UNHCR Assistance	UNHCR providing regular assistance		Max value = 700
FS.01g UNICEFAssistance	UNICEF Assistance	UNICEF providing regular assistance		Max value = 700
FS.01h IrregAssistance	Irregular Assistance	Irregular or one-off assistance		Max value = 700
FS.01i OtherAssistance	Other Assistance	Income from other organizations or charitable donations - monthly and continuously (not from UNHCR, WFP & UNICEF)		Max value = 700

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
FS.01j OtherIncome	Other Sources	Other Income Sources		Max value = 700
FS.01K OtherItems	Other Income type	You added a value for Other Income, please describe the items:		FS.01j> 0
FS.02 TotalIncome	Total Income	Total Income		= SUM (All above)
FS03.note IncomeConfirm	VAF	Ask the respondent if {FS.02/TotalIncome} JOD 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	
FS.04a PayAlimony	Alimony Payment	Do you or anyone in this family pay alimony to an ex-spouse/wife?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FS.04b AlimonyAmount	Alimony Payment	How much alimony do you pay each month? <i>In JOD</i>		IF FS.04a = yes 0=>X=>2,000
FS.05a ReceiveAlimony	Alimony Payment Receipt	Do you or anyone in this family receive alimony from an ex-spouse/wife?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FS.05b ReceiveAlimonyAmount	Alimony Payment Receipt	How much alimony do you receive ? <i>In JOD</i>		IF FS.05a = yes 0=>X=>2,000
FS.06 Debt	Debt	Are you in debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FS.06a DebtAmount	Debt Amount	What is your total amount of debt up to now (JD)? (This should include not paying the rent, etc.)		FS.06 = Yes 1<=X<10000
FS.06b DebtAmountConfirm	Debt Amount Confirm	Please enter total amount of debt again for confirmation.		FS.06 = Yes 1<=X<10000
FS.06c DebtPaidBack	Spent in paying debt	How much have you spent in the past three months repaying debt?		FS.06 = Yes 1<=X<10000
FS.06d BorrowReason	Borrowed money reason	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.06 = Yes
FS.06e BorrowReasonOther	Borrowed money reason	You selected 'Other' for reason to borrow money, please specify:		IF FS.06 = Yes AND FS.06c = Other
FS.06f PayInterest	Pay interest	Do you pay interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF FS.06 = Yes

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
FS.06d PayInterestFrequency	Pay interest	How often do you pay interest?	<input type="checkbox"/> Daily (everyday) <input type="checkbox"/> Weekly (once every week) <input type="checkbox"/> Fortnightly (once every 2 weeks) <input type="checkbox"/> Monthly (Once every month) <input type="checkbox"/> Quarterly (once every 3 months) <input type="checkbox"/> Bi-annually (twice a year) <input type="checkbox"/> Annual (once every year)	If FS.06f = yes
FS.06e InterestAmount	Amount interest paid	If you pay interest on debt, how much? <i>Please respond in total JOD paid in interest for your current total debt for the frequency selected above</i>		IF FS.0f = Yes AND FS.06f = YES 1<=X<5000
FS.06f BorrowFrom	Borrow money from	Who do you usually borrow from? <i>Select all that apply</i>	<input type="checkbox"/> Relatives in Jordan (informal) <input type="checkbox"/> Friends/neighbours in Jordan (informal) <input type="checkbox"/> Relatives or friends in country of origin (informal) <input type="checkbox"/> Landlord (informal) <input type="checkbox"/> Creditors (formal) <input type="checkbox"/> Shop keepers (informal) <input type="checkbox"/> Micro-finance institutions (formal) <input type="checkbox"/> Other	IF FS.0g = Yes
FS.06g BorrowFromOther	Borrow money from	You selected borrow from 'Other', please specify:		IF FS.06 = Yes AND IF FS.06f = Other
FS.06h BorrowFromShopKeeper	Borrow from shopkeeper	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.06f = Shop keepers
FS.06i 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.06 = Yes AND IF FS.06f = landlords
FS.07 AccessToCredit	Access to credit	Do you have a bank account or mobile wallet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
FS.07a CreditUse	Credit use	What do you use your bank account or 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.07 = Yes
FS.07b CreditUseOther	Credit use other	You selected "Other" for use of bank account or mobile wallet, please specify:		IF FS.07a = other
FS.08 SavingsGroup	Savings Group	Are you or any member in the case a member of savings group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FS.08a SavingsGrouMember	Savings Group Members Other	How many members of this case are part of savings groups? <i>Select all that apply</i>	<input type="checkbox"/> Principal Applicant <input type="checkbox"/> Spouse (Husband or Wife) <input type="checkbox"/> Children above 18 years <input type="checkbox"/> Others	IF FS.08 = Yes
FS.08b SavingsGroupMemberOther	Savings Group Members	You selected "others" for members in saving group, please specify:		IF FS.08 = Yes AND FS.089a = Other
FS.09 OftenContributeToSavingsGroup	Savings Group Frequency	How often members in you case contribute to the saving groups?	<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>)	
FS09a SavingsGroupContribute	Savings Group Amount	How much do you or members in you case contribute to the saving groups? <i>In JOD, for the frequency selected above</i>		IF FS.09 = Yes 1<=X<1000
FS.09b SavingsGroupDuration	Savings Group Duration	What is the duration of the savings group?	<input type="checkbox"/> Bi-annually (<i>twice a year</i>) <input type="checkbox"/> Annually (<i>once every year</i>) <input type="checkbox"/> Other	IF FS.09 = Yes
FS.09c SavingsGroupDurationOther	Savings Group Duration Other	You selected other for savings group duration, please specify:		IF FS.09b = Other

