

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

| | |
|--------------------|--|
| Description | <p>This form describes quarterly mobile panel assessment for refugees in Jordan to monitor vulnerability and impact of the protracted crisis across Jordan. A randomized and representative population survey is conducted on a quarterly basis which required approximately 3,000 household assessments per Quarter (enter info of 3 stratum: receiving cash, cancelled from cash, other). Typically, this data should be collected within two weeks. Selection is based on random sampling approach, which will cover the refugee population across the country. The average duration of this survey is maximum XX minutes.</p> <p>In Q3 2022, an additional stratum for the Camp-based population was added (700 households in Zaatari and 500 in Azraq). Camp-specific questions and options are highlighted in blue. For camps, cash assistance follows blanket targeting for purposes on cash assistance, and thus eligibility status was not applicable nor considered during the sampling process.</p> |
| Language | English and Arabic |
| Key | <ul style="list-style-type: none">• Calculated field: <input type="text"/>• Guidance note: <i>Guidance for the enumerator</i> |

Contents

| | |
|---|----|
| SURVEY INITIALISATION..... | 3 |
| CASE NOT AVAILABLE FOR INTERVIEW | 5 |
| CASE AVAILABLE FOR INTERVIEW – TARGET CASE INFORMATION..... | 7 |
| HOUSHOLD COMPOSITION | 11 |
| FOR REGISTERED REFUGEES..... | 11 |
| FOR NON-REGISTERED REFUGEES AND JORDANIANS..... | 13 |
| CALCULATED FIELDS | 15 |
| HEAD OF HOUSEHOLD..... | 16 |
| SHELTER & WASH | 18 |
| HEALTH | 25 |
| FINANCIAL SITUATION..... | 29 |
| EXPENDITURE | 29 |
| INCOME | 30 |
| LIVELIHOODS COPING STRATEGIES | 36 |
| LIVELIHOODS | 39 |
| CANCELLED CASES | 40 |
| CONSENT | 41 |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. SURVEY INITIALISATION

SURVEY INITIALISATION

GUIDANCE: 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.

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------------------|------------------------|--|---------|---|
| S.TIME TimeIntervalSI | Time Stamp | TimeStamp | | |
| S.Note SurveyInitialNote | Note | GUIDANCE: This section is completed before starting the interview. It captures information about the enumerator and the call for quality control and monitoring purposes | | |
| SI.01 DateOfVisit | Date | Date of Call | | . <= 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 |
| enumerator_name_error | Enumerator Info | To enumerator: the entered ID number is not correct, please go back and make sure you entered a correct ID number. | | |
| enumerator_name_note | Enumerator Info | To enumerator: please confirm your name is _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| qn | | To enumerator: please enter the questionnaire number: | | |
| sn | | To enumerator: please enter the serial number | | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---------------------|-------------------------|--|--|---------------------------------------|
| CaseInfomration | Target Case information | CaseNo englishName ArabicName Camp vs Urban Age Nat TargetCaseTypeLabel TargetCaseTypeValue phone_number_1 phone_number_2 phone_number_3 phone_number_4 phone_number_5 phone_number_6 | | Calculated field |
| | info_confirm1 | To Enumerator: Are you sure this information matches the target case you will be calling? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| SI.13 CaseStatus | VAF | Availability of case for interview | <input type="checkbox"/> Available <input type="checkbox"/> Not Available | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. CASE NOT AVAILABLE FOR INTERVIEW

CASE NOT AVAILABLE FOR INTERVIEW

GUIDANCE: If the case is not available for the interview information about the reasons are captured for follow up reasons.

IF SI.13 = Not available

| # | Usage | Question | Options | Skip logic # Validation # Description |
|------------------------------------|-------|--|--|---------------------------------------|
| NA.01 NotAvailableReason | | Why is the case not available? | <input type="checkbox"/> Refused the phone call <input type="checkbox"/> Out of country <input type="checkbox"/> Merged with another file number <input type="checkbox"/> Unreachable by phone <input type="checkbox"/> The respondent doesn't speak Arabic <input type="checkbox"/> Case/PA is on visit outside the camp/ took permit to leave camp (camp only) <input type="checkbox"/> Moved outside the Camp (camp only) <input type="checkbox"/> Other (specify) | |
| NA.01a NotAvailableOther | VAF | You selected Other, please specify: | | NA.01 = Other |
| NA.02 NotAvailablePhone | HV | You selected Unreachable by phone, please specify: | <input type="checkbox"/> Not answered <input type="checkbox"/> Disconnected <input type="checkbox"/> Unused <input type="checkbox"/> Not available / closed <input type="checkbox"/> Phone number is not for the designate case | NA.01 = Unreachable by phone |
| Survey ends | | | | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. CASE NOT AVAILABLE FOR INTERVIEW

Read this statement Urban and Camp:

Hello my name is _(your name)_ and I work for Mindset, a partner of UNHCR. I would like to ask you some questions about your household and your situation as refugees in Jordan. This project is a continuation of an effort UNHCR, with its data collection partner Mindset, to better track and assess households' vulnerability and impact of the crisis. This exercise builds on the interviews we conducted back in April Sept.

This is the last phone assessment of 2022. In case we need to contact you to in the future either for upcoming assessments or to verify the information we collect, we will collect additional phone numbers, and in case you change your phone number, please contact the UNHCR helpline (06-4008000) to update your contact information. Please, be aware that if we contact you again, it does not necessarily mean that you will receive assistance.

The survey should take no longer than 60 minutes.

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 questions 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.

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 the this is a household survey and responses should reflect situation of all household members. 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.

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?

Read this statement Camp

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. CASE AVAILABLE FOR INTERVIEW – TARGET CASE INFORMATION

CASE AVAILABLE FOR INTERVIEW – TARGET CASE INFORMATION

GUIDANCE: 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. The respondent should be an adult member of the target case.

