RESPONDENT DETAILS
Before we begin, we would first like to ask you to answer a few general questions about you and your household.

| A1 | Gender [circle one option] |
|----|----------------------------|
|    | Male 1                     | Female 2                     |

| A2 | Age at last birthday (years) |
|----|-----------------------------|

| A2_1 | Were you born in [location]? [circle one option] |
|------|--------------------------------------------------|
| Yes (go to A3) | 1 |
| No (go to A2_2) | 2 |

| A2_2 | If no, WHERE were you born? |
|------|-----------------------------|

| A2_3 | If no, WHEN did you move in [location] (year)? |
|------|-----------------------------------------------|

| A2_3 | If no, WHY did you move to [location]? [circle as many as apply] |
|------|-----------------------------------------------------------------|
| Marriage | 1 |
| Work | 2 |
| Displaced by war | 3 |
| Ebola | 4 |

| A3_1 | How many rooms are in your household? |
|------|--------------------------------------|

| A3_2 | Does the household own the dwelling? [circle one option] |
|------|--------------------------------------------------------|
| Owns the dwelling | 1 |
| Rents the dwelling | 2 |
| Uses without paying rent | 3 |
| Nomadic or temporary | 4 |

| A3_3 | Does the household own any land? [circle one option] |
|------|-----------------------------------------------------|
| Yes (go to A3_4) | 1 |
| No/don’t know (go to A4_1) | 2 |

| A3_4 | How many lots does the household own? [write in number of lots] (4 lots = 1 acre) |
|------|----------------------------------------------------------------------------------|
| _______ | Don’t know |

| A3_5 | What is the land used for? [don’t read the options, circle as many as apply] |
|------|--------------------------------------------------------------------------------|
| Household lives on the land | 1 |
| Farmed by the household | 2 |
| Rented out for farming | 3 |
| Renting out for housing | 4 |
| Rented for business purposes | 5 |

| A4_1 | Relationship of respondent to the head of household [circle one option] |
|------|----------------------------------------------------------------------|
| Is head of household | 1 |
| Spouse | 2 |
| Son/daughter | 3 |
| Brother/sister | 4 |
| Parent | 5 |
| A4_2 | Marital status [circle one option] |
|------|----------------------------------|
| Single | 1 | Separated | 6 |
| Married monogamous | 2 | Divorced | 7 |
| Married polygamous | 3 | Widowed / Widower | 8 |
| Living together (not married) | 4 | Other (please specify) | 9 |
| In a relationship (not living with partner) | 5 |

| A4_3 | Religion [circle one option] |
|------|------------------------------|
| Christian | 1 | Other (please specify) | 4 |
| Muslim | 2 |
| Traditional beliefs | 3 | No religion | 5 |

| A4_4 | What is your ethnic affiliation? [circle one option] |
|------|-----------------------------------------------------|
| Bassa | 1 | Krahn | 11 |
| Belle | 2 | Kru | 12 |
| Dey | 3 | Lorma | 13 |
| Gbandi | 4 | Mandingo | 14 |
| Gbi | 5 | Mano | 15 |
| Gio | 6 | Mende | 16 |
| Gola | 7 | Sapo | 17 |
| Grebo | 8 | Vai | 18 |
| Kpelle | 9 | Congo Liberian/Americo-Liberian | 19 |
| Kissi | 10 | Naturalised Liberian | 20 |

| A5 | Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole? [read out the options, circle one option] |
|----|----------------------------------------------------------------------------------------------------------------------------------|
| Not at all satisfied | a bit unsatisfied | not satisfied or unsatisfied | a bit satisfied | completely satisfied |
| 1 | 2 | 3 | 4 | 5 |

| A6 | What do you think are the three most important things to live a life with dignity? [read options, and write 1, 2, 3 next to the chosen ones, where 1 = most important] |
|----|----------------------------------------------------------------------------------------------------------------------------------|
| To have a job | To live in a country with no war |
| To have good health | To live in a country without violence |
| To have a good living standard | To live in a country without corruption |
| To get an education (myself) | To have a happy family life |
| To get a good education for my children | To live in freedom |
| To be able to participate in public life | To live free of fear |
| To live a life free of hunger | To live free of want |
| To live independently/ have my own home | To live in a country with an effective/good justice system |
| To be faithful to my religion | Other (please specify) |
**HOUSEHOLD DETAILS**

*Next we would like to ask you to answer some questions on your standard of living.*

|   | ***ONLY ASK B1_1 AND B1_2 TO HEAD OF HOUSEHOLD, OTHERWISE GO TO B1_3*** |
|---|---|
| **B1_1** Does your household have any of the following? [*read list – circle all that apply]* |   |
| Electric iron | 1 | Mosquito net/bed net | 12 |
| Charcoal iron | 2 | Mattress | 13 |
| Refrigerator | 3 | Bed | 14 |
| Deep freezer | 4 | Watch or clock | 15 |
| Television | 5 | Sewing machine | 16 |
| VCR/DVD | 6 | Modern Stove | 17 |
| Radio | 7 | Canoe/boat | 18 |
| Mobile/cell phone | 8 | Bicycle | 19 |
| Computer | 9 | Motorcycle | 20 |
| Generator | 10 | Car or truck | 21 |
| Fan | 11 |   |   |

| **B1_2** What is the main source of drinking water for your household? [*circle one option*] |   |
| Piped into residence/compound (go to B1_5) | 1 | Rainwater | 8 |
| Public tap/standpipe | 2 | River/stream | 9 |
| Hand pump in residence/compound (go to B1_5) | 3 | Tanker/truck | 10 |
| Well in residence/compound (go to B1_5) | 4 | Pond/lake | 11 |
| Bought bottled water | 5 | Still water | 12 |
| Open well | 6 | Other (please specify) | 13 |
| Spring | 7 |   |   |

| **B1_3** How long does it take you to walk to the nearest supply of drinking water? [*write in number*] |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

| **B1_4** How safe is it for women, children, persons with disabilities and elders to reach the nearest supply of drinking water? [*read out the options, circle one option*] |   |
| Very safe | 1 | a bit safe | 2 | neither safe nor unsafe | 3 | a bit unsafe | 4 | very unsafe | 5 |

| **B1_5** What kind of toilet facility does your household have? [*circle one option*] |   |
| Private flush inside | 1 | Traditional pit | 4 |
| Private flush outside | 2 | Open defecation near to the house (e.g. beaches or bushes) | 5 |
| Shared flush (communal) | 3 | Other (please specify) | 6 |
| B1_6 | What is the main cooking fuel [circle one option] |
|------|--------------------------------------------------|
| Firewood | 1 | Crop residue/sawdust | 6 |
| Charcoal | 2 | Animal waste | 7 |
| Kerosene/oil | 3 | Other (please specify) | 9 |
| Gas | 4 | Don’t know | 88 |
| Electricity | 5 | Refused answer | 99 |

| B1_7 | What is the main source of light the household? [circle one option] |
|------|------------------------------------------------------------------|
| Firewood | 1 | Solar powered lamp | 6 |
| Kerosene/oil lamps | 2 | Candles | 7 |
| Gas | 3 | Other (please specify) | 8 |
| Electricity | 4 | Don’t know | 88 |
| Battery powered lamp / light | 5 | Refused answer | 99 |

| B1_8 | How many meals per day do you usually eat? [write number] |
|------|--------------------------------------------------------|
|  |

| B1_9 | How many meals did you eat yesterday? [write number] |
|------|------------------------------------------------------|
|  |

| B1_10 | How often do you get enough to eat? [read out the options, circle one option] |
|-------|--------------------------------------------------------------------------------|
| Always enough | 1 | Often not enough | 3 |
| Often enough | 2 | Never enough | 4 |

| B1_11 | In the last month, did any member of your household have nothing to eat for one or more days? |
|-------|------------------------------------------------------------------------------------------------|
| Yes (go to B1_12) | 1 | No/don’t know (go to B1_13) | 2 |

| B1_12 | How many days did the member of your household have nothing to eat? [write number] |
|-------|----------------------------------------------------------------------------------|
|  | Don’t know how many days | -88 |

---

***ONLY ASK B1_13 to B1_17 TO HEAD OF HOUSEHOLD. OTHERWISE GO TO B2_1***

| B1_13 | What is the condition of the dwelling... [read out the options, circle one option] |
|-------|----------------------------------------------------------------------------------|
| Walls? | Very good | a bit good | a bit poor | very poor | do not have |
| 1 | 2 | 3 | 4 | 8 |

| B1_14 | Floors? |
|-------|---------|
| 1 | 2 | 3 | 4 | 8 |

| B1_15 | Roof? |
|-------|-------|
| 1 | 2 | 3 | 4 | 8 |

| B1_16 | Windows? |
|-------|---------|
| 1 | 2 | 3 | 4 | 8 |

| B1_17 | Doors |
|-------|-------|
| 1 | 2 | 3 | 4 | 8 |

| B2_1 | How satisfied are you with your own standard of living? [read out the options, circle one option] |
|-------|--------------------------------------------------------------------------------------------------|
| Not at all satisfied | a bit unsatisfied | neither satisfied nor unsatisfied | a bit satisfied | completely satisfied |
| 1 | 2 | 3 | 4 | 5 |
### B2_2

| How well do you live based on your current household income? [read out the options, circle one option] | Living with a lot of difficulty | Living with a bit of difficulty | managing | living a bit well | living very well |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |

### B2_3

| In the last year has your household living standard... [read out the options, circle one option] | Got better | Don’t know | Stayed the same | Refused question | Got worse |
|---|---|---|---|---|---|
| | 1 | 88 | 2 | 99 | 3 |

### B2_4

| How would you compare your standard of living to other households in your community? [read out the options, circle one option] | Poorer | Fairly poor | in the middle | Fairly rich | Richer |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |

### HEALTH AND HEALTHCARE SERVICES

Next we would like to ask you about your health and access to health services

### C1

| How satisfied are you with your health overall? [read out the options, circle one option] | Not at all satisfied | a bit unsatisfied | neither satisfied or unsatisfied | a bit satisfied | completely satisfied |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |

[For C2_1 to C2_7 read out the options, circle one option. If the response is some difficulty, a lot of difficulty or cannot do at all, write the age the respondent started to have difficulty. From birth, write 0]
| C2_8 | How often do you feel worried, nervous or anxious? [read out the options, circle one option] |
|------|-----------------------------------------------------------------------------------------------|
|      | Every day                                                                                     | 1 |
|      | Once a week                                                                                  | 2 |
|      | Once a month                                                                                 | 3 |
|      | A few times a year                                                                           | 4 |

| C2_9 | Do you have fits (jerking body movements) or does your body go rigid? [read out the options, circle one option] |
|------|-----------------------------------------------------------------------------------------------------------|
|      | Never                                                                                                     | 1 |
|      | Occasionally                                                                                               | 2 |

| C3_1 | Do you need any devices or support to get around? [circle one option] |
|------|------------------------------------------------------------------------|
|      | Yes (go to C3_2)                                                        | 1 |
|      | No (go to C4_1)                                                         | 2 |

| C3_2 | What devices or support do you need to get around? [DO NOT read out the options, circle as many as apply] |
|------|---------------------------------------------------------------------------------------------------------|
|      | Walking stick                                                          | 1 |
|      | Crutches                                                                | 2 |
|      | Wheelchair                                                             | 3 |
|      | Tricycle                                                                | 4 |
|      | Artificial limb*                                                        | 5 |
|      | Someone’s assistance                                                    | 6 |
|      | Hearing aid                                                             | 7 |
|      | Glasses                                                                 | 8 |
|      | White cane (visual impairment)                                          | 9 |
|      | Communication aids                                                     | 10|
|      | Other (please specify)                                                  | 11|

| C3_3 | Who helps you move around/mobilise on a regular basis? [DO NOT read out the options, circle as many as apply] |
|------|-----------------------------------------------------------------------------------------------------------|
|      | No one                                                     | 1 |
|      | Male adult household member                                | 2 |
|      | Female adult household member                               | 3 |
|      | Male child household member                                 | 4 |
|      | Female child household member                               | 5 |
|      | Other adult male                                           | 6 |
|      | Other adult female                                         | 7 |
|      | Other male child                                           | 8 |
|      | Other female child                                         | 9 |

| C3_4 | How often do you have access to these devices or support? [circle one option] |
|------|--------------------------------------------------------------------------------|
|      | All the time (go to C4_1)                                                      | 1 |
|      | Occasionally (go to C3_5)                                                       | 3 |
|      | Most of the time (go to C3_5)                                                    | 2 |
|      | Never (go to C3_5)                                                              | 4 |

| C3_5 | Why don’t you have the devices you need to get around? [DO NOT read out the options, circle as many as apply] |
|------|-----------------------------------------------------------------------------------------------------------|
|      | They cost too much                                                                       | 1 |
|      | They are not available                                                                   | 2 |
|      | I don’t know where to find them                                                          | 3 |
|      | Other (please specify)                                                                   | 4 |

| C4_1 | How satisfied are you with your access to health services? [read out the options, circle one option] |
|------|--------------------------------------------------------------------------------------------------------|
|      | Not at all satisfied                                                                                   | 1 |
|      | a bit unsatisfied                                                                                      | 2 |
|      | neither satisfied or unsatisfied                                                                        | 3 |
|      | a bit satisfied                                                                                        | 4 |
|      | completely satisfied                                                                                   | 5 |
### C4_2  How often can you get the healthcare you need? [read the options, circle one option]

| Option                         | Code |
|--------------------------------|------|
| All the time                   | 1    |
| Occasionally/sometimes         | 2    |
| Never                          | 3    |
| Most of the time               | 4    |

### C4_3  Where would you go in the case of a health problem or accident? [DO NOT read out the options, circle as many as apply]

| Option                                      | Code |
|---------------------------------------------|------|
| Private clinic or hospital                  | 1    |
| Government clinic/health centre             | 2    |
| Government hospital                         | 3    |
| Pharmacy                                    | 4    |
| Traditional medicine/herbalist             | 5    |
| Mobile clinic/drug peddler                  | 6    |
| Religious leader                            | 7    |
| Private doctor/dentist                      | 8    |
| Health NGO                                  | 9    |
| Neighbour                                   | 10   |
| Other (please specify)                      | 11   |
| Don’t know                                  | 88   |
| Refused answer                              | 99   |

### C4_4  Why don’t you have access to healthcare? [skip if C4_2 = all the time. DO NOT read out the options, circle as many as apply]

| Option                                      | Code |
|---------------------------------------------|------|
| No need                                     | 1    |
| Services are not available/lack of facilities | 2    |
| It costs too much                           | 3    |
| Lack of adequate medication/drugs/supplies  | 4    |
| I don’t know where it is                    | 5    |
| The staff treat me badly/unfriendly staff    | 6    |
| Don’t know the normal opening hours         | 7    |
| Long waiting times/takes too long           | 8    |
| The health facility is not accessible to me (no ramps, sign language etc.) | 9    |
| Other (please specify)                      | 10   |
| It is too far away/long distance to health facility | 11   |

### C4_5  Do you have problems when you visit the health facility in your community? [skip if C4_2 = never. DO NOT read out the options, circle as many as apply]

| Option                                      | Code |
|---------------------------------------------|------|
| No problems/satisfied                       | 1    |
| Treatment unsuccessful                      | 2    |
| Facility is not clean                       | 3    |
| Long distance to health facility            | 4    |
| Long waiting times to see a health service provider | 5    |
| No drugs/medications available (drug stock out, lack of medicine) | 6    |
| I went to the health facility and they denied me attention | 7    |
| The staff treat me badly/unfriendly staff   | 8    |
| Services not in the local language          | 9    |
| The health facility is not accessible to me (no ramps, sign language etc.) | 10   |
| No ambulance                                | 11   |
| No female health professionals              | 12   |
| Lack of privacy in examination room         | 13   |
| The facility does not offer the correct treatment | 14   |
| No medical doctor/ trained professionals    | 15   |
| Other (please specify)                      | 16   |
| I do not have money/too expensive (or high cost of medicine/fees) | 17   |
**C4_6** How would you usually get to your health facility? [circle ONE option only]

| Option                      | Code |
|-----------------------------|------|
| Walk                        | 1    |
| Motorbike / Pempem          | 6    |
| Government owned bus        | 2    |
| Tricycle / Keke             | 7    |
| Government ambulance        | 3    |
| Car taxi                    | 8    |
| Private car                 | 4    |
| Other (please specify):     | 5    |
| Bicycle                     | 88   |

**C4_7** Using the above transport, how long does it take to reach your nearest health facility? [write the number] ____________ (minutes)

| Option              | Code |
|---------------------|------|
| Don’t know          | -88  |
| Refused answer      | -99  |

**C4_8** Does the health facility have a private examination room that you can use? [circle one option]

| Option           | Code |
|------------------|------|
| Yes              | 1    |
| Don’t know       | 88   |
| Refused answer   | 99   |

**C4_9** Does the facility charge user fees for health services? [circle one option]

| Option                      | Code |
|-----------------------------|------|
| Yes (go to C4_10)           | 1    |
| Don’t know (go to C4_11)    | 88   |
| No (go to C4_11)            | 99   |

**C4_10** Which services does the facility charge for? [read out the options, circle as many as apply]

| Option                          | Code |
|---------------------------------|------|
| Registration                    | 1    |
| Laboratory Test                 | 4    |
| Consultation                    | 2    |
| Other (please specify)          | 5    |
| Treatment/Drugs                 | 3    |

**C4_11** Did you pay for your last health consultation? [circle one option]

| Option           | Code |
|------------------|------|
| Yes              | 1    |
| Don’t know       | 88   |
| Refused answer   | 99   |

**C4_12** How much do you usually spend on your health per month? [write the number] ____________ (Liberian $)

| Option               | Code |
|----------------------|------|
| Don’t know           | -88  |
| Refused answer       | -99  |

**C4_13** How satisfied are you with the health care you receive? [read out the options, circle one option]

| Description                      | Code |
|----------------------------------|------|
| Not at all satisfied             | 1    |
| a bit unsatisfied                | 2    |
| neither satisfied or unsatisfied | 3    |
| a bit satisfied                  | 4    |
| completely satisfied              | 5    |

**C5_1** Were there any Ebola cases in your community? [circle one option]

| Option                         | Code |
|--------------------------------|------|
| Yes, a few cases               | 1    |
| No Ebola cases                 | 3    |
| Yes, many cases                | 2    |
| Don’t know                     | 88   |

**C5_2** Did the Ebola quarantines affect your household/community? [circle one option]

| Option                              | Code |
|-------------------------------------|------|
| Yes, my household was quarantined   | 1    |
| No                                  | 4    |
| Yes, households in my community were quarantined (not mine) | 2    |
| Don’t know                          | 88   |
| Yes, the entire community was quarantined | 3    |
| Refused answer                      | 99   |
### C5_3 How did Ebola affect you and your community? [DO NOT read out the options, circle as many as apply]

| Impact                                                                 | Option Count |
|------------------------------------------------------------------------|--------------|
| Decreased social life in the community                                 | 1            |
| People didn't have money for food                                      | 10           |
| Stopped communal eating or eating in the same place                    | 2            |
| Restricted holding of community meetings                               | 11           |
| Stopped welcoming visitors and strangers in the home                   | 3            |
| Affected traditional culture and practices                              | 12           |
| Restricted movement of persons in and out of the community             | 4            |
| Changed the way people took care of the sick in the family and community| 13           |
| Many orphaned children                                                 | 5            |
| Loss of job/livelihood                                                 | 14           |
| Community members did not seek health treatment at health facilities for fear of being isolated or rejected | 6 |
| Negative treatment and stigma of Ebola affected people (e.g. orphans, survivors and relatives) | 15 |
| Close down of health facilities                                        | 7            |
| Don’t know                                                             | 88           |
| Close down of schools                                                  | 8            |
| Refused answer                                                         | 99           |
| People didn’t have enough money to send children back to school        | 9            |
| Other (please specify)                                                 | 16           |

### C5_4 Who did you and your community listen to when making decisions about how to stop the spread of Ebola? [DO NOT read out the options, circle as many as apply]

| Source of Information | Option Count |
|-----------------------|--------------|
| Community leaders     | 1            |
| Family members        | 7            |
| Religious leaders     | 2            |
| Friends/neighbours    | 8            |
| Traditional leaders   | 3            |
| Government/local authority representatives | 9 |
| Disabled people’s organizations (DPOs) | 4 |
| Other (please specify) | 10 |
| Teachers/school administrators | 5 |
| Don’t know            | 88           |
| Health workers        | 6            |

### C5_5 What were the main problems you and your community faced during the Ebola outbreak? [DO NOT read out the options, circle as many as apply]

| Problem                                                                 | Option Count |
|------------------------------------------------------------------------|--------------|
| Lack of information on the Ebola outbreak                              | 1            |
| Worse sanitation                                                       | 10           |
| Lack of information on types of health services available in health facilities | 2 |
| Lack of access to medical care/essential drugs/vaccines                | 11           |
| Closure of health facilities                                           | 3            |
| Children out of school                                                | 12           |
| Lack of access to Ebola Treatment Units (ETU)                          | 4            |
| Loss of job/livelihood                                                | 13           |
| Lack of food                                                           | 5            |
| Unfriendly attitude of health workers                                  | 14           |
| Lack of safe drinking water                                            | 6            |
| Not able to bury loved ones in the usual way                           | 15           |
| Lack of access to water, soap and chlorine                             | 7            |
| People afraid of going to health facilities fearing exposure to Ebola  | 16           |
| Loss of freedom during quarantine                                      | 8            |
| Negative perception of quarantine as shameful                          | 17           |
| Lack of information on accessible services for vulnerable groups (e.g. persons with HIV/AIDS and/or TB or persons with disabilities) | 9 |
| Other (please specify)                                                 | 18           |
| C5_6 | In your opinion, who suffered the most during the Ebola outbreak? [read out ALL the options, circle ONE option] |
|------|----------------------------------------------------------------------------------------------------------------|
|      | orphaned children whose parents died because of Ebola                                                  | 1 |
|      | relatives of people who died because of Ebola                                                          | 2 |
|      | survivors of Ebola                                                                                     | 3 |
|      | relatives of survivors of Ebola                                                                        | 4 |
|      | Health workers                                                                                         | 5 |
|      | Ambulance teams                                                                                        | 6 |
|      | Traditional healers                                                                                    | 7 |
|      | Burial teams                                                                                           | 8 |
|      | Community health volunteers                                                                           | 9 |
|      | Persons with disabilities                                                                             | 10|
|      | Persons with HIV/AIDS or TB                                                                           | 11|
|      | Older people                                                                                            | 12|
|      | Religious leaders                                                                                      | 13|
|      | Pregnant Women                                                                                         | 14|
|      | Other (please specify)                                                                                 | 15|
|      | Don’t know                                                                                            | 88|
| C5_7 | During the Ebola outbreak, did your access to health services [read out the options, circle one option] |
|      | Get better                                                                                             | 1 |
|      | Stay the same                                                                                          | 2 |
|      | Get worse                                                                                              | 3 |
|      | Don’t know                                                                                            | 88|
| C5_8 | How did you get treatment during the Ebola outbreak?                                                   |
|      | Did not need treatment                                                                                 | 1 |
|      | Health facilities                                                                                    | 2 |
|      | Traditional healers                                                                                   | 3 |
|      | Self-treatment/treatment from household members                                                       | 4 |
|      | Other (please specify)                                                                                | 5 |
|      | Don’t know                                                                                            | 88|
| C5_9 | During the Ebola outbreak, did your community change how they acted towards anyone/any groups of people?|
|      | Yes (go to C5_10)                                                                                    | 1 |
|      | No/don’t know (go to C6_1)                                                                            | 2 |
| C5_10| Which groups/people were treated differently? [read out ALL the options, circle as many as apply]      |
|      | orphaned children whose parents died because of Ebola                                                 | 1 |
|      | relatives of people who died because of Ebola                                                         | 2 |
|      | survivors of Ebola                                                                                    | 3 |
|      | relatives of survivors of Ebola                                                                        | 4 |
|      | Health workers                                                                                        | 5 |
|      | Ambulance teams                                                                                       | 6 |
|      | Burial teams                                                                                          | 7 |
|      | Community health volunteers                                                                           | 8 |
|      | Persons with disabilities                                                                             | 9 |
|      | Persons with HIV/AIDS or TB                                                                            | 10|
|      | Older people                                                                                          | 11|
|      | Religious leaders                                                                                    | 12|
|      | Other (please specify)                                                                                | 13|
|      | Don’t know                                                                                            | 88|
| C5_11| How were they treated differently? [DO NOT read the options, circle as many as apply]                  |
|      | they were not allowed to return home                                                                  | 1 |
|      | they were isolated in the community                                                                  | 2 |
|      | they were treated as an outsider                                                                       | 3 |
|      | they were rejected and shunned by others or treated as inferior                                      | 4 |
|      | they were not treated fairly                                                                           | 5 |
|      | they were refused transportation in “collective” car taxis and “pen-pen” motorbikes                  | 6 |
|      | they were stopped from returning to their regular jobs                                                | 7 |
|      | the issue of being a survivor became a taboo                                                          | 8 |
|      | Other (please specify)                                                                                | 9 |
|      | Don’t know                                                                                            | 88|
**EDUCATION**

*Now I would like to ask you some questions about school and education*

| D1 | What is the highest level of education you have completed? [circle one option] |
|----|------------------------------------------------------------------------|
| No formal education (go to D2_1) | 1 | Some College (go to D3_1) | 6 |
| Some primary (go to D2_1) | 2 | Completed College (go to D3_1)) | 7 |
| Completed primary (go to D2_1) | 3 | Some university (go to D3_1) | 8 |
| Some secondary (go to D2_1) | 4 | University (go to D3_1) | 9 |
| Completed secondary (go to D3_1) | 5 | Other (specify) (go to D2_1) | 10 |
**WORK AND EMPLOYMENT**

*Now I would like to ask you some questions about work and employment. By work and employment we mean a job where you get paid, your own business or income from farming.*

| E1_1 | What is your main source of income? [DO NOT read out the options, circle one option] |
|------|-----------------------------------------------------------------------------------|
|      | No income                                                                          | 1 |
|      | Money sent home from abroad                                                       | 7 |
|      | Formal paid employment                                                            | 2 |
|      | Money sent home from within Liberia                                                | 8 |
|      | Self-employed                                                                     | 3 |
|      | Street begging                                                                    | 9 |
|      | Family support/donation                                                           | 4 |
|      | Government aid                                                                    | 10|
|      | Other individual support (not from family/relatives)                               | 5 |
|      | Don’t know                                                                        | 88|
|      | Aid from international/civil society organisation                                | 6 |
|      | Other (please specify)                                                            | 11|

| E1_2 | Do you receive any financial or welfare assistance? |
|------|-----------------------------------------------------|
|      | Yes (go to E1_3)                                    | 1 |
|      | Don’t know (go to E1_4)                              | 88|
|      | No (go to E1_4)                                     | 2 |
|      | Refused answer (go to E1_4)                         | 99|

**Table for D2_1 and D2_2**

|         | Well       | With some difficulty | With a lot of difficulty | Cannot do at all |
|---------|------------|----------------------|--------------------------|------------------|
| D2_1    | Can you read and write?  | 1 | 2 | 3 | 4 |
| D2_2    | Can you do maths/sums?    | 1 | 2 | 3 | 4 |

**Table for D3_1**

| How satisfied are you with the education/school in your community? [read the options, circle one option] |
|----------------------------------------------------------|
| Not at all satisfied                                     | 1 |
| a bit unsatisfied                                        | 2 |
| neither satisfied or unsatisfied                         | 3 |
| a bit satisfied                                          | 4 |
| completely Satisfied                                     | 5 |
| Don't know                                               | 88|

**Table for D3_2**

| How important do you think it is for a child to go to school? [read the options, circle one option] |
|-----------------------------------------------------------------------------------------------|
| Very unimportant                                                                                  | 1 |
| a bit unimportant                                                                                 | 2 |
| neither important or unimportant                                                                    | 3 |
| a bit important                                                                                    | 4 |
| very important                                                                                    | 5 |
| Don't know                                                                                        | 88|

**Table for D3_3**

| How important is education for persons with disabilities? [read the options, circle one option] |
|---------------------------------------------------------------------------------------------------|
| Very unimportant                                                                                  | 1 |
| a bit unimportant                                                                                 | 2 |
| neither important or unimportant                                                                    | 3 |
| a bit important                                                                                    | 4 |
| very important                                                                                    | 5 |
| Don't know                                                                                        | 88|
### E1_3 What kind of assistance do you receive? [DO NOT read out the options, circle as many as apply]

| Assistance Provided                                | Circle |
|---------------------------------------------------|--------|
| National pension scheme                           | 1      |
| Employment injury scheme                           | 2      |
| Survivor’s pension                                 | 3      |
| Refund                                            | 4      |
| Social cash transfer                               | 5      |
| School take-home rations                           | 6      |
| Other (please specify)                             | 7      |

### E1_4 How much money do you make? [fill in the number, circle week or month]

Per week / per month

| Income Source                             | Circle |
|-------------------------------------------|--------|
| Don’t know                                | -88    |
| Refused answer                            | -99    |

***ONLY ASK E1_5 to HEAD OF HOUSEHOLD. OTHERWISE GO TO E1_6***

### E1_5 How many people in your household currently have a job where they get paid or have their own business or get income from farming? [write the number]

### E1_6 Do you have a job where you get paid or your own business or income from farming?

- Yes. (go to E1_10)   1
- No (go to E1_7)      2

### E1_7 Are you looking for a paid job or to start your own business or to get income from farming?

- Yes (go to E1_8)      1
- No (go to E1_9)       3

### E1_8 Where are you looking to find work or employment? (then go to E1_10) [DO NOT read out the options, circle as many as apply]

| Source of Information                          | Circle |
|-----------------------------------------------|--------|
| Asking members of my family                   | 1      |
| Asking for money from banks/microfinance to start an activity | 5 |
| Asking friends/neighbours                     | 2      |
| Checking advertisements in the newspaper/internet | 6 |
| Asking people I meet in the street/going door-to-door | 3 |
| Nothing, I am waiting for someone to offer me a job | 7 |
| Asking for money from family/friends to start an activity | 4 |
| Other (please specify)                        | 8      |

### E1_9 Why are you not looking for work or employment? (then go to E1_12) [DO NOT read out the options, circle as many as apply]

| Reason for Not Looking | Circle |
|------------------------|--------|
| I have found a job that I will start soon      | 1      |
| I don’t have the right skills                    | 5      |
| There are no job opportunities                     | 2      |
| No one is pushing me to find a job                | 6      |
| No one offered me a job                           | 3      |
| I don’t really need a job                           | 7      |
| No one wanted to hire a disabled person             | 4      |
| I have health problems                             | 8      |
| Other (please specify)                             | 9      |

### E1_10 What kind of work or employment do you have? [DO NOT read out the options, circle as many as apply]

| Type of Employment | Circle |
|--------------------|--------|
| Employed in a fixed job             | 1      |
| I am a contributing family worker | 5      |
| Employed in occasional work          | 2      |
| Apprentice                       | 6      |
| Helping someone with his/her work   | 3      |
| I have my own business and I have employees | 7 |
| Self-employed                     | 4      |
| Other (please specify)             | 8      |
| **E1_11** | How satisfied are you with your work/employment?  
[read the options, circle one option] |
|-----------|--------------------------------------------------|
|           | Not at all satisfied | a bit unsatisfied | neither satisfied or unsatisfied | a bit satisfied | completely satisfied |
|           | 1                   | 2                  | 3                                  | 4               | 5                    |

**ONLY ASK E1_12 to E1_15 TO THE HEAD OF HOUSEHOLD. OTHERWISE GO TO E2_1***

| **E1_12** | What is the household’s main source of income?  
[DO NOT read the options, circle one option] |
|-----------|-------------------------------------------------|
| No income | 1                                               |
| Formal paid employment | 2 Money sent home from within Liberia |
| Self-employed | 3 Street begging |
| Family support/donation | 4 Government aid |
| Other individual support (not from family/relatives) | 5 Don’t know |
| Aid from international/civil society organisation | 6 Other (please specify) |

| **E1_13** | How stable is your household income?  
[read the options, circle one option] |
|-----------|-------------------------------------|
|           | Not at all stable | A bit unstable | Neither stable nor unstable | A bit stable | Completely stable |
|           | 1                   | 2                  | 3                                  | 4               | 5                    |

Don’t know 88

| **E1_14** | What is the monthly rent?  
[write in number] |
|-----------|----------------|
|           | (Liberian $) |

| **E1_15** | What is the weekly expenditure of the household?  
[write in each number] |
|-----------|------------------|
| Food      | L$               |
| Communication | L$           |
| Transport | L$               |
| Other expenditure | L$     |
| TOTAL     | L$               |
| Don’t know | -88 Refused answer |

| **E2_1** | Do you do any chores in the house?  
[DO NOT read out the options, circle as many as apply] |
|-----------|---------------------------------------------------|
| No chores | 1 Taking care of persons with disabilities in the family |
| Cooking   | 2 Laundry/washing clothes |
| Cleaning  | 3 Groceries/everyday shopping |
| Drawing/fetching water | 4 Cutting wood |
| Taking care of elderly family members | 5 Other (please specify) |
| Taking care of children in the family | 6 __________________________ |

| **E2_2** | How many hours per week do you work/do chores?  
[write in number, skip if no work AND no chores] |
|-----------|------------------|
| Work      | (hours per week) |
| Chores    | (hours per week) |
## E2_3
Does anyone else do chores around the house [read out the options, circle as many as apply]

|                     | 1 | 2 | 3 | 4 | 5 |
|---------------------|---|---|---|---|---|
| No                  |   |   |   |   |   |
| Parent/grandparent  | 6 |   |   |   |   |
| Husband/wife/partner|   |   |   |   |   |
| Son/daughter        |   |   |   |   |   |
| Brother/sister      |   |   |   |   |   |

## TRANSPORT

We would now like to ask you some questions about access to transport

### F1_1
How satisfied are you with the access to transport in your community? [read the options, circle one option]

|                      | Not at all satisfied | A bit unsatisfied | neither satisfied or unsatisfied | A bit satisfied | completely satisfied |
|----------------------|----------------------|-------------------|----------------------------------|-----------------|----------------------|
|                      | 1                    | 2                 | 3                                | 4               | 5                    |

### F1_2
What kind of transport do you have access to? [read out the options, circle as many as apply]

|                     | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------|---|---|---|---|---|---|
| Own car             |   |   |   |   |   | 7 |
| Someone else’s car  |   |   |   |   |   | 8 |
| Motorbike taxi (Pempem) |   |   |   |   |   | 9 |
| Tricycle / Keke     |   |   |   |   |   | 10|
| Car taxi (collective) |   |   |   |   |   | 10|
| Bus                 |   |   |   |   |   | 88|

### F1_3
How often do you have access to the transport you need? [read the options, circle one option]

|                     | 1 | 2 | 3 | 4 | 5 |
|---------------------|---|---|---|---|---|
| Never (go to F1_4)  |   |   |   |   |   |
| Sometimes (go to F1_4) |   |   |   |   |   |

### F1_4
Why don’t you have access? [DO NOT read out the options, circle as many as apply]

|                     | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------|---|---|---|---|---|---|
| Not available       |   |   |   |   |   |   |
| I don’t want to use it |   |   |   |   |   |   |
| Costs too much      |   |   |   |   |   |   |
| Not disability accessible |   |   |   |   |   |   |

## SOCIAL INTERACTIONS

Now I would like to ask you some questions about social interactions

### G1_1
How included do you feel in your community? [read the options, circle one option]

|                     | Very included | A bit included | neither included nor not included | A bit not included | Not included at all |
|---------------------|---------------|----------------|-----------------------------------|-------------------|---------------------|
|                     | 1             | 2              | 3                                 | 4                 | 5                   |

---

20
### G1_2 Are you a member of any groups or associations? [DO NOT read out the options, circle as many as apply]

| Group/Nomination                                      | Circle |
|-------------------------------------------------------|--------|
| No group                                              | 0      |
| Parent’s and teachers’ association (PTA)              | 8      |
| Religious institution/group (church or mosque)        | 1      |
| Other community based/civil society organization     | 9      |
| Youth/student’s association                           | 2      |
| Market association                                    | 10     |
| Women’s association                                   | 3      |
| Trade union                                           | 11     |
| Men’s association                                     | 4      |
| Other professional association                        | 12     |
| Disabled people’s organisation (DPO)                  | 5      |
| Political party                                       | 13     |
| Human rights organisation                             | 6      |
| Other (please specify)                                | 14     |
| Traditional society                                   | 7      |

### G1_3 Do you participate in any community activities?

| Participate?                                      | Circle |
|---------------------------------------------------|--------|
| Yes (go to G1_4)                                  | 1      |
| No (go to G1_5)                                   | 2      |

### G1_4 What kinds of community activities? (then go to G1_6) [read out the options, circle as many as apply]

| Activity                                           | Circle |
|----------------------------------------------------|--------|
| Petty trading                                      | 1      |
| Hair dressing                                      | 6      |
| Music                                              | 2      |
| Social clubs                                       | 7      |
| Fishing                                            | 3      |
| Sports                                             | 8      |
| Community farming                                  | 4      |
| Religious activities                               | 9      |
| Community loan/savings club                        | 5      |
| Other (please specify)                             | 10     |

### G1_5 Why don’t you participate in community activities? [DO NOT read out the options, circle as many as apply]

| Reason for Not Participating                        | Circle |
|----------------------------------------------------|--------|
| I do not wish to participate                        | 1      |
| I was rejected because a member of my household has a disability | 6 |
| It costs too much money                             | 2      |
| I cannot get around, lack of transport/inaccessible transport | 7 |
| I think I would be rejected                         | 3      |
| The premises are not disability accessible          | 8      |
| I am afraid to do so                                | 4      |
| The attitude of other community members put me off | 9      |
| I tried but I was rejected because of my disability| 5      |
| Other (please specify)                              | 10     |

### G1_6 Do you have friends? [read out the options, circle one option]

| Number of Friends | Circle |
|-------------------|--------|
| Yes, many/Enough  | 1      |
| No                | 3      |
| Yes, a few/Not enough | 2   |

### G2_1 How satisfied are you with your relationships with friends

| Satisfaction Level          | Not at all satisfied | A bit unsatisfied | neither satisfied or unsatisfied | A bit satisfied | completely satisfied |
|----------------------------|----------------------|-------------------|----------------------------------|-----------------|----------------------|
| Satisfied                  | 1                    | 2                 | 3                                | 4               | 5                    |

### G2_2 How satisfied are you with your relationships with your household?

| Satisfaction Level          | Not at all satisfied | A bit unsatisfied | neither satisfied or unsatisfied | A bit satisfied | completely satisfied |
|----------------------------|----------------------|-------------------|----------------------------------|-----------------|----------------------|
| Satisfied                  | 1                    | 2                 | 3                                | 4               | 5                    |

### G2_3 How satisfied are you with your relationship with your husband/wife/partner

| Satisfaction Level          | Not at all satisfied | A bit unsatisfied | neither satisfied or unsatisfied | A bit satisfied | completely satisfied |
|----------------------------|----------------------|-------------------|----------------------------------|-----------------|----------------------|
| Satisfied                  | 1                    | 2                 | 3                                | 4               | 5                    |
**CRIME AND SAFETY**

*We would now like to ask you some questions about crime and safety*

| H1_1          | In the last year has the level of crime in your community... [read out the options, circle one option] |
|---------------|--------------------------------------------------------------------------------------------------------|
| Got better    | 1 Got worse                                                                                           |
| Stayed the same| 2 Don't know                                                                                          | 88 |

| H1_2          | In the last year has your community been affected by any conflict or dispute? |
|---------------|---------------------------------------------------------------------------------|
| Yes           | 1 Don't know                                                                     | 88 |
| No            | 2 Refused answer                                                                 | 99 |

| H1_3          | Have you personally experienced any form of crime or violence in the last year? [read out the options, circle one option] |
|---------------|-------------------------------------------------------------------------------|
| Yes, more than once (go to H1_4) | 1 Never experienced crime or violence (go to H1_5) | 4 |
| Yes, once (go to H1_4)            | 2 Don't know (go to H1_5)                                                       | 88 |
| Not in the last year (go to H1_5) | 3 Did not answer (go to H1_5)                                                    | 99 |
**H1_4**  What sort of crime or violence? [DO NOT read out the options, circle as many as apply]

| Crime/Type of Violence | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| Assault, beating or physical injury | 1 | | | | | | | | | | | |
| Theft or robbery | 2 | | | | | | | | | | | |
| Sexual abuse/harassment or rape/attempted rape | 3 | | | | | | | | | | | |
| Sexual exploitation or prostitution | 4 | | | | | | | | | | | |
| Witness murder | 5 | | | | | | | | | | | |
| Intimidation or death threats | 6 | | | | | | | | | | | |
| Ethnic/racial violence or mob violence | 7 | | | | | | | | | | | |
| Other (please specify) | 8 | | | | | | | | | | | |

**H1_5** Has anyone in your household witnessed any crime or violence in the last year? [read out the options, circle one option]

| Witnessed Crime or Violence | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| Yes, more than once (go to H1_6) | | | | | | | | | | | | |
| Yes, once (go to H1_6) | | | | | | | | | | | | |
| Not in the last year (go to H2_1) | | | | | | | | | | | | |

**H1_6** What sort of crime or violence? [DO NOT read out the options, circle as many as apply]

| Crime/Type of Violence | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| Assault, beating or physical injury | 1 | | | | | | | | | | | |
| Theft or robbery | 2 | | | | | | | | | | | |
| Sexual abuse/harassment or rape/attempted rape | 3 | | | | | | | | | | | |
| Sexual exploitation or prostitution | 4 | | | | | | | | | | | |
| Witness murder | 5 | | | | | | | | | | | |
| Intimidation or death threats | 6 | | | | | | | | | | | |
| Ethnic/racial violence or mob violence | 7 | | | | | | | | | | | |
| Other (please specify) | 8 | | | | | | | | | | | |

**H2_1** How often do you feel safe in your home? [read out the options, circle one option]

| Feeling Safe | 1 | 2 | 3 | 4 |
|-------------|---|---|---|---|
| Never | 1 | Most of the time | 3 |
| Sometimes | 2 | All of the time | 4 |

**H2_2** How often do you feel safe outside of your home? [read out the options, circle one option]

| Feeling Safe | 1 | 2 | 3 | 4 |
|-------------|---|---|---|---|
| Never | 1 | Most of the time | 3 |
| Sometimes | 2 | All of the time | 4 |

**H3_1** Do you know where to go if you are victim of crime?

| Knowledge of Where to Go | 1 | 2 |
|--------------------------|---|---|
| Yes (go to H3_2) | 1 | No/not sure (go to H4_1) | 2 |

**H3_2** Where would you go if you were a victim of crime? [DO NOT read out the options, circle as many as apply]

| Location | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|
| Go to community leader (e.g. elder, clan chief, town chief) | 1 | | | | | | | | | | | |
| Go to justice of peace | 2 | | | | | | | | | | | |
| Go to police | 3 | | | | | | | | | | | |
| Go to other family members | 4 | | | | | | | | | | | |
| Go to neighbour or friend | 5 | | | | | | | | | | | |
| Go to constituent leaders/ representatives | 6 | | | | | | | | | | | |
| Go to district commissioner | 7 | | | | | | | | | | | |
| Go to court | 8 | | | | | | | | | | | |
| Go to religious leader | 9 | | | | | | | | | | | |
| Go to a disabled people's organisation | 10 | | | | | | | | | | | |
| Work with Human Rights organisation | 11 | | | | | | | | | | | |
| Resort to the use of violence | 12 | | | | | | | | | | | |
| Go to trial by ordeal (Sassy Wood) | 13 | | | | | | | | | | | |
| Don't know | 88 | | | | | | | | | | | |
| Did not answer | 99 | | | | | | | | | | | |
| Other (please specify) | 14 | | | | | | | | | | | |
| H4_1       | How satisfied are you with your personal safety? *read out the options, circle one option* | Not at all satisfied | A bit unsatisfied | neither satisfied or unsatisfied | A bit satisfied | completely satisfied |
|------------|------------------------------------------------------------------------------------------|----------------------|-------------------|---------------------------------|----------------|----------------------|
|            |                                                                                         | 1                    | 2                 | 3                               | 4              | 5                    |

| H4_2       | How satisfied are you with the safety of your household? *read out the options, circle one option* | Not at all satisfied | A bit unsatisfied | neither satisfied or unsatisfied | A bit satisfied | completely satisfied |
|------------|-----------------------------------------------------------------------------------------------|----------------------|-------------------|---------------------------------|----------------|----------------------|
|            |                                                                                         | 1                    | 2                 | 3                               | 4              | 5                    |

| H4_3       | How satisfied are you with the safety in your community? *read out the options, circle one option* | 1                    | 2                 | 3                               | 4              | 5                    |

| H4_4       | Do you think you will feel more safe or less safe 1 year from now?                         |                      |                   |                                 |                |                      |
|------------|--------------------------------------------------------------------------------------------|----------------------|-------------------|---------------------------------|----------------|----------------------|
| More safe  |                                                                                         | 1                    | Less safe         | 3                               |                |                      |
| No change  |                                                                                         | 2                    | Don’t know        | 88                              |                |                      |

| H4_5       | Do you think you will feel more safe or less safe 5 years from now?                       |                      |                   |                                 |                |                      |
|------------|--------------------------------------------------------------------------------------------|----------------------|-------------------|---------------------------------|----------------|----------------------|
| More safe  |                                                                                         | 1                    | Less safe         | 3                               |                |                      |
| No change  |                                                                                         | 2                    | Don’t know        | 88                              |                |                      |

| H4_6       | Do you think that you will be richer or poorer 1 year from now?                           |                      |                   |                                 |                |                      |
|------------|--------------------------------------------------------------------------------------------|----------------------|-------------------|---------------------------------|----------------|----------------------|
| Richer     |                                                                                         | 1                    | Poorer            | 3                               |                |                      |
| No change  |                                                                                         | 2                    | Don’t know        | 88                              |                |                      |

| H4_7       | Do you think that you will be richer or poorer 5 years from now?                          |                      |                   |                                 |                |                      |
|------------|--------------------------------------------------------------------------------------------|----------------------|-------------------|---------------------------------|----------------|----------------------|
| Richer     |                                                                                         | 1                    | Poorer            | 3                               |                |                      |
| No change  |                                                                                         | 2                    | Don’t know        | 88                              |                |                      |

We have talked about a lot of different things today. I am now going to give you some cards with cover each of the themes. I would like you to put them in the order that you think they are the most important.

| Rank | Card # |
|------|--------|
| 1    |        |
| 2    |        |
| 3    |        |
| 4    |        |
| 5    |        |
| 6    |        |
| 7    |        |
| 8    |        |
| 9    |        |

Thank you for taking the time to answer my questions.