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
IC.01 NumbOfIndividuals	Number of Individuals in Case for Loop	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) Only count individuals who live in this house, regardless of who is listed on the ASC. 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
IND.TIME TimeIntervalIND		TimeStamp		
INDIVIDUAL LOOP: REPEAT x the value in IC.01				
IND.01Note IndividualNote	Individual Loop Note	<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 the 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>		
IND.01 IndFirstName	Individual Full First Name	What is your full name (first name and family)? <i>Check/verify on Asylum Seekers Certificate or Document Identification</i>		
IND.02 IndNationality	Individual Nationality	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	
IND.02a IndNationalityOther	Individual Nationality	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	Indnationality is not 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 Indnationality is not Jordanian
IND.04a NotRegReasonOther	Reason not registered	You selected 'Other' for reason individual not registered, please specify:		IF IND.03 = No IF IND.04 = Other
IND.05 IndBarcodeEntryMethod	Case File # of Individual	How you will enter UNHCR Individual Number of the individual?	<input type="checkbox"/> Barcode <input type="checkbox"/> Manual	IF IND.03 = Yes

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
IND.05a IndFileNumberBarcode	Case File # of Individual	UNHCR Individual Number (barcode): <i>For example, 199-00106109</i> <i>Check Asylum Seekers Certificate. Take care when entering that it matches the pattern</i>		IF IND.03 = Yes and IND.05=Barcode
IND.05b IndFileNumberManual	Case File # of Individual	UNHCR Individual Number (Manual 01): <i>For example, 199-00106109</i> <i>Check Asylum Seekers Certificate. Take care when entering that it matches the pattern</i>		IF IND.03 = Yes and IND.05=Manual
IND.05c IndFileNumberManualRepeat	Case File # of Individual	UNHCR Individual Number (Manual 01): <i>For example, 199-00106109</i> <i>Check Asylum Seekers Certificate. Take care when entering that it matches the pattern</i>		IF IND.03 = Yes and IND.05=Manual
IND.05 IndUNHCRFileNumber	Case File # of Individual	UNHCR Individual Number Calculated field. The UNHCR Individual Number		Calculated field. The UNHCR Individual Number
IND.05a ACS_ValicIND	ASC Valid for Individual	Is the ASC Valid? If expiry date is in the future, select yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF Individual is registered with UNCHR
IND.06 IndGender	Individual Gender	What is your gender? <i>Check/verify on Asylum Seekers Certificate or Document Identification</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
IND.07 IndDoB	Individual DoB	What is your date of birth? <i>Check/verify on Asylum Seekers Certificate or Document Identification</i>		
IND.07a AgeConfirmation	Individual Age	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
IND.08 IndMaritalStatus	Individual Marital Status	What is your marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Age > 5
IND.09 SpouseHouse	Spouse Location	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.08 = married
IND.09a SpouseLocation	Spouse Location	Where does your spouse live?	<input type="checkbox"/> Working or living in another governate in Jordan <input type="checkbox"/> Working or living outside of Jordan <input type="checkbox"/> Other	IND.09 = No
IND.09b SpouseLocationOther	Spouse Location	You selected "other" for where your spouse is, please specify:		IND.09a = other
IND.09d Polygamous	Individual Marital Status - polygamous	Do you have another wife?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age >16 and gender = male IND.08 = married