IF SI.13 = Available

| # | Usage | Question | Options | Skip logic # Validation # Description |
|------------------------------------|--------------------|---|--|---|
| CA.TIME TimeIntervalCA | Time Stamp | TimeStamp | | |
| interviewed_before | | Did we interview someone in your household about this in the past 1-2 weeks? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Confirm_interview_before | | Are you sure that we interviewed someone in your household about this in the past 1-2 weeks and not in March/April June? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Urban only |
| CA.01 TargetCaseConfirm | Target Case | Are you the target case? Case ID: \${Case ID} Name of PA: \${Name of PA} Nationality of PA: \${Nationality of PA} Location: \${Urban or Camp} | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Note | | To the enumerator: Do you have other comments that are relevant to this household? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If CA.01=No |
| Governorate CA.02 | Governorate | Which governorate? | <input type="checkbox"/> Ajloun <input type="checkbox"/> AlBalqa <input type="checkbox"/> AlKarak <input type="checkbox"/> Amman <input type="checkbox"/> Aqaba <input type="checkbox"/> Zarqa <input type="checkbox"/> Irbid <input type="checkbox"/> Jerash <input type="checkbox"/> Maan <input type="checkbox"/> Madaba <input type="checkbox"/> Mafraq <input type="checkbox"/> Tafila | If CA.01=Yes and Location = Urban Urban only |
| Camp CA.03 | Camp | Which camp? | <input type="checkbox"/> Azraq <input type="checkbox"/> Zaatari | If CA.01=Yes and Location = Camp Camp only |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. CASE AVAILABLE FOR INTERVIEW – TARGET CASE INFORMATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---|---------------------|---|--|---------------------------------------|
| Camp Azraq CA.04 | Azraq Village | Which village in Azraq? | <input type="checkbox"/> V02 <input type="checkbox"/> V03 <input type="checkbox"/> V05 <input type="checkbox"/> V06 | IF CA.03 = Azraq Camp only |
| Camp Zaatari CA.05 | Zaatari District | Which district in Zaatari? | <input type="checkbox"/> D01 <input type="checkbox"/> D02 <input type="checkbox"/> D03 <input type="checkbox"/> D04 <input type="checkbox"/> D05 <input type="checkbox"/> D06 <input type="checkbox"/> D07 <input type="checkbox"/> D08 <input type="checkbox"/> D09 <input type="checkbox"/> D10 <input type="checkbox"/> D11 <input type="checkbox"/> D12 | IF CA.03 = Zaatari Camp only |
| Note | | Note: This assessment is not for purposes of inclusion back into cash list. | | Urban only |
| Note | | Now I would like to ask you whether your family members in this Asylum Seekers Certificate (urban) or Proof of Registration (Camp) are still members | | Urban and Camp |
| Repeat Targeted Case Members – Old members | | | | |
| Targeted Case Members | | Targeted Case Members index individual_name individual_gender individual_gender_ar individual_gender_en individual_id individual_age | | Calculated field |
| present | | Name: \${individual_name}, Gender: \${individual_gender_en}, Age: \${individual_age} Is this member still residing with you in this house (or shelter for camps)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| AffectWorkOldIndividual | | Do \${individual_name} have a disability (e.g. physically, medical conditions, mental illness, sensory- vision, hearing or speech) or chronic illness that limits his/her daily life OR ability to undertake productive work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OldIndividualWorkStatus | | Do \${individual_name} currently work to earn an income | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OldIndividualWorkType | | What type of work do you do? | <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | |

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. CASE AVAILABLE FOR INTERVIEW – TARGET CASE INFORMATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---|-------|---|--|---|
| OldIndividualSector | | In which sector does this individual work? | <input type="checkbox"/> Incentive Based Volunteer scheme (IBV) inside the camp <input type="checkbox"/> Shop in souk inside camp <input type="checkbox"/> Other informal work inside the camp <input type="checkbox"/> Agriculture/Livestock <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Mining <input type="checkbox"/> Home based business <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Services <input type="checkbox"/> Trade/Retail/Clothing <input type="checkbox"/> Health/Hygiene Services <input type="checkbox"/> Transportation and storage <input type="checkbox"/> Education <input type="checkbox"/> Other (specify) | <i>*options which are not highlighted are both for camp and urban</i> |
| OldIndividualSectorOth | | q1003_other- You selected "other" from work sector, please specify: | | |
| End repeat | | | | |
| NEW HOUSEHOLD MEMBERS | | | | |
| | | Note: Now I would like to ask you whether new family members in this Asylum Seekers Certificate (urban) or Proof of Registration (camp) which I didn't record, for example a newborn baby waiting to be registered with UNHCR | | |
| hhr_new1 | | Are there individuals living in this Asylum Seekers Certificate that were not mentioned in the previous individuals roster? Household members living in this household from the previous table | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| new_members_size | | How many of these individuals live in this family and were not mentioned in the previous table (new individuals)? Enter number of members? | | If hhr_new1=Yes |
| New members repeat table | | | | |
| hhr_new_gender New_Individual_nationality New_Individual_nationality_other hhr_new_age | | Please enter the \${newmem_name_index_en} member name: First name: Last name: \${newmember_fullname} gender: What is \${newmember_fullname} nationality? You selected "other" for nationality , please specify: \${newmember_fullname} Date of Birth? | | |

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. CASE AVAILABLE FOR INTERVIEW – TARGET CASE INFORMATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|-------------------------|-------|--|---|--|
| AffectWorkNewIndividual | | Does \${newmember_fullname} have a disability (eg, physical, medical conditions, mental illness, sensory-visual, hearing, or speech) or chronic illness that limits their daily life or ability to do productive work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| NewIndividualWorkStatus | | Does \${newmember_fullname} currently work to earn an income | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| NewIndividualWorkType | | What type of business do you work in? | <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | |
| NewIndividualSector | | In what sector do you work? | <input checked="" type="checkbox"/> Incentive Based Volunteer scheme (IBV) inside the camp <input checked="" type="checkbox"/> Shop in souk inside camp <input checked="" type="checkbox"/> Other informal work inside the camp <input type="checkbox"/> Agriculture/Livestock <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Mining <input type="checkbox"/> Home based business <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Services <input type="checkbox"/> Trade/Retail/Clothing <input type="checkbox"/> Health/Hygiene Services <input type="checkbox"/> Transportation and storage <input type="checkbox"/> Education <input type="checkbox"/> Other (specify) | <i>*options which are not highlighted are both for camp and urban</i> |
| NewIndividualSectorOth | | You selected "other" from work sector, please specify: | | |
| End repeat | | | | |
| hohtarg_select_con | | Is the head of the household is one of the below individuals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | HoH question: should be asked to all individuals, it can only be selected once AND all submissions should have 1 Head of household |
| hohtarg_select | | Please select the head of the household? | | If hohtarg_select_con=Yes |
| block_hoh_age | | To the enumerator: You have chosen that the head of the family is less than 18 years old, please go back and choose the head of the family who is older or equal to 18 years | | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HOUSHOLD COMPOSITION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---------------------|-------|---|---------|---------------------------------------|
| block_hoh_is_member | | To the enumerator: The individual you selected as the head of the family does not exist (no longer lives in the family), please choose an individual who is still in the family | | |

HOUSHOLD COMPOSITION

GUIDANCE: This section is used to build a picture of the household composition, not just the target case.

If SI.13 = Available

FOR REGISTERED REFUGEES

In this section you are collecting information about other registered families in the same house, not the target case

| # | Usage | Question | Options | Skip logic # Validation # Description |
|------------------------------------|-------|---|--|---------------------------------------|
| RR.TIME TimeIntervalRR | | TimeStamp | | |
| RR.01 NumOfASC | | How many other Asylum Seeker Certificates are present in the house? <i>This is regarding all families and individuals with a different file number</i> | | Max = 5 |
| REPEAT x the value in RR.01 | | | | |
| RR.02 RegCase | | Enter the UNHCR File Number: <i>Eg. 123-45C67891</i> | | RR.02 = Manual |
| RR.02a RegCaseConfirm | | Re-enter the UNHCR File Number: <i>Eg. 123-45C67891</i> | | RR.02 = Manual Must equal SI.12b |
| RR.03 RegPAGender | | What is the gender of the Principal Applicant of the UNHCR file number? | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| RR.04 NationalityReg | | What is the nationality of the family? | <input type="checkbox"/> Jordanian <input type="checkbox"/> Palestinian <input type="checkbox"/> Syrian <input type="checkbox"/> Sudanese <input type="checkbox"/> Somalis <input type="checkbox"/> Iraqi <input type="checkbox"/> Yemeni <input type="checkbox"/> Ethiopian <input type="checkbox"/> Egyptian <input type="checkbox"/> Other (specify) | Urban only |
| RR.04 NationalityRegOth | | You selected Other, please specify: | | RR.04 = Other |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HOUSHOLD COMPOSITION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------------------|-------|--|--|---------------------------------------|
| RR.05 RegPARel | | What is the relationship of the Principal Applicant in UNHCR file number to the primary Principal Applicant of the target case? | <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 | |
| RR.06 RegNumberInd | | How many people are in this case? <i>This should match total number of individuals on ASC file</i> <i>If do not confirm, please go back and change answers</i> | | Sum of RR.06 |
| Repeat REGISTERED Individuals | | | | |
| | | Please enter the \${RegIndividual_name_index_en} member name: First name: Last name: CALC: Memembr full name \${RegIndividual_fullname} gender: What is \${RegIndividual_fullname} nationality? You selected "other" for nationality , please specify: \${RegIndividual_fullname} birth date. | | |
| RegIndividual_age_int | | To confirm please enter the age for {RegIndividual_fullname} | | |
| AffectWorkRegIndividual | | Do \${RegIndividual_fullname} have a disability (e.g. physically, medical conditions, mental illness, sensory- vision, hearing or speech) or chronic illness that limits his/her daily life OR ability to undertake productive work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| RegIndividualWorkStatus | | Do \${RegIndividual_fullname} currently work to earn an income | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HOUSHOLD COMPOSITION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|-----------------------|-------|--|--|---|
| RegIndividualWorkType | | What type of business do you work in? | <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | |
| RegIndividualSector | | In what sector do you work? | <input type="checkbox"/> Incentive Based Volunteer scheme (IBV) inside the camp <input type="checkbox"/> Shop in souk inside camp <input type="checkbox"/> Other informal work inside the camp <input type="checkbox"/> Agriculture/Livestock <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Mining <input type="checkbox"/> Home based business <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Services <input type="checkbox"/> Trade/Retail/Clothing <input type="checkbox"/> Health/Hygiene Services <input type="checkbox"/> Transportation and storage <input type="checkbox"/> Education <input type="checkbox"/> Other (specify) | <i>*options which are not highlighted are both for camp and urban</i> |
| End repeat | | | | |
| hohreg_select_con | | Is the head of the household is one of the below individuals? Name list | | |
| hohreg_select | | Please select the head of the household? | | |
| | | To the enumerator: You have chosen that the head of the family is less than 18 years old, please go back and choose the head of the family who is older or equal to 18 years | | |
| FamNotReg | | q301- How many not registered nuclear families live in the house? | | |
| RR.07 | | Total other registered individuals | | Sum of RR |

FOR NON-REGISTERED REFUGEES AND JORDANIANS

GUIDANCE: In this section you are collecting information about other non-registered families (Either Jordanian or non-registered refugees) in the same house.

IF SI.13 = Available

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HOUSHOLD COMPOSITION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|----------------------------------|--------------------------|---|--|---------------------------------------|
| NR.TIME TimeIntervalNR | VAF | TimeStamp | | |
| | | What is the total household size? | | |
| NR.01 FamNotReg | VAF VAF | How many not registered nuclear families live in the house? <i>Nuclear families E.g. Husband, wife, son and daughter (one family booklet)</i> | | |
| FamNotRegNat | | q303- What is the nationality of the family? | <input type="checkbox"/> Jordanian <input type="checkbox"/> Palestinian <input type="checkbox"/> Syrian <input type="checkbox"/> Sudanese <input type="checkbox"/> Somalis <input type="checkbox"/> Iraqi <input type="checkbox"/> Yemeni <input type="checkbox"/> Ethiopian <input type="checkbox"/> Egyptian <input type="checkbox"/> Other (specify) | Urban only |
| FamNotRegNatOth | | q303_other- You selected Other, please specify: | | |
| FamNotRegRelPA | | q304- What is the relation of the of head of the (not registered) family to the target case? | <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 | |
| NonRegNumberInd | | q305- How many people are in this case? | | |
| Repeat | | | | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HOUSHOLD COMPOSITION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|------------------------------------|-------|---|---|---------------------------------------|
| NonRegIndividual_gender | | \${NonRegIndividual_fullname} gender: | | |
| NonRegIndividual_nationality | | What is \${NonRegIndividual_fullname} nationality? | | |
| NonRegIndividual_nationality_other | | You selected "other" for nationality , please specify: | | |
| NonRegIndividual_bdate | | \${NonRegIndividual_fullname} birth date. | | |
| NonAffectWorkRegIndividual | | Do \${NonRegIndividual_fullname} have a disability (e.g. physically, medical conditions, mental illness, sensory- vision, hearing or speech) or chronic illness that limits his/her daily life OR ability to undertake productive work? | | |
| NonRegIndividualWorkStatus | | Do \${NonRegIndividual_fullname} currently work to earn an income | | |
| NonRegIndividualWorkType | | What type of work? | | |
| NonRegIndividualSector | | In which sector does this individual work? | | |
| NonRegIndividualSectorOth | | You selected "other" from work sector, please specify: | | |
| End repeat | | | | |
| hohnonreg_select_con | | Is the head of the household is one of the below individuals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| hohnonreg_select | | Please select the head of the household? | | |
| block_hoh_non_reg_age | | To the enumerator: You have chosen that the head of the family is less than 18 years old, please go back and choose the head of the family who is older or equal to 18 years | | |
| hod_not_selected | | To the enumerator: Please note that you did not choose the head of the family, please go back and check your answer | | |
| AllhohSumc_confirm | | What is the total household size? | | |

CALCULATED FIELDS

| # | Usage | Question | Options | Skip logic # Validation # Description |
|-------|-------|--|---------|---------------------------------------|
| CF.01 | | Total number of registered individuals | | = sum (RR.06) + CA.03 |
| CF.02 | | Total number of non-registered individuals | | = sum (NR.08) |
| CF.03 | | Total household size | | = CF.01 + CF.02 |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HOUSHOLD COMPOSITION

HEAD OF HOUSEHOLD

GUIDANCE: In this section you are collecting information about the Head of the Household. The HoH is main decision maker on HH related matters and there should only be one per household. Note: the respondent, if not the head of household, may respond on HoH's behalf.

IF SI.13 = Available

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HOUSHOLD COMPOSITION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|----------------------|-----------------------------|---|---|--|
| HH.01 | | Is the Head of Household registered with UNHCR? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HH.01a | | Is this the head of household? | | |
| HH.02 HHDOB | | What is the Head of Household's date of birth (DOB)? | DD/MM/YYYY | |
| HH.02a HHDOB | | Is this your {Age}? <i>If no, go back and change DOB</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HH.03 HHGender | | What is the Head of Household's gender? | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| HH.03 HHNat | | What is the Head of Household' nationality? | <input type="checkbox"/> Syrian <input type="checkbox"/> Iraqi <input type="checkbox"/> Sudanese <input type="checkbox"/> Somali <input type="checkbox"/> Yemeni <input type="checkbox"/> Egyptian <input type="checkbox"/> Jordanian <input type="checkbox"/> Palestinian <input type="checkbox"/> Other (specify) | Urban only |
| HH.03a HHNatOther | | You selected other nationality, please specify: | | If HH.03 = other Urban only |
| HH.04 HHMarital | | What is the Head of Household's marital status? | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow | |
| HH.05 HHEducation | | What is the Head of Household's level of education? | <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) | |
| Note | | Read: Now, we will ask you questions about the head of the household general health | <input type="checkbox"/> | |
| HH.06a WGQSeeing | Disability WGQ 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 | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. SHELTER & WASH

| | | | | |
|---------------------------------------|---|--|---|--|
| HH.06b WGQHearing | Disability WGQ 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 | |
| HH.06c WGQWalking | Disability WGQ 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 | |
| HH.06d WGQRemembering | Disability WGQ Remember | 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 | |
| HH.06e WGQSelfCare | Disability WGQ 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 | |
| HH.06f WGQ Communication | Disability WGQ Comm | 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 | |

SHELTER & WASH

GUIDANCE: This section is used to collect information about the quality of the housing, water and sanitation as well as the security of the tenancy of the residents.

