

**IO INITIAL OBSERVATION****IO1. Are you an IDP?**1- Yes | | 2- No | **IO2. What is your district of origin? (If origin district is not from conflicted districts list than EXIT form without saving)****Conflicted districts**

0- None of these	<input type="radio"/>	1- North Waziristan	<input type="radio"/>
2- Swat	<input type="radio"/>	3- Upper Dir	<input type="radio"/>
4- Buner	<input type="radio"/>	5- Mohmand	<input type="radio"/>
6- Shangla	<input type="radio"/>	7- Malakand	<input type="radio"/>
8- Orakzai	<input type="radio"/>	9- Kurrum	<input type="radio"/>
10- Bajur	<input type="radio"/>	11- South Waziristan	<input type="radio"/>
12-Khyber	<input type="radio"/>	13-Lower Dir	<input type="radio"/>
14- Hangu	<input type="radio"/>	15- Bannu	<input type="radio"/>
16- Tank	<input type="radio"/>	17- Peshawar	<input type="radio"/>
18- D.I.Khan	<input type="radio"/>	19- Kohat	<input type="radio"/>
20- Lakki Marwat	<input type="radio"/>		

**IO3. Why did you leave your area of origin?
(If 4 is selected then EXIT without saving)**

1. Individual Threat	<input type="radio"/>
2. Threat or Insecurity	<input type="radio"/>
3. Conflict in the area	<input type="radio"/>
4. Harsh weather conditions	<input type="radio"/>
5. No Economic opportunities	<input type="radio"/>

**IO4. When did you arrive in the place
where you are living now?**

1. Within the last month?	<input type="radio"/>
2. Last 1-3 months	<input type="radio"/>
3. Last 3-6 months	<input type="radio"/>
4. Last 6-12 months	<input type="radio"/>
5. More than 1 year ago	<input type="radio"/>
6. More than 2 year ago	<input type="radio"/>
7. More than 3 year ago	<input type="radio"/>

GI GENERAL INFORMATION

GI1. Team Number:	
GI1A Household Number:	
GI2. Date of survey (dd /mm / yy)	
GI3. Time of survey (hh / mm)	
GI4. Interviewer Name	
GI4. Interviewer gender	1. Male <input type="radio"/> 2. Female <input type="radio"/>
GI6.District (list)	
GI7. Tehsil /Taluka	
GI8. Union Council	
GI9. Village / Camp name	On camp <input type="radio"/> Off camp <input type="radio"/>
GI10. Address	
GI11. HH contact number	
GI12. Community focal point name	
GI13. Community focal point contact #	
GI14. Number of family members	

HL HOUSEHOLD LISTING

HL1	HL2.	HL3.	HL4.	HL5.	HL7.	HL10.
Line #	Name	What is the relationship of (name) to the head of the household?	Is (name) male or female? <i>ENTER CODES FROM BOTTOM LIST</i>	How old is (name)? Probe: How old was (name) on his/her last birthday?	What kind of vulnerability (name has)? <i>Select all that apply</i>	What is the National identification Card (NIC) Number of the (Name)? <i>For 18+ members only</i>
LINE	NAME	RELATION	GENDER	AGE		NIC NUMBER
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						

RELATIONSHIP CODES:

01 Head
 02 Wife/ Husband
 03 Daughter/ Son
 04 Daughter-in-law/Son-in-Law

05 Grand Child
 06 Parent
 07 Parent-in-Law
 08 Brother/ Sister
 09 Brother-in-Law/sister-in-law

10 Uncle/ Aunt
 11 Niece/ Nephew
 12 Other relative
 13 Adopted/Foster/ Step Child
 14 Not related
 98 Don't know

IS IDP STATUS

IS 1. What is your current status?

1. IDP Registered	<input type="radio"/>
2. IDP Not Registered	<input type="radio"/>

IS 2. What is your Area of origin

1. District	
2. Tehsil	
3. Union Council	

IS 3. Do You want to return to your area?

1. yes	<input type="radio"/>
2. No (Skip to IS 5)	<input type="radio"/>

IS 4. If yes, When are you planning to go?(Skip to IS 10)

1. Immediately	<input type="radio"/>
2. 1-3 Months	<input type="radio"/>
3. 3-6 Months	<input type="radio"/>
4. More than 6 months	<input type="radio"/>
5. Immediately- but I don't believe it is safe	<input type="radio"/>
6. Don't know	<input type="radio"/>

IS 5. If not, why not?