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
IND.09e PolygamousLocation	Individual Marital Status - polygamous	Does you other wife/wives live in same house as you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IND.09d = yes
IND.09f PolygamousExpenses	Individual Marital Status - polygamous	Do you contribute to the expenses of the other wife/wives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IND.09d = yes
IND.10 IndHeadOfHousehold	Head of Household Social Vulnerability Food Security	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
IND.11 IndRelationshipToPA	Relationship to Principal Applicant or Head of Family	What is the respondents' relationship 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> <u>Respondent is principal applicant's/ head of family's ()</u> 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	
IND.12 ArrivalDate	Arrival Date	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>		Indnationality is not Jordanian Date < today

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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
IND.13 LeftJordan	Left Jordan	Have you left Jordan since your first date of arrival?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non Jordanian
IND.13a LeftJordanTimes	Amount of times left Jordan	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.05=yes
IND.13b ReasonsLeft	Reasons left Jordan	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.05=yes

DOCUMENTATION/REGISTRATION

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
D.TIME TimeIntervalD	Documentation TimeStamp	TimeStamp		
D.01Note DocNote	Documentation Note	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. <i>If the individual is not available, another relevant family member may respond on their behalf.</i>		
D.01 IndMOI	Individual MOI Registration	Do you have a MOI Service Card from the Ministry of Interior? <i>Ask to see MOI Card</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If IND.01 = Syrian
D.01a MOI_Valid	Individual MOI Registration	Is the MOI card valid? <i>Check expiry date; must renew every 2 years</i> <i>If issued before 2018, 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
D.02 IndPassport	Individual Passport Documentation	Do you have a national passport? <i>Ask to see passport</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If IND.01 IS NOT Syrian AND Not Jordanian
D.03 IndResidency	Individual Residency	Do you have residency in Jordan? <i>Check to see residency card</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If IND is not Jordanian

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
D.03a IndResidencyType	Individual Residency Type	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
D.03b IndResidencyTypeOther	Individual Residency Type	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.TIME TimeIntervalH	Health TimeStamp	TimeStamp		
H.01Note HealthNote	Health Note	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>		
H.01 WGQSeeing	Disability Washington Group Questions Seeing	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
H.02 WGQHearing	Disability Washington Group Questions Hearing	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
H.03 WGQWalking	Disability Washington Group Questions Walking	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
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

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
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.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? Would you say... <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.08 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.08a ChronicIllnesCount	# of chronic conditions	What is the number of medical conditions you have? <i>Less than 10</i>		IF H.08 = Yes 1<=X<10
H.08b 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.08 = Yes
HC.08c ChronicIllnesType	Chronic Illness type	You selected 'Other' for medical condition/chronic illness type, please specify:		IF H.08 = Yes IF HC.08b = Other
H.08d 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.08 = Yes
H.08e 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.08 = Yes
H.08f ChronicAffectWork	Chronic Illness Affect Work	Does this medical condition affect your ability to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF H.08 = Yes Age>18
H.09 Disability	Disability	Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
H.09a DisabilityCount	# of disabilities	What is the number of disabilities you have? <i>Less than 10</i>		IF H.09 = Yes 1<=X<10
H.09b DisabilityType	Disability type	What is the type of the disability? <i>Select all that apply</i>	<input type="checkbox"/> Mental disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Visual impairment <input type="checkbox"/> Speech impairment	IF H.09 = Yes
H.09c DisabilityMedicalReport	Disability Report	Do you have medical report for this disability? <i>Check to see medical report to confirm</i>		IF H.09 = Yes
H.09d ChronicAffectDailyLife	Disability Affect Daily Life	Does this disability 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.09 = Yes
H.09e ChronicAffectWork	Disability Affect Work	Does this disability affect your ability to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF H.09 = Yes Age>18
H.10 MedicalAccess	Medical Access	If there was any medical need, were able to access hospitals/clinics in the last six months? <i>This is for any medical condition, not just the ones listed above.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

EDUCATION

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
E.TIME TimeIntervalL	Education TimeStamp	TimeStamp		
E.01Note EducationNote	Education Note	This section is used to collect information on education level for adults. For children, it is used to collection information about grade school and any reasons that a child might not be attending school (aged 5-18) for the previous school year. <i>Depending on age or availability of the individual, this section may be answered by parent or caretaker.</i>		
E.01 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
E.02 IndEverAttendedSchool	School Attendance ILO Child Labour	Have you ever attended school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	E.02= No Age .>=5 and .<=18
E.03 IndAgeLeaveSchool	School Attendance ILO Child Labour	At what age did you leave school?		E.01= No Age .>=5 and .<=17
E.04 IndAgeSchoolStarted	Education	What age did you start basic school?		Age .>=5 and .<=10