IF SI.13 = Available

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. SHELTER & WASH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------------------|----------------------|--|---|---------------------------------------|
| SH.01 TypeOfShelter | Shelter type | What type of shelter is the household residing in? | 1. Apartment flat (formal) 2. Villa/separate house/independent housing unit (formal) 3. Room in an apartment/House (formal) 4. Concierge's or guards room in residential building (informal) 5. Hotel (formal) 6. Tent (Informal) 7. Prefab Unit (informal) 8. Active Construction Site (informal) 9. Other informal housing (factory, farm, school, shop, garage, warehouse) | Urban only |
| SH.02 NumberOfRooms | Shelter Crowd | 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 5 Urban only |
| SH.03 HasElectricity | Electricity | 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 | Urban only |
| SH.04 Rented Accommodation | Rent | Is the residence rented? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Urban only |
| SH.05 ShelterAccomChange | | Has the household moved and/or changed accommodation in the past three months? | <input type="checkbox"/> Yes (specify why) <input type="checkbox"/> No | Urban only If SH.04=Yes |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. SHELTER & WASH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---------------------------|-------|--|---|---------------------------------------|
| SH.05a AccomChangeReas | | What is the main reason for moving/changing accommodation? | Eviction by owner Eviction by authorities End of rent agreement End of assistance / Hosting Rent too expensive No more work & Income in the area/location Shelter and WASH Conditions not acceptable Tension with the community Tension with the landlord Security threats Not enough privacy for my family Harassment Others (specify) <input type="checkbox"/> | Urban only If SH.05=yes |
| SH.05b AccomPeriod | | How long has the household been living in this shelter? | Less than 6 months 6 to 12 months 13 to 18 months 19 to 24 months 25 to 36 months More than 3 years <input type="checkbox"/> | Urban only If SH.05=Yes |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. SHELTER & WASH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|------------------------|-------|---|---|---------------------------------------|
| SH.05c PrevHousType | | What was the previous type of accommodation the household lived in? | 1. Apartment flat (formal) 2. Villa/separate house/independent housing unit (formal) 3. Room in an apartment/House (formal) 4. Concierge's or guards room in residential building (informal) 5. Hotel (formal) 6. Tent (Informal) 7. Prefab Unit (informal) 8. Active Construction Site (informal) 9. Other informal housing (factory, farm, school, shop, garage, warehouse) | Urban only If SH.05=Yes |
| SH.06 Planmove | | Does the household plan to stay in the same accommodation in the coming three months? | <input type="checkbox"/> Yes No | Urban only If SH.04=Yes |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. SHELTER & WASH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------|---------------------------------|---|--|---|
| SH.06a YesPlanMove | | If the household is planning to move/change accommodation, what is the main reason? | <input type="checkbox"/> Eviction by owner <input type="checkbox"/> Eviction by authorities <input type="checkbox"/> End of rent agreement <input type="checkbox"/> End of assistance / Hosting <input type="checkbox"/> Rent too expensive <input type="checkbox"/> No more work & Income in the area/location <input type="checkbox"/> Shelter and WASH Conditions not acceptable <input type="checkbox"/> Tension with the community <input type="checkbox"/> Tension with the landlord <input type="checkbox"/> Security threats <input type="checkbox"/> Not enough privacy for my family <input type="checkbox"/> Harassment <input type="checkbox"/> Others (specify) <input type="checkbox"/> | Urban only If SH.06=No |
| SH.07 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 Urban only |
| SH.08 PayRent | Pay rent | How do you pay rent? | <input type="checkbox"/> Don't pay (specify) <input type="checkbox"/> Use savings <input type="checkbox"/> Cash from work incomee <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 WFP <input type="checkbox"/> Assistance from other agencies (not UNHCR or WFP) <input type="checkbox"/> Begging <input type="checkbox"/> Other (specify) | SH.04 = Yes Urban only |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. SHELTER & WASH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------------------|------------------------|---|---|--|
| SH.08a PayRentOth | Pay rent | You selected Other for pay rent, please specify: | <input type="checkbox"/> | SH.08= Other Urban only |
| SH.08b DontPayRent | Pay rent | You selected Don't Pay, please specify: | <input type="checkbox"/> Owned (specify by whom) <input type="checkbox"/> Squatter (illegal occupation of someone else's house/land) <input type="checkbox"/> Accommodation is free <input type="checkbox"/> Rent prices have increased/cannot afford <input type="checkbox"/> Other (specify) | SH.08 = Don't pay Urban only |
| SH.08c OwnAcc | Pay rent | You selected Owned, by whom? | | SH.08b= Owned Urban only |
| SH.08d DontPayOth | Pay rent | You selected Other for don't pay rent, please specify: | | SH.08b = Other Urban only |
| SH.09 EvictThreat | Eviction | Is there currently a threat of eviction? | <input type="checkbox"/> Yes (specify why) <input type="checkbox"/> No | If rentedaccomodation = yes Urban only |
| SH.09a EvicThreatReas | Eviction | You selected Yes, why? | <input type="checkbox"/> Conflict with host community and/or Landlord <input type="checkbox"/> Fear of eviction (Scared the landlord well evict him) <input type="checkbox"/> Verbal threat of eviction <input type="checkbox"/> Written note for eviction <input type="checkbox"/> Other (specify) | SH.09= Yes Urban only |
| SH.09b EvicThreatReasOth | Eviction | You selected Other, please specify: | | SH.09b = Other Urban only |
| SH09 PastEviction | | Has the household been evicted their stay in this country the last three months? | <input type="checkbox"/> Yes (specify) <input type="checkbox"/> No | Urban only If SH.04=Yes |
| SHC.01 Caravans_number | # of caravans Camp | How many number of caravans the household owns? | | .>=1 and .<=10 Camp only |
| SHC.02 Makeshift_extension | Caravan extension Camp | Does the shelter have a makeshift extension to caravan shelters creating covered courtyards and shaded spaces | <input type="checkbox"/> Yes <input type="checkbox"/> No | Camp only |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. SHELTER & WASH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|------------------------------------|---------------------------|--|---|--|
| SH.02a material | Caravan extension Camp | What is the main material of the makeshift extension? <i>The material the extension is built/made of/ please select 2 options</i> | <input type="checkbox"/> Tent/ Partial tent/ plastic sheet <input type="checkbox"/> Metal sheeting <input type="checkbox"/> Concrete blocks <input type="checkbox"/> Caravan panels <input type="checkbox"/> Other | If SHC.02 = Yes, Max = select2 Camp only |
| SH.02c materialother | Caravan extension Camp | You selected Other for the shelter makeshift extension, please specify: | | If SHC.02a = Other Camp only |
| SH.03 Shelter_change | Camp shelter renovation | Were there any changes or renovations to the original design of this shelter? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Camp only |
| SH.03a made_changes | Camp shelter renovation | Who made the changes/ did the construction? | <input type="checkbox"/> Myself/member of household <input type="checkbox"/> UN/NGO shelter maintenance project | If SH.03 = yes Camp only |
| SH.03b Shelterchangetype | Camp shelter renovation | What part of the shelter did you change/ renovate? | <input type="checkbox"/> Door <input type="checkbox"/> Floor <input type="checkbox"/> Ceiling <input type="checkbox"/> Window <input type="checkbox"/> Bathroom/latrine <input type="checkbox"/> Kitchen <input type="checkbox"/> Main gate/entrance <input type="checkbox"/> Extension/storage room <input type="checkbox"/> Other | If SH.03a = Myself/member of household Camp only |
| SH.03c Shelterchange typeother | Camp shelter renovation | You selected other for type of shelter change made, please specify: | | If SH.03b = Other Camp only |
| WA.08 WaterStorage Capacity | 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 | Urban only |
| WA.09 WaterStorage CapacityCamp | Water Storage Camp | Do you consider water supply 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 | Camp only |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HEALTH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--|--|---|--|---------------------------------------|
| WA.09a WaterSupplyNot EnoughCamp | Water Storage Camp | You selected No for water supply is not enough. Why not? | <input type="checkbox"/> Quantity provided per person is not sufficient <input type="checkbox"/> Long pumping schedule <input type="checkbox"/> Water points are too far (Azraq only) <input type="checkbox"/> Water points are not functioning (Azraq only) <input type="checkbox"/> Not enough containers to store water <input type="checkbox"/> Other | Camp only If wa.09=No |
| WA.09b WaterSupplyEnough ReasonsOther | Water Storage Camp | You selected Other for water supply is not enough. Please specify: | | Camp only IF WA.09a = Other |
| WA.10 FrequencySolid Waste | 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 | Urban and camp |

