Energy Survey
Household Questionnaire
Medium Version
Version 56
English

INFORMAÇÃO A RECOLHER DO AGREGADO		
1.	Questionnaire number of the household (ID) ***Enumerator: enter the code for this household according to the households list you were given)***	|__||__||__||__|
2.	Sudistrict/Aglomeration	
3.	Does this ID have the following data in the Cover Sheet: Household Head Name: Locality: Door Number: Is this the correct ID?	Yes……1→4 No……2→
	Return back and insert the correct ID	
4.	Should we start our interview?	Yes……1 No……2→6
5.	Interview result	Started, completed……1→7 Started, not completed……..2 Not even started……..3
6.	Reason	Refusal……1 Absent……3 Empty household…….4 Other, specify……..5 ***All options → Final Questions ended interview***
7.	Head of the Household Name ***(First and last name)*** ***Ahead you will need to enter it again***	
8.	Head of the Household Phone Number	
9.	Other Household Phone Number(s)	
10.	Name of other resident of the household who has a phone **(first and last name)**	

Comments:

11.	Phone number of other resident of the household	
12.	Reference ***Enumerator: Do not fill in, it will be filled on the data base a posteriori***	
13.	Household size	***CAPI: This value is calculated automatically from A.1***

INTERVIEW DETAILS			
14	Enumerator	ID: |__|__|	NAME:
15	Enumerator	Foot length	cm
16	Enumerator	Height	cm
17	Supervisor	ID: |__|__|	NAME:
18	Date of Interview DD/MM/YY	|__|__| / |__|__| / |__|__| D D M M Y Y	
19	Start Time	|__|__| : |__|__| ***Use 24 hour clock***	
20	Date of Second Interview DD/MM/YY	|__|__| / |__|__| / |__|__| D D M M Y Y	
21	Second Interview Start Time	|__|__| : |__|__| ***Use 24 hour clock***	
22	Date of Third Interview DD/MM/YY	|__|__| / |__|__| / |__|__| D D M M Y Y	
23	Third Interview Start Time	|__|__| : |__|__| ***Use 24 hour clock***	

Include Introductory note

IN ORDER TO MAKE A COMPREHENSIVE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:
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 (Q2 – Q4). LIST HOUSEHOLD HEAD ON LINE 1.
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 Q2 – Q4.
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 Q2 – Q4.
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 Q2 – Q4.
DO NOT LIST HOUSEHELP WHO HAVE A HOUSEHOLD ELSEWHERE, AND GUESTS WHO ARE VISITING TEMPORARILY AND HAVE A HOUSEHOLD ELSEWHERE.
IF MORE THAN 20 INDIVIDUALS, USE SECOND QUESTIONNAIRE.

Comments:

A. Household Roster/Respondents Characteristics

A.1	A.2	A.3	A.4	A.5	A.6	A.7	A.8	A.9	**A.9**	**A.9A**	A.10
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……..3 Mother/Father……..4 Other relative……5 Other non-relative……..6 House help...7	How old is [NAME]? ***Record "0" if infant below 1 year old (last birthday)*** YEARS	***ENUM/CAPI:*** Is [NAME] 5 years old or older? Yes….1 No…..2→**NEXT PERSON**	Does [NAME] know how to read and write? Yes……1 No…….2→**A.10**	Is [NAME] attending any educational establishment? ***If 3, finish filling the questions A.9 and A.9A for the respondent.*** Yes……1 No, but have already attended….2 No and never attended …3→**A.10**	Which level and year of formal education has [NAME] attended? Without level of formal education/never went to school....1 Primary ... 2 Secondary ... 3 University ... 4 Literacy ... 5 Does not know ... 888	Which is the higher year of formal education has [NAME] attended? ***Choose 12th class for the elements of the household who have medium education, professional and 12th class (introductory year)*** 1st class.....1 2nd class.....2 3rd class.....3 4th class.....4 5th class.....5 6th class.....6 7th class.....7 8th class.....8 9th class.....9 10th class.....10 11th class.....11 12th class.....12 Baccalaureate.....13 University.....14 Postgraduate/Master Degree/PhD.....15	Which year did [NAME] complete? Still haven't completed 1st class.....1 1st class.....2 2nd class.....3 3rd class.....4 4th class.....5 5th class.....6 6th class.....7 7th class.....8 8th class.....9 9th class.....10 10th class.....11 11th class.....12 12th class.....13 Baccalaureate.....14 University.....15 Postgraduate/Master Degree/PhD.....16 1st year of Literacy...17 2nd year of Literacy..18 3rd year of Literacy..19 4th year of Literacy...20 Does not know.....888	***Enum/CAPI:*** Is [NAME] 13 years or older? Yes...1 No....2→**NEXT PERSON**
1											
2											
…											

Comments:

	A.11	A.12	A.13	A.14	A.15	A.16
Individual ID	What is [NAME]'s marital status? Single……..1 Married, …..2 Cohabitating……..3 Divorced/Separated..4 Widowed……...5	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 in a month……4 Once a month….5 Never……..6	***Interviewer/ CAPI:*** Is [NAME] 15 years or older? Yes…1 No…2→ **NEXT PERSON**	What was [NAME]'s main occupation for the last 12 months? Wage Employee, Non-Farm……1 Wage Employee, Farm.....2 Self-Employed Non-Farm-Business enterprise.....3 Self-Employed Non-Farm-Independent contractor, technician, professional, etc. ……..4 Self-Employed Agriculture/Livestock ...5 Assistance in family enterprise…….6→**B.1** Casual/Day Laborer……..7→**B.1** Intern/free labor/voluntary work…….8 Student……..…9→**B.1** Retired/pensioner…….10→**B.1** Not working/unemployed…11→**B.1** Housewife……12→**B.1** Other (specify)…….555	Out of the last 12 months, how many months were [NAME] engaged in this activity? ***Max. 12months, if less than 1 month, enter 1*** MONTHS	How many days per month does [NAME] work in this activity? DAYS
1						
2						
3						
4						
5						

CHECKPOINT A	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**B.1** No…….→**6**

Comments:

B. HOUSEHOLD CHARACTERISTICS

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

#	Question	Response	Response Code
B.1	***Enumerator:*** Record Respondent ID for this section		Individual ID from Household Roster
B.2	How many years have you been living in this community? ***Record 1 if less than 1.*** ***CAPI: It can not be higher than the interviewee age registered in A.5 nor accept "0"***		Number of years
B.3	What is the type of dwelling? *(Enumerator, check with observation)*		A single house occupied by one household dwelling……..1→**B.5** A house occupied by multiple households…….2 Multi-storied building with one household.....3→**B.5** Multi-storied building with more households.....4 Group of enclosed dwellings: multiple households….5 Group of enclosed dwellings occupied by a single household……6 →**B.5** Other, specify (*vamplégá, pavu ...*).....555
B.4	How many households share your dwelling?		Number of households
B.5	Do you own this dwelling?		Yes……..…..1 → **B.7** No……..…..2
B.6	Do you use it for free or rent it?		Free……..……..1 Rented……...2
B.7	How many rooms (excluding the kitchen, toilet, and bathroom) does the household occupy?		Record number of rooms
B.8	The walls of the dwelling are mainly made of what material? ***Check with observation***		Wood.....1 Palm tree and bamboo.....2 Concrete, stone or block.....3 Mixed……4 Other, specify…… 555
B.9	The roof of the dwelling is mainly made of what material? ***Check with observation***		Zinc…….....1 Asbestos.....2 Tiles…….....3 Reinforced concrete…….....4 Other, specify…….....555
B.10	The floor of the dwelling is mainly made of what material? ***Check with observation***		Mud/Dung…….....1 Wood planks…….....2 Cement…….....3 Mosaic.....4 Other, specify…….....555
B.11	What type of toilet facility does your household use? ***Multiple responses possible.***		Flush to sewage……..1 Flush to septic tank……..2 Covered pit latrine……3 Uncovered pit latrine……4 None (open field)……5
B.12	What is your household's main source of drinking water?		Pipe borne water inside the house……1 Pipe borne water in the backyard……..2 Public fountain……3 Spring……4