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
E.05 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.02 = yes Age .>=5 and .<=18

<p>E.06 IndReasonsNotAttending</p>	<p>Reasons for non-attendance</p> <p>Access (out)</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"> <input type="checkbox"/> Not at school age <input type="checkbox"/> Not interested (cultural/not useful) <input type="checkbox"/> Serious Health Condition <input type="checkbox"/> Contracted Coronavirus <input type="checkbox"/> Child marriage/engagement (ages 6-15) <input type="checkbox"/> Missed 3 or more years of education <input type="checkbox"/> Parents will not allow/Family Obligation/ responsibilities of household <input type="checkbox"/> Child labour/work with other priorities (ages 6-15) <input type="checkbox"/> Financial constraints (transport, uniforms, internet/laptop for remote learning) <input type="checkbox"/> No or weak internet connectivity (for remote learning) <input type="checkbox"/> No or lack of devices (TV, smart phone, tablet, PC, etc – for remote learning) <input type="checkbox"/> Lack of documentation (MOI Card/ UNHCR Certificate) <input type="checkbox"/> Distance to school (more than 2km) <input type="checkbox"/> Refused entry (by headmaster/mistress) <input type="checkbox"/> Safety fears for movement outside the home <input type="checkbox"/> Refused entry due to disability (school unable to cater) <input type="checkbox"/> Disability/impairment (unable/ unwilling/ family will not allow) <input type="checkbox"/> Afraid for safety in school <input type="checkbox"/> Tried to enrol after closing the enrolment period <input type="checkbox"/> School does not accept my nationality <input type="checkbox"/> Did not pass last year <input type="checkbox"/> Difficulty of the curriculum 	<p>E.02 = No Age .>=5 and .<=18</p>
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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
E.07 IndSchoolChallenges	Education Risk of non-completion	IF your child is attending school, what difficulties or challenges if any is he/she experiencing? <i>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.02 = yes Age .>=5 and .<=18
E.08 IndTransportToSchool	Transport to school	How to 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.02 = yes Age .>=5 and .<=18
E.09a IndYearsNotGoingToSchool	Formal Education Missed 3+ years of school	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

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
E.09b IndYearsMissedConsecutive	Formal Education Missed years	Were the years you missed consecutive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If E.09a = Less than 3 years or E.09a =3 years or more Age .>=5 and .<=18
E.10 AdultEducationLevel	Adult Education Level	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 <input type="checkbox"/> None (never attended school)	Age >18

LIVELIHOODS AND CHILD LABOUR

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
L.TIME TimeIntervall	Livelihoods TimeStamp	TimeStamp		
L.01Note LivelihoodsNote	Livelihoods Note	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). If the individual is not available, another relevant family member may respond on their behalf.		
L.01 WorkPreCovid	Livelihoods Pre COVID	Did you work before the coronavirus pandemic? <i>Before April 2020</i> <i>Work is any income generating activity, including home-based business and self-employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults only

2021 . LIVELIHOODS AND CHILD LABOUR

L.01a WorkPreCovidSector	Livelihoods Pre COVID	In which sector was your job <i>before</i> the coronavirus pandemic? <i>Before April 2020</i>	<input type="checkbox"/> Agriculture, Forestry & fishing <i>(agricultural worker, farmer, etc.)</i> <input type="checkbox"/> Mining & quarrying <i>(stone, saw machine worker, etc.)</i> <input type="checkbox"/> Manufacturing <i>(Factory worker including baker, kitchen worker, butcher, tailor, shoemaker, carpenter, welder, etc.)</i> <input type="checkbox"/> Electricity, gas, steam & air supply <i>(electricity installation, maintenance, gas bottles shops, etc.)</i> <input type="checkbox"/> Water supply, Waste management & related activities <i>(Plumbers, waste recycling, water supply, drinking water shops and delivery, etc.)</i> <input type="checkbox"/> Construction <i>(workers – builders, bricklayers, loading/unloading, highway maintenance, etc.)</i> <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> <input type="checkbox"/> Transportation & storage <i>(loading, warehouses, shipping companies, etc)</i> <input type="checkbox"/> Accommodation & food service activities <i>(restaurant/café worker, hotel worker, cleaner or maintenance worker in a restaurant or hotel, etc.)</i> <input type="checkbox"/> Information and communication <i>(IT, etc.)</i> <input type="checkbox"/> Financial & insurance activities <i>(accountants, insurance companies, etc.)</i>	Adults only AND Work pre COVID = YES
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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
			<input type="checkbox"/> Real estate activities (<i>real estate offices and companies, middle men, etc.</i>) <input type="checkbox"/> Professional, scientific and technical activities (<i>research companies, universities, lab testing at clinics, etc.</i>) <input type="checkbox"/> Administrative and support service activities (<i>administrative assistance, secretariat, public relations, marketing, office keeping, etc.</i>) <input type="checkbox"/> Public administration & defense (<i>public sector employee, etc.</i>) <input type="checkbox"/> Education (<i>teacher in private and public schools, etc.</i>) <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>hairstylist, jewellery design, barber</i>) <input type="checkbox"/> Other	
L.01b WorkPreCovidSectorOther	Livelihoods Pre COVID	You selected 'Other' for job before coronavirus pandemic, please specify: <i>Before April 2020</i>		Adults only AND Work pre COVID = YES AND L.01a = Other
L.02 IndDoYouWork	Livelihoods Child Labour	Do you work now ? <i>Work is any income generating activity, including home-based business and self-employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults and Children (5+)

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
L.02a NoWorkReason	Not Working Reason	Why are you <u>not</u> working now?	<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"/> Other	Adults only IF Do you work now = no
L.02b NoWorkReasonOther	Not Working Reason	You selected 'other' for not working, please specify:		Adults only IF Do you work now = no AND L.02a = Other
L.02b LookingForEmployment	Job Seeker	Are you actively looking for employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults only IF Do you work now = no AND L.02a = Unemployed

<p>L.03 IndSectorWork</p>	<p>Livelihoods Child Labour/Hazardous Work ILO</p>	<p>In which sector is your current Job?</p>	<p><input type="checkbox"/> Agriculture, Forestry & fishing <i>(agricultural worker, farmer, etc.)</i></p> <p><input type="checkbox"/> Mining & quarrying <i>(stone, saw machine worker, etc.)</i></p> <p><input type="checkbox"/> Manufacturing <i>(Factory worker including baker, kitchen worker, butcher, tailor, shoemaker, carpenter, welder, etc.)</i></p> <p><input type="checkbox"/> Electricity, gas, steam & air supply <i>(electricity installation, maintenance, gas bottles shops, etc.)</i></p> <p><input type="checkbox"/> Water supply, Waste management & related activities <i>(Plumbers, waste recycling, water supply, drinking water shops and delivery, etc.)</i></p> <p><input type="checkbox"/> Construction <i>(workers – builders, bricklayers, loading/unloading, highway maintenance, etc.)</i></p> <p><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></p> <p><input type="checkbox"/> Transportation & storage <i>(loading, warehouses, shipping companies, etc)</i></p> <p><input type="checkbox"/> Accommodation & food service activities <i>(restaurant/café worker, hotel worker, cleaner or maintenance worker in a restaurant or hotel, etc.)</i></p> <p><input type="checkbox"/> Information and communication <i>(IT, etc.)</i></p> <p><input type="checkbox"/> Financial & insurance activities <i>(accountants, insurance companies, etc.)</i></p>	<p>Adults and Children (5+) IF Do you work now = Yes</p>
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Q # and name	Usage	Question	Options	Skip logic # Validation # Description
			<input type="checkbox"/> Real estate activities (<i>real estate offices and companies, middlemen, etc.</i>) <input type="checkbox"/> Professional, scientific and technical activities (<i>research companies, universities, lab testing at clinics, etc.</i>) <input type="checkbox"/> Administrative and support service activities (<i>administrative assistance, secretariat, public relations, marketing, office keeping, etc.</i>) <input type="checkbox"/> Public administration & defense (<i>public sector employee, etc.</i>) <input type="checkbox"/> Education (<i>teacher in private and public schools, etc.</i>) <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>hairstylist, jewellery design, barber</i>) <input type="checkbox"/> Other	
L.03a IndSectorWorkOther	Livelihoods Child Labour	You said “Other” for current job sector, please explain:		Adults and Children (5+) IF L.03 = other
L.04 IndOtherWork	Livelihoods ILO	In addition to your main work, did you do any other work during the past week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults If IndDoYouWork =Yes
L.05 IndAvgHoursPerWeek	Livelihoods Child Labour/Hazardous Work ILO	Within the last month, on average, how many hours do you work in a week?		Adults and Children (5+) Do you work now = Yes . >0 and . <168

