

Appendix C: Rapid Household Survey form

Shelter Needs Assessment Rapid Household Survey

Location [Name Village / GPS Position] _____

Field Officer _____

Monitoring Date _____ DD / MM / YY

Head of Household					
Name			Father's name		
Contact Num.			HH Total		
			# Families in HH		
Composition of HH					
GENDER/AGE	Children <5y	Children (5-15y)	Adolescents (16-18y)	Adults (18-49y)	Elderly (≥ 50y)
Male					
Female					
Number of bread winner(s) (currently working and above 16 years)					
Construction skills available within the household			Carpentry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Masonry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Stone cutting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Tinsmith	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Land Ownership					
Do you own land or have a leasing agreement with a land owner? If no, skip to "Additional Vulnerability" section				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the shelter reconstruction location flood prone?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the flooding frequency (number of flood episode per year)					
Is the shelter reconstruction location erosion prone?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the erosion frequency (number of erosion episode per year)					
Do you have access to alternative safer land for shelter reconstruction?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Vulnerability:					
Elderly head HH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physically Disabled HH	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Female Head HH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breastfeeding Women HH*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child head HH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronically ill HH	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Host Family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnant women	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Latrine available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Main water source (after the disaster)	<input type="checkbox"/> Working/Undamaged hand pump or tapstand <input type="checkbox"/> River/Canal/Damaged well or tapstand	
* Including Women headed HHs with children under 2 who should be breastfed			Distance to water source in minutes		
Disaster assessment:					
Number of deaths in hh					
Number of injured in hh					
What is the state of the household?			Completely destroyed or immediate risk of collapse/ Partially Destroyed/ Unharmed		
What is the current accomodation?			Emergency shelter/ Own house/ Hosted by another family/ Rented house / In open area		
If rented: Amount of rent monthly					
Car/Truck	Owned		Lost		
Horses/Camels	Owned		Lost		
Donkey	Owned		Lost		
Cattle/Goats/Sheep	Owned		Lost		
Chicken	Owned		Lost		
Number of Rainfed Jeribs	Owned		Destroyed		
Number of Irrigated Jeribs	Owned		Destroyed		
Beneficiaries' priorities					
Please enlist the first three priorities for the HH	1 _____				
	2 _____				
	3 _____				
Signature of the Interviewee _____					