HEALTH

GUIDANCE: This section is used to collect information about the health and disability status and access to services of household members

IF SI.13 = Available

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------------|-------------------------------|--|---|---|
| H.01 TypeOfHealthCen | Health Centre type | Where is the first place your household members normally seek health care in case of need? Select one | <input type="checkbox"/> Govt health facility (e.g. MOH hospital, MOH Clinic) <input type="checkbox"/> Private health facility (doctor, clinic, hospital) <input type="checkbox"/> Drug shop/pharmacy/own remedies <input type="checkbox"/> Traditional healer/midwife <input type="checkbox"/> Health facility by humanitarian organizations (MSF, IMC, ACF, etc.) <input type="checkbox"/> No treatment/medical support needed <input type="checkbox"/> Other (specify) | *deleted the (msf, inc, etc) Urban and Camp |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HEALTH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|-----------------------------------|-----------------------|---|--|--|
| H.01a TypeOfHealth CenOther | Health Centre type | You selected Other for type of medical support, please specify: | | IF H.01 = other |
| H.01b HealthSubsidy | | Do you know that all UNHCR registered refugees have subsidized access to governmental health services at primary health care centers and hospitals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Urban and Camp |
| H.01c HealthNoMOHclinic | | Why don't you seek medical treatment/medical support at Govt health facility (e.g. MOH hospital, MOH Clinic)? | <input type="checkbox"/> Govt health facility is too far (distance) Urban and Camp <input type="checkbox"/> Govt health facility previously refused me from receiving services urban only <input type="checkbox"/> I am not aware/not eligible to receive services from Govt health facility urban only <input type="checkbox"/> I am not aware/not eligible to receive services from Govt health facility out of the off-camp referral system camp only <input type="checkbox"/> Difficult getting out of camp system camp only <input type="checkbox"/> Govt health facility is too costly Urban and Camp <input type="checkbox"/> I didn't know where nearest facility Urban and Camp <input type="checkbox"/> I didn't like the health services/staff Urban and Camp <input type="checkbox"/> Needed services were not available Urban and Camp <input type="checkbox"/> Other, please specify Urban and Camp | IF H.01 is NOT Govt health facility (e.g. MOH hospital, RMS, MOH Clinic) AND IF H.01 is NOT No treatment/medical support needed Urban and Camp |
| H.01d HealthNoSeakOther | | You selected other for not seeking medical treatment/medical support at Govt health facility (e.g. MOH hospital, MOH Clinic), please specify: | | Urban and Camp |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HEALTH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------------|--------|---|---|---------------------------------------|
| H.02 HealthAccess | Access | In the past Three Months (July– Sept) If there was any medical need, were you or anyone in your household able to access health centres/hospitals/clinics and other health services? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felt it was unnecessary / not urgent <input type="checkbox"/> No need to access/ did not get sick | Urban and Camp |
| H.02a HealthAccessReason | Access | What are the main reasons why you or your household could not access the Hospitals\Clinics\Health Centres and other health services? <i>Select up to three</i> | <input type="checkbox"/> Hospital\health centre is far <input type="checkbox"/> Service was not available <input type="checkbox"/> Lack of money <input type="checkbox"/> Health facility refuse to provide service due to limited capacity <input type="checkbox"/> Don't have proper documentation/ID <input type="checkbox"/> Other (specify) | IF H.02 = no Urban only |
| H.02b HealthAccessReasonOth | Access | You selected other for reason you cannot access Hospitals\Clinics\Health Centres, please specify: | | IF H.02a = Other |
| H.03 HealthAccessInCamp | | In the past Three Months (July– Sept) If there was any medical need, were you or anyone in your household able to access health services IN THE CAMP? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felt it was unnecessary / not urgent <input type="checkbox"/> No need to access/ did not get sick | Camp only |
| H.03a | | What are the main reasons why you or your household could not access the health services IN THE CAMP? <i>Select up to three</i> | <input type="checkbox"/> Hospital\health centre is far <input type="checkbox"/> Service was not available <input type="checkbox"/> Health facility refuse to provide service due to limited capacity <input type="checkbox"/> Don't have proper documentation/ID <input type="checkbox"/> Other (specify) | IF H.03 = no Camp only |
| H.03b | | You selected other for reason you cannot access health services IN THE CAMP , please specify: | | IF H.031 = Other Camp only |
| H.04 | | In the past Three Months (July– Sept) If there was any medical need, were you or anyone in your household able to access health services for OFF-CAMP REFERRAL/ HOSPITALS OUTSIDE THE CAMP? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felt it was unnecessary / not urgent <input type="checkbox"/> No need to access/ did not get sick | Camp only |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. HEALTH

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---|-------|--|---|--|
| H.04a | | What are the main reasons why you or your household could not access the health services for OFF-CAMP REFERRAL/ HOSPITALS OUTSIDE THE CAMP? <i>Select up to three</i> | <input type="checkbox"/> Referral hub refuse to provide service due to limited capacity <input type="checkbox"/> Don't have proper documentation/ID <input type="checkbox"/> Needed services were not available in the hospitals outside the camp <input type="checkbox"/> Other, please specify | Camp only |
| H.04b | | You selected other for reason you cannot access health services for OFF-CAMP REFERRAL/ HOSPITALS OUTSIDE THE CAMP , please specify: | | If H.04a = other Camp only |
| H.05 HealthCost | | Have you noticed any increase in health care costs over last quarter? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (did not use any health care) | Urban only |
| H.05a HealthCostImpact | | What was the impact of this increase? [Multiple Answer] | <input type="checkbox"/> No impact <input type="checkbox"/> Not able to visit doctor or hospital when needed <input type="checkbox"/> Not able to afford required medication <input type="checkbox"/> Not able to afford required other medical procedure (e.g. investigation, devices, consumables) <input type="checkbox"/> Other: please specify | If H04=yes Urban only |
| H.06 HealthAdaptStrategies | | what were the adaptation strategies your HH adopted to meet health care needs? [multiple Answer] | <input type="checkbox"/> No coping strategy adopted <input type="checkbox"/> Sought for NGO free services <input type="checkbox"/> Reducing number of visits to health care providers <input type="checkbox"/> Reduce or stop medication use <input type="checkbox"/> Spent saving or Borrow money <input type="checkbox"/> Plan for repatriation or leave to third country <input type="checkbox"/> Others: please specify | If H04=yes Urban only |
| H.06a HealthAdaptStrategies Other | | You selected other coping strategies got health care needs, please specify: | | IF H.05 = Other Urban only |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

FINANCIAL SITUATION

GUIDANCE: This section is used to collect information about the households overall financial situation, focusing on income and expenditure.

Questions should be asked about the total value spent for the house.

All expenditure and income questions should be framed in the last x days, **not “on average, what is your...?”**

IF SI.13 = Available

EXPENDITURE

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------|-------|--|---------|--|
| EX.01a ExpRent | Exp | Rent -- last 30 days | | . >= 0 and <= xxx Urban only |
| EX.01a ExpRentExpl | Exp | You rent your home, but have not paid rent, please explain: | | Urban only |
| EX.01 ShelterRen | Exp | Shelter/Caravan renovation <i>That you made yourself/paid for out of pocket</i> | | Camp only |
| EX.01b ExpElec | Exp | Electricity-- last 30 days | | . >= 0 and <= xxx Urban only |
| EX.01c ExpGas | Exp | Gas-- last 30 days | | |
| EX.01d ExpWat | Exp | Water-- last 30 days <i>Network, tanker, dislodging waste water, etc.</i> | | . >= 0 and <= xxx Urban only |
| EX.01d ExpWatCamp | Exp | Water for your household shelter-- last 30 days <i>In addition to what camp provides</i> | | Camp only |
| EX.01d ExpWatCampShop | Exp | Water for your shop/business-- last 30 days <i>In addition to what camp provides</i> | | Camp only |
| EX.01e ExpHealth | Exp | Health-- last 30 days <i>Hospital fees, clinic fees and medicines from pharmacy</i> | | . >= 0 and <= xxx |
| EX.01f ExpEduc | Exp | Education-- last 30 days <i>Books, uniform, stationary, fees</i> | | . >= 0 and <= xxx |
| EX.01g ExpDebt | Exp | Debt repayment-- last 30 days <i>Monthly payments</i> | | . >= 0 and <= xxx |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|----------------------------------|------------|---|---------|---------------------------------------|
| EX.01h ExpTransp | Exp | Transportation -- last 30 days <i>To school, to health/rehab centres, to market, others</i> | | . >= 0 and <= xxx |
| EX.01i ExpBasicHH | Exp | Basic household items -- last 30 days <i>Non-food items such as cleaning, plastics bags, etc</i> | | . >= 0 and <= xxx |
| EX.01j ExpHygiene | Exp | Basic hygiene items -- last 30 days <i>Soap, shampoo, toothpaste, sanitary pads/towels, diapers</i> | | . >= 0 and <= xxx |
| EX.01k ExpComms | Exp | Telecommunication (internet and cell phone bills) -- last 30 days | | . >= 0 and <= xxx |
| EX.01l ExpFood | Exp | Food -- last 7 days <i>Including WFP vouchers</i> | | . >= 0 and <= xxx |
| EX.01m ExpFood | | Food -- last 30 days <i>Including WFP vouchers</i> | | calculate |
| EX.01n ExpBotWater | Exp | Bottled Water for drinking -- last 7 days | | . >= 0 and <= xxx |
| EX.01o ExpTobacco | Exp | Tobacco (Cigarettes and Shisha) -- daily | | |
| EX.01q ExpClothes | Exp | Clothes and shoes- last 30 days | | . >= 0 and <= xxx |
| EX.01r ExpBabyEssent | | Baby essentials (milk, diapers...) -last 30 days | | . >= 0 and <= xxx |
| EX.01p ExpOther | Exp | Other (specify) -- last 30 days | | . >= 0 and <= xxx |
| EX.01pa ExpOtherReason | Exp | You added an expenditure value for Other, please describe the items | | EX01o > 0 |
| EX.02 TotalMoExp | Exp | Total Monthly expenditure | | Sum (all above) |
| EX.03note | Exp | Ask the respondent if EX.02 feels like the right total amount for the last 30 days <i>If no then return to the expenditure items and amend them</i> | | |

INCOME

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------|---------------|--|---------|---------------------------------------|
| IN.01Note | Income | In the past 30 days, what is the household's income from the following sources: | | |
| IN.01a IncWork | Income | Proceeds from work (including informal work and home based income generating activities) <i>Monthly salary</i> <i>Roughly how much do all working household members get paid in the last month, even if salary is cash in hand daily</i> | | . >= 0 and <= xxx |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--------------------------|--------|---|---|---------------------------------------|
| IN.01aa | Income | Cash for work | | . >= 0 and <= xxx Camp only |
| IN.01b IncPension | Income | Pension | | . >= 0 and <= xxx |
| IN.01c IncPension | Income | Income from assets | | . >= 0 and <= xxx |
| IN.01d IncRemit | Income | Remittances <i>People sending you money from inside and outside Jordan</i> | | . >= 0 and <= xxx |
| IN.01e IncUNHCR | Income | UNHCR providing regular assistance | | . >= 0 and <= xxx |
| IN.01ea IncUNHCR_Camp | | UNHCR providing regular assistance <i>For camp, please put report for last quarter</i> | | 1 >= and <=100 Camp only |
| IN.01f IncWFP | Income | WFP providing regular assistance | | . >= 0 and <= xxx |
| IN.01fa IncWFP_Camp | | WFP providing regular assistance | | 1 >= and <= 700 Camp only |
| IN.01g IncAsst | Income | Other humanitarian assistance (Other UN or charitable donations) | | |
| IN.01h IncOther | Income | Other (specify) | | . >= 0 and <= xxx |
| IN.01ha IncOthReason | Income | You added a value for Other, please describe the items | | IN.01h > 0 |
| IN.02 | Income | Total Income | | = SUM (All above) |
| no_work_income | Income | You mention that the income for this household is \${IncWork} from work, however, you didn't mention any working member, can you explain why? | | |
| work_income | Income | You mention that the income for this household is 0, however, you mentioned that there are working members, can you explain why? | | |
| TotalIncome_yn | Income | Ask the respondent if \${TotalIncome} feels like the right total of income amount for the last 30 days? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| IN.03 Debt | Debt | Are you or anyone in your household in debt? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| IN.03a DebtAmt | Debt | What is your total amount of debt up to now in (JD)? This should include taking out any type of loan. | | IN.09 = Yes |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---------------------------|-------------------|---|--|---------------------------------------|
| IN.03b BorrowReason | Debt | What is the primary reason you have to borrow money or take out a loan? <i>Select top three reasons</i> | <input type="checkbox"/> Paying rent urban only <input type="checkbox"/> Buying food <input type="checkbox"/> Healthcare expenses <input type="checkbox"/> Educational expenses <input type="checkbox"/> Business-related expenses <input type="checkbox"/> Pay bills/expenses (water, electricity) urban only <input type="checkbox"/> Send money to people outside Jordan <input type="checkbox"/> Other (specify) | If IN.03= yes |
| IN.03c BorrowReasonOth | Debt | You selected Other for borrow reasons, please specify: | | If IN.03b= yes |
| | | You selected borrow to buy food, what type of food? <i>Select up to 3 options</i> | <input type="checkbox"/> Meat/chicken <input type="checkbox"/> Vegetables and fruit <input type="checkbox"/> Milk/dairy products <input type="checkbox"/> Oil <input type="checkbox"/> Sugar <input type="checkbox"/> Flour <input type="checkbox"/> Bread <input type="checkbox"/> Baby formula <input type="checkbox"/> Other, please specify | IF IN.03b = Buying Food |
| | | You selected other for borrow type of food, please specify: | | |
| IN.03d BorrowSource | Borrow money from | Who do you usually borrow from? <i>Select ay top 3 options</i> | <input type="checkbox"/> Shop keepers (food) (informal) <input type="checkbox"/> Shop keepers (NON-food) (informal) <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) urban only <input type="checkbox"/> Creditors (formal) <input type="checkbox"/> Micro-finance institutions (formal) <input type="checkbox"/> Other (specify) | If IN.03= yes |
| IN.03e BorrowSourceOth | Borrow money from | You selected borrow from 'Other', please specify: | | IF IN.03d= Other |
| IN.03fi | | In the last three months, did you borrow money in the expectation that you will receive higher earnings in during the upcoming winter season? | <input type="checkbox"/> Yes <input type="checkbox"/> No | IF IN.03f= Yes |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|----------|-------|---|--|---------------------------------------|
| IN.03fii | | If yes, please explain (such as the anticipation of work income, humanitarian assistance ect.) | | IF IN.03fi= Yes |
| IN.04 | | In the past 3 months (April-June) (July – Sept), were you or anyone in your household able to pay for: | | |
| IN.04a | | Food | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, there was no need | |
| IN.04c | | Petrol / fuel (for car, cooking, heating) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, there was no need | |
| IN.04d | | Electricity bills | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, there was no need | urban only |
| IN.04e | | Clothes and shoes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, there was no need | |
| IN.04f | | Cleaning supplies and other household items | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, there was no need | |
| IN.04g | | Medicines from pharmacy | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, there was no need | |
| IN.04h | | Health care/Hospital bills/doctor or nurse service fees | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, there was no need | |
| IN.04i | | Other items | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, there was no need | |
| | | If other items specify | | |
| | | Why was your household not able to pay for ...? Select up to 3 top reasons | | |
| | | Food | <input type="checkbox"/> NO MONEY TO PAY FOR <input type="checkbox"/> HIGH TRANSPORTATION COSTS <input type="checkbox"/> INFERIOR QUALITY OF AVAILABLE ITEMS <input type="checkbox"/> OTHER (SPECIFY) | If IN.04a=No |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---|-------|---|--|---------------------------------------|
| | | Petrol / fuel | <input type="checkbox"/> NO MONEY TO PAY FOR <input type="checkbox"/> PRICE HAS INCREASED <input type="checkbox"/> HIGH TRANSPORTATION COSTS <input type="checkbox"/> INFERIOR QUALITY OF AVAILABLE ITEMS <input type="checkbox"/> OTHER (SPECIFY) | If IN.04c=No |
| | | Electricity bills | <input type="checkbox"/> PRICE HAS INCREASED <input type="checkbox"/> NO MONEY TO PAY FOR <input type="checkbox"/> OTHER (SPECIFY) | If IN.04d=No urban only |
| | | Clothes and shoes | <input type="checkbox"/> NO MONEY TO PAY FOR <input type="checkbox"/> PRICE HAS INCREASED <input type="checkbox"/> HIGH TRANSPORTATION COSTS <input type="checkbox"/> INFERIOR QUALITY OF AVAILABLE ITEMS <input type="checkbox"/> OTHER (SPECIFY) | If IN.04e=No |
| | | Cleaning supplies and other household items | <input type="checkbox"/> NO MONEY TO PAY FOR <input type="checkbox"/> PRICE HAS INCREASED <input type="checkbox"/> HIGH TRANSPORTATION COSTS <input type="checkbox"/> INFERIOR QUALITY OF AVAILABLE ITEMS <input type="checkbox"/> OTHER (SPECIFY) | If IN.04f=No |
| | | Medicines from pharmacy | <input type="checkbox"/> NO MONEY TO PAY FOR <input type="checkbox"/> PRICE HAS INCREASED <input type="checkbox"/> HIGH TRANSPORTATION COSTS <input type="checkbox"/> INFERIOR QUALITY OF AVAILABLE ITEMS <input type="checkbox"/> OTHER (SPECIFY) | If IN.04g=No |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|----------------------------|-------------|---|--|---------------------------------------|
| | | Health care/Hospital bills/doctor or nurse service fees | <input type="checkbox"/> NO MONEY TO PAY FOR <input type="checkbox"/> PRICE HAS INCREASED <input type="checkbox"/> HIGH TRANSPORTATION COSTS <input type="checkbox"/> INFERIOR QUALITY OF AVAILABLE SERVICES <input type="checkbox"/> OTHER (SPECIFY) | If IN.04h=No |
| | | Other | <input type="checkbox"/> NO MONEY TO PAY FOR <input type="checkbox"/> PRICE HAS INCREASED <input type="checkbox"/> HIGH TRANSPORTATION COSTSI <input type="checkbox"/> NFERIOR QUALITY OF AVAILABLE SERVICES <input type="checkbox"/> OTHER (SPECIFY) | If =IN.04i=No |
| | | If other, please specify | | |
| Economic Sentiments | NOTE | We are interested in how people are getting along financially these days. | | |
| | | Would you say that you and your household are financially better off, about the same, or worse off than you were 12 months ago? | <input type="checkbox"/> Better now <input type="checkbox"/> Same <input type="checkbox"/> Worse <input type="checkbox"/> DON'T KNOW | |
| | | Now looking ahead--do you think that 12 months from now you and your household will be better off financially, or worse off, or just about the same as now? | <input type="checkbox"/> Will be better off <input type="checkbox"/> Same <input type="checkbox"/> Will be worse off <input type="checkbox"/> DON'T KNOW | |
| | | Now turning to economic situation in the country as a whole. How do you think the general economic situation in the country has changed during the past 12 months? It has ... | <input type="checkbox"/> Got a lot better <input type="checkbox"/> Got a little better <input type="checkbox"/> Stayed about the same <input type="checkbox"/> Got a little worse. <input type="checkbox"/> Got a lot worse <input type="checkbox"/> DON'T KNOW | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

LIVELIHOODS COPING STRATEGIES

GUIDANCE: This section is used to collect information about how cases are able to meet their food needs and basic needs, if they are employing any negative coping strategies.

IF SI.13 = Available

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--|------------------------------|--|---|--|
| LCSI.01 Note | LCSI | In the past 3 months (April-June July-September), has your family applied any of the below strategies to meet food and basic needs? | | |
| LCSI.02a LCSISpentSaving | LCSI 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 | |
| LCSI.02b LCSIBought FoodOnCredit | LCSI 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 | |
| LCSI.02c LCSITookALoan | LCSI Stress | Took a loan to purchase 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 | |
| LCSI.02d LCSIReduce Essential NonFoodExp | LCSI 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 | |
| LCSI.02e LCSISell HouseholdAssests | LCSI Stress | Sold 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 | |
| LCSI.02f LCSISell WFP Vouchers | | Sell WFP Vouchers for cash | <input type="checkbox"/> Yes <input type="checkbox"/> No No, because I have exhausted this strategy already and cannot do it anymore | Camp only |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---|---------------------------------|---|--|--|
| LSCI.02g LCSISell ProductiveAssests | LCSI Crisis | Sold 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 | |
| LSCI.02h LSCIChanged Accommodation Location | LCSI 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 | urban only |
| LSCI.02i LSCIChanged Accommodation LocationCamp | LCSI Stress | Changed accommodation location (moved from outside the camp to inside the camp) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore | camp only |
| LSCI.02j LCSIAadults AcceptedRiskJob | LCSI Emergency | Adult members of the household accepted socially degrading, exploitative, high risk or illegal temporary jobs | <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.02k LCSISent AdultToBeg | LCSI 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.02l LCSISent ChildrenToBeg | LCSI 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.02m LCSISent ChildrenToWork | LCSI 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> <i>Work is any income generating activity</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 | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. FINANCIAL SITUATION

| # | Usage | Question | Options | Skip logic # Validation # Description |
|---|-------------------|--|--|---------------------------------------|
| LCSI.02n LCSiWithdrew Child FromSchool | LCSI 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 | |
| LCSI.02o LCSiEarly Marriage | 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 Savings | 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 Savings Remaining | LSCI Savings | In total, ow much of your household savings is left? <i>In JOD, add estimate if unsure</i> | | 0<=X<5000 |
| LSCI.03b Savings Remaining Confirm | LSCI Savings | Please enter leftover savings again for confirmation <i>In JOD</i> | | LSCI.03a == LSCI.03b |
| LSCI.03b Savings Reason | LCSI Savings | What are you saving for? | | If Savings Remaining > 1 |

IF SI.13 = Available

| # | Usage | Question | Options | Skip logic # Validation # Description |
|-------------------|-------|---|-------------------|---------------------------------------|
| LCS1.01Note | RCSI | The following questions will start with the following questions: During the last 7 days, how many times (in days) did anyone in your households have to employ one of the following strategies to cope with a lack of food or money to buy it? (0-7) | | |
| RCSiLessPreferred | | Rely on less preferred and less expensive food (i.e. cheaper lower quality food) | . >= 0 and . <= 7 | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. LIVELIHOODS

| # | Usage | Question | Options | Skip logic # Validation # Description |
|------------------------------|-------|--|-------------------|---------------------------------------|
| RCSIBorrowFood | | <u>Borrow food or relied on help from relative(s) or friend(s)</u> | . >= 0 and . <= 7 | |
| RCSIReduceMeals | | Reduce number of meals eaten a day | . >= 0 and . <= 7 | |
| RCSILimitPortions | | Limit portion size at mealtime (different from above: i.e. less food per meal) | . >= 0 and . <= 7 | |
| RCSIRestrictAdultConsumption | | Restrict consumption by adults in order for small children to eat | . >= 0 and . <= 7 | |

LIVELIHOODS

GUIDANCE: This section is used to collect information about the household member's work status.

IF SI.13 = Not available

| # | Usage | Question | Options | Skip logic # Validation # Description |
|------------------------------|-------------|--|--|---------------------------------------|
| LH.01 Work | Work Status | How many members of your household currently work or earn an income (including yourself)? Please skip Head of Household. (Any formal or informal job that generates income including retirement income) <i>Includes home based business</i> | | Max = CF.03 |
| Repeat Value in LH.01 | | | | |
| LH.02 WorkAge | | what's the age and gender of the working member? Member 1: [Record: Age] <input type="radio"/> Male <input type="radio"/> Female [Select one] Member 2: [Record: Age] <input type="radio"/> Male <input type="radio"/> Female [Select one] Member 3: [Record: Age] <input type="radio"/> Male <input type="radio"/> Female [Select one] | | Calculated field from CF.03 |
| LH.03 HHWorkType | | What type of work? | <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. CANCELLED CASES

| # | Usage | Question | Options | Skip logic # Validation # Description |
|-----------------------|-------|---|---|---|
| LH.04 Sector | | In which sector does this individual work? | <input checked="" type="checkbox"/> Incentive Based Volunteer scheme (IBV) inside the camp <input checked="" type="checkbox"/> Shop in souk inside camp <input checked="" type="checkbox"/> Other informal work inside the camp <input type="checkbox"/> Agriculture/Livestock <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Mining <input type="checkbox"/> Home based business <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Services <input type="checkbox"/> Trade/Retail/Clothing <input type="checkbox"/> Health/Hygiene Services <input type="checkbox"/> Transportation and storage <input type="checkbox"/> Education <input type="checkbox"/> Other (specify) | <i>*options which are not highlighted are both for camp and urban</i> |
| LH.03=4a SectorOth | | You selected "other" from work sector, please specify | | LH.03 = Other |

CANCELLED CASES

GUIDANCE: This section is used to collect information about the case since they were cancelled from UNHCR monthly basic needs assistance

IF SI.13 = Available AND IF TargetCaseType = Cancelled AND **urban only**

| # | Usage | Question | Options | Skip logic # Validation # Description |
|--|-------|--|---|---------------------------------------|
| CC.01 Changed Accommodation | | Since you were last cancelled from UNHCR Basic Needs Cash assistance, have you ever changed your residency location? | Yes No | urban only |
| CC.01a Changed Accommodation Reason | | If you have changed accommodation, what are the main reasons? | <input type="checkbox"/> Moved to live with other family members <input type="checkbox"/> Moved to be closer to schools <input type="checkbox"/> Moved to a cheaper house | If CC.01= yes urban only |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. CONSENT

| | | | | |
|--|--|---|--|---|
| | | | <input type="checkbox"/> Moved to a place with better living-conditions <input type="checkbox"/> Eviction <input type="checkbox"/> Protection/security concerns <input type="checkbox"/> Other (specify) | |
| CC.01b Changed Accommodation ReasonOth | | You selected Other, please specify: | <input type="checkbox"/> | IF CC.01a = yes urban only |
| CC.02 CancelledChanges | | What other changes have you had in your life/how are you coping since you were cancelled? | <input type="checkbox"/> Accumulation of various debts (rent, electricity-water bills, personal debts" <input type="checkbox"/> Inability to meet basic needs (food, drink, heating...) <input type="checkbox"/> Send family members to work, including children" <input type="checkbox"/> Reducing basic non-food expenditures such as education and health <input type="checkbox"/> Nothing/ no change <input type="checkbox"/> Other | urban only |
| | | Specify other | | urban only |

CONSENT

GUIDANCE: This section is used to collect consent for recording and sharing information.

IF SI.13 = Available

| # | Usage | Question | Options | Skip logic # Validation # Description |
|----------------------------|----------------|---|---|---------------------------------------|
| C.01 ConsentAsst | 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 | |

Quarterly Mobile Phone Panel Survey for Refugees in Jordan (RJ-mPPS)

. CONSENT

| # | Usage | Question | Options | Skip logic # Validation # Description |
|------------------------------------|----------------|---|---|---------------------------------------|
| C.02 ConsentSharing | Consent | <p>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.</p> <p>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). The UNHCR Helpline (06-4008000) is a call service provided by UNHCR which refugees can use to ask any questions or file complaints related to being a refugee in Jordan.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | IF C.01 = Yes |
| C.03 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 (new phone number, 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 | |