Energy Survey
Household Questionnaire
English (translation from Spanish)

HOUSEHOLD IDENTIFICATION			
1.	DEPARTMENT	CODE: |__|__|	NAME:
2.	MUNICIPALITY	CODE:|__|__|	NAME:
3.	EA/VILLAGE	CODE:|__|__|	NAME:
4.	LOCALITY	CODE:|__|__|__|	NAME:
5.	TYPE OF LOCALITY	***Record response code***	**CODE:** Urban……1 Rural……..2
6.	SEGMENT	CODE:|__|__|__|	NAME:
7.	CLUSTER NUMBER		Record the cluster number according to map
8.	HOUSE NUMBER WITHIN THE CLUSTER		Record the house order number within the cluster
9.	HOUSEHOLD ID (ASSIGNED OR GENERATED BY CAPI)	(DEPARTMENT + MUNICIPALITY + TYPE OF LOCALITY + SEGMENT + CLUSTER NO. + HOUSING NO.)	
10.	GPS COORDINATES OF THE DWELLING	a. LATITUDE **(N)** |__|__|° |__|__|__|__|__|__|	b. LONGITUDE **(W)** |__|__|__|°|__|__|__|__|__|__|

INTERVIEW DETAILS			
11.	Enumerator	ID: |__|__|	**NAME:**
12.	Enumerator	A. Foot length (CM): |__|__|	B. Height (CM): |__|__|__|
13.	Supervisor	ID: |__|__|	**NAME:**
14.	Date of Interview DD/MM/YY	|__|__| / |__|__| / |__|__| **D D M M Y Y**	
15.	Start Time	|__|__| : |__|__| ***USE 24 HOUR CLOCK***	
16.	Date of Second Interview DD/MM/YY	|__|__| / |__|__| / |__|__| **D D M M Y Y**	
17.	Second Interview Start Time	|__|__| : |__|__| ***USE 24 HOUR CLOCK***	
18.	Date of Third Interview DD/MM/YY	|__|__| / |__|__| / |__|__| **D D M M Y Y**	
19.	Third Interview Start Time	|__|__| : |__|__| ***USE 24 HOUR CLOCK***	

INTRODUCTION TO THE SURVEY

INTERVIEWER: YOU MUST READ THE FOLLOWING AND GET CONSENT FROM THE HOUSEHOLD HEAD OR OTHER OLDER MEMBER IF THE HOUSEHOLD HEAD WAS NOT PRESENT:
Good morning, my name is […… ..] and I work for the company ESA Consultores.
We are conducting a survey on living conditions and the situation of the energy sector in Honduran families, as well as in other countries. We are conducting this study in 276 cities and communities in Honduras, and, within each location, we visit families randomly selected. The study seeks to report the way in which households use various fuels or electricity, the characteristics of their homes, and demographic data of the household members.
This is an independent survey and has no relationship with ENEE or the Energy Company of Honduras.
The interview will last approximately one hour and all the details you provide will be completely confidential and does not present any type of risk for you or your family, the information you provide will only be screened by the researchers who analyze the data. Are you willing and allow us to continue with the survey?

Comments:

20.	Do you agree to answer the quetsions of the interview?	**CODE**: |__|	YES ……1 □ **21** NO …… 2 □ **RESULTS OF THE INTREVIEW**
HOUSEHOLD ID			
21.	Name of Household Head		
22.	Language of interview	Record response code:	**RESPONSE CODE:** Spanish…….1 Misquito…...3 Garífuna…... 2 Other…..4
23.	Household Head Phone Num.	IF NOT PROVIDED, WRITE 2888-8888 IF YOU DON'T HAVE IT, PLEASE NOTE 2000-0000 a. Landline |__|__|__|__| - |__|__|__|__|	IF NOT PROVIDED, WRITE **9999-9999** IF YOU DON'T HAVE IT, PLEASE NOTE **9000-0000** IF YOU DON'T KNOW IT, PLEASE NOTE **8888-8888** b.Mobile |__|__|__|__| -|__|__|__|__|

Comments:

A. HOUSEHOLD CHARACTERISTICS

INTERVIEWER - YOU MUST READ THE FOLLOWING: We will start the interview with questions related to your home, its characteristics and access to credits.
Interviewer Instructions: The Respondent should be the head of household

N.º	Question	Response	Response code
A.1	***Enumerator:*** Record for this section	NAME OF THE RESPONDENT	
A.2	Does your household live in this dwelling for the entire year?		Yes..... 1→**A.4** No..... 2
A.3	Is this your main dwelling? ***The dwelling that you live in for most of the year***		Yes..... 1 No..... 2
A.4	How many years have you been living in this community? ***Record 1 if less than 1.***	Number of years**:**	
A.5	What is the type of dwelling? ***(Enumerator, check with observation)***		A single house occupied by one household dwelling ……...1→**A.7** A house occupied by multiple households ……..2 Multi-storied building with one household ……..3→**A.7** Multi-storied building with more households …….4 Group of enclosed dwellings: multiple households…5 Other, specify ……555
A.6	How many households share your dwelling?	**NUMBER OF HOUSEHOLDS**	
A.7	Do you own this dwelling?		Yes.....1→**A.9** No.....2
A.8	Do you use it for free or rent it?		Free.....1→**A.10** Rented …….2→**A.9**
A.9	How many rooms (excluding the kitchen, toilet, and bathroom) does the household occupy?	**RECORD NUMBER OF ROOMS**	
A.10	The walls of the dwelling are mainly made of what material? ***Check with observation***		Bricks ..... 1 Blocks, plastered with cement .....2 Blocks, unplastered..... 3 Mud bricks (traditional)..... 4 Stone, wood and mud .....5 Wood only .....6 Stone only.....7 Corrugated zinc/iron sheet..... …8 Reed / palm / bamboo……..9 Scrap material (pieces of cardboard, cans, plastic, sheets) ……..10 Cargo container .....11 Other, specify … ……555
A.11	The roof of the dwelling is mainly made of what material? ***Check with observation***		Clay tile ……1 Asbesto……..2 Corrugated zinc/iron /hierro….3 Concrete/cement ..... .4 Bambú/rush/palm……..5 Scrap material (pieces of cardboard, cans, plastic, sheets)…….....6 Shingle……..7 Other, specify……...555
A.12	The floor of the dwelling is mainly made of what material? ***Check with observation***		Mud/Dung ..... 1 Mudbrick ..... 2 Cement/granite brick ..... 3 Cement screed ..... 4 Wood planks..... 5 Ceramic/Marble tiles ..... 6 Other, specify……..555
A.13	What type of toilet facility does your household use? ***Multiple responses possible.***	a. |__|__| b. |__|__| c. |__|__|	None (open field)……1 Flush to sewage……..2 Flush to septic tank…… 3 Flush to the river, sea, land, etc……..….4 Washable latrine connected to septic tank..5 Washable latrine connected to sump.. 6 Pit latrine or cesspool with house…….7 Uncovered pit latrine ……..….8 Community latrine…….. ……...9 Other, specify… ……555
A.14	What is your household's main source of drinking water?		Pipe borne water treated……1 Pipe borne water untreated……2 Bore hole/ hand pump……3 Electric water pump……...4 Well/spring protected……5 Well/spring unprotected……6 River/spring……..7 Lake/reservoir……..8 Rain water…….....9 Tanker/truck/vendor……10

Comments:

N.º	Question	Response	Response code
			Sachet water……11 Bottle water……..12→**A.16** Other, specify... ……..555
A.15	Is your drinking water treated (chemical treatment)?		Yes……...1 No……....2 Don't know……888
A.16	Does anyone in the household have a bank account at a formal institution? (bank, cooperative, etc.)?		Yes……1 No……..2→**A.18**
A.17	At which institution is this account or savings? ***Read options aloud*** ***Multiple responses posible (max 3)***	a. |__|__| b. |__|__| c. |__|__|	Commercial bank……1 Cooperative credit union……..2 Microfinance institution……..3 Other, specify ……...555
A.18	Does anyone in the household have an account at an informal institution?		Yes……1 No……..2→**A.20**
A.19	At which informal institution is this account? ***Multiple responses posible (max 2)***	a. |__|__| b. |__|__|	Rural bank / comunal bank..... …1 Savings group……..2 Solidarity group……...3 Other, specify ……..555
A.20	If you can get a loan/credit, what are the sources of credit/loans? ***Multiple responses possible (max 3)***	a. |__|__| b. |__|__| c. |__|__|	Commercial/government bank……...1 Cooperative credit union……2 Microfinance institution……3 Rural bank / communal bank……..4 State loan……5 NGO……..…6 Business firm……7 Employer……8 SACCO/Moneylender……..…9 Shop……...10 Relative/friend/neighbor……11 Mobile money services ……..…12 Cannot get a loan/credit……..13 Other, specify ……555
A.21	Do you have a mobile money account (eg. Tigo Money)?		Yes..... ...1 No……2→**A.25**
A.22	Do you use mobile money (eg. Tigo Money) to make payments over the mobile phone?		Yes..... .1 No……...2
A.23	Have you used the account in the past 90 days?		Yes..... .1 No……...2
A.24	How do you use the mobile money services (eg. Tigo Money bill)? ***(Mark all that apply, max 5)***	a. |__|__| b. |__|__| c. |__|__| d. |__|__| e. |__|__|	Receive money from family/friends/other…..1 Transfer credit to family/relatives……..…2 Top up credit……3 Receive NGO/State support……4 Pay for Electricity……...5 Pay for Water……..6 Internet top-up/credit……7 Commercial purchases……..8 Insurance……...9 Loan payments……...10 Savings……..11 Get small loans from mobile provider ……..12 Other, specify ……..……....555
A.25	In this house, is any running business / company owned by a member of the household?		Yes..... .1 No……...2

Comments:

INTERVIEWER - IN THE NEXT SECTION:
IN ORDER TO MAKE A COMPREHENSIVE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:

a) First, give me the names of all the members of your immediate family who normally live and eat their meals together here **for the last 6 months.**
WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HH HEAD (B2 – B4). LIST HOUSEHOLD HEAD ON LINE 1.

b) Interviewer, read the following:
Then, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.
FILL IN B2 – B4

c) Interviewer, read the following:
Are there any other persons not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling.
FILL IN B2 – B4.

d) Interviewer, read the following:
Then, give me the names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as servants, lodgers, or other who are not relatives.
FILL IN B2 – B4.

DO NOT LIST HOUSEHELP WHO HAVE A HOUSEHOLD ELSEWHERE**,** AND GUESTS WHO ARE VISITING TEMPORARILY AND HAVE A HOUSEHOLD ELSEWHERE.

IF THEY ARE MORE THAN 20 PEOPLE, USE A SECOND QUESTIONNAIRE.

Comments:

A. HOUSEHOLD ROSTER

INTERVIEWER - READ THE FOLLOWING: For the analysis of the information we need some data on the household members such as sex, age, education, marital status.
INSTRUCTIONS: IF THE INFORMANT REFUSES TO GIVE NAMES AND SURNAMES, ASK FOR ONLY THE FIRST NAME, IF REFUSES TO GIVE ONLY NAMES, SPECIFY POSITION (EX, BOSS, WIFE OF CHIEF, SON 1, DAUGHTER 2, ETC.)

A.1	A.2		A.3	A.4	A.5	A.6	A.7	A.8	A.9	A.9A	A.10	A.11	A.12	A.13
Individual ID	Name ***First then Last Name*** ***Make a complete list of all individuals who normally live and eat their meals together in this household, starting with the head of household.***		Is [NAME] male or female? Male…..1 Female..2	What is the relationship of [NAME] to household head? Head……...…1 Wife/Spouse……...2 Child/adopted child…….....3 Grandchild…….....….4 Niece/Nephew…….....5 Father/Mother…..…..6 Sister/Brother……..7 Son/Daughter-in-law.....8 Brother/Sister-in-law…….…9 Father/Mother-in-law…….10 Grandfather/mother.11 Other relative…….12 House help/House help's relative...13 Other non-relative…….....14	How old is [NAME]? ***Record "0" if infant below 1 year old.*** **Years** Don't know...888	***ENUM/CAPI:*** Is [NAME] 5 years old or older? Yes... .1 No...2→ NEXT PERSON	Has [NAME] ever attended school? Yes.....1 No...2→**A.10**	Is [NAME] currently attending school? Yes.....1 No....2	What is the highest educational qualification acquired by [NAME]? None……..1→**A.10** Basic/Pre-primary……..2 Primary….3 Common cicle Secondary……..4 Diversified Secondary… 5 Vocational/Technical School…6 Higher technician… 7 University…….8 Master degree……..9 Doctorate degree… 10 Literacy…11	How many years of [B.9] has [NAME] completed? **Years** Don't know...888	***Enum/CAPI:*** Is [NAME] 12 years or older? Yes.....1 No...2→ NEXT PERSON	What is [NAME]'s marital status? Married, Monogamous…1 Married, Polygamous …..2 Single Partner...3 Divorced …4 Separated …5 Widowed	How frequently does [NAME] cook food for the household? Everyday……1 A few times in a week.2 Once a week….3 A few times	***Interviewer/ CAPI:*** Is [NAME] 15 years or older? Yes.....1 No…...2
	NAMES	**LAST NAMES**												
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														

Comments:

C. SUPPLY AND DEMAND OF ELECTRICITY

Interviewer, read the following: Now we will begin with the questions related to the characteristics of the electricity supply or other form of lighting in this household. Who is the most knowledgeable member on household on household electricity?
Instructions: This module should be completed by the most knowledgeable member on household electricity. Concerted answers among household members should be allowed.

