

Questionnaire for tracking changing to vulnerabilities to COVID-19 for elderly Syrian refugees in Lebanon

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Sample selection module		
How many people are aged 50 years or older?	Specify year of birth for each person	Specify gender for each person
Person 1		
Person 2		
Person 3		
Person 4		

Basic Household Information/Demographics								
DEM1		DEM2	DEM3_a		DEM3_b		DEM4	
Confirm participant's gender		Confirm participant's year of birth	Specify the Governorate of residence		Specify the district of residence		Confirms residence inside/outside ITS	
1	male	YYYY	1	Akkar	1	Baalbek if dem3a=2	1	Inside ITS
2	female		2	Baalbek-Hermel			2	Hermel if dem3a=2
			3	Beirut	3	Rashaya if dem3a=4		
			4	Beqaa				
			5	Mount Lebanon				
			6	Keserwan	4	Western Beqaa if dem3a=4		
			7	Nabatieh				
			8	North	5	Zahle if dem3a=4		

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		9	South	6	Aley if dem3a=5	
				7	Baabda if dem3a=5	
				8	Chouf if dem3a=5	
				9	Matn if dem3a=5	
				1 0	Byblos if dem3a=5	
				1 1	Keserwan if dem3a=5	
				1 2	Bint Jbeil if dem3a=6	
				1 3	Hasbaya if dem3a=6	
				1 4	Marjeyoun if dem3a=6	
				1 5	Nabatieh if dem3a=6	
				1 6	Batroun if dem3a=7	
				1 7	Bsharri if dem3a=7	
				1 8	Koura if dem3a=7	
				1 9	Miniyeh- Danniyeh if dem3a=7	

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			2 0	Tripoli if dem3a=7	
			2 1	Zgharta if dem3a=7	
			2 2	Sidon if dem3a=8	
			2 3	Jezzine if dem3a=8	
			2 4	Tyre if dem3a=8	
DEM5 (wave 2,3 and 4)	DEM6 (wave 2,3 and 4)	DEM7 (wave 2,3 and 4)	DEM7a (wave 2,3 and 4)	DEM7b (wave 2,3 and 4)	
What year did you first move from Syria to Lebanon?	What is your marital status?	Do you have children?	How many total children?	How many children are under 18 years old?	
YYYY	1 Single -> DEM8	1 Yes	—	—	
88 Don't know/ Refuse to answer	2 Married	0 No -> DEM8			
	3 Engaged				
	4 Separated/divorced				
	5 Widowed				
Household defenition: A household consists of one or more people who live in the same dwelling and share roof, budget and food.					
DEM8	DEM9		DEM10	DEM11	DEM12
Are you the head of the	What is your relation to the HoH?		Have you ever attended school?	Can you read and write?	What is your level of education?

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household (HoH)?		If DEM8=0					If DEM10=0		If DEM10=1		
1	Yes -> DEM10	1	Wife/husband	77	Other						
0	No	2	Mother/father			1	Yes -> DEM12	1	Yes -> DEM13	1	Elementary à specify last grade completed
		3	Daughter/son			0	No	0	No -> DEM13	2	Preparatory à specify last grade completed
		4	Sister/brother			88	Don't know/ Refuse to answer	88	Don't know/ Refuse to answer	3	Secondary à specify last grade completed
		5	Mother-in-law/father-in-law	DEM9_77						4	Vocational
		6	Sister-in-law/brother-in-law	If other Specify:						5	University à specify whether graduated or not
		7	Daughter-in-law/son-in-law								6
		8	Grandmother/grandfather	DEM9=77						88	Don't know/ Refuse to answer

DEM13	
a. What is the total number of people who live in the HH?	
__	
b. Of those, how many are < 15 years old?	__
c. How many are 0-2 years old?	__
d. How many are < 5 years old?	__
e. How many are 15-64 years old?	__
f. How many are 65+ years old?	__

DEM14	How many people who live in the HH who are 15 years or older work for wages?	__
	88 Don't know/ Refuse to answer	
DEM15	How many people who live in the HH who are less than 15 years of age work for wages?	__
	88 Don't know/ Refuse to answer	

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DEM16		DEM17		DEM18	
During the last seven days, did you work for pay (including in-kind payments, rent, or other profit)?		Did you look for work in the past 7 days? If DEM16=0		What is the reason that you did not work for pay? If DEM16=0	
1	Yes - >DEM19	1	Yes	1	“Outside the labor force” including retired
0	No	0	No	2	Family or household responsibilities
88	Don't know/ Refuse to answer	88	Don't know/ Refuse to answer	3	Lack of legal residency
				4	Disability, injury, or illness
				5	Lack of work opportunities
				6	Seasonal work (important for 3 rd or 4 th wave if they fall in winter)
				7	COVID-19 related work restrictions
				8	Personal or family decision to avoid COVID-19 transmission
				88	Don't know/ Refuse to answer
				77	Other
DEM19			DEM20		
Was this work regular or irregular?			What type of work did you do?		
			DEM21		

If DEM16=1	
1	Regular
2	Irregular
88	Don't know/ Refuse to answer

If DEM16=1	
1	Agriculture
2	Construction
3	Concierge
4	Manufacturing
5	Wholesale and retail trade
6	Donations
7	Professional services
88	Don't know/ Refuse to answer
DEM 22	
How many people living in the HH have a disability or chronic illness?	
__	

How many hours per week are you engaged in unpaid household chores?	
DEM21a. select if hours per week or per day	
____ hours/day	
OR	
____ hours/week	
DEM 22_1 If DEM22>0	
Are you the primary care giver?	
1	Yes
0	No

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Health								
Medical Outcome – SF20								
HLTH1		SF20_2				HLTH2		
In general, would you say your health is:		For how long (if at all) has your health limited you in each of the following activities?	Limited for more than 3 months	Limited for 3 months or less	Not limited at all	Don't know / refuse to answer	How much bodily pain have you had during the past 4 weeks:	
1	Excellent	a. The kinds or amounts of vigorous activities you can do, like lifting	1	2	3	88	1	None

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		heavy objects, running or participating in strenuous sports													
2	Very good	b. The kinds or amounts of moderate activities you can do, like moving a table, carrying groceries, or bowling	1	2	3	88	2	Very mild							
3	Good	c. Walking uphill or climbing a few flights of stairs	1	2	3	88	3	Mild							
4	Fair	d. Bending, lifting, or stooping	1		3	88	4	Moderate							
5	Poor	e. Walking one block	1	2	3	88	5	Severe							
		f. Eating, dressing, bathing, or using the toilet	1	2	3	88	6	Very Severe							
HLTH3		HLTH4	SF20_5			HLTH5									
Does your health keep you from working at a job, doing work around the house?		If yes, for how long your health have been keeping you from working?	Have you been unable to do certain kinds or amounts of work, or housework because of your health?			For each of the following questions, please indicate the answer that comes closest to the way you have been feeling during the past month.			All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	Don't know/ Refuse to answer

1	Yes	1	For more than 3 months	1	Yes, for more than 3 months	a. During the past 6 months/ the past month, how much of the time has your health limited your social activities (like visiting with friends or close relatives)?	1	2	3	4	5	6	88
0	No -> SF20_5	2	For less than 3 months	2	Yes, for 3 months or less	b. During the past 6 months/ the past month, how much of the time have you been a very nervous person ?	1	2	3	4	5	6	88
88	Don't know/ Refuse to answer	88	Don't know	3	No	c. During the past 6 months/ the past month, how much of the time have you felt calm and peaceful ?	1	2	3	4	5	6	88
				88	Don't know/ Refuse to answer	d. During the past 6 months/ the past month, how much of the time have you felt downhearted and blue ?	1	2	3	4	5	6	88
						e. During the past 6 months/ the past month, how much of the time have you been a happy person ?	1	2	3	4	5	6	88
						f. During the past 6 months/ the past	1	2	3	4	5	6	88

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						month, how often have you felt so down in the dumps that nothing could cheer you up?							
SF20_12													
Please indicate the answer that best describes whether each of the following statements is true or false for you.	Definitely true	Mostly true	Not sure	Mostly false	Definitely false	Refuse to answer							
a. I am somewhat ill	1	2	3	4	5	99							
b. I am as healthy as anybody I know	1	2	3	4	5	99							
c. My health is excellent	1	2	3	4	5	99							
d. I have been	1	2	3	4	5	99							

feeling bad lately														
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Disability – Washington Group Questions							
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM							
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM		No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/unable to do it	Refuse to answer	Doesn't know
DS1	Do you have any difficulty seeing (even when wearing glasses)?	1	2	3	4	99	88
DS2	Do you have difficulty walking or climbing steps?	1	2	3	4	99	88
DS3	Do you have difficulty remembering and concentrating?	1	2	3	4	99	88
DS4	Do you have difficulty with self-care, such as washing all over and dressing?	1	2	3	4	99	88

History of NCDs			
HLTH6	<i>Hypertension questions / Repeat for Cardiovascular Diseases/ Chronic Respiratory Diseases/ Rheumatoid Arthritis / Chronic kidney diseases & cancer</i>		
	HLTH7	HLTH8	HLTH9

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Have you ever been told by a health care professional that you have any of the following chronic illnesses? (select all that apply)		Were you prescribed medication/s by a health professional? HLTH6=1/3-7		Through what means do you currently manage your hypertension condition?		If not taking medication, please specify why: HLTH8= 1 3 4 or 77	
1	Hypertension -> HLTH7	1	Yes	1	Lifestyle (diet and physical activity)	1	I felt uncomfortable taking it and did not follow up with the doctor
2	Diabetes -> HLTH10	2	Yes, doctor prescribed a medication but later asked me to stop taking it	2	Medication -> HLTH10 Or HLTH15	2	Medication is not always available
3	Cardiovascular Diseases -> HLTH7	0	No	3	Take food supplements	3	Cannot afford medication in Lebanon
4	Chronic Respiratory Diseases -> HLTH7	3	Don't remember	4	Unable to manage	4	I felt better and stopped
5	Rheumatoid Arthritis -> HLTH7			77	Other (specify)	5	I used to get the medication from Syria, but due to the closure of border crossings I'm no more able to do so

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6	Chronic kidney diseases-> HLTH7	HLTH8_77	6	Other, please specify
7	Cancer-> HLTH7	If other specify:	88	Don't know/ Refuse to answer
0	None	HLTH8=77	HLTH9_77	
88	Don't Know/ Refuse to answer	__	If other specify:	
			HLTH9=77	

Diabetes questions									
HLTH10		HLTH11		HLTH12		HLTH13		HLTH14	
If yes, what type of diabetes do you have?		Were you prescribed medication/s by a health care professional?		What type of medication did the healthcare professional prescribe?		Through what means do you manage your diabetes condition?		If not taking medication, please specify why:	
HLTH6=2				HLTH11= 1or 2				HLTH13=1 3 4 OR 77	
1	Type 1 diabetes (insulin dependent)	1	Yes	1	Pills (oral)	1	Lifestyle (diet and physical activity)	1	I felt uncomfortable taking it and did not follow up with the doctor
2	Type 2 diabetes (non-insulin dependent)	2	Yes, doctor prescribed a medication but	2	Insulin	2	Medication -> HLTH15	2	Medication is not always available

			later asked me to stop taking it						
88	Don't know/ Not sure	0	No -> HLTH 13	3	Both	3	Take food supplements	3	Cannot afford medication in Lebanon
		88	Don't remember -> HLTH 13	77	Other	4	Unable to manage	4	I felt better and stopped
					HLTH12_77	77	other		I used to get the medication from Syria, but due to the closure of border crossings I'm no more able to do so
					If other specify:		HLTH13_77	5	
					HLTH12=77			77	Other
						If other specify:		88	Don't know/ Refuse to answer
						HLTH13=77			HLTH14_77
									If other specify:
									HLTH14=77

Health Utilization											
Health Care Assistance											
HLTH15		HLTH16		HLTH17		HLTH18		HLTH19		HLTH20	
Did you require any primary health care, including mental health services, in the last month?		Did you receive the required primary health care? HLTH15=1		Why were you unable to receive healthcare? HLTH16=0		If fear of movement, please specify why? HLTH17=9		Where did you access healthcare? HLTH16=1		Are health centers requesting you to show any kind of documentation before providing the service?	
1	Yes	1	Yes - >HLTH19	1	Distance of health center	1	Due to fear of detention at LAF checkpoints	1	NGO clinic/Primary health care center	1	Yes
0	No -> HLTH22	0	No	2	Transportation Cost	2	Due to imposed curfew	2	mobile medical unit (MMU)	0	No - >HLTH22
99	Refuse to answer	99	Refuse to answer	3	Doctors visit fees/ Cost of drugs/diagnostic tests/ treatment	3	Stigmatization from community	3	Private Dr Clinic	88	Don't know/ refuse to answer
				4	Not accepted	4		77			

	5	Don't know where to go		Discriminatory application of curfews against non-Lebanese	Other specify		
	6	Long waiting time					
	7	Fear of getting infected by COVID19					
	8	Lack of documentation ->HLTH20					
	9	Security concerns/Fear of movement->HLTH18	8 8	Don't know/ Refuse to answer	HLTH19_77	HLTH21	
	99	Refuse to answer					
	77	Other			If other specify:	If yes: what type of documentation is usually requested for adults? HLTH20=1	
		HLTH17_77			HLTH19=77		
	If other specify: HLTH17=77						
						1	UNHCR certificate
						2	UNRWA card

	3	ID
	4	Passport
	5	Family booklet
	6	Civil extract
	77	Other
	88	Don't Know
	HLTH21_77	
	If other specify: HLTH21=77	

Hospitalization					
HLTH22	HLTH23	HLTH24	HLTH25	HLTH26	HLTH28
Did you require hospitalization in the last month?	Did you get the required hospital care?	Why are you unable to receive the required hospital care?	If fear of movement, please specify why?	Are hospitals requesting you to show any kind of documentation before providing the service?	In case you suspect that you were infected with COVID-19 what would you do? (select multiple)
1 Yes		HLTH23=0	HLTH24=3	HLTH24=9	

0	No -> HLTH28	1	Yes -> HLTH26	1	Distance of hospital	1	Due to fear of detention at LAF checkpoints	1	Yes	1	Stay at home
99	Refuse to answer	0	No	2	Transportation Cost	2	Due to imposed curfew	0	No -> HLTH28	2	Call Doctor/Healthcare provider
		99	Refuse to answer	3	Security concerns / fear of movement -> HLTH25	3	Stigmatization from community	88	Don't know/ Refuse to answer	3	Call UNHCR
						4	Discriminatory application of curfews against non-Lebanese			4	Attend health clinic/hospital
				4	Doctors visit fees/ Cost of drugs/diagnostic tests/ treatment	88	Don't know/ Refuse to answer	5	Call MOPH hotline		
								88	Don't know		
				5	The hospital refused to admit the patient due to the inability of the family to secure a hospital			77	Other		
								HLTH27		HLTH28_77	
						If yes: what type of documentation is usually requested for adults?		If other specify:			

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		deposit/admission fees.		HLTH26=1	HLTH28=77
		6	Not accepted	1	UNHCR certificate
		7	Don't know where to go	2	UNRWA card
		8	Fear of getting infected by COVID19	3	ID
		9	Lack of documentation -> HLTH26	4	Passport
		99	Refuse to answer	5	Family booklet
		77	Other	6	Civil extract
				77	Other
				88	Don't know
			HLTH24_77		HLTH27_77
			If other specify:		If other specify:
			HLTH24=77		HLTH27=77

Mental Health

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Crises often involve fears and worries. Please let us know:						
At the moment, how much do you worry about			Don't worry at all	Worry	Worry all the time	Don't know/ refuse to answer
COVID19 related factors	HLTH29	Unable to secure masks, gloves, soaps or disinfectants	0	1	2	88
	HLTH30	Unable to access COVID19 testing	0	1	2	88
	HLTH31	Unable to access isolation centers	0	1	2	88
Health Risk Behaviors						
Cigarette Smoking						
HLTH32		HLTH33		HLTH34	HLTH35	
Have you ever smoked cigarettes?		Do you currently smoke cigarettes?		At what age did you start smoking?	If you think of the last 30 days, how many cigarettes do you smoke per day/ per week/ per month?	
1	Yes	1	Yes	____ years	____ per day	
0	No -> HLTH36	2	No -> HLTH36			
99	Refuse to answer	99	Refuse to answer			
				9 9	OR	
				Refuse to answer		

						___ per week			
						OR			
						___ per month			
				99	Refuse to answer				
Waterpipe Smoking									
HLTH36		HLTH37		HLTH38		HLTH39		HLTH40	
Have you ever smoked waterpipe (even one or two inhalations)?		Do you currently smoke waterpipe?		At what age did you start waterpipe smoking?		During the last 30 days, how many waterpipes (headful, nafas, ras) did you smoke per day, per week and per month?		Do you usually share the same waterpipe with others (in the last month)?	
1	Yes	1	Yes	___ years		___ per day		1	Yes
0	No ->SS1	0	No ->SS1					0	No
99	Refuse to answer	99	Refuse to answer					99	Refuse to answer
				99	Refuse to answer				
						OR			

		_____ per week	
		OR	
		_____ per month	
		99 Refuse to answer	

Now I am going to switch and ask you three quick questions about vaccines. First, I will read the statements and please tell me if you agree, disagree, neither agree or disagree with each.

HLTH41		HLTH42		HLTH43	
I think vaccines are safe.		I think vaccines are effective		Have you ever received the flu vaccine?	
1	Agree	1	Agree	1	Yes
2	Neither agree or disagree	2	Neither agree or disagree	0	No
3	Disagree	3	Disagree	99	Refuse to answer

Evaluating knowledge perceived risk, self-efficacy, preventive behaviors, information, shielding and quarantine in response to COVID-19 pandemic outbreak		
Covid-19 Module		
Knowledge		
COV1	COV2	COV3

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COVID-19 is a serious infection that is spreading across the world		Which of the following can be symptoms of COVID-19? Please select as many as apply	Yes	No	Don't Know	Refuse to answer	Some people may be infected with COVID-19 but not show any symptoms True or False?	
1	True							
2	False	a. Fever	1	0	88	99	1	True
88	Don't know	b. Cough	1	0	88	99	2	False
		c. Shortness of breath	1	0	88	99	88	Don't know
		d. Skin Rash	1	0	88	99		
COV4								
What are effective measures to prevent the spread and infection of COVID-19?					Yes	No	Don't Know	Refuse to answer
a. Hand washing with soap for at least 20 seconds when required					1	0	88	99
b. Covering your mouth and nose when you cough or sneeze					1	0	88	99
c. Using antibiotics					1	0	88	99
Perceived risk								
COV5				COV6				
Do you consider yourself susceptible to a COVID-19 infection?				Do you know how to protect yourself from a COVID-19 infection?				
1	Yes			1	Yes			

0	No	0	No
88	Don't know	88	Don't know
Preventive behaviors			
COV7			
During the last week, have you?	YES	No	Don't know/ Refuse to answer
a. Attended social events (such as weddings and funerals)	1	0	88
b. Mainly stayed at home except for essential purchasing (for example buying food)	1	0	88
c. Travelled to another governorate in the country	1	0	88
d. Received visitors at home	1	0	88
e. Worn a mask	1	0	88
Information			
COV8			COV8_77
Do you use the following sources of information to stay informed about COVID-19?			if COV8=77
			If other, specify
		Yes	No
a. Television stations	1	0	
c. Conversations with family or friends	1	0	

d. Social media (e.g. Facebook, Twitter, YouTube, WhatsApp)	1	0
h. UNHCR or NGOs	1	0
77.Other		

Protection	
COV9	
Is your household able to protect those who are not infected, but at high risk of developing poor outcomes from COVID-19 if they get infected (such as the elderly and pregnant women)? (through limiting contact between high-risk and lower-risk individuals by securing a separate room for the high-risk population such as elderly and pregnant women in the household and maintaining social distancing with them)	
1	Yes
0	No
88	Don't know

cov10		cov11		cov12	cov13	
Have you had COVID-19?		If yes, was this diagnosed on PCR?		What month?	Were you hospitalized?	
1	Yes	1	Yes	_____	1	Yes
0	No ->cov14	0	No		0	No
88	Don't know ->cov14	88	Don't know/ Refuse to answer		99	Refuse to answer

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99	Refuse to answer ->cov14						
cov14		cov15		cov16		cov17	
Has anyone in your HH had COVID-19?		If yes, was this diagnosed on PCR?		What month?		Was he/she hospitalized?	
1	Yes	1	Yes	_____		1	Yes
0	No ->cov18	0	No			0	No
88	Don't know ->cov18	88	Don't know/ Refuse to answer			99	Refuse to answer
99	Refuse to answer ->cov18						
cov18		cov18a If cov18=0		cov19		Cov19a	
We don't know when the COVID-19 vaccine will arrive to Lebanon or if it will be offered for free. If a safe and effective vaccine for COVID-19 became available for free, would you take it?		If not, why not?		Have you (or someone on your behalf) registered for the COVID-19 vaccine?		If not, why not? (please select all that apply)	
1	Yes	1	Too new I would rather wait until I/we know more	1	Yes -> cov20	1	I am unsure as to how to register
0	No	2	I would rather continue to follow precautions than take a vaccine	0	No	2	I do not have the means (mobile phone) to register
88	Don't know	3	I do not believe the vaccine is essential	88	Don't know	3	I am unable to access a

							vaccination center
99	Refuse to answer	4	I do not believe COVID-19 requires a vaccine	99	Refuse to answer	4	I am not sure whether I want to take the vaccine
			Other			5	I do not want to receive the vaccine
						6	I am planning to register soon
			Cov18a_77			88	Don't know
			If other specify			99	Refuse to answer

cov20							
Have you received the COVID-19 vaccine?							
1	Yes						
0	No						
88	Don't know						

99	Refuse to answer					
----	------------------	--	--	--	--	--

Social Support							
<i>Now I am going to ask you questions about people in your life. Please give the initials of 3 people who are 15 years or older that you see or talk with on a regular basis.(not necessarily the actual initials).</i>							
		1		2		3	
SS1	[Initials]						
		99 refuse to answer		99 refuse to answer		99 refuse to answer	
SS2	Is [Initials] male or female?						
		99 refuse to answer		99 refuse to answer		99 refuse to answer	
SS3	How old is [Initials]?						
		88 don't know/ refuse to answer		88 don't know/ refuse to answer		88 don't know/ refuse to answer	
SS4	What is his/her relationship to you?	1	Wife/husband	1	Wife/husband	1	Wife/husband
		2	Mother/father	2	Mother/father	2	Mother/father
		2	Daughter/son	3	Daughter/son	3	Daughter/son

		2	Sister/brother	4	Sister/brother	4	Sister/brother
		5	Mother-in-law/father-in-law	5	Mother-in-law/father-in-law	5	Mother-in-law/father-in-law
		6	Sister-in-law/brother-in-law	6	Sister-in-law/brother-in-law	6	Sister-in-law/brother-in-law
		7	Daughter-in-law/son-in-law	7	Daughter-in-law/son-in-law	7	Daughter-in-law/son-in-law
		8	Grandmother/grandfather	8	Grandmother/grandfather	8	Grandmother/grandfather
		9	Granddaughter/grandson	9	Granddaughter/grandson	9	Granddaughter/grandson
		10	Aunt/uncle	10	Aunt/uncle	10	Aunt/uncle
		11	Cousin	11	Cousin	11	Cousin
		12	Friend	12	Friend	12	Friend
		13	Neighbor	13	Neighbor	13	Neighbor
		14	Co-worker	14	Co-worker	14	Co-worker
		15	Other	15	Other	15	Other
		99	refuse to answer	99	refuse to answer	99	refuse to answer
SS5	What is [initials] nationality?	1	Syrian	1	Syrian	1	Syrian
		2	Lebanese	2	Lebanese	2	Lebanese

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		3	Other	3	Other	3	Other
		88	Don't know/refuse to answer	88	Don't know/refuse to answer	88	Don't know/refuse to answer
SS6	Do you live in the same household with [initials]?	1	Yes ->SS8	1	Yes ->SS8	1	Yes ->SS8
		2	No	2	No	2	No
		99	refuse to answer	99	refuse to answer	99	refuse to answer
SS7	If no, where does [initials] currently reside? If SS6=2	1	Syria	1	Syria	1	Syria
		2	Lebanon	2	Lebanon	2	Lebanon
		3	Other	3	Other	3	Other
		88	Don't know/refuse to answer	88	Don't know/refuse to answer	88	Don't know/refuse to answer
SS8	How often do you meet or speak with [initials] on the phone or WhatsApp?	1	Daily	1	Daily	1	Daily
		2	A few times a week	2	A few times a week	2	A few times a week
		3	Once or twice a week	3	Once or twice a week	3	Once or twice a week
		4	Once or twice a month	4	Once or twice a month	4	Once or twice a month
		5	Once or twice a year	5	Once or twice a year	5	Once or twice a year
		88	Don't know/refuse to answer	88	Don't know/refuse to answer	88	Don't know/refuse to answer

Now, I want you to think about your relationship with [person 1]. I will read some statements to you and please tell me if you agree, disagree, or neither agree nor disagree with each statement. Repeat for [person 2] and [person 3].

		1		2		3	
SS9	I can share my private feelings and problems with [initials]	1	Agree	1	Agree	1	Agree
		2	Disagree	2	Disagree	2	Disagree
		3	Neither	3	Neither	3	Neither
		88	Don't know/refuse to answer	88	Don't know/refuse to answer	88	Don't know/refuse to answer
SS10	I feel that [initials] would take care of me if I am sick	1	Agree	1	Agree	1	Agree
		2	Disagree	2	Disagree	2	Disagree
		3	Neither	3	Neither	3	Neither
		88	Don't know/refuse to answer	88	Don't know/refuse to answer	88	Don't know/refuse to answer
SS11	I feel that [initials] would help me financially if I needed it	1	Agree	1	Agree	1	Agree
		2	Disagree	2	Disagree	2	Disagree
		3	Neither	3	Neither	3	Neither
		88	Don't know/refuse to answer	88	Don't know/refuse to answer	88	Don't know/refuse to answer
SS12	[initials] upsets me/makes me feel bad	1	Agree	1	Agree	1	Agree
		2	Disagree	2	Disagree	2	Disagree
		3	Neither	3	Neither	3	Neither
		88	Don't know/refuse to answer	88	Don't know/refuse to answer	88	Don't know/refuse to answer
SS13	I can always rely on [initials] when I	1	Agree	1	Agree	1	Agree
		2	Disagree	2	Disagree	2	Disagree
		3	Neither	3	Neither	3	Neither

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	need information or advice	88	Don't know/refuse to answer	8 8	Don't know/refuse to answer	8 8	Don't know/refuse to answer
SS14	In general, how would you describe your relationship with [initials]?	1	Excellent	1	Excellent	1	Excellent
		2	Very good	2	Very good	2	Very good
		3	Good	3	Good	3	Good
		4	Fair	4	Fair	4	Fair
		5	Bad	5	Bad	5	Bad
		88	Don't know/refuse to answer	8 8	Don't know/refuse to answer	8 8	Don't know/refuse to answer

Shelter							
Housing Type and Infrastructure							
HOUS1		HOUS2		HOUS3		HOUS4	
Specify type of residence		Specify type of tenure		Is there a rent agreement?		HOUS3=1	
				HOUS2=1/2		If yes, what is the type of the agreement?	
1	Apartment/house	1	Rented (direct rent payment)	1	Yes	1	Verbal
2	Active construction site	2	Rented (in exchange of work)	0	No ->HOUS 5	2	Written – official (stamped)
3	Agricultural/engine/pump room	3	Hosted for free -> HOUS5	8 8	Don't know/refuse to answer	3	Written - unofficial

4	Concierge's room in residential building	4	Squatting -> HOUS5	(not registered at the municipality)
5	Factory	5	Assisted (by organizations, agencies, charity) -> HOUS5	88 Don't know/refuse to answer
6	Farm	77	Other -> HOUS5	
7	Garage	88	Don't know -> HOUS5	
8	Hotel room	99	Refuse to answer -> HOUS5	
9	Prefab unit			
10	School			
11	Shop			
12	Tent			
13	Warehouse			
14	Workshop			

77	other			
88	Don't know			
99	Refuse to answer			
HOUS1_77				
If other, please specify: _____				
HOUS1=77				
HOUS5				
What is the number of rooms occupied by your household? (excluding kitchen, bathrooms, garage, balcony)				
__ rooms				

HOUS6	HOUS7	HOUS8
Have you relocated in the last 6 months/(month)?	If yes, why? HOUS7=1	Has the Household received an eviction notice and/or any other threat of removal/eviction in the last 6 months/ (month)?

1	Yes	1	Eviction by owner/ authorities	1	Yes
2	No ->HOUS8	2	End of rent agreement	0	No ->HOUS11
		3	End of assistance / Hosting		
99	Refuse to answer	4	Rent too expensive/ economic reason	99	Refuse to answer
		5	Shelter and WASH Conditions not acceptable		
		6	Tension with the community/ Security		

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		threats/ Harasement	
	7	Not enough privacy for my family	
	77	Other	
	99	Refuse to answer	
	HOUS8_77		
	If other, please specify: _____ HOUS7=77		
HOUS9		HOUS10	
HOUS10_77			
If yes, why did you receive an eviction notice?		If yes, specify the incident(s)	
HOUS8=1		HOUS9=2	
Please specify - incident with your current landlord			
1	Inability to pay rent - > HOUS11	1	Threatened
		HOUS11=77	

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2	Disputes with Landlord/neighbor	2	Blackmailed	_____
3	Forced eviction with police and municipality -> HOUS11	3	Coerced	
4	Discrimination /stigma -> HOUS11	4	Confiscation of documents/IDs	
5	Don't know -> HOUS11	5	Confiscation of furniture	
99	Refuse to answer -> HOUS11			
		77	Other	
		88	Don't know/refuse to answer	

HOUS11	If No, HOUS11=0	Yes	No	don't know/refuse to answer
Do you plan to stay in the same accommodation in the coming 6 months?				

1	Yes -> WASH1	HOUS12	Are you planning to relocate to another location in Lebanon?	1	0	88
0	No	HOUS13	Are you making active plans to return to Syria?	1	0 - >HOUS15	88
88	Don't know					88
						88
		HOUS14	Have you registered at the GSO for facilitated returns to Syria? HOUS13=1	1	0	88
		HOUS15	Are you under a process with	1	0	88

		UNHCR for resettlement?			
--	--	----------------------------	--	--	--

WASH							
WASH1		WASH2		WASH3		WASH4	
How many toilets/latrines does your household have access to?		How many other people do you share this latrine and bathroom		Have you had a blackwater overflow (overflow from sewage)?		Do you have an unmet waste need?	
__				1	Yes	1	Yes
				0	No	0	No
88	Don't know	88	Don't know	2	Don't know	2	Don't know
99	Refuse to answer	99	Refuse to answer	99	Refuse to answer	99	Refuse to answer

Water Access

Now I would like to learn how and where you acquire water.			
WAT1	What is currently the primary source of drinking/cooking water for your household? (Choose only ONE)	1	Tap water
		2	Trucked water
		3	Bottled water
		77	Other _____
		88	Don't know
		99	Refuse to answer
WAT2	What is currently the primary source of non- drinking water for your household? (Choose only ONE)	1	Tap water
		2	Trucked water
		3	Bottled water
		77	Other _____
		88	Don't know

		99	Refuse to answer
--	--	----	------------------

Household Water Insecurity Access Scale (HWISE)							
		Never (0 times)	Rarely (1–2 times)	Sometimes (3–10 times)	Often (11-20 times)	always (more than 20 times)	Refuse to answer
HWISE1	Worry In the last 4 weeks, how frequently did you or anyone in your household worry you would not have enough water for all of your household needs?	0	1	2	3	4	99

HWISE2	Plans In the last 4 weeks, how frequently have you or anyone in your household had to change schedules or plans due to problems with your water situation? (Activities that may have been interrupted include caring for others, doing household chores, agricultural work, income-generating activities, sleeping, etc.)	0	1	2	3	4	99
HWISE3	Hands In the last 4 weeks, how frequently have	0	1	2	3	4	99

	you or anyone in your household had to go without washing hands after dirty activities (e.g., defecating or changing diapers, cleaning animal dung) because of problems with water?						
HWEIS4	Drink In the last 4 weeks, how frequently has there not been as much water to drink as you would like for you or anyone in your household?	0	1	2	3	4	99

Safety and Security					
SAS1		SAS2		SAS3	
Have you experienced any kind of issue related with your safety outside your household during the last month?		What kind of safety issue?		Who or what is the cause/source of the safety issues?	
		SAS1=1			
1	Yes	1	Verbal abuse	1	Hosts / Landlord

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0	No->SAS4	2	Physical abuse	2	Neighbors / Host community
99	Refuse to answer	3	Kidnapping	3	Local organizations/ charity based
		4	Extortion/bribe	4	Shop owners/managers
		5	Theft / robbery	5	Shawish
		6	Community violence/dispute	6	Service providers
		7	Displacement/eviction	7	INGO/ NGO staff
		8	Arrest/detention	8	Employer

	9	Threats/coercion	9	Spouse/ Family members
	77	Other	10	Refugee Leaders/ refugee community
	88	Don't know	11	Authorities
	99	Refuse to answer	12	Kafil (Sponsor)
			13	Medical Staff
			14	Clashes
			77	Other
			88	Don't know
			99	Refuse to answer
		SAS2_77	SAS3_77	

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	If other, Specify: _____ SAS2=77	Specify other cause of unsafety:_____ SAS3=77
--	---	---

SAS4		SAS5		SAS6		SAS7	
Has there been any movement restrictions imposed in the area you are living during the last 6 months/ (month)?		If yes, was the movement restriction: SAS4=1		If the movement restriction was COVID-19 related, please specify if it was: If SAS5=1		Who is the movement restriction for?	
1	Yes	1	COVID19 related	1	Quarantine for those who are positive	1	Universal for all residents of the area (Lebanese and non-Lebanese)
0	No -> VIOL1	2	Not COVID19 related -> SAS7	2	Curfew after a certain time	2	For Syrians only

88	Don't know/ Refuse to answer -> VIOL1		3	Restriction on where you go	3	For our camp only
			88	Don't know/ Refuse to answer	88	Don't know/ Refuse to answer
SAS8		SAS9				
Who is imposing the movement restriction		Are there any exceptions for health emergencies?				
1	Municipality					
2	Local Community	1	Yes			
3	Non-state actors (including political parties)	0	No			

4	LAF/Police	88	Don't know/Refuse to answer
5	Land owner/landlord		
6	Shawish		
77	Other		
88	Don't know/Refuse to answer		
SAS9_77			
If other, specify: _____			
SAS9=77			

Violence and Trauma

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READ: The COVID-19 pandemic has impacted our lives in different ways. This includes both what happens outside and inside our homes. I would like to ask about how you have felt these impacts in your neighborhood and your home. Think about the time since March 1, 2020

VIOL1		
Since the COVID-19 pandemic (March 1, 2020), do you feel safe inside your home?		
1	Very safe	
2	Somewhat safe	
4	Not safe at all	
88	Don't know/ Refuse to answer	

READ: Now I would like to ask you some questions about experiences with your partner or spouse. In the last month, has a partner or spouse ever... DEM6=2 or 3		Yes	No	Don't know	Refuse to answer
VIOL2	Yelled at you or said things to you that made you feel bad about yourself, embarrassed you in front of others, or frightened you?	1	0 - >VIOL 5	88	99

VIOL3	Done things like push, grab, hit, slap, kick, or throw things at you during an argument or because they were angry with you?				1	0 - >VIOL 5	88	99
VIOL4	VIOL5		VIOL6					
<p>Since the COVID-19 pandemic (March 1, 2020), has the frequency of these behaviors increased, decreased or stayed the same?</p> <p>If VIOL2 or VIOL3= 1</p>	<p>Has anyone other than your spouse inside your household yelled at you or said things to you that made you feel bad about yourself, embarrassed you in front of others, or frightened you?</p>		<p>Has anyone other than your spouse inside your household done things like push, grab, hit, slap, kick, or throw things at you during an argument or because they were angry with you?</p>					
1	Increased	1	Yes	1	Yes			
2	Decreased	0	No	0	No			
3	Stayed the same	88	Don't know	88	Don't know			
88	Don't know	99	Refuse to answer	99	Refuse to answer			

99	Refuse to answer			
----	------------------	--	--	--

Assets		
	<p>Does anyone in your household have any of the following assets?</p> <p>Yes=1 No=0 Don't Know=88 Refuse to Answer=99</p>	
ASSET1	Car	__
ASSET2	Motorbike/Scooter	__
ASSET3	Van / Pick-up Truck	__
ASSET4	Bicycle	__
ASSET5	Small gas stove for cooking	__
ASSET6	Oven	__

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ASSET7	Refrigerator	__
ASSET8	Iron	__
ASSET9	Heater/heating stove (electric, diesel, wood etc.)	__
ASSET10	Water heater	__
ASSET11	Washing machine	__
ASSET12	TV	__
ASSET13	Computer	__
ASSET14	Mobile phone	__ if ASSET14=0 - >ASSET15
ASSET14_1	If yes, how many persons in the HH have a mobile phone?	__
ASSET15	Access to the internet (3G/Wifi)	__

Expenditure		
EXP1	Over the past 30 days, what was the total household expenditure (in LBP or USD)?	___ LBP OR ___ USD 88 = Don't know/ Refuse to answer
What is the estimated total amount spent by the household during the past 30 days on the following items, including cash or voucher assistance received (in LBP or USD – must put '0' if nothing spent)		
EXP2	Food	___ LBP OR ___ USD

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		88 = Don't know/ Refuse to answer
EXP3	Health and medical costs including transportati on	____ LBP OR ____ USD
		88 = Don't know/ Refuse to answer
EXP4	Education per month, per quarter, per year	____ LBP OR ____ USD / month
		or ____ LBP OR ____ USD / quarter
		or ____ LBP OR ____ USD / year
		88 = Don't know/ Refuse to answer
EXP5	Rent per month, per	____ LBP OR ____ USD / month

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	quarter, per year	or ____ LBP OR ____ USD / quarter
		or ____ LBP OR ____ USD / year
		88 = Don't know/ Refuse to answer
EXP6	Non drinking water	____ LBP OR ____ USD
		88 = Don't know/ Refuse to answer
EXP7	Drinking water	____ LBP OR ____ USD
		88 = Don't know/ Refuse to answer
EXP8	Electricity per month,	____ LBP OR ____ USD

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	per quarter, per year	____ LBP OR ____ USD / month
		or ____ LBP OR ____ USD / quarter
		or ____ LBP OR ____ USD / year
		88 = Don't know/ Refuse to answer
EXP9	Communicat ions (mobile, internet, satellite)	____ LBP OR ____ USD
		88 = Don't know/ Refuse to answer
EXP10	Soap and other household hygiene items (including	____ LBP OR ____ USD
		88 = Don't know/ Refuse to answer

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	diapers / nappies)	
EXP11	Debt repayment	____ LBP OR ____ USD
		88 = Don't know/ Refuse to answer

Assistance			
ASST1		ASST2	
Have you received any cash assistance in the last 6 months/month?		If yes, which type of cash assistance did you receive? You can choose more than one answer. If ASST1=1	
1	Yes	1	Multi-purpose cash assistance (175\$/month or 320,000 LBP/month)
0	No ->ASST3	2	Cash-for-food (27\$/person/month or 50,000 LBP/person/month retrieved from an ATM)

88	Don't know - >ASST3	3	COVID-19 related assistance (320,000 LBP/ per month)	
99	Refuse to answer - >ASST3	4	Winter cash assistance during the past winter cycle (375 \$ or 562,000 LBP in December 2020)	
		5	UNICEF winter cash assistance between 9 and 13 December 2020 (40\$ or 60,000 LBP for each child between 0 and 15 years of age for a maximum of 4 children per household)	
		88	Don't know	
		99	Refuse to answer	
ASST3		ASST4		ASST4 _77
Have you received any other assistance in the last 6 months?		If yes, which type of assistance did you receive? ASST3=1		If other, specif y: _____
1	Yes	1	Food assistance (e-card/voucher) (27\$/person/month or 50,000 LBP/person/month retrieved from any of the WFP contracted shops)	if ASST4 =77

0	No ->INC1	2	In-kind food assistance
88	Don't know - >INC1	3	Non-food in-kind assistance (clothes, hygiene products, etc...)
99	Refuse to answer - >INC1	4	Services assistance (dwelling maintenance/repair etc...)
		5	Technical assistance (capacity building, vocational trainings)
		6	Healthcare assistance to cover primary health care expenditure
		7	Healthcare assistance to cover hospitalization expenditure
		77	Other
		88	Don't know
		99	Refuse to answer

Income			
INC1	INC2		INC3

Approximately how much is the household income (in LPB OR USD)?	If INC1>0		Rank the three main sources of income you use to cover your expenses?		Income source 1:	
	How frequently do you receive this income?		(multiple options)			
			Note: Buying on credit is a form of income			
	____ LBP	1	Daily	1		Remittances
	OR	2	Weekly	2		Employment (wage, profit)
____ USD	3	Fortnightly	3	Begging	Income source 2:	
88 Don't know	4	Monthly	4	Savings		
99 Refuse to answer	5	Every 6 months	5	Credits/debts/loan (including credits from shops)		

	6	Annually	6	Sale of assets/household goods/livestock/crops	INC5
	88	Don't know	7	Sale of in-kind aid	Income source 3:
	99	Refuse to answer	8	Assistance from humanitarian organization (cash, voucher, in-kind, other assistance and services)	
			9	Gifts, donations from friends/relatives in Lebanon	
			77	Other	
			88	Don't know	

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		99	Refuse to answer	
--	--	----	------------------	--

Debt		
DEBT1	DEBT2	DEBT3
Does your family have debt?	How much (in LBP or USD)? DEBT1=1	Has your debt increased since the start of the COVID19 general mobilization (March 2020)

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1	Yes	_ LBP or _ USD		1	Yes
0	No -> DM1	88	Don't know		
88	Don't know -> DM1	99	Refuse to answer	0	No
99	Refuse to answer -> DM1			88	Don't Know
				99	Refuse to answer

Decision Making	
<p>Read: within a household, there are various decisions to make about different issues including how to spend money as well as personal issues. The next set of questions is about this topic.</p>	<p>In the last month, who in your household</p>

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If household does not engage in that particular activity, enter code for “Decision not made” and proceed to next activity.		generally had the last word in the decision? Code 1
DM1	About adherence to preventive COVID-19 behaviors (such as social distancing, wearing masks,...)	
DM2	About visiting friends or family	
DM3	About minor household expenditures (Such as food for daily consumption or other household needs like toiletries)	
DM4	About major household expenditures (Such as household appliances or car)	
DM5	Decisions about your healthcare (could be for both male and female respondent)	
DM6	About collecting the assistance (could also be for both male and female, especially ones with disability).	
Code 1: Decision Making		
1	Me	

2	My husband (spouse)
3	Me and my spouse
4	My wife
5	My son / my son in law
6	My daughter / my daughter in law
7	My father
8	My mother
9	It is a family decision
10	Someone outside the household

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11	Decision not made/Not Applicable
88	Don't know

Communication					
COM1		COM2		COM4	
How do you receive information related to services?		Have you had problems accessing the information received?		Do you face any problems understanding or comprehending the information received?	
1	SMS	1	Yes	1	Yes
2	Hotline	0	No ->COM4	0	No

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3	WhatsApp		
4	Shops	COM3	
5	Leaflet/posters	If yes, what was the barrier COM2=1	
6	UNHCR reception centers	1	Financial
7	Information desks at community centers	2	Internet connectivity
8	Distribution sites	3	Literacy
9	Municipality	4	Technology
10	Health centers	77	Other
11	From your neighbors, relatives		

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12	No information received	COM3_77		
13	Visits to your community by humanitarian organizations	If other, specify COM3=77		
14	Refugee Outreach volunteers			
15	Awareness sessions on site/outreach by NGOs/others			
77	Others			

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COM1_77			
If other , specify			
COM1=77			

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Food Security			
FOOD1	In the past month, which of these sentences applies the most to the food eaten by your household?	1	We had enough to eat of the kinds of food we wanted (quantity & quality)
		2	We had enough to eat but not always the kinds of food we wanted (only quantity)
		3	Sometimes we did not have enough to eat (quantity)
		4	Often we did not have enough to eat
		88	Don't know
		99	Refuse to answer
FOOD2	In the past month, was there a time when you were concerned that you would run	1	Yes
		0	No

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	out of food for your household for the next month?	88	Don't know
		99	Refuse to answer
FOOD3	In the past month, did the following statement apply to your household? "The food that we bought was not enough and we didn't have money to get more."	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD4	In the past month, are there any foods you feel your family does not eat enough of?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD5	In the past month, did you or any other adult in your household ever cut the size of your meal because there was not enough food?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD6		1	Yes

	In the past month, did you or any other adult ever skip a meal because there was not enough food?	0	No
		88	Don't know
		99	Refuse to answer
FOOD7	In the past month, was there a time when you or any adult in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD8	In the past month, was there a time when you or any adult in your household were hungry but did not eat because there was not enough money or other resources for food?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD9	In the past month, was there a time when you or any adult in your household went without eating for a whole day or went to bed hungry	1	Yes
		0	No
		88	Don't know

	because of a lack of money or other resources?	99	Refuse to answer
--	--	----	------------------

FOOD: Coping Strategies		
In the past month did anyone in your household have to do one of the following things because there was not enough food or money to buy it?		Insert the code below: 1-4
COPE1	Sold household goods (radio, furniture, television, jewelry, livestock, motorcycle, car, etc.)	__
COPE2	Reduce expenses on health (including drugs)	__
COPE3	Reduce expenses on education	__
COPE4	Spent some or all of the HH savings	__
COPE5	Bought food on credit and/or borrowed money to purchase food	__
COPE6	Moved to a cheaper rental place OR live on the street	__
COPE7	Withdrew children from school	__

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COPE8	Have school children (6 -15 years old) involved in income generation	__
COPE9	HH members accepting high risk, dangerous, or exploitative work	__
COPE10	Marriage of children under 18	__
1=No, wasn't necessary 2=No, because I already did it (so cannot continue to do it) 3=Not applicable 4=Yes 88=Don't know 99=Refuse to answer		

Regularization						
DEM23		DEM24		DEM25		DEM26
How many people who live in the HH are UNHCR registered?		Are you registered with UNHCR?		How many people in HH have regularized residency in Lebanon?		Do you have regularized residency in Lebanon?
[]		1	Yes	[]	1	Yes -> DEM28
88	Don't know/ Refuse to answer	0	No		0	No

	88	Don't know/ Refuse to answer	88	Don't know/ Refuse to answer	88	Don't know/ Refuse to answer	
DEM27			DEM27_77			DEM28	
Reasons for lack of regularization of paperwork if DEM26=0			If other, specify if DEM27=77			Since March 2020, are you experiencing any of the following due to COVID-19? (check all that apply)	
1	I cannot afford the cost of renewal					1	Job loss
2	I am unaware of procedures					2	Significant reduction in salary, hours, or contracts
3	I am waiting for my appointment with UNHCR to renew my papers for application					3	Threatened deportation due COVID-19
4	I am not registered with UNHCR					4	Xenophobia/Discrimination due COVID-19
5	I am registered with UNHCR but GSO had declined my application					5	Restricted freedom without legal justification/Unlawful detention

6	I have previously renewed based on sponsorship and I am unable to obtain a Lebanese sponsor		6	Target of violence due COVID-19
7	GSO keeps telling me to come back another time		8 8	Don't know/ Refuse to answer
8	I face limited/restricted freedom of movement			
9	I have fears approaching GSO			
10	Because of COVID19 lockdown			
77	Other			
88	Don't know/ Refuse to answer			

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