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
L.06 IndWorkActivities	Livelihoods Child Labour/Working Child/ Hazardous Work ILO	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, do not select none of the above</i>	<input type="checkbox"/> Run or do any kind of business, big or small, for himself/herself or with one or more partners? <input type="checkbox"/> Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? <input type="checkbox"/> Do any work as a domestic worker for a wage, salary or any payment in kind? <input type="checkbox"/> Help unpaid in a household business of any kind? (Don't count normal housework.) <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? <input type="checkbox"/> Do any construction or major repair work on his/her own home, plot, or business or those of the household? <input type="checkbox"/> Fetch water or collect firewood for household use? <input type="checkbox"/> Produce any other good for this household use? <input type="checkbox"/> None of the above	Adults and Children (5+) For those who select do not work now
L.06a IndCanReturnToWork	Livelihoods Child Labour/Working Child ILO	Even though you do NOT currently work or did not do any of these working activities 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?</i> <i>Work is any income generating activity, including home-based business and self-employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults and Children (5+) If L.05 = none of the above AND Do you work now = No
L.07 IndCarryHeavyLoads	Livelihoods Child Labour/Hazardous Work ILO	Do you carry heavy loads at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults and Children (5+) Do you work now = Yes

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
L.08 IndOperateMachinery	Livelihoods Child Labour/Hazardous Work ILO	Do you operate any machinery/heavy equipment at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults and Children (5+) Do you work now = Yes
L.09 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	Adults and Children (5+) Do you work now = Yes
L.09a IndWorkHazardsOther	Livelihoods Child Labour/Hazardous Work	You said “Other” for exposed to hazards at work, please explain:		Age > 5 If IndDoYouWork=Yes AND If L.09 = Other
L.10 IndWorkAbuse	Livelihoods Child Labour/Hazardous Work ILO	Have you ever been subject to the following at work? <i>Select all that apply</i>	<input type="checkbox"/> Long working hours (more than 8 hours without overtime) <input type="checkbox"/> Paying less than minimum wage (230JOD) <input type="checkbox"/> Did not get paid at all <input type="checkbox"/> Received salary after more than one month of working (delay in receiving salary) <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	Adults and Children (5+) Do you work now = Yes

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
L.10a IndWorkAbuseOther	Livelihoods Child Labour Hazardous Work	You selected other for things being subject to at work, please specify:		Adults and Children (5+) Do you work now = Yes AND IF L.10 = Other
L.11 IndHaveWorkPermit	Work Permit	Do you have a valid work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults Only AND ONLY NON Jordanians
L.11a PreviouslyHadWP	Work Permit in past	Have you ever obtained a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults Only AND ONLY NON Jordanians AND IF L.011 = No
L.11b PlantoRenewWP	Renew Work Permit	Are you planning to renew your work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults Only AND ONLY NON Jordanians IF L.011 = No AND L.11a =YES
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 don't 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 don't want to be tied to an employer <input type="checkbox"/> I am unemployed <input type="checkbox"/> I don't want to work anymore <input type="checkbox"/> Other	Adults Only AND 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:		Adults Only AND ONLY NON Jordanians IF L.11 = No AND L.11a =YES AND L.11b = No AND L.11c = other

END SHARING GROUP LOOP

END FAMILY LOOP

END CASE LOOP

END INDIVIDUAL LOOP

JUDGEMENT

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

CONSENT

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
C.TIME CTimeStamp		TimeStamp		
C.01Note ConsentNote	Consent	This section is used to collect consent for recording and sharing information. 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. It should be clearly stated that the principal applicant is under no obligation to give his/her consent.		
C.01 ConfirmationofEnumerator	Consent	I confirm that the volunteer [ADD REFERENCE TO ENUMERATOR NAME] conducted the home visit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C.02 ConsentForAssistance	Consent	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Q # and name	Usage	Question	Options	Skip logic # Validation # Description
C.03 ConsentSharingExplain	Consent	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 (http://www.unhcr.org/pages/52e11bc16.html).	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF C.02 = Yes
C.04 ConsentNoShare	Consent	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 Home Visit – MindSet].	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF C.02 = No
C.05 UnderstandImplicationsNotSharing	Consent	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF C.02 = No
C.06 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	
C.07 Signature	Consent	Please collect the signature of the Principle Applicant		