N.º	Question	Response	Response code
C.1	***Interviewer:*** Record Respondent ID for this section		Individual ID from Household Roster on the household list
Electricity from National Grid (ENEE)			
C.2	How far is your house from the nearest national grid line from ENEE? IF IT SAYS NUMBER OF BLOCKS MULTIPLY BY 100 IF IT SAYS NUMBER OF KILOMETERS MULTIPLY BY 1000	**METERS**	Don't know…….888
C.3	Is the household connected to the national grid from ENEE?		Yes……...1 No..... 2→**C.4**
C.3A	Is the household directly or indirectly connected to the national grid from ENEE?		1. Directly……..1→**C.7** 2. Indirectly……...2→**C.4**
C.4	What is the MAIN reason why your household is not connected to the grid from ENEE (directly)? ***Record the MAIN reason.*** READ [DIRECTLY] ONLY IF C.3A IS the person ANSWEREs WITH OPTION 2. IF IN C.3 the person ANSWERs WITH OPTION 2 DO NOT MENTION [DIRECTLY]		Grid is too far from household/not available……....1 Cost of initial connection is too expensive….....2 Monthly fee is too expensive……3 Satisfied with current energy solution……4 Renting, Landlord decision……5 Service Unreliable……..6 Administrative procedure is too complicated……..…7 Submitted application and waiting for connection..…8 Company refused to connect the household……9 It has service through the connection of another home / neighbor / directly to the cable ……...10 Other, specify …….555
C.5	Do you expect to get grid connection from ENEE (directly)? READ [DIRECTLY] ONLY IF C.3A IS the person ANSWEREs WITH OPTION 2. IF IN C.3 the person ANSWERs WITH OPTION 2 DO NOT MENTION [DIRECTLY]		Yes……...1→C.6 No, it will continue without connecting to the grid from ENEE...2→C.47 No because it is already indirectly connected …..3→C.7 Don't know……. ……...888 →C.6
C.6	What month and year do you expect to get grid connection from ENEE (directly)? READ [DIRECTLY] ONLY IF C.3A IS the person ANSWEREs WITH OPTION 2. IF IN C.3 the person ANSWERs WITH OPTION 2 DO NOT MENTION [DIRECTLY]	a. **MONTH** |__|__| b. **YEAR** |__|__|__|__|	Don't know..... ……888 ***If answer option 2 in C3.A →C.7*** ***If answer option 2 in C.3 →C.47***
C.7	How many years have you had this grid connection? ***Record in years, if less than 1 year record***	Number of Years	Don't know/Don't remember……. 888
C.8	How much did your household pay for the grid connection fee? ***Refer to connection fee ONLY.***	Lempiras (Local currency): |__|__|__|__|	Don't know..... ……...888 Household was already connected when moved in....111□**C.12** ***If answer option 2 in C3.A→C.12***
C.9	In addition to what already indicated, how much did your household pay for the internal wiring fee and other costs to connect to the grid from ENEE? ***Do not include the connection fee from*** *Error! Reference source not found.* ***here***	**LEMPIRAS:** |__|__|__|__|	Don't know..... ……888
C.10	How many weeks after you applied for the grid connection did your household get connected? **(Insert 0 if immediate)**	Number of weeks:	Don't know…….888
C.11	How many weeks after you were connected were you able to use electricity in your home? **(Insert 0 if immediate)**	Number of weeks:	Don't know…….888
C.12	Who receives the payment for your electricity service?		Energy company……..…1 Pre-paid meter card seller……...2 Community/village/municipality……..…3 Relative……...4 Neighbor……5 Landlord……6 No one……..…….....7 →**C.23** Other, specify ..... .555
C.13	Does your household have an electric meter?		Yes……..1 No…….2→**C.17**
C.14	Is this a pre-paid meter?		Yes……..1 No……2

Comments:

N.º	Question	Response	Response code
C.15	Does your household share the electric meter with another households or dwelling?		Yes……..1 No……2→**C.17**
C.16	How many households are sharing the meter?	Number of Households:	
C.17	How are you billed for electricity? ***Read options aloud***		Utility estimates consumption……..……1 Fixed monthly fee……..……2 Pay based on lights and appliances used……....3 It is charged by another household that owns the meter … 4 Other, specify…….555 No bill for electricity……..111→**C.23**
C.18	What is the most common way you make your electricity bill payment?		Pay at the bank/post office…….....1 Pay at the utility office…….2 Correspondent or trade agent……....3 Vouchers/token/pre-paid card from local store….4 Credits using mobile money (eg.Tigo Money)…...5 Pay the household that owns the meter ……6 Other, specify ……..555
C.19	In this household, do you receive an invoice for the payment of your electricity bill?		Yes……..1 No……2→**C.23**
C.19A	Could you show me your last invoice? INTERVIEWER: USE THE INVOICE TO RECORD THE DATA OF C.20 AND C.21		Respondent has energy bill and shows it……....1 Respondent has energy bill but refuses to show it or could not locate it…….2→**C.22**
C.20	In the last 30 days, how much did you spend on the electric bill? ***Calculate amount paid from the last bill.***	a. **TOTAL PAID (LPS):** |__|__|__|__|__| b. **COST OF ENERGY CONSUMED (LPS):** |__|__|__|__|__|	Don't know.....888
C.21	In the last 30 days, how much electricity did your household consume? ***Calculate the consumption from the last bill.***	Quantity in Kilowatt Hour (kWh): |__|__|__|	Don't know.....888
C.22	In a typical month, how much did you spend on electricity?	**LEMPIRAS:** |__|__|__|__|__|	Don't know..... ….888
C.23	Is the quality of electricity service the same all year?		Yes……..1□**C.25** No……2
C.24	What are the worst months for service from the grid from ENEE/ Energía Honduras? ***Multiple responses are possible.*** ***Record all months when household has the lowest number of hours of electricity supply.***	a. |__|__| b. |__|__| c. |__|__| d. |__|__| e. |__|__| f. |__|__| g. |__|__| h. |__|__| i. |__|__| j. |__|__| k. |__|__|	January……1 February……..2 March……...3 April……4 May……..5 June……..6 July……...7 August……..8 September……9 October……10 November……11 December……...12 Don't know……..……....888

N.º	Question	Answer		Answer code
ASK QUESTIONS AND WRITE THE ANSWERS BY ROW. Ask respondent first about the last 30 days (a typical month) and then about the worst months (mention months recorded in C.24) from *Error! Reference source not found.* ***to*** *Error! Reference source not found.* ***If no seasonal changes, ask only about last 30 days and recond in column A. Typical month.***		**A.** Typical Month	**B.** Worst Months	
C.25	Do you receive information about a "load-shedding" schedule (load shedding is the set hours of electricity available from the grid from ENEE)?			Yes……..1 No……2
C.26	How many hours of electricity are available **each day and night** from the grid from ENEE? (max 24 hours)	Hours of supply	Hours of supply	Don't know……888
C.27	How many hours of electricity are available **each evening, from 6:00 pm to 10:00 pm from** the grid from ENEE**?** (max 4 hours)	Hours of supply	Hours of supply	Don't know……888
C.28	How many hours of electricity do you **use/consume** each day and night from the grid from ENEE? ***Cannot exceed number of available hours in*** *Error! Reference source not found.*	Hours	Hours	Don't know……888
C.29	How **many** outages/blackouts occur in a week from ENEE? If no outages/blackouts mark 0	Number of outages/blackouts	Number of outages/blackouts	Don't know……888
C.30	What is the **total duration** of all the outages/blackouts in a week?	a. Hours |__|__| b. Minutes |__|__|	a. Hours |__|__| b.Minutes |__|__|	Don't know……888

Comments:

N.º	Question	Answer	Answer code
C.31	What is your main back-up source of lighting during outages/blackouts of the grid?		Local mini grid connection……..…..1 Electric generator……..……..…2 Rechargeable battery and storage devices (e.g.: car battery)…….....3 Solar Lantern……..….4 Solar lighting system (not a lantern, with cell phone charger)...5 Solar Multi-Lighting System (with at least 2 light bulbs, for light, phone charge and/or radio)…….…..6 Solar Home System (with at least 2 light bulbs, for light, phone charge, fan connection, TV o refrigerator)…...7 Pico-Hydro...…….…8 Kerosene lamp.....…….9 Dry-cell (non-rechargeable) battery/ Torch/ Flashlight …10 Candle ..... ……..11 Firewood……...12 Other, specify ……..…...555 No back-up source ……...111
C.32	What is your main back-up source of electricity for appliances (including mobile phone charging) during outages/blackouts of the grid?		Local mini grid connection……..…..1 Electric generator……..……..…2 Rechargeable battery and storage devices (e.g.: car battery)…….....3 Solar Lantern……..….4 Solar lighting system (not a lantern, with cell phone charger)...5 Solar Multi-Lighting System (with at least 2 light bulbs, for light, phone charge and/or radio)…….…..6 Solar Home System (with at least 2 light bulbs, for light, phone charge, fan connection, TV o refrigerator)…...7 Pico-Hydro...…….…8 Kerosene lamp.....…….9 Dry-cell (non-rechargeable) battery/ Torch/ Flashlight …10 Candle ..... ……..11 Firewood ……...12 Other, specify ……..…...555 No back-up source ……...111
C.33	How do you request for repairs in electricity service or file a complaint?		Call/SMS utility company ……1→**C.35** Call a local technician...2→**C.35** Send a letter/email to the company..3□**C.35** Social media (Radio/TV)….4 Talk to community representative .....…...5 No system to request repairs/file complaint……...6 Other, specify …….....555 Don't know how to do it / Do not request repairs / has not complained……...888
C.34	When there is a blackout in your community, who do you usually approach for assistance?		The power company..... ……1 Someone not from power company …2 No-one: we wait until power returns ….3□**C.36**
C.35	The last time you asked for assistance, how many days after you contacted [**Error! Reference source not found.** response] how long did it take for someone to come and fix the problem? ***Interviewer: Response can be given in hours and days***	Number of days**:** |__|__|__| Number of hours**:** |__|__|__|	Don't know……888 They have not fix it yet...……...111
C.36	In the last 12 months, did any of your appliances get damaged because the voltage was going up and down from the grid?		Yes ……..1 No…….2 Don't know..... 888
C.37	What are the most serious problems you experience with your grid electricity? ***Record up to 2 responses.***	a. First: |__|__|__| b. Second: |__|__|__|	Supply shortage/not enough hours of electricity...……1 Low/high voltage problems or voltage fluctuations……2 Unpredictable interruptions……3 Unexpectedly high bills……..4 High cost of electricity...……5 Do not trust the supplier……6 Cannot power large appliances……..7 Maintenance/service problems……...8 Unpredictable bills……9 Other, specify…….555 No problems……111
C.38	In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of the grid electricity?		Yes……..1 No……2

Comments:

N.º	Question	Answer	Answer code
C.39	***Interviewer: ask this question if the answer to a.25 = 1*** During a typical month, what are the three main ways your business was affected by an electricity power outage? ***Do not prompt. Multiple responses possible (max 3).*** ***IF YOU ANSWERED OPTION 2 IN QUESTION A.25→GO TO C.43***	a. |__|__| b. |__|__| c. |__|__|	Continue all operations on backup supply……..1 Continue reduced operations on backup supply……..2 Had to turn customers away……3 Had to send workers home for the day without pay……4 Had to send workers home for the day with pay…….5 Used more expensive alternate energy sources to run operations/ keep perishables cold…….....6 Wasted perishable products/discarded damaged goods.....7 Machines/appliances were damaged in the process……8 Meetings/transactions were delayed……..9 Cuts / outages did not affect activities…….10 Provided backup electricity to others……11 Stop operations and waited for power to return……12 Not affected by last outage……13 Other, specify…….555
C.40	Was there a loss of revenue in a typical month due to power outages?		Yes……1 No……...2→**C.42**
C.41	How much was the loss of revenue in a typical month due to power outages?	**LEMPIRAS:**	Don't know 888
C.42	How much was the extra costs of operating during the outage (e.g. wasted products, paid workers, running a backup generator etc.)?	**LEMPIRAS:**	Don't know 888