A. Security situation in the area of origin	<input type="checkbox"/>
B. Damage to house / landing	<input type="checkbox"/>
C. Damage or lack of community infrastructure (<i>Water, Electricity, Health, Education</i>)	<input type="checkbox"/>
D. There are more jobs here	<input type="checkbox"/>
E. There is not enough assistance for returnees.	<input type="checkbox"/>

IS 6. Would you like to....?

1. Settle where you live now (Skip to IS 9)	<input type="radio"/>
2. Settle in another place	<input type="radio"/>

IS 7 What would you need to settle in another place?

Needs	1. Security during travel
	2. Security at home arrival
	3. Transportation
	4. Food
	5. Water
	6. Temporary shelter
	7. Material for rebuilding house
	8. Land
	9. Educational Services
	10. Job opportunities
	11. Health services
	12. Livelihood training
	13. Assistance with rent
	96. other
1 st Need	
2 nd Need	
3 rd Need	
IS8X If other specify	

IS 8. What would you need to settle where you live now?

Needs	1. Security during travel
	2. Security at home arrival
	3. Transportation
	4. Food
	5. Water
	6. Temporary shelter
	7. Material for rebuilding house
	8. Land
	9. Educational Services
	10. Job opportunities
	11. Health services
	12. Livelihood training
	13. Assistance with rent
	96. other
1 st Need	
2 nd Need	
3 rd Need	
IS9X If other specify	

IS 9 What would you need to return to your area of origin?

Needs	1. Security during travel
	2. Security at home arrival
	3. Transportation
	4. Food
	5. Water
	6. Temporary shelter
	7. Material for rebuilding house
	8. Land
	9. Educational Services
	10. Job opportunities
	11. Health services
	12. Livelihood training
	13. Assistance with rent
	96. other
1 st Need	
2 nd Need	
3 rd Need	
IS10X If other specify	

IS 10 What are the most important needs of your Household right now?

Needs	1. Local transportation	
	2. Food	
	3. Water	
	4. Temporary shelter	
	5. Educational Services	
	6. Job opportunities	
	7. Health services	
	8. Livelihood training	
	9. Assistance with rent	
	96. other	
	1 st Need	
	2 nd Need	
	3 rd Need	
	IS11X If other specify	

IS11. Are you beneficiary to receive house damage compensation?

1. yes	<input type="radio"/>
2. No	<input type="radio"/>

LA LIVELIHOOD/ AGRICULTURE

LA 1. What is your main source of income?

Needs	1. Farming/Sharecropping/Tenancy
	2. Daily wage labor
	3. Door-to-door /petty trading
	4. Income support/ zakat
	5. Benazir Income support
	6. Servant
	7. Grass/wood seller
	8. Servant/ Handicraft by women
	9. Shopkeeper/ trader
	10. Skilled wage labor
	11. Local remittances
	12. Foreign remittances
	96. other
0. None/Blank/NA	
1 st Main Source	
2 nd Main Source	
3 rd Main Source	
LA 1 If other specify	

LA 2. What is the combined household income?

1. Less than 1000 per month	<input type="radio"/>
2. 1000-2500 rupees per month	<input type="radio"/>
3. 2500-5000 rupees per month	<input type="radio"/>
4. More than 5000 rupees per month	<input type="radio"/>

LA 3. Do you have any debts?

1. Yes	<input type="radio"/>
2. No (Skip to FS1)	<input type="radio"/>
LA 4A. How much	

FS FOOD SECURITY

FS1. How many meals did the children (less than 5) of your household ate yesterday?

Meals	Male	female
Number of meals		

FS2. How many meals did the adults (more than 5) of your household ate yesterday?

Meals	Male	female
Number of meals		

FS3. Has anyone in your household done any of these things in the last 6 months?

1. Borrow food, or rely on help from friends	<input type="checkbox"/>
2. Purchase food on debts.	<input type="checkbox"/>
3. Limit portion size at meals	<input type="checkbox"/>
4. Selling jewelries	<input type="checkbox"/>
5. Decrease expenses on health care	<input type="checkbox"/>
6. Take children out of school	<input type="checkbox"/>
7. Skipped entire's day meal	<input type="checkbox"/>
8. Did begging	<input type="checkbox"/>
9. Women ate less food than men	<input type="checkbox"/>
10. Sent family members to work abroad	<input type="checkbox"/>
11. None of these	<input type="checkbox"/>

FS4. During how many days was the food item eaten in the previous 7 days

0= Not eaten
1=1 day
2=2days
3=3days
4=4days
5=5days
6= 6days
7=7days

1. Wheat, bread	[]
2. Rice, other cereals	[]
3. Maize	[]
4. Dhal ,beans, Lentils, peas, nuts	[]
5. Vegetables	[]
6. Fruit	[]
7. Meat, poultry, fish	[]
8. Eggs	[]
9. Milk, yogurt, cheese	[]
10. sugar, honey	[]
11. oil, ghee, butter	[]

SH SHELTER

SH1. Is the Household living in.....?

1. Tent (skip to SH3)	<input type="radio"/>
2. Grass Cottage (skip to SH3)	<input type="radio"/>
3. Mud House	<input type="radio"/>
4. Cement or brick house	<input type="radio"/>
5. Other	<input type="radio"/>
SH1X. Specify if other	



SH2. What is the number of person sleeping per room

SH3. Who owns the house/Land.....? (Select only one)

1. Own	<input type="radio"/>
2. Relative/ friends	<input type="radio"/>
3. Rented	<input type="radio"/>
4. Others	<input type="radio"/>

SH4. Rank the three top most concerns of this household.

Needs	<ol style="list-style-type: none"> 1. Overcrowding 2. Security 3. Privacy 4. Harsh weather conditions 5. Lack of water and sanitation 6. Lack of cooking facilities 7. High cost of goods/services 8. Lack of money 9. other 0. None/Blank/NA
1 st Concern	
2 nd Concern	
3 rd Concern	
SH5A If other specify	

SH5. What is the overall physical appearance (clothes, Hair, skin) of the people in the HH (Select only one)

A. Excellent	<input type="radio"/>
B. Average	<input type="radio"/>
C. Poor	<input type="radio"/>

SH6. What is the overall condition of House (Select only one)

A. Excellent	<input type="radio"/>
B. Average	<input type="radio"/>
C. Poor	<input type="radio"/>

SH7. Assets that you own.

A. Fridge/ Freezer	<input type="checkbox"/>
B. TV	<input type="checkbox"/>
C. Radio	<input type="checkbox"/>
D. Microwave Oven	<input type="checkbox"/>
E. Cooking stove	<input type="checkbox"/>
F. Heater	<input type="checkbox"/>
G. Washing machine	<input type="checkbox"/>
H. Sewing machine	<input type="checkbox"/>
I. Car/ Truck/Taxi	<input type="checkbox"/>
J. Motorbike	<input type="checkbox"/>
K. Bicycle	<input type="checkbox"/>
L. Computer	<input type="checkbox"/>
M. Grain mill	<input type="checkbox"/>
N. Plough	<input type="checkbox"/>
O. Other form of machinery	<input type="checkbox"/>
P. None of these	<input type="checkbox"/>

AC ACCESS TO BASIC SERVICES

AC1. What is the availability of water supply at the Main Water source?

A. Consistently available (Regular delivery on daily basis)	<input type="radio"/>
B. Inconsistently available (non regular status/ not available daily)	<input type="radio"/>
C. Not available (No Water)	<input type="radio"/>
D. NA	<input type="radio"/>

AC2. How long people have to walk to collect the Water from the source?

A. Available inside Home	<input type="radio"/>
B. Under 500 meters	<input type="radio"/>
C. 500 to 800 meter	<input type="radio"/>
D. Over 800 meter	<input type="radio"/>
E. NA	<input type="radio"/>

AC3. Is a functional health facility accessible to your HH?

A. Within 5 Km	<input type="radio"/>
B. 6-15 Km	<input type="radio"/>
C. Beyond 15	<input type="radio"/>

AC4. What is the highest educational level of the head of HH?

A. Never attended school	<input type="radio"/>
B. Primary school	<input type="radio"/>
C. Middle school	<input type="radio"/>
D. High school	<input type="radio"/>
E. College and beyond	<input type="radio"/>