

Date: [MM/DD/YYYY] Database ID: Reviewed   
 Completed by: Team ID: Enumerator ID:

Hello, my name is \_\_\_\_\_ and I am collecting data for a consortium of local and international NGOs, organizations, UN and the Government.

I would like to ask you some questions about your household, the impact of Typhoon Yolanda on your living conditions. The purpose is to help the humanitarian community to understand how the response has been conducted and better plan and implement projects in the future.

The survey is confidential and any answers you provide will remain private.

The questionnaire does not have "good" or "bad" answers. You do not have to answer if you do not want to. You may decline to answer any questions or stop the interview at any time. It will take around 20 minutes to complete.

Do you agree to let me ask you these questions?

**A.0 PRELIMINARY INFORMATION**

A.0.1	1.1.1	Municipality	1.1.2	Barangay
A.0.2	Type of setting	<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Peri-urban
A.0.3	Is the household present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, skip to observations

**A.1 DEMOGRAPHICS**

A.1.1	Respondant age	Respondant gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female								
A.1.2	How many family units make up the household?											
A.1.3	Please specify the ages and number of your <b>direct</b> household members											
	Under 1 yr	1-5 yrs	6-12 yrs	13-18 yrs	19-39 yrs	40-60 yrs	Over 60 yrs					
	M	F	M	F	M	F	M	F	M	F	M	F
A.1.4	Is this a single-headed household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	If yes, what is the gender of the household head?	<input type="checkbox"/> Male	<input type="checkbox"/> Female									
A.1.5	Are there any pregnant / lactating women in the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	If yes, how many?	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Lactating									
A.1.6	Are there any people with physical disabilities in the HH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	If yes, how many?											
A.1.7	Are there any people with chronic illnesses in the HH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	If yes, how many?											
A.1.8	Are any separated children currently with the HH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	If yes, how many?											
A.1.9	Were any members of your household seriously injured during the typhoon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	If yes, how many?											

A.2 CURRENT CONTEXT														
A.2.1	Is this the land you were living on prior to Yolanda?							Yes		No				
A.2.2	If not, what is the main reason?													
			Damage to original house				To relocate to safe area			To be closer to family				
			Relocated for employment opportunities					Other reason						
	If no, where were you before?			Same Barangay				Different Barangay in same municipality						
		Different municipality												
A.2.3	Where are you currently sleeping?					Inside house			Outside house			Other		
		Evacuation centre			Informal evacuation centre				Non affected house (own)					
		Non-affected house with host family												
A.2.4	If outside, what are you sleeping in?					Makeshift shelter			Tent					
A.2.5	If outside, why are you not sleeping in your house?					Damage to house			Belief of being in high risk zone					
			Protection of assets				To receive aid							
A.2.6	If makeshift shelter, what is the roof made of?					Blankets			CGI			Tarps		Other
A.2.7	If tarps, what type?					High quality			Low quality					
A.2.8	How long do you expect to be living in this situation for?					Less than 6 weeks			More than 6 weeks					
A.2.9	Are you hosting IDPs on your property?					Yes				No				
	If yes, who?		Relatives			Neighbours			Other people from Barangay			People from outside Barangay		
A.3 SHELTER OVERVIEW														
A.3.1	What type of dwelling is the household normally resident in?					Hut			Timber			Timber and concrete		
		Concrete and masonry			Timber and concrete (2 storey)				Concrete and masonry (2 storey)					
A.3.2	If timber, what type?			Coco Lumber			Other type							
A.3.3	What is your land tenure status?				Own house and lot				Own house but rent lot					
		Rent house/room, including lot				Own house, rent-free lot with consent of owner								
		Own house, rent-free lot without consent of owner					Rent-free house and lot with consent of owner							
		Rent-free house and lot without consent of owner					Ancestral domain land							

## A.4 SHELTER DAMAGE

A.4.1	Damage to house	Totally Destroyed	Major damage	Partial damage	No damage					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A.4.2	Do you think you can salvage any materials?					<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
A.4.3	If yes, what do you think you can salvage?					<input type="checkbox"/>	Timber		<input type="checkbox"/>	Fixings
						<input type="checkbox"/>	Roof materials		<input type="checkbox"/>	Other (specify)
A.4.4	What is the scale of debris around your house?				<input type="checkbox"/>	None	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Moderate
					<input type="checkbox"/>	Significant, not accessible				
A.4.5	How was your house damaged?		<input type="checkbox"/>	Flying debris			<input type="checkbox"/>	Flooding / storm surge		
	<input type="checkbox"/>	Landslides	<input type="checkbox"/>	Wind	<input type="checkbox"/>	Debris flow		<input type="checkbox"/>	Other	
A.4.6	What do you plan to do with your current house?				<input type="checkbox"/>	Repair	<input type="checkbox"/>	Rebuild		
					<input type="checkbox"/>	Relocate				
A.4.7	Have you started the process?		<input type="checkbox"/>	Complete	<input type="checkbox"/>	Ongoing - will complete with own resources				
			<input type="checkbox"/>	Ongoing - but requiring support			<input type="checkbox"/>	Not yet started		
4.7.1	If rebuild, what will the structural frame of the house be made from?				<input type="checkbox"/>	Timber	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Other
				<input type="checkbox"/>	Steel	<input type="checkbox"/>	Timber/Concrete		<input type="checkbox"/>	Timber and Masonry
4.7.2	If timber, what type?		<input type="checkbox"/>	Coco lumber		<input type="checkbox"/>	Other			
4.7.3	What support do you need to repair or rebuild your home?				<input type="checkbox"/>	Designs	<input type="checkbox"/>	Materials	<input type="checkbox"/>	Other technical support
	<input type="checkbox"/>	Mechanized tools	<input type="checkbox"/>	Hand tools		<input type="checkbox"/>	Labour	<input type="checkbox"/>	Debris clearance	
A.4.8	Do you think it is safe to remain in this location?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

## A.5 LIVELIHOODS & INCOME PROFILE

<b>A.5.1</b>	What were the primary, secondary, and tertiary sources of income for your household before Yolanda?										
	What are the primary, secondary, and tertiary sources of income for your household after Yolanda?										
	<b>Before Yolanda</b>					<b>After Yolanda</b>					
	Crop agriculture (own production)										
	Agricultural worker (non-own production)										
	Livestock/poultry production										
	Fishing										
	Transportation (private driver, taxi driver, bus driver)										
	Skilled manual labor (mason, carpenter, tailor, etc)										
	Unskilled daily wage laborer										
	Small business or trade (transport, store owner etc.)										
	Public sector / Government employee										
	Remittances from family members										
	Assistance / aid from the government (4P's)										
	Assistance/aid from NGOs										
Private salaried job											
No Income											
<b>A.5.2</b>	Does your current household income cover the family's basic needs?										
	Completely		Sufficiently		Partially		Not at all				
	Before										
	Now										
<b>A.5.3</b>	Has your main job or livelihood been disrupted after the typhoon?										
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Previously unemployed					
	If no, why are you unable to?				<input type="checkbox"/>	Loss of necessary assets		<input type="checkbox"/>	Injury	<input type="checkbox"/>	Dysfunctional markets
					<input type="checkbox"/>	Other (specify)		<input type="checkbox"/>	Loss of family members		
<b>A.5.4</b>	When do you think your main livelihood will return to normal?										
	<input type="checkbox"/>	Already restarted		<input type="checkbox"/>	Within one week		<input type="checkbox"/>	Within one month		<input type="checkbox"/>	Within three months
	<input type="checkbox"/>	More than three months			<input type="checkbox"/>	Don't know					
<b>A.5.5</b>	How are you coping, and how will you cope with the current loss of livelihood?										
	<input type="checkbox"/>	Sale of household assets			<input type="checkbox"/>	Seek employment opportunities in a new location				<input type="checkbox"/>	Seek new job in same location
	<input type="checkbox"/>	Borrow from friends / family			<input type="checkbox"/>	Borrow from informal source			<input type="checkbox"/>	Borrow from formal source	
	<input type="checkbox"/>	Other (specify)									

A.5.6	Is your household a 4p beneficiary?				Yes		No	
A.5.7	Which of the following items have increased in price? (select all that apply)							
	Food							
	Water							
	Health							
	Transport							
	Education							
	Household items							
	Farming supplies							
A.5.8	Are shelter materials available in the local market?				Yes		No	
A.5.9	Do you own agricultural land?				Yes		No	
	<i>If yes, has it been affected by Yolanda?</i>				Yes		No	
	<i>How?</i>	<input type="checkbox"/>	Landslides	<input type="checkbox"/>	Flooding or storm surge	<input type="checkbox"/>	Crop destruction	<input type="checkbox"/>
<b>A.6 WASH</b>								
A.6.1	What is the main source of drinking water at your house now?							
				BEFORE		AFTER		
	Piped water (town water supply - house connection)							
	Public tap/public fountain (town water supply)							
	Tubewell/borehole (manual)							
	Piped water from protected spring (mini water supply system)							
	Piped water from protected dug well (mini water supply system)							
	Protected dug well (manual)							
	Protected spring (manual)							
	Rain water collection							
	Unprotected spring(manual)							
	Unprotected dug well (manual)							
	Small water vendor (water donkey cart included)							
	Tanker truck (private sector)							
	Bottled water							
	Sachets (small bags of water)							
	Surface water (e.g. river, pond, lake)							
Other (specify)								

A.6.2	Do you treat your water before you drink it (e.g. aquatabs, filter)?		Yes		No
A.6.3	Before the typhoon, did you ever experience bad water odors/color/muddy water from your main water source?		Yes		No
A.6.4	After the typhoon, have you experienced bad water odors/color or muddy water?		Yes		No
A.6.5	What is the main source of water for domestic purposes (laundry, cleaning, bathing) at your house now?				
	A.6.6	Before the typhoon, did you ever experience bad water odors/color/muddy water from your main water source?		Yes	
A.6.7	After the typhoon, have you experienced bad water odors/color or muddy water?		Yes		No
A.6.8	What is your households average daily consumption of drinking water?		< 15 l		15 - 20 l
			> 20 l		
	What is the capacity of the household water storage? <i>Enumerator observation</i>		< 50L		50 - 100 L
			> 100 L		
A.6.4	How much do you spend on drinking water to meet your daily needs?		PHP		
A.6.5	Has anyone in your household suffered from diarrhoea since Yolanda?		Yes		No
		Number of adults		Number of children	

<b>A.6.6</b>	What type of toilet did you use in your household before the typhoon?						
	<input type="checkbox"/>	Flush toilet (on-site/off-site sanitation)		<input type="checkbox"/>	Pit latrine (on site sanitation) <span style="color: red;">On site means on the property</span>		
	<input type="checkbox"/>	Pour flush toilet (on site sanitation)		<input type="checkbox"/>	VIP latrine (on site sanitation)		
	<input type="checkbox"/>	Open Defecation					
<b>A.6.7</b>	What type of toilet do you use in your household now?						
	<input type="checkbox"/>	Flush toilet (on-site/off-site sanitation)		<input type="checkbox"/>	Pit latrine (on site sanitation) <span style="color: red;">On site means on the property</span>		
	<input type="checkbox"/>	Pour flush toilet (on site sanitation)		<input type="checkbox"/>	VIP latrine (on site sanitation)		
	<input type="checkbox"/>	Open Defecation					
<b>A.6.8</b>	How far do you need to travel to access toilet facilities now?			Do not have to travel (toilet facilities in household)			
	<input type="checkbox"/>	Less than 30 meters	<input type="checkbox"/>	Between 30 and 100 meters	<input type="checkbox"/>	More than 100 meters	
<b>A.6.9</b>	Did you share your toilet with other households before Yolanda?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>A.6.10</b>	Do you share your toilet with other households now?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>A.6.11</b>	Before the typhoon did you experience any overflow of your sanitation facility during the wet or dry season (wastewater backflow, sewerage tank/septic tank overflow)?						
	<input type="checkbox"/>	No overflow with normal or exceptional rain events. No backflow					
	<input type="checkbox"/>	Only 2-3 times/year during/after exceptional rainfalls. Wastewater drains by itself after few hours.					
	<input type="checkbox"/>	Often overflows during dry and wet season. Wastewater makes premises uninhabitable for days					
<b>A.6.12</b>	Have you experienced any overflow of your sanitation facility during the wet or dry season (wastewater backflow, sewerage tank/septic tank overflow)?						
	<input type="checkbox"/>	No overflow with normal or exceptional rain events. No backflow					
	<input type="checkbox"/>	Only 2-3 times/year during/after exceptional rainfalls. Wastewater drains by itself after few hours.					
	<input type="checkbox"/>	Often overflows during dry and wet season. Wastewater makes premises uninhabitable for days					
<b>A.6.13</b>	In the last week, how far is the place you have been disposing your waste (throwing trash away) from your dwelling?						
	<input type="checkbox"/>	Within 100m of dwelling	<input type="checkbox"/>	100-200m from dwelling	<input type="checkbox"/>	Greater than 200m from dwelling	
<b>A.6.14</b>	In the last week, how often has garbage been collected at the trash collection points?						
	<input type="checkbox"/>	Every day or multiple time per week		<input type="checkbox"/>	Once per week	<input type="checkbox"/>	No specific schedule, not collected in the last week
<b>A.6.15</b>	Did you have electricity in your house before the typhoon?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>A.6.16</b>	Do you have electricity now?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## B.1 ASSISTANCE RECEIVED & NEEDS

<b>B.1.1</b>	Has anyone in your household received any shelter assistance?																
	1.1.1	Has anyone in your household received any shelter assistance?					Yes	No									
<b>B.1.1</b>	If yes, how many of each type of shelter assistance did you receive?					<b>1.1.1</b>											
		Tarps						#									
		Tents						#									
		CGI Sheets						#									
		Demolition tools						#									
		Building Tools						#									
		Timber						#									
<b>B.2.1</b>	Who provided your assistance?						Local community (private actors)										
		UN		International NGO		Local NGO		Local Charity		National gov		Red cross					
<b>B.1.2</b>	What other assistance, if any, have you received?																
		Food				Financial				Livelihoods			Health			Other	
		Hygiene Items				Water Access				Sanitation			Child protection			Psyco social support	
<b>B.1.3</b>	What are your top 3 priority needs?																
		Food				Household items				Other							
		Hygiene items				Emergency shelter											
		Financial				Permanant housing											
		Water access				Toilets											
		Livelihoods				Health access											
		Medicine															
<b>C.0 OBSERVATIONS (if household not present)</b>																	
<b>C.1</b>	What is the type of house?																
						Hut			Timber			Timber and concrete					
		Concrete and masonry				Timber and concrete (2 storey)				Concrete and masonry (2 storey)							
<b>C.2</b>	What is the overall condition of the house?																
		Totally damaged				Major damage				Partial damage			No damage				
<b>C.3</b>	What is the scale of debris around your house?																
		None			Minor			Moderate			Significant, not accessible						