

Client Assessment Survey - Liberia

Interviewer: **Text in bold** should be read aloud. *Text in italics* are instructions and should not be read aloud.

You should use probing questions if necessary to elicit responses to all questions. If, however, a response is still not forthcoming, the following codes should be used: 99 - not applicable; 98 - no response given.

Fill out the information below before the survey begins. Do not ask the respondent for this information.																
Date of Interview (dd-mm-yyyy)	<input type="text"/>	<table border="1"> <thead> <tr> <th colspan="2">Quality Control Checks</th> </tr> </thead> <tbody> <tr> <td>Field Supervisor</td> <td></td> </tr> <tr> <td>Date _____</td> <td>Initials _____</td> </tr> <tr> <td>Headquarters</td> <td></td> </tr> <tr> <td>Date _____</td> <td>Initials _____</td> </tr> <tr> <td>Data Processor</td> <td></td> </tr> <tr> <td>Date _____</td> <td>Initials _____</td> </tr> </tbody> </table>	Quality Control Checks		Field Supervisor		Date _____	Initials _____	Headquarters		Date _____	Initials _____	Data Processor		Date _____	Initials _____
Quality Control Checks																
Field Supervisor																
Date _____	Initials _____															
Headquarters																
Date _____	Initials _____															
Data Processor																
Date _____	Initials _____															
Interviewer (code)	<input type="text"/>															
Branch (code)	<input type="text"/>															
Region																
1 <input type="checkbox"/> Montserrado	9 <input type="checkbox"/> Lofa															
2 <input type="checkbox"/> Bomi	10 <input type="checkbox"/> Margibi															
3 <input type="checkbox"/> Bong	11 <input type="checkbox"/> Maryland															
4 <input type="checkbox"/> Gbarpolu	12 <input type="checkbox"/> Nimba															
5 <input type="checkbox"/> Grand Bassa	13 <input type="checkbox"/> River Cess															
6 <input type="checkbox"/> Grand Cape Mount	14 <input type="checkbox"/> River Gee															
7 <input type="checkbox"/> Grand Gedeh	15 <input type="checkbox"/> Sinoe															
8 <input type="checkbox"/> Grand Kru																
Client Location	0 <input type="checkbox"/> Urban															
	1 <input type="checkbox"/> Rural															
Months in Program	<input type="text"/>															
Client or ID #	<input type="text"/>															

Hello. My name is _____. I work for the organization _____. We are conducting a survey to learn a little bit more about the clients we work with. My records indicate that [name] is the main point of contact between [organization] and your household. May I please speak to [name]?

If person is desired respondent, read only the instructions marked 2.

If person is NOT desired respondent, read both 1 and 2 when desired respondent is located.

1. Hello. My name is _____. I work for the organization _____. We are conducting a survey to learn a little bit more about the clients we work with. My records indicate that you are the point of contact between [organization] and your household.

2. The interview should only take about 20 minutes and your answers will be put together with answers from other households. All of your answers are completely confidential and your name will not be given with your answers. Are you willing to answer these questions today?

After he/she agrees, proceed with the text below.

First, I would like to ask you about your household. Let me tell you what we mean by 'household.' For our purposes today, a household consists of a person or group of persons who live together, acknowledge one shared head of the household, and share housekeeping and cooking arrangements. Do you have any questions?

Answer any questions the respondent has before proceeding.

Now I would like you to identify each person in your household and answer some basic questions about each person. Let's start with the names of each person in your household. Shall I identify you as [name]?

If the respondent is reluctant to provide his or her name or those of others in the household, record relationships instead (ex: Respondent, Husband, etc).

Use row 1 for respondent.

Are you the head of the household or is someone else?

If not the respondent, record the Head of Household's name next, then continue filling in column A with each household member before asking questions in the remaining columns.

Only ask if age 5 or older.

A. Household Member's Name	B. Is [name] female or male?	C. What is the relationship of [name] to [household head]?	D. How old is [name]?	E. Only ask if age 12 or older. What is [name]'s present marital status?	F. Can [name] read a one- page letter in English?	G. Enter 99 if answer in Column F is 0. Can [name] write a one- page letter in English?	H. Has [name] ever attended school?	I. What is the highest diploma [name] has completed?
1.		Head 1 Wife/Husband 2 Child/Adopted Child ... 3 Grandchild 4 Niece/Nephew 5 Father/Mother 6 Sister/Brother 7 Son/Daughter-in-law 8 Brother/Sister-in-law 9 Grandfather/Grandmother 10 Father/Mother-in-law 11 Other relative 12 Non-relative 13	(complete years)	Under age 12 99 Married/ Traditional marriage/ Informal Arrangement 1 Divorced/Separated .. 2 Widow(er) 3 Never Married 4	Under age 5...99 No 0 Yes 1	Can't read/Under age 5 99 No 0 Yes 1	Under age 5 99 No 0 Yes 1	Under age 5 99 None 0 Elementary Cert ... 1 Junior High Cert .. 2 High School Diploma 3 High School Cert .. 4 Vocational Cert.....5 Teacher Training Cert 6 BSc 7 Graduate Cert ... 8 Terminal Degree/ PhD 9
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
13)								
14)								
15)								

Now, I would like to ask you a few questions about your home.

2. What is the main construction material of your dwelling's external walls?

- 1 Mud and sticks
 2 Mud bricks
 3 Corrugated iron/Zinc/Tin
 4 Stone/Burnt bricks/Clay bricks
 5 Sandcrete/Cement blocks
 6 Timber/Wood
 7 Poles/Reed/Mat
 8 Tarpaulin/Plastic sheets
 9 Other

3. What type of toilet facility is used by your household?

- 1 Flush
 2 Traditional latrine
 3 Ventilated improved latrine
 4 Bowl/Bucket
 5 Bush/None
 6 Other

4. What is the main source of lighting fuel in your dwelling?

- 1 Kerosene/Paraffin
 2 Gas
 3 Mains/Electricity
 4 Generator
 5 Battery
 6 Candles
 7 Firewood
 8 Palm oil

5. What is your main source of cooking fuel?

- 1 Firewood
 2 Charcoal
 3 Kerosene/Oil
 4 Gas
 5 Electricity
 6 Crop residue/Sawdust
 7 Animal waste
 8 Palm oil
 9 Other

Next, I would like to ask you about a few items that members of your household may own.

6a. Does your household own any local hoes?

- 0 No
 1 Yes

6b. How many local hoes does your household own?

enter number or "0" if 6a response was "0"

7a. Does your household own any local cutlasses?

- 0 No
 1 Yes

7b. How many local cutlasses does your household own?

enter number or "0" if 7a response was "0"

8a. Does your household own any coal pots?

- 0 No
 1 Yes

8b. How many coal pots does your household own?

enter number or "0" if 8a response was "0"

Does your household own...		No	Yes
9.	A gas/electric/kerosene stove?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
10.	A coal (charcoal) iron?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
11.	A radio?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
12.	A cassette/CD Player?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
13.	A generator?	0 <input type="checkbox"/>	1 <input type="checkbox"/>

Look over the survey to see if you have missed any questions, then end the interview.

Those are all the questions I need to ask you today. Thank you for your time and effort in completing this survey.