Comments:

			River/Stream……5 Neighbor backyard……..6
B.13	Is your drinking water treated (chemical treatment)?		Yes……...…..1 No……..…..2 Don't know…….888
B.14	The waste the household generates is?		Picked by public system.....1 Burned.....2 Buried.....3 Discarded in the river/sea.....4 Discarded in an empty lot.....5
B.15	What is the main source of energy the household uses for illumination? ***Single response***		Oil.....1 Electricity.....2 Candle.....3 Olive oil.....4 Outros.....5
B.16	At which formal institution does this household have an account? ***Read options aloud***		Commercial bank……1 Cooperative credit union……2 Microfinance institution……..3 No one in the household holds an account or savings with a formal institution….111 Other, specify……..555
B.17	At which informal institution does this household have an account or savings? ***Multiple responses possible***		Group savings (rotational, i.e., *xiquilá* loan) ……1 No one in the households holds an account or savings with an informal institution…….111 Other, specify……555
B.18	If you can get a loan/credit, what are the sources of credit/loans? ***Multiple responses possible***		Commercial bank……..1 Cooperative credit union……2 Microfinance institution…….3 Association/NGO……...….4 Business firm (eg: CREDIAL)…….5 Employer……6 Creditor (eg: *moneychanger*)……..…7 Relative/friend/neighbor……8 Cannot get a loan/credit……..9 Other, specify…….555

CHECKPOINT B	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**C.1** No…….→**6**

Comments:

C. SUPPLY AND DEMAND OF ELECTRICITY

Instructions: This module should be completed by the most knowledgeable member on household electricity. Concerted answers should be allowed.

C.1	***Enumerator:*** Record Respondent ID for this section	☐	Individual ID from Household Roster
C.2	What is the source that you use the most in your household? ***This will be the MAIN (or hours most used) electricity source that is referred to later.***		National Grid Connection……..……..1→ **C.7** Local Mini Grid connection…….2 Electric generator…..…….....3 Rechargeable Battery……...4 Dry-cell battery……5 Solar Lantern……..6 Solar Multi-Light Product……7 Solar Home System ……8 No electricity……...111
Electricity from National Grid			
C.3	Is the household connected to the national grid?		Yes……..……...1 → **C.7** No……..2
C.4	What is the MAIN reason why your household is not connected to the grid? ***Record the MAIN reason.***		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 Other, specify……555
C.5	Do you expect to get grid connection?		Yes……..……...1 Don't expect to get grid connection…….111→ **C.40** Don't know……888→**C.40**
C.6	When do you expect to get grid connection?		Up to 6 months…1 6 months to 1 year….2 1 year to 2 years….3 More than 2 years…4 Don't know….888 ***ALL RESPONSES*→ C.40**
C.7	How many years have you had this grid connection? ***Record in years, if less than 1 year record 1*** ***CAPI: Cannot be greater than B.2, nor to the age of the respondent in A.5, nor "0"***	☐	Number of Years
C.8	How much did your household pay for the grid connection fee? ***Refer to connection fee ONLY.***	☐	Local currency Don't know……888 Household was already connected……..111→ **C.12**
C.9	How much did your household pay for the internal wiring fee? ***Do not include the connection fee from C.8 here***	☐	Local currency Don't know……888
C.10	How many days after you applied for the grid connection did your household get connected? **(Insert 0 if immediate)**		Number of dayson't know……888

Comments:

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, including pre-paid meter cards……...1 Community/village/municipality……..….2 Relative……...3 Neighbor……..……4 Landlord……..….5 Local store .....6 Bank .....7 Post office.....8 No one……...….111→**C.24** Other, specify……..555
C.13	How frequently do you make your payment?		Weekly….1 Fortnightly…2 Monthly….3 Every 6 months…4 Other, specify……555
C.14	Does your household have an electric meter?		Yes……1 No……2→**C.19**
C.15	What is the capacity of the meter? ***Enumerator check the meter box or the bill***		Ampere
C.16	Is this a pre-paid meter?		Yes……1 No……2
C.17	Does your household share the electric meter?		Yes……1 No……2→ **C.19**
C.18	How many households are sharing the meter?		Number of Households
C.19	How is made the electricity billing? ***Read options aloud***		Postpaid, per kWh based on electric meter reading ….....1 Pre-paid, per kWh……2 Fixed monthly fee based on the number of lights and appliances used……...…….3 Other, specify…….555 No bill for electricity…….111
C.20	How do you pay for your electricity usage?		Cash (pay invoice of national energy company) ….1 Cash (buy national energy company pre-paid card)..….2 Bank transfer……3 Other, specify…….555 Does not pay for electricity……111→**C.24**
C.21	***Enumerator: If the respondent pays the energy company or has a record of the electricity payment, ask to see the electricity bill/invoice and use it for C.22 and C.23 .***	☐	Respondent has energy bill and shows it……....1 Respondent has energy bill but refuses to show it or could not locate it……..2→**C.24** Respondent does not have an energy bill……3→**C.24**
C.22	In the last month, how much did you spend on the electric bill? ***Calculate amount paid from the last bill, consider all the applicable costs (electric meter rental, industrial tax, VAT, service tax…), excluding water***	☐	Local Currency Don't Know……888
C.23	In the last month how much electricity did your household consume? ***Calculate the consumption from the last bill.***	|__|__|__| kWh	Quantity in Kilowatt Hour (kWh) Don't Know……888

Comments:

			All options →**C.25**
C.24	In a typical month, how much did you spend on electricity?		Local Currency Don't Know……888
C.25	Is the quality of electricity service the same all year?		Yes……..1 No……..2
C.26	Do you receive information about an availability schedule (fixed schedule of when there is available electricity from the grid)?		Yes……..1 No……2
C.27	How many hours of electricity are available **daily (day and night)** from the grid? (max 24 hours)	☐ hours	Hours of supply Don't know……888
C.28	How many hours of electricity are available **each evening, from 6:00 pm to 10:00 pm from** the grid**?** (max 4 hours)	☐ hours	Hours of supply Don't know……888
C.29	How many hours of electricity do you **use** each day and night from the grid? ***Cannot exceed number of available hours in C.27***	☐ hours	Hours of supply Don't know……888
C.30	How **many** outages/blackouts occur in a week?	☐	Number of outages/blackouts No outages/blackouts…..111→**C.32** Don't know……888
C.31	What is the **average total duration** of all the outages/blackouts in a week?	a. Hours |__|__|__| b. Minutes |__|__|__|	Don't know……..888
C.32	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 Multi-Light Product ……5 Solar Home System …….6 Fuel-based lighting (e.g.: oil/*aida* lamp) ……..……7 Dry-cell (rechargeable or non-rechargeable) battery/ Torch/ Flashlight……..8 Candle……9 Other, specify…….....555 No back-up source……111
C.33	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

Comments:

			battery)…….....3 Solar Lantern……4 Solar Multi-Light Product ……5 Solar Home System …….6 Other, specify……..…555 No back-up source……111
C.34	The last time you asked for assistance in a power failure, how many days after you contacted the power company did they come to fix the problem? ***Enumerator: Response under 24 hours can be recorded as 0***		Number of days No one to ask for assistance in power company…….111 Never asked for assistance……..888
C.35	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.36	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.37	Is your electric wiring insulated or concealed?		Yes…….1 No……..2
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→**C.40**
C.39	What was the reason for this injury?		Carelessness or error…..1 Lack of knowledge about the use of the appliance…2 Faulty wiring/connection…..3 Other, specify……555
Electricity from Mini Grid			
C.40	Is the household connected to a mini-grid?		Yes……1 No……..2→**C.77**
C.41	What is the name of the local mini-grid company?		 Name of company
C.42	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.43	How many years have you had this mini-grid connection? ***Record in years, if less than 1 year record 1*** ***CAPI: It can not be higher than the respondent's age in A.5***		Number of Years
C.44	How much did your household pay for the mini-grid connection fee? ***Refer to connection cost (but include all other possible standard service related costs included in the connection fee, such as cost of celebrating contract, inspection, meter's security deposit,***		Local currency Don't know……..888 Household was already connected……..111→**C.48**