ATTITUDES TOWARD NATIONAL GRID SERVICE

N.º	Question	ANSWER	Answer code
C.43	Since you first connected to the electricity system, how has the price of electricity changed? ***Read options aloud (Do not read the option don't know)***		It raised considerably ……...1 It did not vary much……..2 It reduced ……...3 Don't know……...888
C.44	Since you first connected to the electrical system, how has the frequency of blackouts or brownouts changed? ***Read options aloud (Do not read the option don't know)***		It raised considerably ……...1 It did not vary much……..2 It reduced ……...3 Don't know……...888
C.45	Since your electricity connection was first connected, how has the duration of your electricity supply changed at night? ***Read options aloud (Do not read the option don't know)***		It raised considerably ……...1 It did not vary much……..2 It reduced ……...3 Don't know……...888
C.46	Since your electricity connection was first connected, how has the duration of your electricity supply changed during the day? ***Read options aloud (Do not read the option don't know)***		It raised considerably ……...1 It did not vary much……..2 It reduced ……...3 Don't know……...888

ELECTRICITY FROM MINI GRID

N.º	Question	ANSWER	Answer code
C.47	Is the household connected to a mini-grid or a micro-grid or a private grid system?		Yes……..1 No……2□**C.85**
C.48	Is there a limit for the load and/or appliances you are allowed to power from this mini-grid?		Yes ..... 1 No..... 2 Don't know.....888
C.49	What is the name of the local mini-grid company?	Name of company:	
C.50	How many years have you had this mini-grid connection? ***Record in years, if less than 1 year record 1***	Number of Years:	Don't remember……888
C.51	How much did your household pay for the mini-grid connection fee? ***Refer to connection cost ONLY.***	**LEMPIRAS:**	Don't know.....888 Household was already connected.....111□**C.55**
C.52	How much did your household pay for the internal wiring or other connection costs to the mini-grid? ***Do not include the connection fee from*** *Error! Reference source not found.* ***here***	**LEMPIRAS:**	Don't know.....888
C.53	How many weeks after you applied for the mini-grid connection did your household get connected? **(Insert 0 if immediate)**	Number of weeks:	Don't know/ Don't remember……...888
C.54	How many weeks after you were connected were you able to use electricity in your home? **(Insert 0 if immediate)**	Number of weeks:	Don't know/ Don't remember ……...888
C.55	Have you applied for an upgrade of service since you connected to the mini-grid?		Yes.....……..1 No……2 No upgrade available….111

Comments:

N.º	Question	ANSWER	Answer code
C.56	Who receives the payment for your electricity service?		Energy company……..…1 Pre-paid meter card seller……...2 Community/village/municipality……...….3 Relative……...4 Neighbor……5 Landlord……..…6 No one…….7**àC.69** Other, specify……..555
C.57	Does your household have an electric meter?		Yes..... 1 No…….2□**C.61**
C.58	Is this a pre-paid meter?		Yes..... 1 No……..2
C.59	Does your household share the electric meter?		Yes.....1 No…….2□**C.61**
C.60	How many households are sharing the meter?	Number of Households	
C.61	How are you billed for electricity? ***Read options aloud***		Utility estimates consumption ……..1 Fixed monthly fee.....2 Pay based on lights and appliances used ...3 Pay to other household owner of the meter.....4 Other, specify …….555 No bill for electricity …….....111
C.62	What is the most common way you make your electricity bill payment?		Pay at the bank / post office...1 Pay at the electricity company office ……2 Correspondent or trade agent ……...3 Vouchers/token/prepaid card from local store….4 Credits using mobile money (gj.Tigo Money)…..5 Pay to the household owner of the meter ……...6 Other, specify …….555
C.63	Were you involved in setting the tariff for the mini-grid?		Yes.....……1 No……..2□**C.65**
C.64	How were you involved in the tariff setting?		Community meeting……..1 Contacted by mini-grid company…..2 Member of electricity committee…..3 Member of cooperative…….4 Other, specify.....555
C.65	In this household, do you receive a bill or receipt to pay your electricity bill?		Yes……..1 No……2□**C.69**
C.65A	Can you show me the last electricity bill/invoice? ***Enumerator: use the bill to collect data for C.66 and C.67.***		Respondent has energy bill and shows it……....1 Respondent has energy bill but refuses to show it or could not locate it……..2
C.66	In the last month, how much did you spend on the electric bill? ***Calculate amount paid from the last bill.***	a. **TOTAL PAID (LPS):** |__|__|__|__|__| b. **COST OF ENERGY CONSUMED (LPS):** |__|__|__|__|__|	Don't know....……888
C.67	In the last month how much electricity did your household use?	**KWH:** |__|__|__|	Don't know....……888
C.68	In a typical month, how much did you spend on electricity?	**LEMPIRAS:** |__|__|__|__|__|	Don't know……...888
C.69	Is the quality of electricity service the same all year?		Yes……...1□**C.71** No……2
C.70	What are the worst months for service from the mini-grid? ***Multiple responses are possible.*** ***Record all months when household has the lowest number of hours of electricity supply.***	a. |__|__| b. |__|__| c. |__|__| d. |__|__| e. |__|__| f. |__|__| g. |__|__| h. |__|__| i. |__|__| j. |__|__| k. |__|__|	January……1 February……..2 March……...3 April……4 May……..5 June……..6 July……...7 August……..8 September……9 October……10 November……11 December……...12 Don't know ……888

Comments:

N.º	Question	Answer		Answer code
Ask questions and write answers by row. Ask respondent first about the last 30 days (typical month) and then about the worst months [mention months recorded in c.70] for C.71-C.76. ***If no seasonal changes, ask only about the last 30 days and record in column A. Typical month.***		**A.** Typical Month	**B.** Worst Months	
C.71	Do you receive information about a "load-shedding" schedule (load shedding is the set hours of electricity available from the mini grid)?			Yes……..1 No……2
C.72	How many hours of electricity are available **each day and night** from the mini-grid? (max 24 hours)	Hours of supply	Hours of supply	Don't know……888
C.73	How many hours of electricity are available **each evening, from 6:00 pm to 10:00 pm from** the mini-grid**?** (max 4 hours)	Hours of supply	Hours of supply	Don't know……888
C.74	How many hours of electricity do you **use** each day from the mini-grid? ***Cannot exceed number of available hours in C.72***	Hours	Hours	Don't know……888
C.75	How **many** outages/blackouts occur in a week? ***If no*** outages/blackouts occur insert 0	Number of outages/blackouts	Number of outages/blackouts	Don't know……888
C.76	What is the **total duration** of all the outages/blackouts in a week?	a. Hours |__|__| b. Minutes |__|__|	a. Hours |__|__| b. Minutes |__|__|	Don't know……888

N.º	Question	Answer	Answer code
C.77	What is your **main** back-up source of **lighting** during outages/blackouts of the grid?		Electric generator……..…..1 Rechargeable battery and storage devices (e.g.: car battery)…….....2 Solar Lantern……..….3 Solar lighting system (not a lantern, with cell phone charger)..4 Solar Multi-Lighting System (with at least 2 light bulbs, for light, phone charge and/or radio)…….…..5 Solar Home System (with at least 2 light bulbs, for light, phone charge, fan connection, TV o refrigerator)…...6 Pico-Hydro...…….…7 Kerosene lamp..... …….8 Dry-cell (non-rechargeable) battery/ Torch/ Flashlight, etc.…9 Candle..... ……10 Firewood ……11 Other, specify ……..555 No back-up source ……111
C.78	What is your **main** back-up source of electricity for **appliances** during outages/blackouts of the mini-grid?		Electric generator……..…..1 Rechargeable battery and storage devices (e.g.: car battery)…….....2 Solar Lantern……..….3 Solar lighting system (not a lantern, with cell phone charger)..4 Solar Multi-Lighting System (with at least 2 light bulbs, for light, phone charge and/or radio)…….…..5 Solar Home System (with at least 2 light bulbs, for light, phone charge, fan connection, TV o refrigerator)…...6 Pico-Hydro...…….…7 Other, specify ……555 No back-up source ……...111
C.79	How do you request for repairs in electricity service or file a complaint when mini-grid service fails in your household? ……555		Call/SMS mini-grid operator……1 Call a local technician of the mini-grid …….2 Send a letter/email to the mini-grid operator ……..3 Talk to community representative……...4 Social media (radio)……....5 No system to request repairs/file complaint……6 Other, specify……...555 Don't know how to do it/Does not request repair/ Does not file complaints……...888
C.80	When there is a blackout of the mini-grid in your community, who do you usually approach for assistance?		The power company……1 Someone not from power company……2 No-one: we wait until power returns……..……..3→**C.82**
C.81	The **last time** you asked for assistance, how many days after you contacted [Error! Reference source not found. response] did they come to fix the problem?	**DIAS**	Don't know……888 Have not repaired it yet...……...111
C.82	In the last 12 months, did any of your appliances get damaged because the voltage was going up and down from the mini grid?		Yes ……1 No……2 Don't know..... 888

Comments:

N.º	Question	Answer	Answer code
C.83	What are the most serious problems you experience with your mini grid electricity? ***Record up to 2 responses.***	**a. PRIMERA:** |__|__|__| **b. SEGUNDA:** |__|__|__|	Supply shortage/not enough hours of electricity...…1 Low/high voltage problems or voltage fluctuations.....2 Unpredictable interruptions……3 Unexpectedly high bills……..4 Too expensive……5 Do not trust the supplier……6 Cannot power large appliances……..7 Maintenance/service problems……...8 Unpredictable bills……9 Other, specify ..... …..555 No problems ……....111
C.84	In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of the mini grid electricity?		Yes……..1 No……2
Electric Generator set			
C.85	In the last 12 months, did the household use a generator to supply electricity?		Yes .....1 No ..... ……..2→**C.114**
C.86	How many generators does your household use to supply electricity?	Number of generators	Don't know……888 ***Enumerator: If multiple generators, ask following questions about main generator.***
C.87	Do you share this generator with other households?		Yes……1 No……..2 →**C.89**
C.88	How many households are sharing electricity from this generator?	Number of households	Don't know……888
C.89	***Enumerator Observation:*** What is the capacity of the generator? ***Read name plate of the generator. If no plate available, ask if capacity is known. If in Watts (W) divide by 1,000 to get Kilowatt (KW)***	**KILOWATT (KW)**	Don't know……888
C.90	In the last 12 months, in which months did you use this generator or did you use it all year? ***Multiple responses possible***	a. |__|__|__| b. |__|__|__| c. |__|__|__| d. |__|__|__| e. |__|__|__| f. |__|__|__| g. |__|__|__| h. |__|__|__| i. |__|__|__| j. |__|__|__| k. |__|__|__|	January……1 February……..2 March……...3 April……4 May……..5 June……..6 July……...7 August……..8 September……9 October……10 November……11 December……...12 Used all year……...111 Don't know/ Don't remember……....888
C.91	How many days per month did you typically use this generator?	Number of days	Don't know…… 888
C.92	In the last 12 months, what did your household use this generator for? ***Multiple responses possible (Max 4)***	a. |__|__|__| b. |__|__|__| c. |__|__|__| d. |__|__|__|	Lighting……1 Appliances……2 Home-based income activity……3 Other, specify……555 Don't know……...888
C.93	How many years have you used this generator? ***Record in years, if less than 1 year record 1***	Number of Years	Don't know……888
C.94	Does your household own the generator?		Yes.....1→**C.99** No……..2
C.95	Who owns the generator?		Other Household……..……..…...1 Community organization……2 Private person/entity ..... …3 Other, specify ..... 555 Don't know…… …...888
C.96	Do you rent the generator or use it for free?		Rent……1 Use for free……2→**C.101** Don't know……888 →**C.101**
C.97	How do you pay for electricity services from the generator?		Fixed payment (per month or week)……1 Charge by number of lights/appliances……2 Charge per kWh……...3 Pay for fuel only……4 →**C.101** Other, specify……..555
C.98	In the months that you use it, how much did you pay to use the generator each month? ***Do not include any cost of fuel, only fee for using the GENERATOR.***	**LEMPIRAS:**	Don't know……..888 All →**C.101**
C.99	How much did you pay to purchase the generator?	**LEMPIRAS:**	Don't know……..888
C.100	In the last 12 months, how much did you pay for repairs/parts/maintenance of the generator?	**LEMPIRAS:**	Don't know……..888

Comments:

N.º	Question	Answer	Answer code
C.101	What fuel is used to power the generator?		Diesel..... …1 Gasoline..... …2 Other, specify ..... 555 Don't know……..888
C.102	In the last 30 days, what was the total quantity of fuel used to power the generator?	**a.AMOUNT**|__|__|__| **b. UNIT** |__|	Liters……..……..1 Gallons.....……..……...2 Don't know……888
C.103	Do you pay for the fuel used to power the generator?		Yes.....1 No……..2→**C.106**
C.104	In the last 30 days, how much did your household spend on fuel for this generator?	**LEMPIRAS**	Don't know.....888
C.105	Is the generator the household's main source of electricity?		Yes.....1 No……..2→**C.108**
C.106	Are there certain months/seasons of **the year** when less fuel is available to power the generator?		Yes.....1 No……..2→**C.108**
C.107	What are the worst months of fuel availability for the generator? ***Multiple responses are possible.*** ***Record all months for the worst fuel availability.***	a. |__|__| b. |__|__| c. |__|__| d. |__|__| e. |__|__| f. |__|__| g. |__|__| h. |__|__| i. |__|__| j. |__|__| k. |__|__|	January……1 February……..2 March……...3 April……4 May……..5 June……..6 July……...7 August……..8 September……9 October……10 November……11 December.....……...12 Don't know……...888

N.º	Question	Answer		Answer code
Ask questions by ROW. Ask respondent first about the last 30 days (typical month) and then about the worst months (mention the months registered in C.107) for *Error! Reference source not found.-Error! Reference source not found.* ***If no seasonal changes ask only about the last 30 days and record in column A. typical month***		**A.** Typical Month	**B.** Worst Months	
C.108	How many hours could you use this generator **each day and night** if you wanted to? (max 24 hours)	Hours of supply	Hours of supply	Don't know……888
C.109	How many hours could you use this generator **each evening, from 6:00 pm to 10:00 pm** if you wanted to**?** (max 4 hours)	Hours of supply	Hours of supply	Don't know……888
C.110	How many hours do you actually use this generator **each day**? (Cannot be more than C.108)	Hours of supply	Hours of supply	Don't know……888

N.º	Question	Answer	Answer code
C.111	In the last 12 months, did any of your appliances get damaged because the voltage was going up and down from the generator?		Yes ……..1 No…….2 Don't know…….888
C.112	What are the most serious problems you experience with the generator? ***Record up to 2 responses.***	**a.** First |__|__|__| **b.** Second |__|__|__|	Limited power supply……1 Cannot power large appliances……2 Too expensive to use (including high cost of fuel/rent)……..3 Availability of the fuel……4 Hard to maintain/service……..5 Loud/Noisy……6 Unpredictable interruptions..... ……7 Problems related to voltage..... ……....8 Other, specify…….555 No problems ……....111
C.113	In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of the generator?		Yes ……..1 No…….2
Externally Recharged Battery (Car Battery, etc) RECORD A NO IN C.114 IF THE BATTERIES ARE USED FOR THE OPERATION OF ANOTHER SOURCE OF ELECTRICITY			
C.114	In the last 12 months, did the household use any rechargeable batteries, such as car batteries, for electricity?		Yes ……..1 No…….2→**C.132**

Comments:

N.º	Question	Answer	Answer code
C.115	In the last 12 months, in which months did you use rechargeable batteries or did you use it all year? ***Multiple responses possible***	a. |__|__| b. |__|__| c. |__|__| d. |__|__| e. |__|__| f. |__|__| g. |__|__| h. |__|__| i. |__|__| j. |__|__| k. |__|__|	January……1 February……..2 March……...3 April……4 May……..5 June……..6 July……...7 August……..8 September……9 October……10 November……11 December ……..12 Used all year..... ……. 111 Don't know……888
C.116	In the last 12 months, what did your household use rechargeable batteries for? ***Multiple responses possible***	a. |__|__|__| b. |__|__|__| c. |__|__|__| d. |__|__|__|	Lighting……1 Appliances……2 Home-based income activity ……..3 Other use, specify……...555 Don't know……...888
C.117	Does your household have an inverter that allows you to use 110-220 volts appliances?		Yes ……..1 No……2→**C.119**
C.118	What is the capacity of the inverter?	**WATTS (W):**	Don't know……888
C.119	What is the total number of rechargeable batteries that you use in a typical month? ***Total=number of batteries*number of charges for each battery***	Total number of rechargeable batteries	Don't know……888
C.120	What is the capacity of the rechargeable batteries? ***If multiple batteries, record capacity for each***	**CAPACITY IN** Ampere-hour a. |__|__|.|__| b. |__|__|.|__| c. |__|__|.|__| d. |__|__|.|__|	Don't know……888
C.121	What is the voltage of the rechargeable batteries? ***If multiple batteries, record voltage for each.***	Voltage a. |__|__|__| b. |__|__|__| c. |__|__|__| d. |__|__|__|	Don't know……888
C.122	How much did you pay for the rechargeable battery(ies)? ***If multiple batteries, record costs for each***	**LEMPIRAS:** a. |__|__|__| b. |__|__|__| c. |__|__|__| d. |__|__|__|	Don't know……888
C.123	How many recharges for all batteries does your household have in a typical month? ***If multiple batteries, record the number of recharges for each battery in a typical month.***	Number of Recharges a. |__|__|__| b. |__|__|__| c. |__|__|__| d. |__|__|__|	Don't know……888
C.124	Do you pay to recharge the battery?		Yes ……..1 No……2□**C.126**
C.125	How much does your household spend in a typical month to recharge the batteries (in total)?	**LEMPIRAS:**	Don't know……888
C.126	What is the electricity source used to recharge the battery?		National grid (ENEE)……..1 Local mini-grid…….2 Electric generator……..3 Solar……..4 Other, specify..…….555 Don't know……..888
C.127	How many hours can you use rechargeable batteries for electricity supply **each day when fully charged** if you wanted to? (max 24 hours)		Yes ……..1 No…….2 Don't know……888
C.128	How many hours can you use rechargeable batteries for electricity supply **each evening, from 6:00 pm to 10:00 pm** if you wanted to**?** (max 4 hours)	**HORAS:**	Don't know……888
C.129	How many hours do you actually use rechargeable batteries for electricity supply **each day**? ***Cannot exceed number of hours in 8***	**HOURS**	Don't know……888
C.130	What are the most serious problems you experience with the rechargeable batteries? ***Record up to 2 responses.***	a. First |__|__|__| a. Second |__|__|__|	Supply shortage/not enough hours of electricity…..1 Too expensive.....2 Cannot power large appliances……...3 Recharging is not convenient……...4 Maintenance and repair is difficult……..5 Cannot recharge battery to full capacity……..…..6 Other, specify……...555 No problems…….…….....111
C.131	In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of the rechargeable batteries?		Yes ……..1 No…….2

Comments:

SOLAR BASED DEVICES

Enumerator: Ask about all devices in order of importance (Example: Main Solar System is the Device the household considers the most important and it will be indicated in Raw 1). Register separately devices with different capacity

N.º	Question	Answer	Answer code
C.132	***Interviewer/CAPI check:*** In the last 12 months, did the household use any of the following solar based devices? ***Multiple responses possible.***		Yes……..1 No……..2 →**C.171**
C.133	How many solar lanterns do you have?	**QUANTITY:**	Number of solar lanterns
C.134	How many solar lighting systems (with cell phone charger) do you have?	**QUANTITY:**	Number of solar lighting system
C.135	How many solar lighting systems (with at least 2 light bulbs) do you have?	**QUANTITY:**	Number of solar lighting system
C.136	How many solar home systems (SHS) do you have?	**QUANTITY:**	Number of solar home systems
C.136A	Interviewer: Record respondent's ID for this section	***REPOSNDENT'S ID:***	ID Number from Household Roster

C.137	C.138	C.139	C.140	C.141	C.142	C.143	C.144	C.145	C.146	C.147	C.148
SOLAR DEVICE ID	Please show me the [DEVICE] ***Use photo aid and record the code for the photo that best matches the solar device*** PHOTO CODE Solar Lantern…..1 Solar Lighting System….2 Solar Multi-Lighting System…3 Solar home System……..4 Record main device in Row 1 Main device is the one the household considers the must important one	How many light bulbs are there (that can be separated from each other)? ***If the sistema does not use bulbs record 0***	What is the power rating of the solar panel? ***Read the name plate of the solar panel*** ***If unknown, enter "888" →C.132***	What is the estimated size of the solar panel? 20cm x20cm or smaller……..1 40cm x 40cm……..2 50cm x 70cm or similar.....3 100cm x 150cm or larger..4	How many solar panels used?	What is the capacity of the battery? Does not have battery…..1 11	Do you have an inverter ? **CODE** Yes .....1 No....2	¿ How many years have you had this [DEVICE] ? ***Record in years, if less than 1, record 1***	Who decided to purchase/ acquire this [DEVICE]? Record ID from Household Roster	Did you buy this [DEVICE] paying upfront or under installment, do you rent it/pay a fee to use it, or did you receive it for free? **CODE** Bought, fully paid.....1→**C.149** Bought, under installment ……...2→**C.149** Rent/pay fee to use ……..3→**C.150** Received for	Who gave you this [DEVICE]? **CODE** Local private organizations (NGO)…… ……...1 Chief of village ……..2 Local government..3 Relative/Friend ….....4 Other, specify….555 **ALL→C.153**

	a. CODE	b. Key	NUMBER OF LIGHT BULBS	QUANT. in Watt-Peak (Wp)		**Number of panels**	Amp-hours (Ah)		**Number of Years**	**ID Member**		
1												
2												
3												
4												
5												
6												

Comments:

C.137	C.149	C.150	C.151	C.152	C.153	C.154	C.155	C.156
SOLAR DEVICE ID	How much did you pay for this [DEVICE] upfront?	What payment system do you use? **CODE** Mobile Pay-as-you-go …...1 Other Pay-as-you go (scratch card, etc.)..2 Fixed monthly fee …….....3 Extra financial resources.....4 Cash…….....5→**C.152** Other, specify…….555	What is the monthly payment for this [DEVICE] (installment/ fee to rent/use)? (payment)	Did/do you borrow money to make your payment for [DEVICE]? **CODE** Yes.....1 No….2	Did you receive information and training on this [DEVICE]? **CODE** Yes.....1 No….2	How many hours **do you use** [DEVICE] for lighting and other applications each day? Don't know…..888	What is the most serious problem you experience with [DEVICE]? **CODIGO** Duration of service too short……..……..1 Too expensive.....2 Cannot power large appliances…….....3 Breaks too often…..4 Maintenance and availability of spare parts……..5 Quality of light…..6 Battery problems …..7 Other, specify ……....555 No problems ……..111	INTERVIEWER / CAPI: ASK THIS QUESTION IF A.25 = 1 How long has your business / company used this type of [DEVICE]? IF THE RESPONDENT ANSWERS IN YEARS, CONVERT THE NUMBER INTO MONTHS BEFORE RECORDING IT. IF YOU DO NOT USE IT IN THE BUSINESS, RECORD 0. IF YOU HAVE USED IT FOR LESS THAN A MONTH, RECORD 1.
	Lempiras		**Lempiras**			**Hours**		**Months**
1								
2								
3								
4								
5								
6								

Comments:

MAIN SOLAR-BASED DEVICE

Record information for the MAIN solar-based device, the device listed as "1" in the previous table (Row 1 in question C.137)

N.º	Question	Answer	Answer code
C.157	Are there certain months/seasons **every year** when the service is not as strong or worse than expected from [DEVICE]?		Yes.....1 No .....2→**C.159**
C.158	What are the worst months for service from [DEVICE]? ***Multiple responses are possible.*** ***Record all months for the lowest hours of service.***	a. |__|__| b. |__|__| c. |__|__| d. |__|__| e. |__|__| f. |__|__| g. |__|__| h. |__|__| i. |__|__| j. |__|__| k. |__|__| l. |__|__|	January……1 February……2 March……3 April……4 May……5 June……6 July……7 August……8 September……9 October……10 November……11 December.....……..12 Don't know……..888

Nº	Question	Answer		Answer code
Ask respondent first about the last 30 days (a typical month) for *Error! Reference source not found.-Error! Reference source not found.* ***and then about the worst months [mention months recorded in C.158].*** ***If no seasonal changes, ask only about the last 30 days (a typical month) and record in column A. Ask questions by ROW.***		**A. TYPICAL MONTH**	**A. WORST MONTHS**	
C.159	How many hours do you receive service from this [DEVICE] **each day and night**? (max 24 hours)	Hours:	Hours:	Don't know……888
C.160	How many hours is service available from this [DEVICE] **each evening, from 6:00 pm to 10:00 pm?** (max 4 hours)	Hours:	Hours:	Don't know……888
C.161	How many hours do you actually use the [DEVICE] **each day** for lighting and other applications? (max 24 hours) ***Cannot exceed hours in C.159***	Hours:	Hours:	Don't know……888

Nº	Question	Answer	Answer code
C.162	In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of the [DEVICE]?		Yes .....1 No 2
C.163	Is there any device you do not have that you would like to have?		Yes……1 No……..2→**C.165** Don't know……...888
C.164	What devices would you most like to have? Multiple response (Up to three devices)	a. |__|__| b. |__|__| c. |__|__|	Television ..... ……..1 Fan ……....2 Refrigerator/Freezer ..... ……..3 Radio..... ……..4 Tablet/laptop/computer ..... ……..5 Mobile phone charger ……...6 Other, specify ……555 Don't know / No contesta ……888
C.165	Overall, how satisfied with the service provided by the main solar device?		Very satisfied……1 Somewhat satisfied……2 Neutral……3 Unsatisfied……4 Very unsatisfied……5
C.166	In what year did you get your first solar device?	**YEAR:**	Don't know……..888
C.167	Has solar been your main source of lighting/electricity since [YEAR in **Error! Reference source not found.**]?		Yes ..... ……1→**C.169** No ..... ……2 Don't know……..888

Comments:

Nº	Question	Answer	Answer code
C.168	What was your main source of lighting/electricity when it was not a solar device?		National grid connection (ENEE/Energía Honduras)……..1 Local mini grid connection……2 Electric generator/ motor/ plant……...3 Rechargeable battery and storage devices (e.g.: car battery)……4 Pico-hydro……5 Kerosene lamp……..6 Dry-cell (non-rechargeable) battery/ Torch/Flashlight ……...7 Candle ……....8 Firewood……..9 Other, specify...……..555
C.169	Compared to the first time you used solar lighting, do you currently… ***Read aloud options***		Use more solar lighting……1 Use about the same solar lighting……2 Use less solar lighting …….3 Don't know ……..888
C.170	What appliances do you use today that you did not use with your first solar lighting device?	a. |__|__| b. |__|__| c. |__|__| d. |__|__|	Mobile phone charger……..1 Radio……2 TV……3 Fan……4 Refrigerator/freezer……...5 No change ……..6 Other, specify…….……..……555
Main Source of Electricity			
C.171	Of all the sources that you mentioned above, which is the source that you use the most in your household? ***This will be the MAIN electricity source that is referred to later.***		Connection to national grid (ENEE/Energia Honduras)…1 Local mini grid connection.……..…..2 Electric generator……..……..…3 Solar Lantern……..…4 Solar lighting system (not a lantern, with cell phone charger)...5 Solar Multi-Lighting System (with at least 2 light bulbs, for light, phone charge and/or radio)…….……6 Solar Home System (with at least 2 light bulbs, for light, phone charge, fan connection, TV o refrigerator)…...7 Rechargeable battery and storage devices (e.g.: car battery)…….....8 Pico-Hydro...…….…9 Dry-cell (non-rechargeable) battery/ Torch/ Flashlight …10 No electricity connection……..11□**C.173** Other, specify ……..555
C.172	How satisfied are you with the service of [MAIN SOURCE OF ELECTRICITY C.171]? ***Read aloud options***		Very satisfied……1 Somewhat satisfied……2 Neutral……3 Unsatisfied……4 Very unsatisfied……5
STREET LIGHTING			
C.173	Does your neighborhood have any form of street lighting? BY "NEIGHBORHOOD" IT MEANS 500 METERS OR 5 BLOCKS AROUND THE HOUSE		Yes……....1 No……..2 →**C.176**
C.174	How satisfied are you with the brightness of the public lighting service in your neighborhood?		Very unsatisfied……..….1 Somewhat unsatisfied……....2 Somewhat satisfied……3 Very satisfied …….....4

Comments:

Nº	Question	Answer	Answer code
C.175	In your opinion, what are the risks or problems related to the installation of public lighting in your neighborhood? ***Multiple possible answers (max 4)***	a. |__|__|__| b. |__|__|__| c. |__|__|__| d . |__|__|__|	Electrocution…… ... 1 Poor installation……. 2 Poor maintenance ……..3 Cuts / outages of street lighting…… 4 It does not stay on all night……... 5 Light is very weak ……... 6 No problem… .. …… .111
C.176	Do you have a light that you can turn on at night to light outside your home?		Yes……1 No……..2 →**C.178**
C.177	How many hours do you turn it on every night after dark?	**NUMBER OF HOURS**	
Charging mobile phone			
C.178	How many mobile phones do the household members own combined? ***If none input "0"***	Number of mobile phones	**If recorded "0"**→Error! Reference source not found. **or** Error! Reference source not found. **or** Error! Reference source not found. *In C.178-182: skip to D.1 or E.1 for households in rural segments as assigned by the Willingness to Pay Section. Skip to F.1 for households in urban segments.
C.179	Are members of your household able to charge all their mobile phones as often as they need inside your dwelling?		Yes……..1→Error! Reference source not found. **or** Error! Reference source not found. **or** Error! Reference source not found. No 2
C.180	Can you charge at least one mobile phone to full charge everyday inside your dwelling?		Yes……...1 →Error! Reference source not found. **or** Error! Reference source not found. **or** Error! Reference source not found. No…….2
C.181	Can you charge at least one mobile phone to full charge in 3 days inside your dwelling?		Yes…….1 No……2
C.182	How many mobile phones of your household members do you charge outside your dwelling?	Number of mobile phones	**If recorded "0"** →Error! Reference source not found. **or** Error! Reference source not found. **or** Error! Reference source not found.
C.183	Do members of your household have to go more than 500 meters (walk more than 5 minutes) to charge your mobile phones outside your dwelling?		Yes…….1 No……2
C.184	How much does your household spend each month (in total) on charging the mobile phone(s) outside your dwelling?	**LEMPIRAS:**	

Comments:

D. WILLINGNESS TO PAY FOR A GRID CONNECTION

Respondent should be most knowledgeable member on household electricity.

D.1	***Interviewer/CAPI check:*** Is the household connected to the national grid (ENEE/Energía Honduras)?		Yes……1→**F.1** No…….2
D.2	***Enumerator:*** Record Respondent ID for this section	☐	Individual ID from Household Roster
Electricity requires several types of payments. There are three parts to the cost of electricity: connection, wiring, and monthly use. In other words, to use electricity you need to have a wire from a meter in your house to the pole first. That is the connection. You also need to have wires to connect appliances within your house to the meter. This is the wiring. Finally, to keep using electricity you must pay for what is used and measured by the meter, or it will be turned off, this is the cost of monthly use. I would like to ask you questions only about the first cost of connecting – getting a wire from the electricity poles to a meter on your house.			
If you could pay a "lump sum" price for an electricity connection, in other words, you are offered a price and a period of time to decide whether to take this price. If you decide to take the price, you have to pay all at once, after which you are immediately connected. As you answer the next few questions, assume that all other wiring fees and monthly service fees for using electricity, once you have the connection, remain the same as they are now.			
D.3	Would you be willing to pay ${CF} for an electricity connection?		Yes……1→**D.12** No…….2
D.4	Would you be willing to pay ${CF} for an electricity connection, if you were given **3 months** to make the payment? This means that each month you will pay ${CF/3} per month for 3 months.		Yes……1→**D.12** No…….2 Don't Know…….888
D.5	Why would you not accept the offer?		Cannot afford the payment……1 Do not need electricity……..2 Electricity service is unreliable….3 Monthly fee is too expensive……4 Other, specify……555
D.6	Would you be willing to pay ${CF} for an electricity connection, if you were given **6 months** to make the payment? This means that each month you will pay ${CF/6} per month for 6 months.		Yes……1→**D.12** No…….2 Don't Know…….888
D.7	Why would you not accept the offer?		Cannot afford the payment……1 Do not need electricity……..2 Electricity service is unreliable….3 Monthly fee is too expensive……4 Other, specify……555
D.8	Would you be willing to pay ${CF} for an electricity connection, if you were given **12 months** to make the payment? This means that each month you will pay ${CF/12} per month for 12 months.		Yes……1→**D.12** No…….2 Don't Know…….888
D.9	Why would you not accept the offer?		Cannot afford the payment……1 Do not need electricity……..2 Electricity service is unreliable….3 Monthly fee is too expensive……4 Other, specify……555
D.10	If the connection fee were waived, would you get a grid connection?		Yes……1→**D.12** No…….2 Don't Know…….888
D.11	Why would you not accept the offer?		Still cannot afford the wiring costs……1 Do not need electricity……..2 Electricity service is unreliable….3 Monthly fee is too expensive……4 Other, specify……555
D.12	How much do you think it would cost to do all the internal electrical wiring in your house?	**LEMPIRAS:**	Don't Know…….888
D.13	Think about the amount you would need to spend each month for electricity, not the connection fee. How much would you need to spend each month for electricity?	**LEMPIRAS:**	Don't Know…….888

Comments:

E. WILLINGNESS TO PAY FOR SOLAR DEVICE

Respondent should be most knowledgeable member on household electricity.

E.1	***ENUMERATOR/CAPI check:*** What is the main source of electricity for this household:		National grid (ENEE/Energía Hond.)…1→Error! Reference source not found. Mini-grid……..2→Error! Reference source not found. Electric generator…….....3 Solar Lantern……..….4 Solar lighting system (not a lantern, with cell phone charger)..5 Solar Multi-Lighting System (with at least 2 light bulbs, for light, phone charge and/or radio)……..….. 6→Error! Reference source not found. Solar Home System (with at least 2 light bulbs, for light, phone charge, fan connection, TV o refrigerator)….. 7→Error! Reference source not found. Rechargeable Battery……8 Dry-cell battery……9 No electricity……...10
E.2	***Enumerator:*** Record Respondent ID for this section	☐	Individual ID from Household Roster
We will ask you questions about a solar home system. ***Enumerator: show picture and describe what the solar home system can and can't do and the benefits of using a solar home system.*** If you could pay a **"lump sum"** price for this solar device; in other words, you are offered a price and if you decide to buy the device, you will have to pay it all at once. As you answer the next few questions, keep in mind the various benefits from this device as well as your household budget.			
E.3	Would you be willing to pay ${CF} for this solar device?		Yes……1→**F.1** No…….2
E.4	Would you be willing to pay ${CF} for this solar device, if you were given **6 months** to make the payment? This means that each month you will pay ${CF/6} per month for 6 months.		Yes……1→**F.1** No…….2 Don't Know…….888
E.5	Why would you not accept the offer?		Cannot afford the payment……1 Do not need electricity……..2 Maintenance/servicing of device is not available…….3 Do not need electricity .....4 Other, specify……555
E.6	Would you be willing to pay ${CF} for this solar device, if you were given **12 months** to make the payment? This means that each month you will pay ${CF/12} per month for 12 months.		Yes……1□**F.1** No…….2 Don't Know…….888
E.7	Why would you not accept the offer?		Cannot afford the payment……1 Do not need electricity……..2 Maintenance/servicing of device is not available……3 Do not need electricity.....4 Other, specify……555
E.8	Would you be willing to pay ${CF} for this solar device, if you were given **24 months** to make the payment? This means that each month you will pay ${CF/24} per month for 24 months.		Yes……1→**F.1** No…….2 Don't Know…….888
E.9	Why would you not accept the offer?		Cannot afford the payment……1 Do not need electricity……..2 Maintenance/servicing of device is not available……3 Do not need electricity.....4 Other, specify……555

Comments:

F. KEROSENE/FUEL-BASED /CANDLE LIGHTING

The respondent should be most knowledgeable household member on household use of kerosene and candles.

F.1	***In the last 12 months did you use candles or kerosene for lighting?***		Yes …...1 No.....2 □**F.15**
F.2	***Enumerator:*** Record Respondent ID for this section		Individual ID from Household Roster

F.3	**F.4**	**F.5**	**F.6**	**F.7**	**F.8**	**F.9**	**F.10**	**F.11**	**F.12**	**F.13**	**F.14**
FUEL LAMP/ CANDLE/ TASK LIGHT ID	In the last 12 months, did you use [NAME FROM THE LIST] ***Use photo aid to identify lamp type*** Candle……1 →**F.8** Open wick lamp…….2 Hurricane lamp with glass cover….3 Pressurized mantle lamp…….4Other, specify…555 ***Use a separate row for each TYPE of lamp/candle***	What is the main fuel source for [LAMP]? Kerosene/ paraffin...1 Diesel…..2 Gasoline….3 Biogas....4 Lamp oil.....5 Other, specify...555	How many of these lamps does your household have? NUMBER OF LAMPS	How much did you pay for each [LAMP]? ***If paying in installment, enter total value of payments*** LEMPIRAS *If more than 1 device, input the average.* *Do not know..888*	In the last 12 months, how many months did you use [LAMP/ CANDLE]? NUMBER OF MONTHS	In the last month, how many days did you use [LAMP/CANDLE]? NUMBER OF DAYS	How many hours do you use [LAMP/ CANDLE] each day? HOURS Candle…1 Open wick lamp……2 →**F.11** Hurricane lamp with glass cover..3 →**F.11** Pressurized mantle lamp….4→ **F.11** Other, specify….. 555 →**F.11**	What is the total quantity of [LAMP/CANDLE] you use in a typical week? LITRES/NUMBER OF CANDLES	How much do you spend on [LAMP/CANDLE] in a typical week? LEMPIRAS IF YOU BUY FOR MORE THAN A WEEK ESTIMATE THE EXPENDITURE FOR A TYPICAL WEEK	What don't you like most about using the [LAMP/CANDLE]? ***Record up to 2 responses*** Lantern too expensive….1 Fuel too expensive.....2 Fuel not available…3 Accidents can happen.....4 Bad for health…….5 Subsidies needed…6 Time spent to collect fuel…7 Other, specify…555 No problems….111	In the last 12 months, what type of harm/injury did any household members have from [LAMP/ CANDLE]? ***Multiple responses possible (max 3)*** Death or permanent limb damage……...1 Burns/fire……...2 Poisoning……3 Eye problems……..4 Respiratory problem……..5 Other major injury…….6 Minor injury……..7 Fire with no injury……8 None……111
1										a. |__|__|__| b. |__|__|__|	
2										a. |__|__|__|	

Comments:

										b. |__|__|__|	
3										a. |__|__|__| b. |__|__|__|	
4										a. |__|__|__| b. |__|__|__|	
5										a. |__|__|__| b. |__|__|__|	

F.15	What is the main source of lighting the children who are currently enrolled in school usually use for studying/doing homework? ***Single response***		Electric lighting/lamp…….1 Solar powered light source…….2 Battery-operated light source…….3 Street lighting…….4 Kerosene lamp…….5	Candles……...6 Biogas lamps……...7 No kids study/ Not-applicable.....0 Studying and homework only during daylight hours….111 Other, specify…….555

Comments:

G. DRY-CELL BATTERIES

G.1	***In the last 12 months, did this household use dry-cell batteries to power lanterns, flash-light and task light?***		Yes.....1 No.....2 →**H.1**
G.2	***Enumerator:*** Record Respondent ID for this section		Individual ID from Household Roster

G.3	**G.4**	**G.5**	**G.6**	**G.7**	**G.8**	**G.9**	**G.10**	**G.11**
LIGHT SOURCE	In the last 12 months, did you use dry cell batteries to power [NAME FROM THE LIST] ***Use photo aid to identify lamp type*** Lanterns……1 Flashlights....2 Task lights....3 Radio……4 Other, specify…555 ***Use a separate row for each TYPE of lighting***	How many of [ITEM] does your household power with dry cell batteries? NUMBER OF EACH DEVICE	How much did you pay for each [ITEM] on average? ***If paying in installment, enter total value of payments*** LEMPIRAS *If more than 1 device, input the average.* *Do not know..888* *Given as present..111*	In the last 12 months, how many months did you use [ITEM]? NUMBER OF MONTHS	How many hours do you use [ITEM] each day on a typical day? A. HOURS B. MINUTES	How many of dry cell batteries do you purchase **each month for** [ITEM]? NUMBER OF BATTERIES FOR EACH DEVICE	How much do you spend each month on dry cell batteries for [ITEM]? LEMPIRAS	Do you use [ITEM] as a regular source of lighting or only as a back-up source when the main source is not available? Regular source of lighting….1 Back-up source of lighting…2 Not used as source of lighting...3
1								
2								
3								
4								
5								

Comments:

H. HOUSEHOLD FUEL CONSUMPTION

INTERVIEWER - READ THE FOLLOWING: I want to ask you some questions related to the availability and uses of various fuels throughout the year
Respondent should be household member who most frequently cooks food for the household.
First ask H.3 for all fuel types and then record the information in the following questions only for the fuel that is used.

H.1	***Enumerator:*** Record Respondent ID for this section									Individual ID from Household Roster		
H.2	H.3	H.4	H.5	H.6	H.7	H.8	H.9	H.10	H.11	H.12	H.13	H.14
Fuel Type ***Read Aloud***	In the last 12 months, did your household use this [FUEL]? **CODE:** Yes...1 No...2→ **NEXT ROW**	In the last 12 months, what did your household use [FUEL] for? ***READ ALOUD the options below and Mark "X" for each item the household uses it for.*** **LIGHTING** **YES...1** **NO...2**	**COOKING** **YES...1** **NO...2**	**HEATING** **YES...1** **NO...2**	**BOILING WATER** **YES...1** **NO...2**	**HOME-BASED INCOME ACTIVITY** **YES...1** **NO...2**	**OTHER, SPECIFY** **YES...1** **NO...2**	In the last 12 months, in which months did you use this [FUEL]? ***Multiple responses possible*** ***See Month Codes*** January……....1 February……...2 March……....3 April……....4 May……....5 Juny……....6 July……....7 August……...8 September…....9 October……...10 November…....11 December…...12 Used all year…....111 Do not know…...888 Very few times.....999	In the last 12 months, in which months was this [FUEL] **scarce** and **significantly more expensive**? ***Multiple responses possible*** ***See Month Codes*** January……....1 February…....2 March……....3 April……....4 May……....5 Juny……....6 July……....7 August……...8 September…....9 October……...10 November…....11 December…...12 Used all year…....111 Do not know…....888 Very few times.....999	In the last 7 days, how much of this [FUEL] did your household use? **QUANTITY** **DO NOT KNOW...888** 0→**NEXT ROW**	In the last 30 days, how much of this [fuel type] did you purchase? **QUANTITY** **DO NOT KNOW...888** 0→**NEXT ROW**	In the last 30 days, how much did you pay for the amount of [FUEL] that you purchased? **COST (LEMPIRAS)** **DO NOT KNOW...888**
1. LPG/ cooking gas	|__|	|__|	|__|	|__|	|__|	|__|		|__|__|__|__|	|__|__|__|__|	|__|__|__| kg	|__|__|__| kg	|__|__|__|
2. Wood purchased	|__|	|__|	|__|	|__|	|__|	|__|		|__|__|__|__|	|__|__|__|__|	|__|__|__| pieces	|__|__|__| pieces	|__|__|__|
3. Wood collected	|__|	|__|	|__|	|__|	|__|	|__|		|__|__|__|__|	|__|__|__|__|	|__|__|__| pieces		|__|__|__|
4. Electricity												
5. Charcoal	|__|	|__|	|__|	|__|	|__|	|__|		|__|__|__|__|	|__|__|__|__|	|__|__|__| kg	|__|__|__| kg	|__|__|__|
6. Solar	|__|	|__|	|__|	|__|	|__|	|__|		|__|__|__|__|	|__|__|__|__|			

Comments:

7. Kerosene	|__|	|__|	|__|	|__|	|__|	|__|		|__||__||__||__|	|__||__||__||__|	|__|__|__| liters	|__|__|__| liters	|__|__|__|
8. Crop Residue/ Plant	|__|	|__|	|__|	|__|	|__|	|__|		|__||__||__||__|	|__||__||__||__|	|__|__|__| kg	|__|__|__| kg	|__|__|__|
9. Sawdust	|__|	|__|	|__|	|__|	|__|	|__|		|__||__||__||__|	|__||__||__||__|	|__|__|__| kg	|__|__|__| kg	|__|__|__|
10. Processed wood waste / wood chips / pellets	|__|	|__|	|__|	|__|	|__|	|__|		|__||__||__||__|	|__||__||__||__|	|__|__|__| kg	|__|__|__| kg	|__|__|__|
11. Biogas	|__|	|__|	|__|	|__|	|__|	|__|		|__||__||__||__|	|__||__||__||__|	|__|__|__| kg	|__|__|__| kg	|__|__|__|
12. Etanolo	|__|	|__|	|__|	|__|	|__|	|__|		|__||__||__||__|	|__||__||__||__|	|__|__|__| kg	|__|__|__| kg	|__|__|__|
13. Trash/plastic												|__|__|__|
14. Other	|__|	|__|	|__|	|__|	|__|	|__|		|__||__||__||__|	|__||__||__||__|			|__|__|__|

Comments:

I. USE OF COOKING SOLUTIONS

INTERVIEWER - READ THE FOLLOWING: We have finished with the questions of electricity and fuel use, now I will ask you some questions about the means they use to prepare their food.

Instructions: The respondent should be the household member who most frequently cooks food for the household, as identified in B.12

I.1	***In the last 12 months, did your household use a cookstove for preparing and heating meals?***		Yes...1 No...2 K.1
I.2	***Enumerator:*** Record Respondent ID for this section		Individual ID from Household Roster

Record information for each stove that the household uses. List each stove in a separate row of the table. Ask I.3 first and record all types of stoves in household.

I.3	I.4	I.5	I.6	I.7	I.8	I.9	I.10	I.11	I.12	I.13	I.14	I.15	I.16	I.11
Cookstove ID	In the last 12 months, which cookstove(s) did your household use for only preparing meals? ***List up to 5*** **CODE:** 3-Stone/fire stove...1→**I.14** Other Self-Built Stove..2→**I.12** Manufactured stove3→**I.6** Improved biogas stove (Envirofit) 4 Government-provided stove...5 Manufactured	Is the cooking stove made of metal? Yes...1 No...0 Member ID	How did you obtain this cookstove? **CODE:** Purchased …1 Receive for free..2→Error! Reference source not found.	Who decided to build/ purchase this cookstove?	How much did you pay for the [STOVE]? Lempiras Do not know...888 **ALL →I.12**	Who gave it to you? **CODE:** Local private organizations (NGO)...1 Chief of village…2 Local govt…...3 Friend/ relative..4 Government project...5 Other, specify….5 55	Is the stove fixed in one place or moveable? **CODE:** Fixed……. 1→**I.12** Moveable.. 2	If you want to sell this cookstove in your community today, how much would you receive? Don't know…888 Amount in Lempiras	Did you receive training or information on this cook-stove? **CODE:** Yes……1 No…….2	How many working burners does this stove have? **NUMBER OF BURNERS**	How long have you been using this [STOVE] for? ***YEARS and MONTHS***	In the last 12 months, during which of the following months did you use this [STOVE]? ***Multiple response*** **CODE:** January…1 February..2 March…..3 April……4 May…….5 June…….6 July…….7 August….8 September …9 October.10 November …11 December ….12 Used all year.....11 1	In the last 12 months, where did you normally cook with the cookstove? **CODE:** In dwelling, **NOT** in sleeping area……1 In dwelling, in a sleeping area…..2 In a separate dwelling…. ….3 In a veranda (roofed platform with at least two open sides)…4 →**I.19** Outdoors.. 5→**I.19**	What is the manufacturer and model of this cook-stove? ***See codes in codebook***

Comments:

	heating.....6 Other, Specify..555			Member ID									Not used for cooking...666→Error! Reference source not found. Other, specify….555	
1														
2														
3														
4														
5														

Comments:

	I.17	I.18	I.19		I.20		I.21	I.22	I.23	I.24	I.25	I.26
Cookstove ID	Do you use a chimney, hood, other exhaust system while using this stove?	Do you regularly clean a chimney, hood or other exhaust system? **CODE:** Yes…...1 No…...2	In the last 12 months, what are the fuels you used on this cookstove? **CODE:** LPG/cooking gas……1 Wood purchased…….2 Wood collected……..3 Charcoal……...4 Solar……5 Kerosene……...6 Crop Residue/Plant Biomass…...7 Saw Dust……..8 Electric……9 Processed biomass (pellets)/ woodchips….10 Biogas……11 Ethanol……...12 Not applicable……13 Other, specify……..555		In the last 12 months, how often was the [FUEL TYPE] available? ***Read aloud options*** **CODE:** Always available……1 Mostly available…….2 Sometimes available…….3 Rarely available…...4		How much time do household members spend **preparing the cookstove and fuel for each meal** on average [including setting up the fuel and turning on the stove but not including gathering fuel or cooking time]?	In the last 7 days, how many days did you use this cookstove?	In the last 7 days, on average, how many times did you light this cookstove **per day?**	In the last 7 days, on average, how much time did your household use this cookstove **per day** to cook or reheat meals (do not include boiling water) in the…		
	CODE: Yes….1 No…..2→ **I.19**		**A. Most Used** ***Single response***	**B. Second Most Used** ***Single response***	**A. Most Used**	B. Second Most Used	**MINUTES**	**DAYS**	**NUMBER OF TIMES**	**MORNING** **MINUTES**	**AFTERNOON** **MINUTES**	**EVENING** **MINUTES**
1												
2												
3												
4												
5												

Comments:

	I.27	I.28	I.29	I.30	I.31	I.32	I.33	
Cookstove ID	In the last 7 days, **on average**, how much time did your household use this cookstove **per day** to boil water (for cooking, washing, and drinking)? **Minutes**	Do you also use this stove for space heating? **CODE:** Yes…….1 No……..2→**I .31**	In the last 12 months, during which of the following months did you use this cookstove for **heating**? ***Multiple response*** **CODE:** January……1 February…..2 March……..3 April……4 May…….5 June…….6 July…….7 August…….8 September…9 October……10 November…11 December….12 Used all year.....111	In a typical month, how many hours do you use this cookstove for heating **each day**? **NUMBER OF HOURS**	In the last 12 months, what type of harm/injury did your household face from this cookstove? ***Multiple responses possible (max 3).*** **CODE:** Death or permanent damage…….1 Burns/fire/poisoning……...2 Severe cough/respiratory problem..3 Other major injury…….4 Minor injury……...5 Fire with no injury…….6 Itchy/watery eyes……..7 Light cough……...8 None……..……....111	Do you use this [STOVE] most of the time? **CODE:** Yes…… .1 →**Next row** No…….. 2□**0**	Why do you not use this cookstove all the time? ***List up to 2 reasons*** **CODE:** Electricity/fuel for this stove unavailable……..1 Electricity/fuel for this stove too expensive……..2 Certain type of cooking is not possible with this stove…….3 Cookstove does not have enough burners……4 Cookstove flame is too weak…….5 Stove takes a long time to cook food……..……...6 Electricity/fuel takes a long time to prepare……..7 Stove is difficult/inconvenient to use……8 I prefer another energy source but the electricity/fuel is too expensive or often not available……9 Certain type of meals taste better with another stove…10 Other, specify……..555	
							REASON 1	**REASON 2**
1							a. |__|__|__|	b. |__|__|__
2							a. |__|__|__|	b. |__|__|__
3							a. |__|__|__|	b. |__|__|__
4							a. |__|__|__|	b. |__|__|__
5							a. |__|__|__|	b. |__|__|__

Comments:

MAIN COOKSTOVE

Enumerator: For households using any solid fuel, estimate the size of the cooking space by filling the following fields.			
I.34	***Enumerator: based on responses to I.16 and I.19 does the HH use any solid fuels indoors?***		Yes……1 No……2 →**I.40** Don't Know……888 →**J.1**
I.34A	May I take a look to your kitchen and record some information about the shape and dimensions?		Yes……1 No……2 →**I.40**
I.35	Record the rough shape of the cooking space		Roughly square……1 Roughly rectangular……2 Roughly Circular……3 None of the above……4 →**I.40**
I.36	Record the dimensions of the cooking space in heel-to-toe paces. Square, record one side Rectangle, record both sides Circle, record diameter		|____| paces x |____| paces
I.37	Record the type of roof covering the cooking space		Flat……1 Roughly Conical……2 Gable (triangular cross-section)……3 None of the above……4 →**I.40**
I.38	Estimate the height of the highest point of the ceiling relative to your own height		Smaller than me……1 My height……2 1.5 x my height……3 2 x my height……4 More than 2 x my height…… 5
I.1	How many doors and windows (opening to the outside) does the cooking space have?		Number of Openings
I.40	What is the most used stove for cooking? Could you indicate it? ***This is the main kitchen / stove, take a photo of it and ask the following questions only in relation to this kitchen / stove.***	ID Cooking stove	***Register the id - id number of the kitchen with which you registered it in the previous table in question I.3***
I.40A	May I take a picture of the stove?		Yes...1 No...2

ASK THE QUESTIONS FOR THE MOST USED AND SECOND MOST USED FUEL, AS IDENTIFIED IN I.19, FOR THE STOVE / FIREPLACE YOU SPEND MORE TIME COOKING. IF THERE IS NO SECOND FUEL, JUST ASK ABOUT THE MOST USED FUEL		**A. MAIN USED**	**B. SECOND MAIN USED**	
I.3	How much have you spent on [FUEL TYPE] for this stove in the last month? ***RECORD REAL EXPENDITURE ON FUEL, NOT THE ESTABLISHED SALE PRICE***	**LEMPIRAS**	**LEMPIRAS**	Don't know…….888
I.4	How much have you spent on [TYPE OF FUEL] for this stove in a typical month? ***RECORD REAL EXPENDITURE ON FUEL, NOT THE ESTABLISHED SALE PRICE***	**LEMPIRAS**	**LEMPIRAS**	Don't know …….888

J. SPACE AND WATER HEATING

J.1	Do you heat water for washing (either for washing dishes and clothes or for bathing)?		Yes……1 No……2 →**J.4**
J.2	What is the main source you use to heat water? ***Multiple answer allowed (max. 3)***		Electric heater/boiler……1→**J.4** Gas heater……2→**J.4** Building heating……3→**J.4** Solar thermal system……4→**J.4** Same solid fuel stove used for cooking……5→**J.4** Separate solid fuel stove……6
J.3	What is the MAIN fuel you use in this stove?		LPG/cooking gas……1 Wood purchased……2 Wood collected……3 Charcoal……4 Solar……5 Kerosene……6 Crop Residue/Plant Biomass…..7 Sawdust……8 Electric……9 Not applicable……10 Other, specify……555
J.4	Do you heat your house?		Yes……1 No……2→**K.1**
J.5	What is the main source you use to heat your house?		Electric heater……1→**K.1** Gas heater……2→**K.1** District heating……3→**K.1** Solar thermal system……4→**K.1** Manual heater…..5→**K.1**

Comments:

K. ECONOMIC ACTIVITY OF THE HOUSEHOLD

Interviewer: read the following. I will now ask you for information on the activities of the household members and the time they spend on them.
Instructions: This module should be asked to only households WITHOUT an improved cookstove (CAPI/enumerator check). The respondent should be the household head or the household member who best knows about household member occupations who are 15 years or older.

K. 0 INTERVIEWEE ID (INDIVIDUAL IDENTIFICATION OF THE LIST OF HOUSEHOLD MEMBERS)

K.1	K.2	K.3	K.4	K.5	K.6	K.7	K.8
ID	**CAPI:** **Names and lastnames** **RECORD IF RESPONDENT IS 15 YEARS OF AGE OR OLDER (A.13 = 1) IN ROW CORRESPONDING TO ID IN HOUSEHOLD ROSTER**	**What main occupation has [NAME] held in the last 12 months?** Salaried, non-agricultural employee …… ..... 1 Salaried, agricultural employee …… ..2 Business / Non-Farm Self-Employed ..... 3 Independent contractor for own account non-agricultural ……. …… ..... 4 Self-employed worker in agriculture or livestock ……..… .. …… ……...5 Unpaid family worker, agricultural…. 6 → **K.5** Unpaid, non-farm family worker…. .7 → **K.5** Occasional worker / day laborer …… ..8 → **K.5** Intern / free / volunteer work …… ..... 9 Student ..... 10 → **NEXT PERSON** Retired / pensioner … .11 → **NEXT PERSON** Too old to work ……12 → **NEXT PERSON** Disabled ……13 → **NEXT PERSON** Looking for a job …… ..14 → **NEXT PERSON** Unemployed / Does not work ..15 → **NEXT PERSON** Unpaid domestic service …… ..16 → **NEXT PERSON** Other (specify) …… ... 555 → **K.5**	**From this list, what is the type of trade or business that best fits [NAME] 's main occupation?** INDUSTRY CODE A - Agriculture, livestock, poultry, forestry and fishing B - Mining and quarrying C - Manufacturing D - Electricity, gas or air conditioning supply E - Water supply, sewerage, garbage collection and mitigation activities F - Construction G - Wholesale and retail trade, repair of motor vehicles motorcycles H - Transport and storage I Accommodation and food service activities J - Information and communication K - Financial and insurance activities L - Real estate activities M - Professional, scientific and technical activities N - Administrative activities and support services O - Public administration and defense; compulsory social security P - Education Q - Human health and social work activities R - Arts, entertainment and recreation S - Other service activities T - Activities such as domestic employees, undifferentiated goods and production activities for home consumption U - Activities of foreign organizations and agencies	**In the last 12 months, how many months did you work in this activity?** Maximum 12 MONTHS Don't know. 888	**How many days per month does [NAME] work in this activity?** DAYS Don't know. 888	**Does [NAME] operate a non-farm business or enterprise within the home or property?** Yes ..... 1 No ... 2 → **NEXT PERSON**	**How many employees does that business or company have?** TOTAL NUMBER OF EMPLOYEES WHO WORK FULL OR PART TIME Don't know. 888
1							
2							
3							
4							
5							
6							
7							

Comments:

L. CONSUMPTION / EXPENDITURE

Interviewer - read the following: from now on, i will ask you about the main expenses that the members of this household have made in different periods.
Instructions: the respondent should be the head of household or the person who best knows about household expenses.
L.0 Record ID of the respondent (individual identification of the list of household members):

Item #	Item Could you tell me how much did you spend in the last 7 days to buy...?	Value of Consumption (Lempiras) during last 7 days -888=Don't know
CONSUMPTION		
L.1	Cereals & cereal products (e.g.: rice, maize, wheat, flour, millet) and starchy staples (e.g.: cassava, plantain, yam, cocoyam)	|___|___|___|___|___|___|___|
L.2	Milk and dairy products (e.g.: powder, tinned, fresh, cowbell)	|___|___|___|___|___|___|___|
L.3	Meat products (e.g. chicken, pork,ham and sausage)	|___|___|___|___|___|___|___|
L.4	Eggs	|___|___|___|___|___|___|___|
L.5	White bread and sweets	|___|___|___|___|___|___|___|
L.6	Sugar	|___|___|___|___|___|___|___|
L.7	Cooking oil, butter and margarine	|___|___|___|___|___|___|___|
L.8	Beverages (e.g.: malt drinks, minerals, coffee/Lipton/Milo)	|___|___|___|___|___|___|___|
L.9	Alcohol, tobacco and cigarettes	|___|___|___|___|___|___|___|
L.9A	If respondent buys on a monthy base, divide by 4. If respondent buys every two weeks, divide by 2.	|___|___|___|___|___|___|___|

Goods and Services Monthly Expenditure		
Item #	**Item** Could you tell me how much did you spend in the last 30 days to buy...?	**Value of Expenditure (Lempiras) during last 30 days** **-888=Don't know**
EXPENDITURE		
L.10	Medical/pharmacy expenses (e.g.: tablets/syrups, insecticide, condoms, pharmacy/chemist, traditional/herbal medicine)	|___|___|___|___|___|___|___|
L.11	Soaps, disinfectants and cleaning supplies; cosmetics and toiletries	|___|___|___|___|___|___|___|
L.12	Water supply for drinking and other uses (tanker services, pipe-borne, metered, bore-hole, well, purchased water)	|___|___|___|___|___|___|___|
L.13	Mobile phone top-up	|___|___|___|___|___|___|___|
L.14	Internet, land phone, dish, cable, and other household communication	|___|___|___|___|___|___|___|
L.15	House Rent	|___|___|___|___|___|___|___|
L.16	Transportation costs (fuel for own vehicles, cost of public transportation, buses, taxis)	|___|___|___|___|___|___|___|
L.17	Other recurring monthly expenditure (wage of domestic workers, entertainment, etc.)	|___|___|___|___|___|___|___|
Goods and Services Expenditure in Last 12 Months		
Item #	**Item**	**Value of Expenditure (Lepiras) during the last 12 months** -888=Don't know
L.18	School fees and other educational expenses ***Include uniform, PTA dues, books, tutor, school supplies, transport, food, etc.***	|___|___|___|___|___|___|___|
L.19	Clothing, shoes, and accessories	|___|___|___|___|___|___|___|
L.20	Hospital/Doctor visits and Diagnostic tests (e.g.: consultations at private hospital, public hospital, traditional healer) ***Do not include costs paid for by insurance***	|___|___|___|___|___|___|___|
L.21	Furniture (e.g.: mattresses, room furniture, furnishing items, floor mats, carpets) ***0***	|___|___|___|___|___|___|___|
L.22	Electronics: TV, radio-cassette player, VCR/DVD, Cassettes, CDs, records, satellite TV, MP3 player, video game player, pen drives, other digital accessories Computer or laptop purchase	|___|___|___|___|___|___|___|
L.23	Vehicles & motorcycle & bicycle (purchase or repair of own car/moto/ car battery)	|___|___|___|___|___|___|___|
L.24	Remittance sent to family members and relatives	|___|___|___|___|___|___|___|
L.25	Other major expenses not yet covered (specify)	|___|___|___|___|___|___|___|

Comments:

Income from Remittance			
ITEM #	**Item**	**Response**	**Response Code**
L.26	In the last 12 months, has anyone in this household received remittances or money sent by relatives or individuals living in another country?		Yes.....1 No...2 →**L.28**
L.27	What percentage of the money received from another country spent in: ***Multiple possible answers. Answer in percentage***	1.|___|___| **2.** |___|___| 3. |___|___| 4. |___|___| 5. |___|___| 6. |___|___|	Health…….1 Education…….2 Food and clothing …….3 Construction …….4 Household Appliances …….5 Other expenses …….6
L.28	In the last 12 months, has anyone in this household received remittances or money sent by relatives or individuals living inside the country?		Yes.....1 No...2 →**M.1**
L.29	What percentage of the money received from other site of the country spent in: ***Multiple possible answers***	1.|___|___| **2.** |___|___| 3. |___|___| 4. |___|___| 5. |___|___| 6. |___|___|	Health…….1 Education…….2 Food and clothing …….3 Construction …….4 Household Appliances …….5 Other expenses …….6

M. HOUSEHOLD ASSETS: TRANSPORTATION AND AGRICULTURAL EQUIPMENT OWNERSHIP AND TOTAL

Interviewer Instructions: The Respondent should be the head of household.

Item Number	Item	a. How many [ITEM] in (working condition or still healthy) does your household own? ***Write 0 if none*** ***0 →NEXT ROW***
M.1	Vehicle (Car, pickup truck, etc)	
M.2	Motorcycle	
M.3	Bicycle	
M.4	Motor boat	
M.5	Other boat	
M.6	Tractor	
M.7	Domestic water pump	
M.8	Cow/bull/calves	
M.9	Water buffalo	
M.10	Horse/donkey	
M.11	Sheep	
M.12	Goat	
M.13	Pig	
M.14	Rabbit	
M.15	Fish (Aquaculture)	
M.16	Other, specify	

Comments:

Item Number	Item	a. How many [ITEM] in working condition does your household own? *Write 0 if none 0 →NEXT ROW*	b. How many hours does your household use [ITEM] in a typical day? (Only for lights, fan, radio and TV) **Number of hours**
M.17	Incandescent Light Bulb		
M.18	Fluorescent Tube		
M.19	Compact Fluorescent Light (CFL) Bulb		
M.20	LED Light Bulb		
M.21	Rechargeable torch/flashlight/ lantern		
M.22	Radio/CD Players/sound system		
M.23	VCD/DVD		
M.24	Fan		
M.25	Refrigerator		
M.26	Microwave oven		
M.27	Electric Iron		
M.28	Washing machine		
M.29	Electric sewing machine		
M.30	Air cooler		
M.31	Space Heater		
M.32	Electric water heater		
M.33	Solar based water heater		
M.34	Computer		
M.35	Electric hot water pot/kettle		
M.36	Smartphone (internet phone) charger		
M.37	Regular mobile phone charger		
M.38	Black & White TV		
M.39	Regular Color TV		
M.40	Flat color TV		
M.41	Electric Water Pump		
M.42	Other, specify		

N. HOUSEHOLD LAND OWNERSHIP AND OTHER ASSETS

Instruction: Enter the total values of following assets owned by the household. If some assets are owned by members, report aggregate values for all members. The Respondent should be the head of household.

	Type of land and other assets	a. Do you own [LAND TYPE]? Yes……1 →**Ask B and C** No…….2 →**Next row**	b. What is the total size of the land? CODE Hectar…….....1 Squared Meter…....2 Squared Wands..3 Acres…….....4 Tarea……..5 Other, specify 555		c. If you were to sell, what is the total value? 888. Do not know
			QUANTITY	CODE	LEMPIRAS
N.1	Agricultural land (including cultivated land, resting land, preparation land and others like land for animal food)				
N.2	Homestead land				
N.3	Non-agricultural land				
N.4	All buildings, structures, shops, warehouse, etc				

Comments:

O. HOUSEHOLD ECONOMIC SHOCKS

Only record information for events that negatively affected the economic situation of the household.

Shocks	O.1 In the **last 12 months**, have you been affected by (…)? **CODE:** 1= Yes 2= No **Next row**	O.2 Who was affected by the event? ***Read options aloud*** **CODE:** 1= Just this household 2= Family members outside HH 3= Several HHs in this village 4= Most or all HHs in this village 5= Several villages in this area
a. Failure/loss of business including agricultural failures (crop disease, livestock death, etc)	|___|	|___|
b. Loss of employment due to imprisonment, illness/injury, or death of economically active household member.	|___|	|___|

P. TIME USE

INTERVIEWER - READ THE FOLLOWING: Now we will talk about the use of time of the adults and children of this household in some specific activities.

#	Question	PEOPLE a. Women (Age 15 yrs and older)	b. Girls (Under age 15 yrs)	c. Men (Age 15 yrs and older	d. Boys (Under age 15 yrs)
In a typical day, how many total minutes did [PEOPLE] spend…					
P.1	Gathering, collecting or purchasing fuels including travel time	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.2	Buying fuel/energy source, including travel (travel time included, back and forth)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.3	Gathering, collecting or purchasing fuels for sale (travel time included)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.4	Preparing wood (chopping, making pellets)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.5	Preparing fuel	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.6	Cooking (food, tea, boiling water)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.7	Working on other activities	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.8	Using stove or space heaters for other purposes (ex: brewing beer, preparing fodder for animals)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.9	Caring, attending, or playing with/for younger children	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.10	Studying or helping with school work	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.11	Working for pay outside of the house (employed and self-employed)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.12	Income generating activities inside the house	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
P.13	Time spent on entertainment and socializing	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes

Comments:

Q. HEALTH IMPACTS

INTERVIEWER - READ THE FOLLOWING: I want you to provide me with information about some health problems of adults and children

Q.1	**In the last 14 days, did any person in this household experienced any eye-irritating problem?**					**Yes...1 No...2**
		PEOPLE				
#	**Question**	**a. Women (Age 15 years and older)**	**b. Girls (Under age 15 years)**	**c. Men (Age 15 years and older)**	**d. Boys (Under age 15 years)**	**e. Young Children (0-4 years)**
Q.2	Number of [PEOPLE] with an eye irritating problem in the last 14 days?	_____ people (with cough) **If 0 →b**	_____ people (with cough) **If 0 →c**	_____ people (with cough) **If 0 →d**	_____ people (with cough) **If 0 →e**	_____ people (with cough) **If 0 →Q3**
Q.3	In the last 14 days, did any person in this household had cough?	Yes...1→Error! Reference source not found. No...2→Error! Reference source not found.				
Q.4	Of [PEOPLE] who had an illness with a cough, how many became sick?	_____ people	☐☐☐ people	_____ people	_____ people	_____ people
Q.5	Of [PEOPLE] who had an illness with a cough, how many went to see a doctor/clinic?	_____ people	___ people	_____ people	_____ people	_____ people
Q.6	How many of those [PEOPLE] with short, rapid breaths or difficult breathing, experienced a problem in the chest or a blocked or runny nose?	_____ people	___ people	_____ people	_____ people	_____ people
Q.7	Of the [PEOPLE] who had an illness with a cough, how many breathed faster than usual with short, rapid breaths or had difficulty breathing?	__Chest only __Nose __Both __Other __Don't know	__Chest only __Nose __Both __Other __Don't know	_____Chest only __Nose __Both __Other __Don't know	__Chest only __Nose __Both __Other __Don't know	_____Chest only __Nose __Both __Other __Don't know

#	Question	Have you expereinced?	a. Women (Age 15 years and older)	b. Girls (Under age 15 years)	c. Men (Age 15 years and older	d. Boys (Under age 15 years)	e. Young Children (0-4 years)
Q.8	Poisoning from liquid fuel	Yes...1 No...2	___ people	___ people	___ people	___ people	___ people
Q.9	Burns related to cooking or heating or fuel	Yes...1 No...2	___ people	___ people	___ people	___ people	___ people
Q.9	Of the burns related to fuel--Burns that required a visit to the clinic/hospital	Yes...1 No...2	___ people	___ people	___ people	___ people	___ people
Q.10	Back or neck problems from carrying fuel for cooking/heating	Yes...1 No...2	___ people	___ people	___ people	___ people	___ people
Q.12	Electrical injuries (e.g. shocks) that prevent attendance in school/work	Yes...1 No...2	___ people	___ people	___ people	___ people	___ people
Q.13	Other minor electrical injuries	Yes...1 No...2	___ people	___ people	___ people	___ people	___ people

Comments:

R. ATTITUDES

INTERVIEWER - READ THE FOLLOWING: I want to know your opinion on some aspects related to electricity, food preparation and others. I am going to read you some sentences, for each one tell me if you totally agree, agree, disagree, totally disagree or do not have an opinion about.

N.º	**Statement**	**Code** Strongly agree…...1 Somewhat agree……..2 No opinion……...3 Disagree…….....4 Strongly disagree...5 Not applicable…….....6
Electricity		
R.1	You are satisfied with the lighting at your home	
R.2	Kerosene or diesel usage is bad for health	
R.3	Electricity helps getting housework done and facilitate kids studying	
R.4	Today the quality of life is better than 5 years ago	
R.5	Electricity bill represents a cost for your family	
R.6	Electricity facilitates access to information	
Cooking		
R.7	Cooking with wood deteriorates health	
R.8	Electricity is used to cook	
R.9	LPG is expensive to cook	
R.10	There is a different taste in cooking with gas, wood and electricity	
R.11	Cooking with “Traditional stove” is better than with “Vida Mejor stove”	
R.11A	Cooking with “Vida Mejor stove” is more efficient than with other stoves	
Public lighting		
R.12	Public lighting improves security of women at night time	
R.13	Public lighting improves security of children at night time	
R.14	Public lighting reduces crime	
R.15	Public lighting allows more night activities in the community	
Finance		
R.16	Preference of paying for electricity instead of buying/renting a solar home system	
R.17	Willing to get a loan to purchase a solar lantern	
R.18	Willing to get a loan to purchase refrigerator	
Decision-making		
R.19	Males want to make decision on the type of electricity distribution for the household	
R.20	Males want to make decisions over the payment of elelctricity	

Comments:

S. WOMEN'S EMPOWERMENT

Respondents should be a female headed household or female spouse of the household head/member in the household or a woman member in the household.

INTERVIEWER - READ THE FOLLOWING: I want to ask you some questions related to your participation in groups or organizations and about the decision-making to carry out some activities.

ACCESS TO INFORMATION, ORGANIZATION MEMBERSHIP, VILLAGE ELECTRIFICATION COMMITTEE, CAPACITY BUILDING AND ACCESS TO FINANCE				
S.1	Are you a member of the village electrification committee?			**Code:** Yes...1 No...2 →**S.3** There is no electrification committee..3→**S.3**
S.2	How many times do you meet in a month?			
S.3	Are you a member of any other group or organization?			Yes...1 No...2 →**S.5**
S.4	If you are a member of a women's group, which type of group are you a member of/do you belong to? ***Read option aloud.*** ***Multiple answer possible (max.3)***			Religious related activities….1 Health care related activities...2 Income generating activities…3 Self-help organization……4 Savings group……...5 Microfinance organization…...6 Cooperative……..7 Village administrative committee….8 Village electrification committee…..9 Other specify…….555
S.5	What do you think are the main constraints women face in participating in organizations or activities in the area?	**Code:** Limited time…….1 Lack of support from family…2 Limited confidence….3 Limited education….4 Other specify…….5		**Code:** Limited time…….1 Lack of support from family…2 Limited confidence….3 Limited education….4 Risk of assault...5 Crime...6 Other, specify...555 Don't know …888
S.6	Do you own a bank account? ***Read options aloud***			**Code:** No account…1 Own account……..2 Joint account (with spouse)…….....3 Joint account (with group)…….....4

MOBILITY				
	STATEMENT Can you do the following activities alone or you have to go with your husband: Mark who decides about each of the activities below.	**RESPONSE CODE:** Can do herself ……...1 Can do with husband …2 Can do with others …....3 Other Specify ……555	**IF ANSWERED 2, 3 OR 555, DO YOU COMPLETE THIS [ACTICITY] FOR SECURITY REASONS OR OTHER?** **SECURITYR REASONS.....1** **OTHER REASONS…….2**	**WHO DECIDES ON ACTIVITY?** **MYSELF ...1** **MYSELF WITH HUSBAND ...2** **HUSBAND DECIDES…...3** **OTHER, SPECIFY……..55**
S.7	Visiting parents/relatives/friends within or outside the village			
S.8	Going to markets/banks/commercial centers/places of work.			
S.9	Going outside the village			
S.10	Working out of the household?			
S.11	Question for enumerator: Was the responded alone or with someone once answer to S?			Alone……1 Accompained by woman...2 Accompained by husband..3 Accompained by other males....4 Accompained by daughters Other, specify 555

Comments:

INTERVIEWER - READ THE FOLLOWING: We have concluded the interview, we appreciate the time and the information you provided us, I want to inform you that my supervisor or a supervisor of the firm could visit you today or during the week to confirm the interview.

INFORMATION ON THE RESULTS OF THE INTERVIEW			
1.	**First Visit End Time**	|__|__| : |__|__| **USE 24-HOUR FORMAT FOR REGISTRATION**	
2.	**Result first visit**	CODE: |__|	**Response Code:** **Complete …… 1** **Incomplete… ..2** **Absent …… ..3** **Rejected… ..4**
3.	**Second Visit End Time**	|__|__| : |__|__| **USE 24-HOUR FORMAT FOR REGISTRATION**	
4.	**Second visit result**	CODE: |__|	**Response Code:** **Complete …… 1** **Incomplete… ..2** **Absent …… ..3** **Rejected… ..4**
5.	**Third Visit End time**	|__|__| : |__|__| **USE 24-HOUR FORMAT FOR REGISTRATION**	
6.	**Third visit result**	CODE: |__|	**Response Code:** **Complete …… 1** **Incomplete… ..2** **Absent …… ..3** **Rejected… ..4**
7.	**House number on the map**		Record the houshold number on the map for quality control activities
8.	**COMENTS ON THE INTERVIEW:** _____ _____		

Comments: