

SHELTER ASSESSMENT

HOUSEHOLD SURVEY

I. Team Information

1.1 Shelter ID : _____	1.2 Date: ____/____/201__
1.3 Team ID : _____	1.4 1. Leader: _____ Signature: _____ 2. Member: _____ Signature: _____

Introduction

Hello, my name is _____ and I am collecting data for xxx

I would like to ask you some questions about your household and the impacts of xxx on your house. The purpose is to help the humanitarian organizations to better plan and implement projects to help rebuild xxx

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

The questionnaire does not have “good” or “bad” answers. You don’t have to answer if you don’t want to. You may decline to answer any questions or stop the interview at any time. It will take around 30 minutes to complete.

Do you agree to let me ask you these questions? YES NO

2 Geographical Information

Location of Where Respondents Were Living Prior to event

2.1 Region: _____	2.2 Municipality: _____	
2.3 Location: _____		
2.4. Address: _____ _____	2.5. Nearest Point of interest: _____ _____	
2.6 GPS ref #: _____	2.7. GPS Mark # : _____	2.8. Map Ref#: _____
2.9. Longitude: _____	2.10. Latitude: _____	2.11 PCode (internal): _____

Location of Current Shelter Arrangement (if different from above)

2.13Region: _____	2.14Municipality: _____	
2.15 Location: _____		
2.17. Address: _____ _____	2.18. Nearest Point of interest: _____ _____	
2.19 GPS ref #: _____	2.20. GPS Mark # : _____	2.21. Map Ref#: _____
2.22. Longitude: _____	2.23. Latitude: _____	2.24 PCode (internal): _____

2.25 What is your current shelter arrangements? (tick one only)	<input type="checkbox"/> Evacuation / collective centre: <input type="checkbox"/> Tents on relocation site <input type="checkbox"/> Temporary housing on relocation site (not tents)
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	<input type="checkbox"/> Living on own property in temporary shelter If yes: <input type="checkbox"/> Tent <input type="checkbox"/> Other (coco-lumber, etc) <input type="checkbox"/> Living on own property in affected house If yes: <input type="checkbox"/> No structural damage <input type="checkbox"/> Partial structural damage <input type="checkbox"/> Living with relatives, friends, neighbors, etc <input type="checkbox"/> Other _____
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Photos of Arrangements

	Existing Shelter: Picture ref #	Previous Shelter (if relevant): Picture ref #
2.26. Cam Ref #: _____	Front: _001	Front: _005
	Damage: _002	Damage: _006
	Damage : _003	Damage : _007
	Damage: _004	Damage: _008

3 Demographic Information

Household Information

3.1 How many people live in your household?		# Male: _____ # Female: _____
3.2 What is the age of those currently living in the household?	Under 1 years: # Male: _____ # Female: _____	19- 39years: # Male: _____ # Female: _____
	1-5 years: # Male: _____ # Female: _____	40-60 years: # Male: _____ # Female: _____
	6-12 years: # Male: _____ # Female: _____	Over 60 years: # Male: _____ # Female: _____
	13-18 years: # Male: _____ # Female: _____	
3.2 Are you a single-headed household (i.e. widow)		3.2.1 <input type="checkbox"/> No <input type="checkbox"/> Yes 3.2.2. If Yes, <input type="checkbox"/> Female <input type="checkbox"/> Male
3.4 How many pregnant or lactating women are there in the household?	# Pregnant: _____ # Lactating: _____	
3.5 How many people are there who are physically or mentally disabled?	# Male: _____ # Female: _____	
3.6 How many indigenous people live in the household?	# Male: _____ # Female: _____	

Income Information

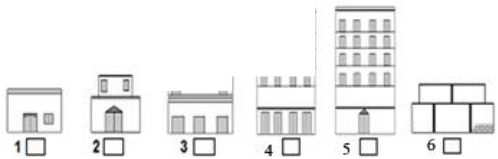
3.7 What are the primary and secondary sources of income for your household prior to the event (Rank 1, 2 and 3)? Who is the income earner (male, female, both)?	Rank	Peso per month	Event impact
3.8 How much does each activity contribute in pesos?	1: Primary 2: Secondary A 3: Secondary B	1: 0-3000 2: 3000-5000 3: 5000-10,000 4: 10000-20000 5: Above20,000 98: No Answer	1 : Not affected 2 : Slightly affected 3 : Highly affected (50%+ decrease) 98: Don't know
3.9 Were these affected?	M: Male F: Female B: Both		
<i>For all income sources, note the amount received for each income sources – not the total. Figures should be prior to event.</i>			
Crop agriculture (own production)			
Livestock/poultry owner			
Fishing			

Skilled manual labour (mason, carpenter, tailoring/sewing, electrician)			
Unskilled daily wage labourer			
Small business or trade (own enterprise, hotel, restaurant, hair salon, internet café etc)			
Government sector (police, army, teacher, clerks, etc)			
Remittances from family members (living abroad only)			
Remittances from government (including pensions, allowances)			
Assistance from NGOs/Govt (not remittances or pensions)			
Private salaried job			
Other (specify) _____			
Have no 2 nd source of income			
Have no 3 rd source of income			

3.10 Does the household income cover the family basic needs?	3.10.1 Before	3.10.1 After
	<input type="checkbox"/> Completely <input type="checkbox"/> Sufficiently <input type="checkbox"/> Partially <input type="checkbox"/> Not at all	<input type="checkbox"/> Completely <input type="checkbox"/> Sufficiently <input type="checkbox"/> Partially <input type="checkbox"/> Not at all

4 TECHNICAL ASSESSMENT

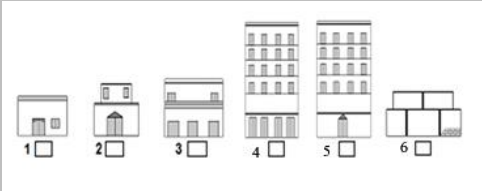
Affected Home / Building Type

<p>4.1 Type of building house is located in (see descriptions on the right):</p> 	<p>1 – Individual house made from natural materials (coconut timber, simple wooden frame)</p> <p>2 – Individual house made from natural and other materials (coconut timber, concrete foundations)</p> <p>3 – Individual house made from concrete</p> <p>4 – Individual house with shops</p> <p>5 - Big building (apartment block)</p> <p>6 – Building/ house under construction</p>
4.2 What is the type of property ownership or rights held by the household affected?	<input type="checkbox"/> Private ownership <input type="checkbox"/> Private co-ownership <input type="checkbox"/> Renting <input type="checkbox"/> Sharer <input type="checkbox"/> Caretaker <input type="checkbox"/> Public building <input type="checkbox"/> Other _____
4.3 Do you own the land which the affected house was built on prior to event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Do you have documentation for the land?	<input type="checkbox"/> Yes (formal) <input type="checkbox"/> No, it was lost in the disaster (formal) <input type="checkbox"/> No, never had formal documentation (informal) <input type="checkbox"/> Other _____
4.5 What is the size of the inhabited shelter by the household (squared meters)?	<input type="checkbox"/> 10 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 150 <input type="checkbox"/> More than 150

Damages to the House:		
Please tick relevant boxes to indicate the level of structural damage to the property:	Category 1 <u>Unaffected</u>	<input type="checkbox"/> No structural damage <input type="checkbox"/> No flood damage <input type="checkbox"/> Located in No Build Zone
	Category 2 <i>(In additional to the previous category)</i> <u>Flood Affected</u>	<input type="checkbox"/> Flood Damage: <input type="checkbox"/> 0-15cm <input type="checkbox"/> 15-50cm <input type="checkbox"/> 50-100cm <input type="checkbox"/> 1-1.5m <input type="checkbox"/> 1.5-3m <input type="checkbox"/> 3m+ <input type="checkbox"/> Mudflow Damage: <input type="checkbox"/> 0-15cm <input type="checkbox"/> 15-50cm <input type="checkbox"/> 50-100cm <input type="checkbox"/> 1-1.5m <input type="checkbox"/> 1.5-3m <input type="checkbox"/> 3m+ <input type="checkbox"/> Damage to glass or locks on windows and doors <input type="checkbox"/> Damage to electrical system (wires, fixtures, fittings) <input type="checkbox"/> Damage to furniture and possessions
	Category 3 <i>(In additional to the previous category)</i> <u>Partially affected with minor structural damage (minor rehabilitation required) – Livable</u>	<input type="checkbox"/> Water leakage system (water pipes, tanks and pumps) <input type="checkbox"/> Toilets and wash areas unusable <input type="checkbox"/> Damage to wooden walls and floors up to 20 m2 <input type="checkbox"/> Damage to brick work or wall lining up to 20 m2 <input type="checkbox"/> Damage to ceramic, ground tiles, decorations up to 20 m2
	Category 4 <i>(In additional to the previous category)</i> <u>Partially affected with structural damage (Major rehabilitation required) – Not Livable</u>	<input type="checkbox"/> Damage to brick work or wall lining more than 20 m2 <input type="checkbox"/> Damage to ceramic, ground tiles, decorations more than 20 m2 <input type="checkbox"/> Any structural damage related to beams and columns
	Category 5 <i>(In additional to the previous category)</i> <u>Heavy/completely damaged – To rebuild</u>	<input type="checkbox"/> Partially or completely collapsed roof <input type="checkbox"/> Structural damage related to foundation <input type="checkbox"/> Significantly more cracks in walls indicating foundation damage <input type="checkbox"/> House completely washed away
What are the debris and scale brought by the Typhoon? <i>Tick all that are appropriate</i> <i>Enumerators to observe and confirm</i>	Type of debris: <input type="checkbox"/> Logs <input type="checkbox"/> Trees <input type="checkbox"/> Garbage <input type="checkbox"/> Boulders <input type="checkbox"/> Mud <input type="checkbox"/> Others	Scale of debris: <input type="checkbox"/> Minor cleaning required <input type="checkbox"/> Significant cleaning, but accessible <input type="checkbox"/> Major cleaning, inaccessible
If you had electricity available in your house before Sendong, is electricity now available in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, is it caused by:</i> <input type="checkbox"/> Damaged internal network <input type="checkbox"/> Damaged public network supply	
Is running water available in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is running water available in the neighbourhood?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is water provided to the shelter? (for those in shelters)	<input type="checkbox"/> By public supply <input type="checkbox"/> By private wells	

5 Assistance to the Household

5.1 Is the family in need of assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Q5.4)
5.2 What kind of support is needed?	<input type="checkbox"/> Food <input type="checkbox"/> Hygiene Kits <input type="checkbox"/> Financial <input type="checkbox"/> Water Access <input type="checkbox"/> Livelihood <input type="checkbox"/> Psycho-Social <input type="checkbox"/> Temporary shelter	<input type="checkbox"/> Shelter NFIs <input type="checkbox"/> Technical <input type="checkbox"/> Material <input type="checkbox"/> Sanitation <input type="checkbox"/> Health <input type="checkbox"/> Child protection <input type="checkbox"/> Other: _____
5.3 What kind of support can the residents provide?	<input type="checkbox"/> Materials to repair/rebuild <input type="checkbox"/> Labour support to repair/rebuild <input type="checkbox"/> Financial support to repair/rebuild <input type="checkbox"/> Other: _____	
5.4 Has there already been support provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to 5.7)
5.5 What kind of support was provided?	<input type="checkbox"/> Food <input type="checkbox"/> Hygiene Kits <input type="checkbox"/> Financial <input type="checkbox"/> Water Access <input type="checkbox"/> Livelihood <input type="checkbox"/> Psycho-Social <input type="checkbox"/> Temporary shelter	<input type="checkbox"/> Shelter NFIs <input type="checkbox"/> Technical <input type="checkbox"/> Material <input type="checkbox"/> Sanitation <input type="checkbox"/> Health <input type="checkbox"/> Child protection <input type="checkbox"/> Other: _____
5.6 Who provided such support?	<input type="checkbox"/> Local authorities <input type="checkbox"/> Private individuals <input type="checkbox"/> Local NGOs <input type="checkbox"/> Other: _____	<input type="checkbox"/> Own funds <input type="checkbox"/> Local charity associations <input type="checkbox"/> International NGOs / UN / Donors
5.7 For houses that are able to be rehabilitated, have repairs started?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Services and Risks		
5.8 Does the household have regular access to food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.9 Does the household have regular access to drinking water such as bottled water, water tanks, filtered water, boiled water, purified water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.10 Does the household require support for latrines and sanitation facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.11 Does the household require support for electricity connections and services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.12 Is the household at risk because of the level of damage in house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.13 Is the household under threat of eviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.14 Does other external conflict place security risk for the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.15 Is the neighborhood considered safe and largely free of crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TECHNICAL ASSESSMENT	
1) Building Type: Collective Centres	
1.1) Type of building house is located in (see descriptions on the right): <div style="text-align: center; margin-top: 10px;">  </div>	Image description: 1 – Individual house without fence 2 – Individual house with fence 3 – Individual house with shops 4 - Big building with shops (apartment block) 5 - Big building (apartment block) 6 – Building/ house under construction
1.2) Type of property:	<input type="checkbox"/> Private <input type="checkbox"/> Public building <input type="checkbox"/> Other _____
1.3) Location of the shelter within building (<i>to be checked only if in question 1.1) it has been chosen the answer 3, 4, 5 or 6</i>):	<input type="checkbox"/> Ground Floor <input type="checkbox"/> First Floor <input type="checkbox"/> Other _____
1.4) Area of the inhabited shelter by HH (squared meters):	<input type="checkbox"/> 10 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 150 <input type="checkbox"/> More than 150
2. Damages of the House:	
2.1) When was the shelter damage?	
Please give brief description of reason for damage:	<input type="checkbox"/> Used as a shelter for displaced persons <input type="checkbox"/> Occupied by armed forces <input type="checkbox"/> Vandalism/Theft <input type="checkbox"/> Shelling <input type="checkbox"/> Burning/fire <input type="checkbox"/> Other _____
2.3) Please tick relevant boxes to indicate the level of structural damage to the property:	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <p>Category 1</p> <p><u>Light damages – Livable</u></p> </div> <div> <input type="checkbox"/> Bullet holes on the external walls but not penetrated inside <input type="checkbox"/> Damage to glass or locks on windows and doors <input type="checkbox"/> Electrical fixtures (localized damage, to sockets, plugs, lamps etc.) <input type="checkbox"/> Light fire damage evident </div> </div>

	<p>Category 2 <i>(In additional to the previous category)</i></p> <p><u>Medium to light damage – Livable</u></p>	<input type="checkbox"/> Bullet holes penetrated walls <input type="checkbox"/> Doors and/or windows need to be replaced <input type="checkbox"/> Electrical terminal boxes and wires (damage to system throughout house) <input type="checkbox"/> Water leakage system (water pipes, water tanks and water pumps) <input type="checkbox"/> Toilets and wash areas unusable <input type="checkbox"/> Damage to brick work or wall lining up to 20 m2 <input type="checkbox"/> Damage to ceramic, ground tiles, decorations up to 20 m2 <input type="checkbox"/> Fire damage evident
	<p>Category 3 <i>(In additional to the previous category)</i></p> <p><u>Medium-heavy damages – Repair need before being usable for living</u></p>	<input type="checkbox"/> Damage to brick work or wall lining more than 20 m2 <input type="checkbox"/> Damage to ceramic, ground tiles, decorations more than 20 m2 <input type="checkbox"/> Significant fire damage evident <input type="checkbox"/> Any structural damage related to beams and columns
	<p>Category 4 <i>(In additional to the previous category)</i></p> <p><u>Heavy/completely damaged – To rebuild</u></p>	<input type="checkbox"/> Partially or completely collapsed roof <input type="checkbox"/> Any structural damage related to foundation <input type="checkbox"/> Cracks in walls indicating foundation damage
<p>2.4) Has any of the house furniture/equipment been damaged, destroyed or stolen during the conflict?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>If yes, please give approximate percentage of furniture/equipment damaged _____</i></p>	
<p>2.5) Is electricity available in the house?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2.5 a) If No, is caused by:</p>	<input type="checkbox"/> Damaged internal network <input type="checkbox"/> Damaged public network supply	
<p>2.6) Is running water available in the house?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2.7) Is water provided to the shelter</p>	<input type="checkbox"/> By public supply <input type="checkbox"/> By private wells	
<p>2.8) Is there evidence of UXOs/ERWs in the shelter or nearby area?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2.8. a) If Yes, where?</p>	<input type="checkbox"/> Inside Shelter	

	<input type="checkbox"/> Outside Shelter (within the fence) <input type="checkbox"/> Nearby area (approximate distance: _____ meters)
2.9. b) If Yes, please describe	_____ _____ _____

1) Profile of Legal Owner of Property

Family Name	_____	Family Book Number ID:	_____
First Name	_____		
Has the owner provided with the official document of the shelter ownership?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Info	<input type="checkbox"/> Widow HH <input type="checkbox"/> Disabled HH <input type="checkbox"/> Elderly HH <input type="checkbox"/> Single headed HH
If not living in the shelter, where is s/he living now?	<input type="checkbox"/> Internally displaced <input type="checkbox"/> Second owned house <input type="checkbox"/> Hosted by relatives <input type="checkbox"/> Unknown		Address or Contact info: _____ _____

2) Profile of Resident (if not above owner)

Family Name	_____	Family Book Number ID:	_____
First Name	_____		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Info	<input type="checkbox"/> Widow HH <input type="checkbox"/> Disabled HH <input type="checkbox"/> Elderly HH <input type="checkbox"/> Single headed HH
Where is the family from originally?	<input type="checkbox"/> The current city/ village <input type="checkbox"/> Other region: <input type="checkbox"/> The same region _____ <input type="checkbox"/> Abroad <input type="checkbox"/> Unknown		

3) If not at all occupied

3.1) Why is the house not occupied?	<input type="checkbox"/> House too damaged <input type="checkbox"/> Economic reasons <input type="checkbox"/> Security reasons <input type="checkbox"/> Other (please describe) _____
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4) House Residency

4.1) If <i>occupied</i> , please provide type of residency/ housing right related to the HH:	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Occupied with owner's permission <input type="checkbox"/> Occupied with permission along temporary government
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4.2) Profile of resident:		<input type="checkbox"/> Resident <input type="checkbox"/> Internally displaced persons <input type="checkbox"/> Recently returned from displacement <input type="checkbox"/> Foreign nationals	
4.3) Since the conflict has the family been displaced?		<input type="checkbox"/> No <input type="checkbox"/> Once <input type="checkbox"/> More than once (please provide approximate number_____)	
4.3 a) If Yes, where?		<input type="checkbox"/> The current city/ village <input type="checkbox"/> The same region <input type="checkbox"/> Other region: _____ <input type="checkbox"/> Abroad <input type="checkbox"/> Unknown	
4.4) Total number of people staying in the house?		Total Number of Persons	
		Number of Women	
		Number of Children (under 5 years old)	
		Number of Children (between 6 and 18 years old)	
		Number of elderly (above 60)	
		Number of persons with physical disabilities	
5) Economic status of house resident			
	Before Conflict	After Conflict	
5.1) What is the main source of income before/after the conflict?	<input type="checkbox"/> Relatives <input type="checkbox"/> Government job <input type="checkbox"/> Private sector employee <input type="checkbox"/> Self employment <input type="checkbox"/> Social Support <input type="checkbox"/> Savings <input type="checkbox"/> No income <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Relatives <input type="checkbox"/> Government job <input type="checkbox"/> Private sector employee <input type="checkbox"/> Self employment <input type="checkbox"/> Social Support <input type="checkbox"/> Savings <input type="checkbox"/> No income <input type="checkbox"/> Other: _____ _____	

5.2) Does the HH income cover the family basic needs?	<input type="checkbox"/> Completely <input type="checkbox"/> Sufficiently <input type="checkbox"/> Partially <input type="checkbox"/> Not at all	<input type="checkbox"/> Completely <input type="checkbox"/> Sufficiently <input type="checkbox"/> Partially <input type="checkbox"/> Not at all
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