Comments:

	stamp duty, etc).		
C.45	How much did your household pay for the internal wiring? ***Do not include the connection fee from C.44 here (but include all other possible standard service related costs included in the connection fee, like protection mechanisms before the electric meter)***		Local currency Don't know……888
C.46	How many days after you applied for the mini-grid connection did your household get connected? **(Insert 0 if immediate)**		Number of days Don't know…….888
C.47	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.48	Have you applied for an upgrade of service since you connected to the mini-grid?		Yes……..1 No……2
C.49	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.60** Other, specify……..555
C.50	Does your household have an electric meter?		Yes……1 No……..2→**C.54**
C.51	Is this a pre-paid meter?		Yes……1 No……2
C.52	Does your household share the electric meter?		Yes……1 No……2→ **C.54**
C.53	How many households are sharing the meter?		Number of Households
C.54	How is made the electricity billing? ***Read options aloud***		Per kWh based on electric meter reading ……...1 Pre-paid, per kWh……2 Fixed monthly fee based on the number of lights and appliances used……..…….3 Other, specify…….555 No bill for electricity…….111
C.55	How do you pay for your electricity usage?		Cash……..1 Vouchers from local store……2 Credit/Bank transfer…….3 Other, specify……555 Does not pay for electricity……111→**C.60**
C.56	Were you involved in setting the tariff for the mini-grid?		Yes……1 No……2→**C.58**
C.57	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.58	***Enumerator: If the respondent pays the energy company or has a record of the electricity payment, ask to see the electricity bill/invoice and use it for C.59 and C.60.***	☐	Respondent has energy bill and shows it……....1 Respondent has energy bill but refuses to show it or could not locate it……..2→**C.61** Respondent does not have an energy bill……3→**C.61**

Comments:

C.59	In the last month, how much did you spend on the electric bill? ***Calculate amount paid from the last bill, consider all the applicable costs (electric meter rental, industrial tax, VAT, service tax…)***	☐	Local Currency Don't Know……888
C.60	In the last month how much electricity did your household use? ***Calculate the consumption from the last bill.***	|__|__|__| kWh	Quantity in Kilowatt Hour (kWh) Don't Know……888 Any option →**C.62**
C.61	In a typical month, how much did you spend on electricity?		Local Currency Don't Know……888
C.62	Is the quality of electricity service the same all year?		Yes……1 No……2
C.63	Do you receive information about an availability schedule (fixed schedule of when there is available electricity from the grid)?		Yes……1 No……2
C.64	How many hours of electricity are available **daily (day and night)** from the grid? (max 24 hours)	☐ hours	Hours of supply Don't know……888
C.65	How many hours of electricity are available **each evening, from 6:00 pm to 10:00 pm from** the grid**?** (max 4 hours)	☐ hours	Hours of supply Don't know……888
C.66	How many hours of electricity do you **use** each day and night from the grid? ***Cannot exceed number of available hours in C.64***	☐ hours	Hours of supply Don't know……888
C.67	How **many** outages/blackouts occur in a week?	☐	Number of outages/blackouts No outages/blackouts…..111→**C.69** Don't know……888
C.68	What is the average **total duration** of all the outages/blackouts in a week?	c. Hours |__|__|__| d. Minutes |__|__|__|	Don't know……..888

Comments:

C.69	What is your main back-up source of **lighting** during outages/blackouts of the mini grid?		Electric generator……..……..…2 Rechargeable battery and storage devices (e.g.: car battery)…….....3 Solar Lantern……4 Solar Multi-Light Product ……5 Solar Home System …….6 Fuel-based lighting (e.g.: oil/*aida* lamp) ……..……7 Dry-cell (rechargeable or non-rechargeable) battery/ Torch/ Flashlight……..8 Candle……9 Other, specify…….....555 No back-up source……111
C.70	What is your main back-up source of electricity **for appliances** (including mobile phone charging) during outages/blackouts of the mini-grid?		Electric generator……..…..1 Rechargeable battery and storage devices (e.g.: car battery)…….....2 Solar Lantern……3 Solar Multi-Light Product ……4 Solar Home System …….5 Pico-hydro…….6 Other, specify……..….555 No back-up source……111
C.71	The last time you asked for assistance, how many days after you contacted power company did they come to fix the problem?		Number of days No one to ask for assistance …….111 Never asked for assistance…….888
C.72	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
C.73	What are the most serious problems you experience with your mini grid electricity? ***Record up to 2 responses.***	c. First |__|__|__| d. Second |__|__|__|	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.74	Is your electric wiring insulated or concealed?		Yes……..1 No……..2
C.75	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→**C.77**
C.76	What was the reason for this injury?		Carelessness or error…..1 Lack of knowledge about the use of the appliance…2 Faulty wiring/connection…..3 Other, specify……555

Comments:

Electric Generator set			
C.77	In the last 12 months, did the household use a generator to supply electricity?		Yes……..…..1 No……..…..2→**C.101**
C.78	Do you share this generator with other households? ***Ask about main generator.***		Yes……..…..1 No……..…..2→**C.80**
C.79	How many households are sharing electricity from this generator? ***Ask about main generator.***		Number of households Don't know……..888
C.80	***Enumerator Observation:*** What is the capacity of the generator? ***Read name plate of the MAIN generator.***		Volt Amps (kVA) Don't know……..888
C.81	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. |__|__|__| 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 Used all year……...111
C.82	How many days per month did you typically use this generator?		Number of days Don't know……..888
C.83	In the last 12 months, what did your household use this generator for? ***Multiple responses possible***	a. |__|__|__| b. |__|__|__| c. |__|__|__| d. |__|__|__|	Lighting……1 Appliances……2 Home-based income activity……3 Other, specify……555 Don't know……..888
C.84	How many years have you used this generator? ***Record in years, if less than 1 year record 1*** ***CAPI: It can not be higher than the respondent's age in A.5***		Number of Years Don't know……..888
C.85	Does your household own, rent or use for free the generator?		Own the generator…1→**C.80** Rent the generator…2 Use the generator for free…3→**C.80**
C.86	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.***		Local currency Don't know……888
C.87	In the last 12 months, how much did you pay for repairs/parts/maintenance of the generator?		Local currency Don't know……888

Comments:

C.88	What fuel is used to power the generator?		Diesel……1 Gasoline……2 Other, specify……555 Don't know……888
C.89	In the last 30 days, what was the total quantity of fuel used to power the generator?	Amount |__|__|__|	Liters Don't know……..888
C.90	Do you pay for the fuel used to power the generator?		Yes……..1 No……2→**C.92**
C.91	In the last 30 days, how much did your household spend on fuel for this generator?		Local currency Don't know……888
C.92	Are there certain months/seasons of **the year** when less fuel is available to power the generator?		Yes……1 No……..2
C.93	How many hours could you use this generator **each day and night** if you wanted to? **(max 24 hours)**	☐ hours	Hours of supply Don't know……888
C.94	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	Hours of supply Don't know……888
C.95	How many hours do you actually use this generator **each day** (day and night)? **(Cannot be more than C.93)**	☐ hours	Hours of supply Don't know……888
	CAPI CHECK: If the response to C.2 is code 3, "Electric Generator", then continue to C.96. If Code 3, Electric Generator is not recorded, skip to C.101		
C.96	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.97	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 Other, specify……..555 No problems……111
C.98	Is your electric wiring insulated or concealed?		Yes……1 No……..2
C.99	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→**C.101**

Comments:

C.100	What was the reason for this injury?		Carelessness or error…..1 Lack of knowledge about the use of the appliance…2 Faulty wiring/connection…..3 Other, specify……555
Externally Recharged Battery (Car Battery, etc)			
C.101	In the last 12 months, did the household use any rechargeable batteries, such as car batteries, for electricity?		Yes……1 No……..2→ **C.119**
C.102	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. |__|__|__| 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 Used all year……...111 Don't know……888
C.103	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, specify……555
C.104	Does your household have an inverter that allows you to use AC appliances?		Yes……1 No……..2→**C.106**
C.105	What is the capacity of the inverter?		Watts (W)
C.106	What is the total number of rechargeable batteries that you use in a typical month?		Total number of rechargeable batteries. Don't know……888
C.107	How much did you pay for the rechargeable battery?	|__|__|__|	Local currency Don't Know……888
C.108	How much does your household spend in a typical month to recharge the batteries (in total)?		Local currency Don't Know……888
C.109	What is the electricity source used to recharge the battery?		National grid……..1 Local mini-grid……2 Electric generator……..3 Solar……4 Other, specify……..555
C.110	How many hours can you use rechargeable batteries for electricity supply **daily (day and night) when fully charged** if you wanted to? **(max 24 hours)**		Hours Don't Know……888
C.111	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)**		Hours Don't Know……888
C.112	How many hours do you actually use rechargeable batteries for electricity supply **daily**?		Hours

Comments:

	Cannot exceed number of hours in C.110		Don't Know……888
C.113	How many hours do you actually use rechargeable batteries for electricity supply **each evening, from 6:00 pm to 10:00 pm**? ***Cannot exceed number of hours in C.111***		Hours Don't Know……888
CAPI CHECK: If the response to C2 code 4, "Rechargeable Battery", then continue to C.114. If Code 4, Rechargeable Battery is not recorded, skip to C.119			
C.114	What is the capacity of the model of rechargeable batteries you use? ***If multiple batteries, record capacity for the most used battery.***	Capacity	Ampere-hour Don't know……888
C.115	What is the voltage of the model of rechargeable batteries you use? ***If multiple batteries, record voltage for the most used battery.***	Voltage	Volts Don't know……888
C.116	What are the most serious problems you experience with the rechargeable batteries? ***Record up to 2 responses.***	a. First |__|__|__| b. Second |__|__|__|	Supply shortage/not enough hours of electricity…..1 Too expensive.....2 Cannot power large appliances……...3 Recharging is not convenient……...4 Maintenance & repair is difficult……..5 Cannot recharge battery to full capacity……..6 Other, specify……555 No problems……111
C.117	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→**C.119**
C.118	What was the reason for this injury?		Carelessness or error…1 Lack of knowledge about the use of the appliance …2 Faulty wiring or wiring with exposed wires…3 Other, specify……555

Comments:

SOLAR BASED DEVICES

C.119	In the last 12 months, did the household use any of the following solar based devices? ***Multiple responses possible.***		Solar Lantern……1 Solar Lighting System ……2 Solar Home System …….3 None…….....4→ **C.164**
C.120	How many solar lanterns do you have?		Number of solar lanterns
C.121	How many solar lighting products do you have?		Number of solar lighting products
C.122	How many solar home systems do you have?		Number of solar home systems

C.123	C.124	C.125	C.126	C.127	C.128	C.129	C.130	C.131	C.132	C.133	C.134	C.135	C.136
SOLAR DEVICE	***Ask about all devices in order of importance*** (Example: Main Solar System is Device 1) Do you usually use this solar [DEVICE]? Solar Lantern……1 Solar Lighting product……2 Solar Home System 3	Is this your main solar device? ***(Only allow for one response to be "Yes")*** Yes...1 No…2	What is the manufacturer and model of the [DEVICE]? ***If unknown, enter "888"***	Does this [DEVICE] have a mobile charger? Yes...1 No…2	Does this [DEVICE] have a radio? Yes...1 No…2	***CAPI: What is the type of solar device?*** Solar Lantern…1→**C.123** Solar Lighting product……2 Solar Home System (…3	How many light bulbs are there in the system? NUMBER OF LIGHT BULBS	What is the power rating of the solar panel? ***If unknown, enter "888"*** ***Read the name plate of the solar panel*** QUANT. in Watt-Peak (Wp)	What is the capacity of the battery? ***If unknown, enter "888"*** Amp-hours (Ah)	Do you have an inverter? Yes...1 No…2	How many years have you had this [DEVICE]? ***Record in years, if less than 1, record 1*** ***CAPI: It can not be higher than the respondent's age in A.5*** NUMBER OF YEARS	Who decided to purchase/ acquire this [DEVICE]? MEMBER ID	How did you get this [DEVICE]? Bought, fully paid…..……1→**C.123** Bought, under installment..2→**C.123** Rent/pay fee to use……..3→**C.123** Received for free….4
1													
2													
3													
4													
5													

Comments:

SOLAR DEVICE	C.137	C.138	C.139	C.140	C.141	C.142	C.143
	Who gave you this [DEVICE]?	How much did you pay for this [DEVICE] upfront?	Does this [DEVICE] have a warranty (i.e.to exchange or repair if the device does not work.)?	Did you receive information on the warranty and training on this [DEVICE]?	How many hours **do you use** [DEVICE] for lighting and other applications **each day**?	What is the most serious problem you experience with [DEVICE]?	Is there a service to repair or replace easily available?
	Local private organizations (NGO)…….1 Chief of village…….2 Local government …3 Relative/Friend…….4 Other, specify…….555 ***ALL*→C.123**	LOCAL CURRENCY	Yes…1 No….2	Yes…1 No….2	HOURS Don't know……888 **(Cannot exceed 24 hours)**	Duration of service too short……...1→**C.123** Too expensive.....2 →**C.123** Cannot power large appliances…….....3 →**C.123** Breaks too often…..4 Maintenance and availability of spare parts……..5 Quality of light…..6→**C.123** Battery problems…7→**C.123** Other, specify…….555→**C.123** No problems……..111→**C.123**	Yes……1 No…….2
1							
2							
3							
4							
5							

Comments:

ID: |___|___|___|___|___|___|___|___|___|

MAIN SOLAR-BASED DEVICE

Record information for the MAIN solar-based device, the device listed in C.123 in the previous table.

C.144	Was the amount you paid for your main solar device?		Full amount….1→**C.148** Partial amount…..2
C.145	What is the term period for the payment?		Months
C.146	What payment system do you use?		Pre-paid…….1 Fixed fee……2 Other……..555
C.147	What is the monthly payment for this [DEVICE] (installment/ fee to rent/use)?		Local Currency
C.148	Did/do you borrow money to make your payment for [DEVICE]?		Yes….1 No…..2
C.149	Are there certain months/seasons **every year** when the service is not as strong from [DEVICE]?		Yes……1 No……..2
C.150	How many hours do you receive service from this [DEVICE] **daily (day and night)**? ***(max 24 hours)***	☐ hours	Hours of supply Don't know……888
C.151	How many hours is service available from this [DEVICE] **each evening, from 6:00 pm to 10:00 pm?** ***(max 4 hours)***	☐ hours	Hours of supply Don't know……888
C.152	How many hours do you actually use the [DEVICE] **each day** for lighting and other applications? **(max 24 hours)** ***Cannot exceed hours in C.150***	☐ hours	Hours of supply Don't know……888
C.153	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.155**
C.154	What was the reason for this injury?		Carelessness or error…1 Lack of knowledge about the use of the appliance …2 Faulty wiring or wiring with exposed wires…3 Other, specify……5555
C.155	Which devices/ appliances do you currently use that are fed by your solar device? ***Multiple response***		Television……..1 Fan……2 Refrigerator……3 Radio……..4 Tablet/laptop/computer……..5 Mobile phone charger……..6 Air conditioning……7 Other, specify……555 No appliances……111
C.156	Is there any device/appliance you do not have that you would like to have?		Yes……1 No……..2 →**C.158** Don't know……888
C.157	What devices/appliances would you most like to have? ***Multiple response (Up to three devices)***		Television……..1 Fan……..2 Refrigerator……3 Radio……..4 Tablet/laptop/computer……..5 Mobile phone charger……..6 Air conditioning……..7 Other, specify……555 Don't know/refuse to answer……888
C.158	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.159	In what year did you get your first solar device?		Year Don't know……888
C.160	Has solar been your main source of lighting/electricity since that year?		Yes……..1 No……2 Don't know……888
C.161	What was your main source of lighting/electricity when it was not a solar device?		National grid connection……..1 Local mini grid connection……2 Electric generator……...3 Rechargeable battery and storage devices (e.g.: car

Comments:

			battery)……4 Fuel-based lighting (for example, oil lamp, aida lamp)……5 Dry-cell (rechargeable/non-rechargeable) battery/ Torch/Flashlight……6 Candle……7 Other, specify……555
C.162	Compared to the first time you used solar lighting, you currently… ***Read aloud options***		Use more solar lighting……1 Use about the same solar lighting……2 Use less solar lighting……..3→**C.164**
C.163	What devices/appliances do you use today that you did not use with your first solar lighting device?		Mobile phone charger……..1 Radio……2 TV……3 Fan……4 Refrigerator……...5 No change……6 Other, specify……555

Main Source of Electricity			
CHARGING MOBILE PHONE			
C.164	How many mobile phones do the household members own combined?		If none input "0" →**D.1**
C.165	Are members of your household able to charge all their mobile phones as often as they need inside your dwelling?		Yes……1 →**.D.1** No…….2 Don't know……888
C.166	Can you charge at least one mobile phone to full charge everyday inside your dwelling?		Yes…….1→ **C.168** No……..2
C.167	Can you charge at least one mobile phone to full charge in 3 days inside your dwelling?		Yes……1 No…….2
C.168	How many mobile phones of your household members do you charge outside your dwelling? ***CAPI: Cannot exceed the number in C.164***		Number of mobile phones ***If 0***→**D.1**
C.169	How much does your household spend each month (in total) on charging the mobile phone(s) outside your dwelling?		Local currency

CHECKPOINT C	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**D.1** No…….→**6**

Comments:

ID: |___|___|___|___|___|___|___|___|

D. WILLINGNESS TO PAY FOR A GRID CONNECTION

Respondent should be most knowledgeable member on household electricity.
For each household, CAPI will randomly assign one of the seven following amounts in the placeholder ${CF}: 0% of the connection fee in local currency and respectively 14%, 29%, 43%, 57%, 71%, 100%. – 950 STN (single-phase connection)

D.1	***Interviewer/CAPI check:*** Is the household connected to the national grid?		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} upfront for an electricity connection?		Yes……1→**D.9** 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?		Yes……1→ **D.9** No……2 Don't Know……888
D.5	Would you be willing to pay ${CF} for an electricity connection, if you were given 6 months to make the payment?		Yes……1→**D.9** No……2 Don't Know……888
D.6	Would you be willing to pay ${CF} for an electricity connection, if you were given 12 months to make the payment?		Yes……1→**D.9** No……2 Don't Know……888
D.7	If the connection fee were waived, would you get a grid connection?		Yes……1→**D.9** No……2 Don't Know……888
D.8	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.9	How much do you think it would cost to do all the internal electrical wiring in your house?		Local currency Don't Know……888
D.10	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?		Local currency Don't Know……888

Comments:

ID: |___|___|___|___|___|___|___|___|

E. WILLINGNESS TO PAY FOR SOLAR DEVICE

Respondent should be most knowledgeable member on household electricity.
For each household, CAPI will 1) randomly assign a Tier 2 (high capacity: enough to power a television) or Tier 1 (low capacity: multiple lightbulbs and mobile charging) solar home system; and 2) randomly one of the three following amounts in the placeholder ${CF}: 33%, 66%, or 100% of the solar device in local currency. We will have the market price for the selected.

E.1	***ENUMERATOR/CAPI check:*** Is the main source of electricity for this household:		National grid…1→**F.1** Mini-grid……..2→**F.1** Electric generator…….....3→**F.1** Solar Lantern……..4 Solar Lighting product……5 Solar Home System……6→**F.1** Rechargeable Battery……7 Dry-cell battery……8 No electricity……...111
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.***[INSERT DESCRIPTION OF SOLAR DEVICE] 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} upfront 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?		Yes……1→**F.1** No……2 Don't Know……888
E.5	Would you be willing to pay ${CF} for this solar device, if you were given 12 months to make the payment?		Yes……1→**F.1** No……2 Don't Know……888
E.6	Would you be willing to pay ${CF} for this solar device, if you were given 24 months to make the payment?		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 Other, specify……555

CHECKPOINT D+E	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**F.1** No……→**6**

Comments:

F. OIL LAMP/FUEL-BASED LIGHTNING/CANDLES

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

F.1	***Enumerator:*** Indicate from the list who is the Respondent for this section	Individual ID from Household Roster

F.2	F.3	F.4	F.5	F.6	F.7	F.8	F.9	F.10
FUEL LAMP/ CANDLE/ TASK LIGHT	In the last 12 months, did you use [NAME FROM THE LIST] for lightning? ***Use photo aid to identify lamp type*** Candle……1→**G.1** Oil lamp (“cafuca”)…...2 Hurricane lamp with glass cover (“aida”).....3 Pressurised paraffin lamp (like “petromax") None……5→**G.1** Other, specify…555 ***Use a separate row for each TYPE of lamp/candle***	What is the main fuel source for [LAMP]? Oil…....1 Diesel……..2 Gasoline…...3 Biogas……..4 Paraffin…..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*** LOCAL CURRENCY *If more than 1 device, input the average.*	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	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*** 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. |__|__|__| b. |__|__|__|	
3							a. |__|__|__| b. |__|__|__|	
4							a. |__|__|__| b. |__|__|__|	
5							a. |__|__|__| b. |__|__|__|	

Comments:

F.11	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 Other, specify……555 Studying and homework only during daylight hours….111 There are no children with age to be at school in this household…..888

		F.12	F.13	F.14	F.15
FUEL/ CANDLE	**MAIN SOURCE OF FUEL**	What is the total quantity of [FUEL] you purchase at a typical time?	How long does this quantity of [FUEL] typically last?	How much do you pay **in total** for the amount of [FUEL/CANDLES] you purchased?	What is the percentage of this [FUEL] you use for lighting?
		LITERS OF FUEL/Number of Candles	DAYS	LOCAL CURRENCY	PERCENTAGE
1	Candle				
2	Petroleum				
3	Diesel				
4	Gasoline				
5	Biogas				
6	Paraffin				
	Other				

CHECKPOINT F	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**G.1** No……→**6**

Comments:

G. DRY CELL (RECHARGEABLE OR NON-RECHARGEABLE) BATTERIES

G.1	***Enumerator:*** Indicate from the list who is the Respondent for this section	Individual ID from Household Roster

G.2	G.3	G.4	G.5	G.6	G.7	G.8
DEVICESOURCE	In the last 12 months, did you use dry cell (rechargeable or non-rechargeable) batteries to power [NAME FROM THE LIST] ***Use photo aid to identify lamp type*** Flashlights....1 Task lights....2 None…….111→ **H.1** Other, specify…555 ***Use a separate row for each TYPE of lighting***	How many of [ITEM] does your household power with dry cell (rechargeable or non-rechargeable) batteries? NUMBER OF EACH DEVICE	How much did you pay for each [ITEM] on average? ***If paying in installment, enter total value of payments*** LOCAL CURRENCY *If more than 1 device, enter the average.*	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? HOURS *If more than 1 device, input the average.*	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
1						
2						
3						
4						
5						

G.9	How many dry cell (rechargeable or non-rechargeable) batteries do you purchase **each month**?	NUMBER OF BATTERIES FOR EACH DEVICE
G.10	How much do you spend each month on dry (rechargeable or non-rechargeable) batteries?	LOCAL CURRENCY

CHECKPOINT G	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**H.1** No…….→**6**

Comments:

H. HOUSEHOLD FUEL CONSUMPTION - FOR COOKING ONLY

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:* Indicate from the list who is the Respondent 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	H.15	H.16	H.17	H.18
Fuel Type	In the last 12 months, did your house-hold 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.***							In the last 12 months, how many months did you use this [FUEL]?	In the last 12 months, in which months was this [FUEL] **scarce** and **significantly more expensive**? *Multiple responses possible* *See Month Codes*	What unit do you usually purchase/collect [FUEL]?	How often do you purchase/collect [FUEL]? (in days)	How much do you purchase each time?	What was the price (per unit) that you payed?	In the last 30 days, how much did you pay for the amount of [FUEL] that you purchased?	Of the total household consumption, how much comes from purchases (not collected)?
		LIGHTING	COOKING	HEATING	FIRE STARTER/ IGNITION	BOILING WATER	HOME-BASED INCOME ACTIVITY	OTHER, SPECIFY	***Number of Months*** Used all year……1 11	Available all year……111	***Options:*** Bunch ... 1 50kg bag ... 2 5kg bag ... 3 10kg bag ... 4 5 STD Bunch ... 6 10 STD Bunch ... 7 Kilogram (kg) ... 8 Firewood Truck / Dyna ... 9 Large gas bottle 25kg ... 10 Medium gas bottle 13 kg ... 1 Small gas bottle 6kg ... 12 Half bottle (0.33 liter) ... 13 Half Liter (0.5 liter) ... 14 0.75 liter bottle ... 15 1 liter bottle ... 16 5 liter bottle... 17 25 liter canister ... 18 50 liter canister ... 19 100 liter canister... 20 200 liter canister... 21 kWh ... 22 Other, specify ... 888	QUANTITY 0→ NEXT RO	QUANTITY 0→ NEXT RO	COST (LOCAL CURRENCY)	*CAPI: CALCULATE AUTOMATICALLY*	
a. LPG/ cooking gas	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__||__||__||__|		|__|__|__| kg	|__|__|__| kg	|__|__|__|		
b. Purchased wood	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__||__||__||__|		|__|__|__| kg	|__|__|__| kg	|__|__|__|		
c. Collected wood	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__||__||__||__|		|__|__|__| kg				
d. Charcoal	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__||__||__||__|		|__|__|__| kg	|__|__|__| kg	|__|__|__|		
e. Petroleum	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__||__||__||__|		|__|__|__|	|__|__|__|	|__|__|__|		

Comments:

		|	|	|	|	|	|		|__|			liters	liters			
f. Crop Residues/ Plant Biomass	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__|__|__||__|		|__|__|__| kg	|__|__|__| kg	|__|__|__|		
g. Sawdust	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__|__|__||__|		|__|__|__| kg	|__|__|__| kg	|__|__|__|		
h. Coal Briquette	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__|__|__||__|		|__|__|__| kg	|__|__|__| kg	|__|__|__|		
i. Biomass Briquette	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__|__|__||__|		|__|__|__| kg	|__|__|__| kg	|__|__|__|		
j. Electrical energy	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|								
k. Pellets/ processed biomass/ wood chips	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__|__|__||__|		|__|__|__| kg	|__|__|__| kg	|__|__|__|		
l. Biogas (from animal waste or dung)	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__|__|__||__|		|__|__|__| kg	|__|__|__| kg	|__|__|__|		
m. Garbage/ plastic	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|								
n. Other, specify	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__||__||__|	|__|__|__||__|		|__|	|__|	|__|__|__|		
o. None 111																

#	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)
For codes "b. Wood purchased" and "c. Wood collected" ask questions H.19 -H21					
H.19	**Enumerators: For each question add the total amount of minutes that all the individuals in that age and gender category spend in one day.** In a typical day, how many total minutes did [PEOPLE] **spend** gathering, collecting or purchasing fuels including travel time for the household and income generating activities	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
H.20	What is the frequency of collection/purchase (i.e., in every X days)?				
H.21	How many times did [PEOPLE] collect/purchase during this period?				

Comments:

H.22	***CAPI Verification: H.2 answer was b, c or d*** In which way is made the storage/drying of charcoal and wood in your comunity?	Charcoal or wood is sun-dried for 12 months or stored dry (low humidity) ..... 3 Charcoal or wood is sun-dried for less than 12 months or stored dry (low humidity) ..... .2 Charcoal or wood is sun-dried for less than 9 months or stored dry (low humidity) ..... .1 Charcoal or wood is sun-dried for less than 6 months or stored dry (low humidity) 0
H.23	***CAPI Verification: H.2 answer was e or f*** In which way is made the storage/drying of other crop residues/plant biomass or sawdust in your comunity?	Sun-dried for 12 months or stored dry (low humidity) ..... 1 Sun-dried for less than 12 months or stored dry (low humidity) 0
H.24	***CAPI Verification: H.2 answer was h or j*** In which way is made the storage/drying of biomass briquette pellets, processed biomass or wood chips in your comunity?	Sun-dried for 12 months or stored dry (low humidity) ..... 4 Sun-dried for less than 12 months or stored dry (low humidity) ..... .3 Sun-dried for less than 9 months or stored dry (low humidity) ..... .2 Sun-dried for less than 6 months or stored dry (low humidity) ..... .1 Sun-dried for less than 3 months or stored dry (low humidity) 0

CHECKPOINT H	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**I.1** No……→**6**

Comments:

I. USE OF COOKING SOLUTIONS

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

I.1	***Enumerator:*** Indicate from the list who is the Respondent 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.2	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
Cookstove ID	In the last 12 months, which cookstove (s) did your household use for only preparing meals? ***List up to 5*** **CODE:** Traditional wood-burning stove with three stones / banana hut ... 1→**I.13** Traditional wood-burning stove, made of steel ... 2 Large round charcoal stove ... 3 Large rectangular charcoal stove made of cement ... 4 Large rectangular charcoal barrel stove ... 5 Small round charcoal stove ... 6 Small quadrangular charcoal stove ... 7 Fireside / wood oven / large coal ... 8 Fireside of school / ecological type ... 9 Imported cooker ... 10 Wheel rim cooker ... 11 Chinese/oil cooker, 1-burner ..... 12 Chinese/oil cooker , 2-burner ..... 13 Oil burning cooker "Primo" 14 Gas stove ..... 15 Electric Stove/Oven .... 16 None….111 Other, specify ... 555 ***Take a picture of the stove***	How did you obtain this [STOVE]? **CODE:** Purchased, upfront …1 Purchase, in installment….2 Receive for free….3→**I.7** Built by the family ….4	Who decided to build/ purchase this [STOVE]? Member ID	How much did you pay for [STOVE] ? **ALL → I.8**	Who gave [STOVE] to you? **CODE:** Local private organizations (NGO)...1 Chief of village…2 Local govt……3 Friend/ relative..4 Other, specify…. 555	Did you receive training or information on [STOVE? **CODE:** Yes……1 No…….2	Removed because of I.3	If you want to sell [STOVE] in your community today, how much would you receive? Don't know… 888 Amount in Local Currency	How many working burners does [STOVE] have? **NUMBER**	How long have you been using [STOVE] for? ***YEARS and MONTHS*** ***CAPI: It can not be higher than the respondent's age in A.5***	In the last 12 months, during which of the following months did you use [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.....111 Don't know…888	Is the [STOVE] fixed in one place or moveable? **CODE:** Fixed…….1 Moveable..2	In the last 12 months, where did you normally cook with [STOVE]? **CODE:** In dwelling, **NOT** in sleeping area……1 In dwelling, in a sleeping area……..2 In a separate kitchen……..3→**I.18** In a veranda (roofed platform with at least two open sides)…4→**I.18** Outdoors..5→**I.18** Other, specify…….555
1													
2													
3													
…													

Comments:

	I.16	I.17	I.18 A		I.19		I.20	I.21	I.22	I.23	I.24	I.25
Cookstove ID	What exhaust system, in working condition, do you use with [STOVE]? ***Read response options Multiple options possible.*** CODE: Fan, attached to stove…1 Chimney….2 Hood…3 No exhaust system….111→**I.18**	Do you regularly clean a chimney, hood or other exhaust system (e.g.fan)? Code: Yes…...1 No…...2	In the last 12 months, what was the fuel you used the most on [STOVE]? **CODE:** LPG/cooking gas……1 Wood purchased……2 Wood collected……..3 Charcoal/coal……..4 Solar energy……5 Kerosene……...6 Crop Residue/Plant Biomass…...7 Sawdust……..8 Coal Briquette……..9 Biomass Briquette……..10 Electric energy……11 Processed biomass (pellets)/ woodchips….12 Biogas……13 Garbage/plastic……..14 Not applicable……111→**I.21 (skip only for I.18B if there is no second fuel)** Other, specify……..555		In the last 12 months, how often was the [FUEL TYPE] always available? ***Read aloud options*** **CODE:** Always available……1 Mostly available…….2 Sometimes available……3 Rarely available…...4 ***Skip I.19 b. to I.20 if there is no 'Second Most Used' fuel.***		How much time do household members spend **preparing the [STOVE] 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 [STOVE]?	In the last 7 days, on average, how many times did you light [STOVE] **per day?**	In the last 7 days, on average, how much time did your household use [STOVE] **per day** to cook or reheat meals (do not include boiling water) in the…		
			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.26	I.27	I.28	I.29	I.30	I.31	I.32	I.33	I.34
Cookstove ID	In the last 7 days, on average, how much time did your household use [STOVE] per day to boil water (for cooking, washing, and drinking)? **Minutes**	Do you also use [STOVE] for space heating? **CODE:** Yes…….1 No……..2→ I.30	In the last 12 months, during which of the following months did you use [STOVE]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 [STOVE] for heating **each day**? **NUMBER OF HOURS**	In the last 12 months, what type of harm/injury did your household face from [STOVE]? ***Multiple responses possible.*** **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……..……...9→ *I.32*	What was the reason for the injury? **CODE:** Carelessness or error…1 Lack of knowledge about the use of the device…….2 Defective wiring and / or connection……3 Other, specify….555	Do you use this [STOVE] most of the time? **CODE:** Yes……1 →*I.36* No……..2	Why do you not use [STOVE] most of 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	Is this [STOVE] is your ***main*** cookstove? ***CAPI: Only allow for one stove to be marked as Yes*** **CODE:** Yes……1 **NO……..2**
1								a. |__|__|__| b. |__|__|__|	
2								a. |__|__|__| b. |__|__|__|	
3								a. |__|__|__| b. |__|__|__|	
4								a. |__|__|__| b. |__|__|__|	
5								a. |__|__|__| b. |__|__|__|	

Comments:

ID: |___|___|___|___|___|___|___|___|

COOKING AREA

Enumerator: For households using any solid fuel, estimate the size of the cooking space by filling the following fields.			
I.35	What is the main source of energy the household uses for cooking?		Charcoal……..1 Wood……2 Oil…….3 Gas……4 Electricity……..5 Other…….6
I.36	***Enumerator: based on responses to I.15 and I.18 does the HH use any solid fuels indoors?***		Yes……1 No……2 → **I.41** Don't Know……888 → **I.41**
I.37	Record the rough shape of the cooking space		Roughly square……1 Roughly rectangular……2 Roughly circular……3
I.38	Record the dimensions of the cooking space in heel-to-toe paces or in other measurement units. Square, record one side Rectangle, record both sides Circle, record diameter		|____| paces x |____| paces
I.39	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.41**
I.40	Estimate the height of the highest point of the ceiling relative to your own height		Higher 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.41	***ASK about the ventilation structure or make an OBSERVATION: Assessment of ventilation structure***		Open air ……1 Veranda or a hood is used to extract the smoke…2 Significant openings below or above height of the door…3 More than one window…..4 Only 1 window….5 No opening except for the door…6
I.42	In a typical day, how many minutes does the main cook spend in the cooking area for cooking (meals, tea, boiling water) or other activities?		Minutes

CHECKPOINT I	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**J.1** No……→**6**

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? ***Select one***		Electric heater/boiler……1→**J.4** Electric kettle/coil……2→**J.4** Electric stove……3→**J.4** Gas heater……4→**J.4** Gas stove……5→**J.4** Solar thermal system……6→**J.4** Same solid fuel stove used for cooking……7→**J.4** Separate solid fuel stove……8
J.3	What is the MAIN fuel you use in this stove?		LPG/cooking gas……1 Wood purchased……2 Wood collected……3 Charcoal……4 Other Crop Residue/Plant Biomass…..5 Sawdust……6 Coal Briquette……7 Biomass Briquette……8 Electric……9 Processed biomass (pellets)/ woodchips……10 Other, specify……555
J.4	Do you heat your house?		Yes……1 No……2→**K.1**

Comments:

J.5	What is the main source you use to heat your house?		Electric heater……..1→**K.1** Gas heater……2→**K.1** Solar thermal system……..3→**K.1** Same solid fuel stove used for cooking…..→**K.1** Separate solid fuel stove……..5
J.6	What is the MAIN fuel you use in this stove?		LPG/cooking gas……1 Purchased wood……2 Collected wood……..3 Charcoal……..4 Other Crop Residue/Plant Biomass…..5 Sawdust……..6 Coal Briquette……..7 Biomass Briquette……..8 Electrical energy……9 Processed biomass (pellets)/ woodchips……..10 Other, specify……..555

K. Household assets: Leisure and Transport Equipments

Item Numbe	Item	a. How many [ITEM] 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**
K.1	Incandescent Light Bulb		
K.2	Fluorescent Tube		
K.3	Compact Fluorescent Light (CFL) Bulb		
K.4	LED Light Bulb		
K.5	Torch/flashlight/ lantern		
K.6	Sound system		
K.7	Radio		
K.8	CD Players		
K.9	VCD/DVD		
K.10	Recording camera		
K.11	Camera		
K.12	Fan		
K.13	Oil/charcoal stove		
K.14	Gas/electric stove		
K.15	Refrigerator/Combined and simple		
K.16	Freezer		
K.17	Microwave oven		
K.18	Electric Iron		
K.19	Washing machine		
K.20	Sewing machine		
K.21	Air Conditioner (AC)		
K.22	Space Heater		
K.23	Water heater		
K.24	Solar based water heater		
K.25	Computer, without internet connection		
K.26	Computer, with internet connection		
K.27	Electric hot water pot/kettle		
K.28	Smartphone (mobile phone with internet) charger		
K.29	Regular mobile phone charger		
K.30	TV		
K.31	Parabolic antenna		
K.32	Flat color TV		
K.33	Electric Water Pump		

Comments:

K.34	Telephone		
K.35	Mobile phone		
K.36	Other device, specify		
K.37	Bicycle		
K.38	Bike/Scooter		
K.39	Motorcycle		
K.40	Light/MIXED vehicle		
K.41	Other means of transport, specify		

L. STREET LIGHTING

The respondent should be the most knowledgeable household member on household electricity, as identified in C.1

L.1	***Enumerator:*** Indicate from the list who is the Respondent for this section		Record ID from the Household Roster
L.2	Does your neighborhood have any form of street lighting? ***"Neighborhood" means 500m from the household***		Yes……1 No……..2→ **M.1**
L.3	Is the street lighting used at night?		Yes……1 No……..2

CHECKPOINT J, K, L	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**M.1** No……→**6**

M. TIME USE

#	Question	PEOPLE a. Women (Age 15 yrs and older)	b. Girls (Younger than 15 yrs)	c. Men (Age 15 yrs and older	d. Boys (Younger than 15 yrs)
Enumerators: For each question add the total amount of minutes that all the individuals in that age and gender category spend in one day. Enter "999" if non-applicable. **In a typical day, how many minutes did [PEOPLE] spend…**					
M.1	Preparing fuel/energy source (chopping, making pellets)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
M.2	Cooking (food, tea, boiling water)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
M.3	Other time spent in cooking area(s)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
M.4	Using space heaters (including time starting heater and spending time near it for warmth)	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes	|__|__|__| minutes
M.5	Using stove or space heaters for other purposes (ex: producing spirit, preparing fodder for animals)	|__|__|__| minutes		|__|__|__| minutes	
M.6	Caring, attending, or playing with/for younger children	|__|__|__| minutes		|__|__|__| minutes	
M.7	Helping children with school work	|__|__|__| minutes		|__|__|__| minutes	
M.8	Working outside of the house (for pay and/or self-employed)	|__|__|__| minutes		|__|__|__| minutes	
M.9	Income generating activities inside the house	|__|__|__| minutes		|__|__|__| minutes	
M.10	Time spent on entertainment and socializing	|__|__|__| minutes		|__|__|__| minutes	
M.11	Reading or studying for oneself		|__|__|__| minutes		|__|__|__| minutes
M.12	Watching TV or listening to the radio for news and information	|__|__|__| minutes		|__|__|__| minutes	
M.13	Watching TV or listening to the radio for entertainment	|__|__|__| minutes		|__|__|__| minutes	

Comments:

CHECKPOINT N	*Interviewer/ CAPI:* ***Should we proceed with the interview?*** Yes……→**N.1** No……→**6**

N. HEALTH IMPACTS

Enumerators: Enter "999" if non-applicable.

#	Question	PEOPLE				
		a. Women (Age 15 years and older)	**b. Girls (Younger than 15 yrs)**	**c. Men (Age 15 years and older)**	**d. Boys (Younger than 15 yrs)**	**e. Young Children (Age 0-4 years)**
N.1	Number of [PEOPLE] with an illness with a cough at any time 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 → N.6**
N.2	Of [PEOPLE] who had an illness with a cough, how many went to see a doctor/clinic?	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people
N.3	Of the [PEOPLE] who had an illness with a cough, how many breathed faster than usual with short, rapid breaths or had difficulty breathing?	|__|__|__| people *(with fast breathing)* **If 0→N.5**	|__|__|__| people *(with fast breathing)* **If 0→N.5**	|__|__|__| people *(with fast breathing)* **If 0→N.5**	|__|__|__| people *(with fast breathing)* **If 0→N.5**	|__|__|__| people *(with fast breathing)* **If 0→N.5**
N.4	How many of those [PEOPLE] with short, rapid breaths or difficult breathing, experienced a problem in the chest or a blocked or runny nose?	|__|__|Chest |__|__|Nose |__|__|Both |__|__|Other |__|__Don't know	|__|__|Chest |__|__|Nose |__|__|Both |__|__|Other |__|__Don't know	|__|__|Chest |__|__|Nose |__|__|Both |__|__|Other |__|__Don't know	|__|__|Chest |__|__|Nose |__|__|Both |__|__|Other |__|__Don't know	|__|__|Chest |__|__|Nose |__|__|Both |__|__|Other |__|__Don't know
N.5	Number of [PEOPLE] with eye irritation or eye problems in the last 14 days?	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people

#	Question	PEOPLE				
		a. Women (Age 15 years and older)	**b. Girls (Younger than 15 yrs)**	**c. Men (Age 15 years and older**	**d. Boys (Younger than 15 yrs)**	**e. Young Children (0-4 years)**
In the last 12 months, how many [PEOPLE] have experienced…						
N.6	Poisoning from liquid fuel	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people
N.7	Burns related to cooking or heating or fuel	|__|__|__| people **If 0 →N.9**	|__|__|__| people **If 0 →N.9**	|__|__|__| people **If 0 →N.9**	|__|__|__| people **If 0 →N.9**	|__|__|__| people **If 0 →N.9**
N.8	Of the burns related to fuel--Burns that required a visit to the clinic/hospital	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people
N.9	Back or neck problems from carrying fuel for cooking/heating	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people	|__|__|__| people

CHECKPOINT O	*Interviewer/ CAPI:* ***Should we proceed with the interview?*** Yes……→**O.1** No……→**6**

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 Shock**	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. An income loss due to agriculture failure/loss (crop disease, livestock death, etc.) and non-agriculture/farm business failures?	|___|	|___|
b. An employment loss due to imprisonment, illness/injury, or death of economically active household member.	|___|	|___|
c. Other, specify		

Comments:

P. 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 No…….2→**next row**	b. What is the unit the land is measured in? Hectare…1 Sq meter…2 Other…3	c. What is the total size of the land? AMOUNT
P.1	Agricultural land (including cultivated land, resting land, preparation land and others like land for animal food)			
P.2	Pastoral land (used to graze animals)			

CHECKPOINT P	***Interviewer/ CAPI:*** ***Should we proceed with the interview?*** Yes……→**Q.1** No…….→**6**

Comments:

Q. ATTITUDES

Q.1	***Interviewer/CAPI check:*** Does the household have a connection to the national grid or a mini-grid?		Yes……1 No……..2→ **Q.6**
Q.2	How has the price of electricity changed over time? ***Read options aloud (Do not read option "Don't know" aloud, type 888 if relevant.)***		It has gotten much higher……..1 Stayed about the same……..2 It has gotten cheaper……..3 Don't know……888
Q.3	How has the frequency of black out or brown out changed over time? ***Read options aloud (Do not read option "Don't know" aloud, type 888 if relevant.)***		It has gotten worse……1 Stayed the same……2 Better……3 Don't know……888
Q.4	How has the duration of electricity supply at night changed over? ***Read options aloud (Do not read option "Don't know" aloud, type 888 if relevant.)***		It has gotten worse……1 Stayed the same……2 Better……3 Don't know……888
Q.5	Since you first received your electricity connection, how has the duration of electricity supply during the day changed? ***Read options aloud (Do not read option "Don't know" aloud, type 888 if relevant.)***		It has gotten worse……1 Stayed the same……2 Better……3 Don't know……888
Q.6	If you could use your [MAIN SOURCE OF ELECTRICITYC.2 Code 1 or 2] to power an appliance that you do not currently own, what would it be? ***Up to 3 answers possible***	a. |__|__|__| b. |__|__|__| c. |__|__|__|	Fan……1 Radio……2 Television……..3 Refrigerator……...4 Electronic Tablet……...5 Computer……...6 Hair clippers……..7 Power Tools……...8 Phone with internet (smartphone)……..9 Other, specify……555
Q.7	Why do you not yet own one of these appliances? ***Multiple responses possible***		Too expensive……..1 No products available……..2 Products require too much energy, cannot power them with my system…….....3 Other, specify……555
Q.8	How satisfied are you with the service from [MAIN SOURCE OF ELECTRICITY C.2 Code 1 or 2]? ***Read aloud these options.***		Very satisfied……..1 Somewhat satisfied……2 Neutral……3 Unsatisfied……..4 Very unsatisfied……..5

Comments:

ID: |___|___|___|___|___|___|___|___|

R. WOMEN'S EMPOWERMENT

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

MOBILITY		
	Is there a female headed household or female spouse of the household head/member in this place?	Yes…….1 No……2→ **END**
	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 ……4
R.1	Visiting parents/relatives/friends within or outside the village by yourself or do you have to go with your husband?	
R.2	Going to markets/banks/commercial centers/places of work by yourself or do you have to go with your husband?	
R.3	Going outside the village by yourself or do you have to go with your husband?	
ACCESS TO INFORMATION, ORGANIZATION MEMBERSHIP, VILLAGE ELECTRIFICATION COMMITTEE, CAPACITY BUILDING AND ACCESS TO FINANCE		
R.4	If you are a member of a women's group, which type of group are you a member of/do you belong to? ***Multiple responses possible.***	**Code:** Not a member…….1 Religious related activities….2 Health care related activities...3 Income generating activities…4 Self help organization……. 5 Savings group……...6 Microfinance organization…...7 Cooperative……..8 Village administrative committee….9 Other specify…….10
R.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
R.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

FINAL QUESTIONS ENDED INTERVIEW		
GPS Coordinates of the Household	a. Latitude |__|__|° |__|__|.|__|__|__|	b. Longitude |__|__|° |__|__|.|__|__|__|
Comments ***Enter any comments, notes and /or observations that you deem important for understanding interview results, if necessary, referring to the code of specific questions***	*Open ended question, no character limit*	

INTERVIEW DETAILS		
Enumerator	ID: |__|__|	NAME:
Date of Interview DD/MM/YY	|__|__| / |__|__| / |__|__| D D M M Y Y	
End Time	|__|__| : |__|__| ***Use 24 hour clock***	
Date of Second Interview DD/MM/YY	|__|__| / |__|__| / |__|__| D D M M Y Y	
Second Interview End Time	|__|__| : |__|__| ***Use 24 hour clock***	
Date of Third Interview DD/MM/YY	|__|__| / |__|__| / |__|__| D D M M Y Y	
Third Interview End Time	|__|__| : |__|__| ***Use 24 hour clock***	
Comments from Enumerator		

Comments: