

Assessing the Impact of Cash Assistance on the Welfare of Syrian Refugees in Lebanon and their Access to Services

Draft Questionnaire

HID1	Area/ Governorate	Akkar	North Lebanon	Bekaa	Baalbek/Hermel	Mount Lebanon	Nabatieh	Beirut	South Lebanon			
		1	2	3	4	5	6	7	8			
HID2	District											
HID3	Cadastral Area	<i>Note: Please enter the cadastral that the HH is currently found in (not the one that is found in the sample shared with you in case they are different)</i>										
HID4	Cluster Number											
HID6	UNHCR Case number											
HID7	Contact Name											
HID8	Contact Number											
SEXDC	gender of the data collector			1	Male							
				2	Female							
ITS	Informal tented settlement	1	Yes									
		0	No									
DAT	Date	ST	Start Time			ET	End Time					
DCID	Data Collector's ID											
SPID	Supervisor's ID											
GPS	GPS street location											
QR	Survey Status	Complete	Partially complete	No one qualified available to answer	Refused to be interviewed	Vacant	No one at home	Not eligible/ Not Applicable	No one answering the phone	Moved to another location	wrong number	dropped for logistic or security reasons
		1	2	3	4	5	6	7	8	9	10	11

<p>Note: Data collector reads the consent form and asks respondent if he/she is interested to participate in the study. If yes, data collector should sign the provided consent form. Data collector then proceeds with writing household member names on data collection sheet.</p>			
ELIG2	Are you interested in participating in this study?	1	Yes
		0	No (discontinue the survey and go to QR)
SEXRES	Note to the data collector, what is the gender of the respondent?	1	Male
		2	Female
HHRES	How many people have lived with you, in this house for more than 6 months? (including yourself)		
HHSIZE	Members in your household, who have lived with you for more than 6 months and share dwelling, food and budget, amount to:		
REG	Definition of registration: Registration case is defined as a group of people who normally reside together, form a nuclear family, are dependent on one another and have been registered as a unit sharing a common registration number.		
REG1	How many unique registered/recorded case numbers belong to this household?		

DEM: Demographics1													
DEM1	DEM2		DEM3		DEM4		DEM5	DEM6		DEM7			
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household</p>	Is (NAME) the respondent?		Relationship of (NAME) to head of household		What is (NAME)'s gender?		What is (NAME)'s age in years?	If DEM5<8 What is (NAME)'s date of birth? Note: Do not deduce date of birth based on age. If unknown, enter as 88		If DEM5>11 What is (NAME)'s marital status?			
	1	Yes	1	Head of Household	1	Male	Age in years (Record 0 for ages less than 1)	DEM6_m DEM6_y		1	Single		
	0	No	2	Husband/Wife	2	Female		month	year	2	Engaged		
			3	Son/Daughter						3	Married		
			4	Father/Mother						4	Separated		
			5	Brother/Sister						MOTHER		5	Divorced
			6	Grandfather/Grandmother						If DEM5<18 Does (NAME)'s natural mother live in this household?		6	Widowed
			7	Grandson/Granddaughter						88	Don't know		
			8	Niece/Nephew						99	Refuse to answer		
			9	Son/Daughter in Law						1	Yes		
			10	Father/Mother in Law						0	No		
			11	Brother/Sister in Law						88	Don't know		
			12	Wife of the Son of the Head of HH/ Husband of the Daughter of the Head of HH						99	Refuse to answer	DEM7_1	
			13	Other Relative						MOTHER_1		If DEM4=2 and DEM7=3 How old was (NAME) at their first marriage/union?	
			14	Other, Not Relatives						If MOTHER=1 What is her name? __		__ in Years	
		15	Cousin of the head of household					MOTHER_2					
		88	Don't know					If MOTHER=1 What is her roster number? __					
		99	Refuse to answer										

DEM: Demographics2

DEM1	DEM8	DEM9		
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household</p>	<p>If DEM7=3 What document do you have to prove your marriage? (applies to most recent marriage) (select highest option only)</p>	<p>If DEM5<8 What document do you have to prove the birth of (NAME)? (select only the highest option)</p>		
	1	No Documents	1	No documents
	2	Marriage contract from an uncertified Sheikh	2	Birth notification issued by the doctor/midwife
	3	Marriage contract from a religious authority or Proof of marriage from the Sharia Court	3	Birth certificate issued by the Mukhtar
	4	Marriage certificate authenticated by the Mukhtar	4	Birth certificate registered with the Nofous
	5	Marriage certificate registered with the Noufous	5	Birth certificate registered with the Foreigners' Registry
	6	Marriage certificate registered with the Foreigners Registry	6	Birth certificate stamped by the Ministry of Foreign Affairs
	7	Marriage certificate stamped by the Ministry of Foreign Affairs	7	Birth Certificate stamped by the Syrian Embassy
	8	Marriage certificate stamped by the Syrian Embassy	8	Family booklet or individual civil extract for the child or family civil extract
	9	Updated Family booklet or family civil extract or marriage certificate from Syria	88	Don't know
	88	Don't know	99	Refuse to answer
99	Refuse to answer			

DEM: Demographics3

DEM1	DEM10	DEM11	Dem13	DEM15	
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household</p>	What is (NAME)'s nationality?	If DEM10=1 Is (Name) registered/recorded with UNHCR?	If DEM10=1/4 When did (Name) first arrive to Lebanon Arrival Year	If DEM10=1 & DEM14=0 Reasons for illegal residence:	
				1 I cannot afford the cost of renewal 2 I am registered with UNHCR but GSO asked me to obtain a Lebanese sponsor 3 I am not registered with UNHCR or I have previously renewed based on sponsorship and I am unable to obtain a Lebanese sponsor 4 I tried to renew but GSO refused my application without explanation 5 I tried but GSO kept telling me to come back another time 6 Waiting for my appointment with UNHCR to renew my certificate and obtain a Housing attestation	
	1	Syrian	1 Yes	__	7 Waiting for approval or additional information from government agency in Lebanon
	2	Lebanese	0 No		8 I don't want to sign the 'pledge to abide by Lebanese law'
	3	Palestinian from Lebanon	88 Don't know		9 I entered through unofficial border crossing and GSO refused to allow me to regularize
			99 Refuse to answer		10 Limited/restricted freedom of movement
	4	Palestinian from Syria			11 Reluctance of HH member for personal reasons
	77	Other			12 GSO informed me that women and children do not have to renew
	88	Don't know	DEM12	DEM14	13 Unaware of procedures
	99	Refuse to answer	If DEM10=3 or 4 Is (Name) registered with UNRWA?	If DEM10=1 Does (Name) have regularized legal residency in Lebanon?	14 Fears approaching GSO
					15 I am discouraged to go since I heard that GSO is not renewing based on UNHCR certificate and is asking for money and sponsors
			1 Yes	1 Yes → EDU1	16 Lacks ID documents
			0 No	0 No	17 GSO told me I needed to go out of the country and back in to apply for a legal residency
			88 Don't know	88 Don't know	77 Other
			99 Refuse to answer	99 Refuse to answer	88 Don't know 99 Refuse to answer
	DEM10_1:				DEM15_77
	If DEM10=77 If other, please specify:				If DEM15=77 If other, please specify: _____

EDU: Education 2

DEM1	EDU7	EDU8	
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household.</p>	<p>If DEM5>3 Current educational attainment: What is the highest level of schooling (Name) has achieved?</p>	<p>If EDU7=1 and DEM5>=6 If never attended, which of the following applies to (Name)?</p>	
	1	1	Read and write
	2	2	Illiterate
	3	88	Don't know
	4	99	Refuse to answer
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	88		
99			

EMP: Employment1 To be asked to members aged>=5										
Dem1	EMP1		EMP2		EMP3		EMP4		EMP5	
Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household. Includes babies, other residents etc. The Head of Household should be a resident of the household.	Did (NAME) work for wage (cash or in kind) even for one hour during last 30 days (Work without pay does not include domestic work and family care)?		Unemployed				Employed			
			If did not work at all the past 30 days				If did work in the past month			
			If EMP1=0 Was (NAME) out and looking for work in the past month?		If EMP1=0 & EMP2=0 If no, why? → EMP18		If EMP1=1 or EMP3=10/11 Classify the job in one of the below categories		If EMP1=1 & EMP3=10/11 In which economic sector does (Name) work in their main job?	
	1	Yes	1	Yes	1	Lost hope of finding a job so gave up	1	Agriculture (Farming, raising and selling livestock products)	1	Agriculture
	0	No	0	No	2	Fears to be detained because is illegal	2	Construction(excluding crafts like plumbing) and quarrying	2	Industry
	88	Don't Know	88	Don't Know	3	Student	3	Concierge/housemaid/Janitor/cleaning services	3	Construction
	99	Refuse to answer	99	Refuse to answer	4	Housewife /pregnant/ brings up children	4	Manufacturing/Industry (machine operators)	4	Education
					5	Has Independent Means	6	Wholesale and retail trade	5	Health care
					6	Has a disability or sick	7	Street vendor and street services (shoe cleaning, selling food/vegetables)	6	Trade
					7	Retired/pensioner/old	8	Personal and other services workers(Hairdressers, barbers, beauticians, day care, data collector, delivery)	7	Transport and Communication
					8	Social and family beliefs/pressure	9	Restaurant services workers(Cooks, Waiters, waitresses and bartenders)	8	Other services
					9	Afraid/ Unable to leave the place of residence	10	Transportation, valet service, delivery driver, truck driver	9	Insurance and Financial Sector
					10	In agreement with employer but did not start work yet→ EMP4	11	Admin/support and clerks (secretaries, office boy, cashier, receptionist)	10	Hospitality (Food and Beverage services) and Tourism
					11	Works but on vacation/ sick leave→ EMP4	12	Crafts (painting, carpentry, metal, aluminum, plumbing, cooling/heating systems, tailoring, car repair)	11	Environment
					12	Too young	13	Environment (including garbage collection and recycling	88	Don't Know
					13	Not allowed to work legally	14	other elementary occupations (filling bags at supermarket)	99	Refuse to answer
				77	Other					
				88	Don't Know					
				99	Refuse to answer					
						15	Asking strangers for money			
						16	Professionals and technicians (teachers, architects, engineers, doctors)			
						77	Other			
						88	Don't Know			
						99	Refuse to answer			

EMP: Employment2			
DEM1	EMP6		EMP8
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household.</p>	If EMP1=1 & EMP3=10/11 Is (Name)'s main job seasonal?		If EMP1=1 & EMP3=10/11 On what basis is (NAME) paid in their main job?
	1	Yes	1 Hourly
	0	No	2 Daily
	88	Don't know	3 Weekly
	99	Refuse to answer	4 Monthly
			5 By piece/ service
			88 Don't know
			99 Refuse to answer
	EMP7 If EMP1=1 & EMP3=10/11 (Name)'s main job is:		
	1	Full-time (monthly)	
	2	Part-time (monthly)	
	3	Daily or by piece/service regular	
	4	Daily or by piece/service irregular	
	77	Other	
	88	Don't know	
99	Refuse to answer		

EMP: Employment3					
DEM1	EMP10		EMP11		EMP13
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household.</p>	<p>If EMP1=1 & EMP3=10/11 Does (Name) have another job?</p>		<p>If EMP1=1 & EMP3=10/11 Does (Name) want another job or willing to work more hours?</p>		<p>If EMP1=1 & EMP3=10/11 How many hours does (NAME) work in a usual week (for all jobs)?</p>
					__ hours
	1	Yes	1	Yes	EMP14
	0	No	0	No	<p>What is the amount of (name's) income or net value profit in? (for the last month for all jobs)</p>
	88	Don't know	88	Don't know	
	99	Refuse to answer	99	Refuse to answer	
					__
					EMP15
					CURR:
					1 Lebanese Lira (LL)
				2 US Dollars	

HEA: Health1					
DEM1	HEA2		HEA4		HEA6
<p>Please give me the name of a person who has lived with you in this house, and shared with you food and budget for more than 6 months. Please, start with the head of household.</p> <p>Includes babies, other residents etc. The Head of Household should be a resident of the household</p>	Was (Name) diagnosed with any of the below chronic diseases? (multiple options)		Does (name) have any of the below disabilities? (multiple options)		If HEA5=1 If yes, what is this illness? (multiple options)
	1	Diabetes	1	Physical disability – affecting upper body such as arms	1 Diarrhea / gastroenteritis
	2	Cancer	2	Physical disability- affecting lower body/ability to walk	2 Flu, other upper respiratory infection (e.g. pharyngitis)
	3	Hypertension			
	4	Hyperlipidemia (high Cholesterol/ Triglyceride)	3	Hearing impairment/deaf	3 Lower respiratory infection (bronchitis, bronchiolitis, pneumonia)
	5	Cardiovascular diseases (Cardiomyopathy, Coronary artery disease, Cardiac failure Dysrhythmias)			
	6	Chronic pulmonary diseases (Bronchial Asthma, Bronchiectasis, Chronic obstructive pulmonary disorder)	4	Vision impairment (Loss of sight not corrected by glasses/blind)	4 Other infection or inflammation (eye, ear, nose, mouth, etc.)
	7	Chronic Renal Failure (On Dialysis, Kidney transplant)	5	Speech difficulty	5 Joint diseases or inflammation (anthropathies, inc. arthritis)
	8	Other Endocrinology diseases (Addison’s disease, Thyroid disease)			6 Fever
	9	Neurological diseases (Epilepsy, Multiple sclerosis, Parkinson’s disease, dementia)	6	Learning disability (ADHD, Dyslexia)	77 Other, specify
	10	Mental health disorder (Schizophrenia, psychosis, bipolar disorder, depression, other)	7	Intellectual disability (Down’s Syndrome)	88 Don’t know
	11	Anemia	8	Autism	99 Refuse to answer
	12	Stroke	88	Don’t know	
	13	Disc	99	Refuse to answer	
	15	Rheumatoid Arthritis			
	14	Was not diagnosed with chronic illness	HEA5		HEA6_1
	77	Other chronic conditions (Hemophilia, Glaucoma, chronic joint pains, Thalassemia/Sickle cell disease, Liver cirrhosis, chronic intestinal diseases such as Ulcerative colitis/Crohn's disease)	If DEM5<=5 Has (name) suffered from an acute illness in the past 6 months? (diarrhea, fever, cough, infection, skin infection..)		If HEA6=77 If other, please specify_____
	88	Don't know	1	Yes	
	99	Refuse to answer	0	No → HEA7	
			88	Don't know	
		99	Refuse to answer		

CONTRACEPTION							
If SEXDC==2 & DEM7==3 & DEM4==2 & DEM2==1 & DEM5>=15 & DEM5<=49							
CP1		CP2		CP3		CP4	
I would like to talk with you about another subject – family planning. Are you pregnant now?		Couples use various ways or methods to delay or avoid a pregnancy. During the past 6 months, have you been doing something or using any method to delay or avoid getting pregnant?		Have you ever done something or used any method to delay or avoid getting pregnant?		What are you doing to delay or avoid a pregnancy? (multiple options) Do not prompt. If more than one method is mentioned, select multiple	
1	Yes → CP3	1	Yes → CP4	1	Yes → CP4	1	Birth control pill
0	No	0	No	0	No	2	Intrauterine device (IUD)
66	Not Applicable	66	Not Applicable	66	Not Applicable	3	Implants
88	Don't know	88	Don't know	88	Don't know	4	The contraceptive injection
99	Refuse to answer	99	Refuse to answer	99	Refuse to answer	5	Male condom
						6	Female condom/diaphragm
						7	Female sterilization
						8	Male sterilization
						9	Lactational amenorrhoea method (LAM)
						10	Periodic abstinence / Rhythm
						11	Withdrawal
						77	Other → CP4_other
						CP4_other	
						If other, please specify:	

HEA: Health3 – Hospitalization– Household Level					
HEA12		HEA15		HEA17	
Did any member of the HH require specialized or hospitalization care in the last 6 months (Birth, illness, accident, injury)?		If HEA12>HEA13 Why were they unable to receive the required specialized health assistance? (multiple options)		Was any HH member prescribed medication after the hospitalization visit? If HEA12=1	
1	Yes	1	Distance to healthcare center	1	Yes
0	No	2	Transportation cost	0	No
88	Don't know	3	Physical limitations to access the health center	88	Don't know
99	Refuse to answer	4	Inadequate welcoming/treatment by health center staff	99	Refuse to answer
		5	Security concerns / fear of movement		
		6	Doctor visit fees	HEA18	
		7	Cost of treatment/drugs	If yes, how many members were prescribed?	
HEA13		8	Not admitted	__ members	
If HEA12=1 If yes, how many members needed it? __ members		9	Didn't know where to go		
		10	Long waiting time	HEA19	
		11	Cultural reasons and family pressure	How many members got access to it?	
HEA14		77	Other	__ members	
If HEA12=1 How many received the care needed? __ members		88	Don't know		
		99	Refuse to answer		
		HEA16			
		If HEA15=77			
		If other, please specify: _____			

HEA: Health4- Mental Health									
	Please give one answer for every question and choose the one that you feel is closest to you answer: In the past 6 months, how much of the time:	All the time	Most of the time	A lot of the time	Some of the time	Little of the time	Never	Don't know	Refuse to answer
HEA22	Felt that you are a happy person	1	2	3	4	5	66	88	99
HEA23	Felt calm and reassured	1	2	3	4	5	66	88	99
HEA24	Were very angry	1	2	3	4	5	66	88	99
HEA25	Felt upset	1	2	3	4	5	66	88	99
HEA26	Felt depressed and there was no way to be happy	1	2	3	4	5	66	88	99

Food Consumption					
	How often do members of your household eat the following foods (how many times per day, per week, per month)?	Frequency enter 0 if never _frequency	Timeframe 1. Daily 2. Weekly 3. Monthly 4. Never 88 – Don't Know 99-Refuse to answer _timeframe	Has any member of the household eaten this food in the last 24 hours (during the day and night)? Yes=1, No=0, Don't Know=88 Refuse to answer=99 _24hours	Has any member of the household eaten this food in the last 7 days? Yes=1, No=0, Don't Know=88 Refuse to answer=99 _7days
Cereals	Cereals (Bread, Rice, Burghol, Pasta, Frikeh, bulgur Manakish)				
Tubers	Roots and Tubers (baked potatoes, beet root)				
Dairy	Milk and Dairy products fresh milk / sour, yogurt, lebneh, cheese, other dairy products (Exclude margarine / butter or small amounts of milk for tea / coffee)				
Chicken_meat	Chicken and Meat (goat, beef, chicken, ,, turkey, , (meat and fish consumed in large quantities and not as a condiment)				
Fish	Fish (Fresh/Canned) (dried, fresh and smoked fish, including canned tuna, and / or other seafood (fish in large quantities and not as a condiment)				
Eggs	Eggs				
Pulses	Pulses and legumes (lentils, chickpeas, beans, fava beans, green beans, peas, , cowpeas, groundnut, ground bean):				
Vegetables	Vegetables and leaves (: Spinach, Onion, Tomatoes, Carrots, Peppers, Lettuce, Cucumber, Radish, Cabbage Etc)				
Fruits	Fruits (Fruits: Banana, Apple, Lemon, Mango, Papaya, Apricot, Peach, Watermelon etc...)				
Oil_fats	Oils and fats (butter, vegetable oil, margarine, olive oil , fried, chips)				
Sugar_sweets	sugar and sweets and(sugar, honey, jam, cakes, candy, cookies, pastereies, Chocolate/ Candies/ Desserts / Biscuits/ Ice-cream)				
Bev	Beverages (Sodas/ Bottled Beverages/ Jellab/Tout)				
Wild	Wild plants/ herbs (Wild thyme, akkoub, khibbayze, hindbeh)				
nuts	Nuts(walnuts, almonds, peanuts)				

FOOD: COPING STRATEGIES1

During the past 6 months 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 etc.)	<input type="checkbox"/>
COPE3	Reduce expenses on health (including drugs)	<input type="checkbox"/>
COPE4	Reduce expenses on education	<input type="checkbox"/>
COPE5	Spent some or all of the HH savings	<input type="checkbox"/>
COPE6	Bought food on credit and/or borrowed money to purchase food	<input type="checkbox"/>
COPE7	Moved to a cheaper rental place/live on the street	<input type="checkbox"/>
COPE8	Withdrew children from school	<input type="checkbox"/>
COPE9	Have school children (6 -15 years old) involved in income generation	<input type="checkbox"/>
COPE11	HH members accepting high risk, dangerous, or exploitative work	<input type="checkbox"/>
COPE15	Marriage of children under 18	<input type="checkbox"/>
1=No, wasn't necessary 2=No, because I already did it (so cannot continue to do it) 3=Not applicable 4=Yes		

FOOD SECURITY			
FOOD1	Which of these sentences applies the most to the food eaten by your household during the past 6 months?	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 last 6 months, was there a time when you were concerned that you would run out of food for your household for the next month?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD3	Did the following statement apply to your household in the last 6 months? "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	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 6 months, 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	In the past 6 months, did you or any other adult ever skip a meal because there was not enough food?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
FOOD7	During the last 6 months, 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	During the last 6 months, 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	During the last 6 months, was there a time when you or any adult in your household went without eating for a whole day or got to bed hungry because of a lack of money or other resources?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer

HOUS: Housing1

HOUS1	Specify type of residence	Apartment/house (Not shared)	Apartment/house (Shared)	Active construction site	Agricultural/engine/pump room	Concierge's room in residential building	Factory	Farm	Garage	Hotel room	Prefab unit	
		1	2	3	4	5	6	7	8	9	10	
		School	Shop	Tent	Warehouse	Workshop	other	Don't know	Refuse to answer			
		11	12	13	14	15	77	88	99			
HOUS1_1	If HOUS1=77 If other, please specify: _____											
HOUS2	Specify type of tenure	Owned	Rented (direct rent payment)	Rented (in exchange of work)	Hosted for free	squatting	Assisted (by organizations, agencies, charity)		other	Don't know	Refuse to answer	
		1	2	3	4	5	6	77	88	99		
HOUS2a	Is there a rent agreement? If HOUS2=2				Yes, verbal	1	Yes, written – official (stamped)	2	Yes, written - unofficial	3	No	0
					Other	77	Don't know	88	Refuse to answer	99		
HOUS3	Total area of your house: (Meters squared)				_ m ²							
HOUS4	What is the number of rooms occupied by your household? (excluding kitchen, bathrooms, garage, balcony)				_ rooms							
HOUS5	Do you have access to a functional toilet facility?				Yes, Flush	Yes, Improved pit latrine with cement slab	Yes, Traditional/Pit latrine with no slab	No, Bucket/open air	Don't know		Refuse to answer	
					1	2	3	4	88	99		
HOUS6	Where is the toilet located?				Within Shelter		1	Outside Shelter		2		
HOUS7	Do you share this/these toilets/latrines with other household(s)?				1	Yes						
					0	No						

HOUS: Housing2						
HOUS8	Does your household have access to sufficient water for drinking purposes?		1	Yes		
			0	No		
			88	Don't know		
			99	Refuse to answer		
HOUS9	Does your household have access to sufficient water for cooking, washing and toilet purposes?		1	Yes , all year long	2	Yes, but not all year long (less in summer or dry months)
			0	No	88	Don't know
HOUS10	What is the main source of drinking water in households?		CODE0			
HOUS11	What is the main source of cooking water in households?		CODE0			
HOUS12	What is the main source of washing water in households?		CODE0			
CODE0	1	Household water tap/water network	9	Spring		
	2	Household water tap/water network Unpaid	10	Water tank/trucked water - UN/NGO provided		
	3	Public/ shared piped/ water stand/ tap water outside shelter- paid	11	Water tank/trucked water - paid		
	4	Public/ shared piped/ water stand/ tap water outside shelter- unpaid	12	Rainwater		
	5	Well/borehole – paid	13	Surface water		
	6	Well/borehole – unpaid	77	Other		
	7	Bottled mineral water (branded)	88	Don't know		
	8	Bottled mineral water (unbranded)	99	Refuse to answer		

HOUS: Housing3											
HOUS13	What is your source of energy for household purposes? (multiple choice)	Private generator usage	Legal connection to the electricity grid	Informal connection to the grid	Solar Panels or another renewable power	None (do not have access to electricity and using candles, battery lamps. etc)	Don't know	Refuse to answer			
		1	2	3	4	5	88	99			
HOUS14	How many hours per day, on average, do you get power?	_ hours									
HOUS15	What is the source of energy used in cooking?	Gas	Oil (e.g. furnace oil)	Wood	Briquette	Electric powered heater/cooker	None	Don't know	Refuse to answer		
		1	2	3	4	5	6	88	99		
HOUS16	What do the walls of more than half the rooms look like? (Answer based on respondent answer and data collector's observation)	Raw Concrete	Plastered Concrete Walls	Plastered and Painted Concrete Walls	Wood	Fabric or Plastic Sheeting	Cement	Iron/Zinc	Other	Don't know	Refuse to answer
		1	2	3	4	5	6	7	77	88	99
HOUS17	If HOUS16=77 If other, please specify: _____										
HOUS18	What is the roof made of? (Answer based on respondent's answer and data collector's observation)	Raw Concrete	Wood	Fabric or Plastic Sheeting	Iron/Zinc	Cement	Other	Don't know	Refuse to answer		
		1	2	3	4	5	77	88	99		
HOUS19	If HOUS18=77 If other, please specify: _____										
HOUS20a	What do you use for heating? (multiple options)	Gas	Oil (e.g. furnace oil)	Wood	Briquette	Air conditioning	None	Don't know	Refuse to answer		
		1	2	3	4	5	6	88	99		

Are any of the following observable inside/outside the household shelter/property? (Answer based on the data collector's observation and the answer of the respondent)		Very damaged	Somewhat damaged	Not damaged	Not Applicable	Don't Know	Refuse to answer
HOUS20	Shelter structure (walls and roof) with visible damage	1	2	3	66	88	99
HOUS21	Dark and gloomy	1	2	3	66	88	99
HOUS22	Windows/ doors visibly damaged / broken /not sealed	1	2	3	66	88	99
HOUS23	Visible leakage and/ or damping	1	2	3	66	88	99
HOUS24	Water and wastewater piping visibly damaged/ broken/ not useable	1	2	3	66	88	99
HOUS25	latrine/toilet visibly damaged/ broken/ not useable /no hand-washing facilities	1	2	3	66	88	99
HOUS26	Electricity connection not adequately installed, electric wiring visibly exposed (please note here that it's the wire in the cables that are exposed – i.e. hazardous)	1	2	3	66	88	99
HOUS30	Bathing/washing facilities not useable (damaged, no privacy, etc.)	1	2	3	66	88	99

HOUS: Housing5			
HOUS27	How many times have you switched residence in the 6 months?	__ times	
HOUS28	If HOUS27>0 If once or more, why? (multiple options)	1	Difficulties in freedom of movements at the last location [i.e.: checkpoint, detention, no proper documentations to leave the area, etc.]
		2	Safety concerns at last location [i.e.: [hostility/tensions]
		3	No access to health/education services at last location
		4	Lower rent
		5	More employment opportunities here
		6	Same cultural background [i.e. religion, politics]
		7	Eviction
		8	Previous shelter conditions were poor
		77	Other
		88	Don't know
99	Refuse to answer		
HOUS29	If HOUS28=77 If other, please specify: _____		

ASSET: Assets		
	Does anyone in your household have any of the following assets? Yes=1 No=0	
ASSET1	Car	__
ASSET3	Motorbike/Scooter	__
ASSET5	Van	__
ASSET7	Pick-up Truck	__
ASSET9	Bicycle	__
ASSET10	Mattresses	__
ASSET11	Blankets	__
ASSET12	Winter clothing set (long pants, jacket, closed shoes)	__
ASSET13	Beds	__
ASSET14	Table and chairs	__
ASSET15	Small gas stove for cooking	__
ASSET16	Oven	__
ASSET17	Refrigerator	__
ASSET18	Microwave/Vacuum cleaner	__
ASSET21	Dish washer/separate freezer/dryer	__
ASSET22	Iron	__
ASSET23	Heater/heating stove (electric, diesel, wood etc.)	__
ASSET24	Water heater	__
ASSET25	Washing machine	__
ASSET26	Air conditioning	__
ASSET27	Sewing machine	__
ASSET28	TV	__
ASSET29	Computer	__
ASSET30	Satellite dish	__
ASSET31	Mobile phone	__
ASSET32	Internet	__

SS: Safety and Security								
	Note to the data collector: this is only asked for the respondent	Never	A little of the time	Some of the time	Most of the time	All the time	Don't know	Refused to answer
SS1	To what extent do you worry/fear about losing your source of income or your family's source of income?	1	2	3	4	5	88	99
SS2	To what extent do you worry/fear losing your home?	1	2	3	4	5	88	99

		Very Good	Good	Half/Half	Not Good	Not Good At All	Don't Know	Refuse to Answer
SRH	How do you perceive your current health?	1	2	3	4	5	88	99

Decision Making – To be asked to female respondents ONLY		
	R01	R02
<p>Read: within a household, there are various decisions to make about different issues including work, children, how to spend money as well as personal issues. The next set of questions is about this topic.</p> <p>If household does not engage in that particular activity, enter code for “Decision not made” and proceed to next activity.</p>	<p>In the last 6 months, Who in your household generally had the last word in the decision? Code 1</p>	<p>In the last 6 months, To what extent did you feel you could make your own personal decisions regarding these aspects of household life if you want(ed) to? 1. Not at all 2. Small extent 3. Medium extent 4. To a high extent</p>
a. About if you should work to earn money or not and the acceptable wage?		
b. About what to prepare for daily meals?		
c. About visiting family/relatives or friends?		
d. About major household expenditures? (Such as a large appliance for the house like a refrigerator)		
e. About minor household expenditures? (Such as food for daily consumption or other household needs like toiletries)		
f. About whether or not to use family planning (contraceptives/birth control) to space or limit births?		
g. About the education of your children		
h. About where to obtain health care/advice?		
R03	For Enumerator: were there other household members aside from the woman present during these questions?	Code 2

Code 1: Decision Making		Code 2: Presence of others	
1	Mainly husband	1	Woman was alone
2	Mainly wife	2	Spouse/ partner was present
3	Mainly both husband and wife jointly	3	Other household members were present
40	Husband/male with another person	4	Woman was with toddlers
50	Wife/female with another person	5	Spouse/ partner and the household members were present
8	Someone outside the household/other		
9	Decision not made/Not Applicable		
88	Don't know		
99	Refuse to answer		

EXP: Expenditure

AMNT_		CURR_					TF_									
How much did your family spend since November 2018 on each of the following? Note: This includes all types of cash or in-kind assistance received		Please specify the currency					Please specify the timeframe									
	Amount	Lebanese Pound (L.L.)	US Dollar (\$)	Don't know	Refuse to answer	Daily	Weekly	Monthly	Quarterly	Yearly	One time	Never /Not applicable	Don't know	Refuse to answer		
EXP1	Rent	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP2	Food/groceries	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP3	Water Service	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP4	Drinking Water	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP5	Cooking Gas	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP6	Benzene / Fuel For Transport	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP7	Coal / Diesel for heating	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP8	Electricity/Generator Subscription	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP9	Soap and other household hygiene items (household cleaning supplies, kitchen utensils, personal care supplies, diapers / nappies, makeup supplies...)	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP10	Clothing	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP11	Household repair/maintenance/insurance	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP12	Vehicle repair/maintenance/insurance	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP13	Education (tuition, books, stationery, tutoring)	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP14	Doctor consultations	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP15	Diagnostic tests	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP16	Hospitalization		1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP17	Medication	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP18	Public Transportation	__	1	2	88	99	1	2	3	4	5	6	66	88	99	
EXP19	School Transportation	__	1	2	88	99	1	2	3	4	5	6	66	88	99	

EXP20	Communications (landline, mobile phones, internet fees)	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP21	Outings and other entertainment (dvd rentals, etc.)	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP22	Tobacco (cigarettes, cigars, argileh)	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP23	Debt repayment	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP24	Cost of registration/legalizing stay in Lebanon	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP25	Other (including weddings, funerals, ceremonies)	__	1	2	88	99	1	2	3	4	5	6	66	88	99
EXP26	Total	__	1	2	88	99	1	2	3	4	5	6	66	88	99

ASST: Assistance					
		Yes	No	Don't know	Refuse to answer
ASST1	Have you received Multi-purpose Cash assistance in the past 6 months (175\$/month)?	1	0	88	99
ASST2	Have you received cash-for-food in the past 6 months (27\$/person/month)?	1	0	88	99
ASST3	Have you received any food assistance (e-card/voucher) assistance in the past 6 months?	1	0	88	99
ASST4	Have you received in-kind food assistance in the past 6 months?	1	0	88	99
ASST5	Have you received any Winter cash assistance during the past winter cycle (375 \$ in December 2018)?	1	0	88	99
ASST6	Have you received UNICEF winter cash assistance between 9 and 13 December 2018 (40\$ for each child between 0 and 15 years of age for a maximum of 4 children per household)	1	0	88	99
ASST7	Have you received any other cash assistance in the past 6 months?	1	0	88	99
ASST8	Have you received any other non-food in-kind assistance in the past 6 months (clothes, hygiene products, etc...)?	1	0	88	99
ASST9	Have you received any services assistance in the past 6 months (dwelling maintenance/repair etc...)	1	0	88	99
ASST10	Have you received any Technical assistance (capacity building, vocational trainings) over the last 6 months?	1	0	88	99
ASST11	How do your family cover the primary health care expenditures?	1	Yes, totally free health care		
		2	Yes, discounted/subsidized/financial contribution/ cost sharing for primary health care		
		3	No, household needs to pay in full for primary health care related costs		
		4	Primary health care assistance never required		
		77	Other		
		88	Don't know		
		99	Refuse to answer		
ASST12	How do your family cover hospitalization expenditures?	1	Hospitalization expenditures have been totally covered through aid		
		2	Hospitalization expenditures have been partially covered through UNHCR or any other organization		
		3	No, assistance was not received. HH needs to pay in full for hospital care		
		4	No, the family did not need any assistance as medical insurance is available		
		5	Hospital care assistance never required		
		77	Other		
		88	Don't know		
		99	Refuse to answer		

For Cash and Food Groups only			
CASH1	How many times did you or other household members go to the ATM to withdraw cash assistance in the last 30 days?	__ times	
CASH2	Who in your household normally goes to the ATM to withdraw cash with your red card?	1	Mainly husband or male head
		2	Mainly wife or female head
		3	Mainly both husband/male head and wife/female head jointly
		4	Other female household member
		5	Other male household member
		6	We did not withdraw cash from ATM
		88	Don't know
99	Refuse to answer		

INC: INCOME						
INC1	INC2		INC3		INC4	
Approximately how much is the household income?	If INC1>0 Please specify the currency.		If INC1>0 How frequently do you receive this income?		Rank the three main sources of income you use to cover your expenses? (multiple options) Note: Buying on credit is a form of income	
_	1	Lebanese Pound (L.L.)	1	Daily	1	Remittances
	2	U.S. Dollars (\$)	2	Weekly	2	Employment (wage, profit)
	88	Don't know	3	Fortnightly	3	Begging
	99	Refuse to answer	4	Monthly	4	Savings
			5	Every 6 months	5	Credits/debts/loan (including credits from shops)
			6	Annually	6	Sale of assets/household goods/livestock/crops
			88	Don't know	7	Sale of in-kind aid
			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
					10	No other source of income (only for INC5 and INC6)
					77	Other
					88	Don't know
					99	Refuse to answer

DEBT: Debt			
DEBT1	Does your family have debt?	1	Yes
		0	No
		88	Don't know
		99	Refuse to answer
DEBT2	If DEBT1=1 How much?	_	
CURR_	Currency	1	Lebanese Pound (L.L.)
		2	US Dollar (\$)
		88	Don't know
		99	Refuse to answer

Accountability1									
AC1	Have you or anyone in your household tried to call the helpline in the last 6 months?	Yes, and was able to get through and speak to someone	Yes, but my call didn't go through/wasn't answered/didn't receive a call back	No	Don't know	Refuse to answer			
		1	2	3	88	99			
AC1A	If AC1=2 If you called but could not get through in the past six months, why did this happen? (tick all that apply)	Busy signal so I was unable to get through	I was put on hold for too long so hung up	The line rang but no one picked up	I called on the weekend or at night	I left a message but did not hear back	Other	Don't know	Refuse to answer
		1	2	3	4	5	77	88	99
AC1A_other	If AC1A=77 If other, please specify: _____								
AC2	If AC1=1/2 If yes (you/your HH called the helpline, whether or not you got through), what problem or query were you trying to have addressed?	1	Lost/stolen card	7	Other protection threats (not directly related to cash assistance)				
		2	Lost/forgotten PIN	8	Cash assistance terminated (request for further information/appeal)				
		3	Card stuck in ATM/not functioning	9	Change in status requiring update to registration data				
		4	Non-transfer/late transfer of cash to card	10	Request for emergency cash assistance e.g. to access health care				
				11	Other cash related issue or query				
		5	Experienced threats/insecurity/theft when collecting cash from ATM	77	Other non-cash related issues e.g. access to services				
		6	Experienced threats/insecurity/theft of cash in other locations	88	Don't know				
99	Refuse to answer								
AC3	If AC1=1 If yes (you/your HH called the helpline and got through), were they able to resolve your problem/answer your questions effectively?	Yes – immediately during the call	Yes – received a call back later	Yes, was requested to visit office	No	Other			
		1	2	3	4	77			
		Don't know	Refuse to answer						
		88	99						
AC3_1	If AC3=77 If other, please specify: _____								
AC4	If AC1=1 If yes (you/your HH called the helpline and got through), how long did it take to completely resolve your issue?	1	On the same day the call was made	6	One to two months				
		2	Less than a week	7	More than two months				
				8	The issue has not been resolved yet (still in progress)				
		3	One to two weeks	9	The issue cannot be resolved				
		4	Two to three weeks	88	Don't know				
5	Three to four weeks	99	Refuse to answer						
AC5	If AC1=1/2 If you used the helpline, how satisfied were you with the service you received?	1	Very satisfied						
		2	Satisfied						
		3	Neither satisfied nor dissatisfied						
		4	Dissatisfied						
		5	Very dissatisfied						
		88	Don't know						
99	Refuse to answer								

Accountability2										
AC6	How have you/your HH received messages and communications from those who provide assistance? (tick any that apply)	1	Did not receive messages or communications				7	Through phone calls		
		2	Text messages				8	Online/social media/Facebook		
		3	During the distribution of the cards				9	Validation exercise		
		4	Word of mouth from neighbors/_others in community				77	Other		
		5	Signs in shops				88	Don't know		
		6	NGO representative				99	Refuse to answer		
AC6_other		If AC6=77 If other, please specify: _____								
AC10	Have you/your HH had any problems accessing information about your assistance?	1	Yes							
		0	No							
		88	Don't know							
		99	Refuse to answer							
AC11	If AC10=1 If yes, what were the problems you had?	Phone not accessible (i.e. shared or not working or lost or changed)		Phone call too expensive	Can't get through to the helpline	Can't reach UNHCR/WFP center	Other	Don't know	Refuse to answer	
		1	2	3	4	77	88	99		
AC7A	Please tell us whether you have received the information you needed on the programme (tick all that apply)									
	_1	To understand why they are selected/discontinued				_6	How to be re-considered for assistance			
	_2	To be able to easily access the programme (ie how to use the card, access the money, what days to go to ATM)				_7	Duration of assistance (number of months)			
	_3	To understand the validation process that UNHCR or other NGOs do 3 times yearly to update the information of those enroled in the cash programmes								
	_4	How to get addition information about your case								
	_5	How to file a complaint to UNHCR or WFP								
		Yes		No		No applicable		Don't know		Refuse to answer
	1		0		66		88		99	
AC8	Do you find the SMS messages on sent about your assistance easy to understand?	1	Yes			88	Don't know			
		0	No			99	Refuse to answer			
AC9	If AC8=0 If not, why not?	1	Limited ability to read Arabic							
		2	The information is complicated							
		3	Not enough information provided							
		77	Other							
AC9_1	If AC9=77 If other, please specify: _____									