

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 stratus: 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>

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. 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		

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#	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	

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. 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				

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. 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 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

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. 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"/> Tafilah	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

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. 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		<i>Targeted Case Members</i> <i>index</i> <i>individual_name</i> <i>individual_gender</i> <i>individual_gender_ar</i> <i>individual_gender_en</i> <i>individual_id</i> <i>individual_age</i>		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 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>
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		

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. 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

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. 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	

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. 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

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. 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				

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. 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

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. 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

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. 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	

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. 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

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. 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

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#	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)

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#	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

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. 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) 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

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. 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

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. 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

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. 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

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

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. 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

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. 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

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. 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 up to 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.03f		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

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#	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

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#	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

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. 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?		
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 LCSIBought FoodOnCredit	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 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 LCSIReduce Essential NonFoodExp	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 LCSISell HouseholdAssests	LSCI 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	
LSCI.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

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#	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	

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#	Usage	Question	Options	Skip logic # Validation # Description
LCSI.02n LCSWithdrew 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		<u>Rely on less preferred and less expensive food (i.e. cheaper lower quality food)</u>	. >= 0 and . <= 7	

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

. LIVELIHOODS

#	Usage	Question	Options	Skip logic # Validation # Description
RCSIBorrowFood		Borrow food or relied on help from relative(s) or friend(s)	. >= 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] O Male O Female [Select one] Member 2: [Record: Age] O Male O Female [Select one] Member 3: [Record: Age] O Male O 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 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>
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

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. 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	