

Annex 5: Example socio-economic survey forms

XXX PROJECT IN XXX (**URBAN SETTING, INFORMAL SETTLEMENT**) *Development of the RAP/LRP – socio-economic baseline survey*

CENSUS/SURVEY/ASSET INVENTORY FORM

1. GENERAL SURVEY INFORMATION		
1.1 Names of survey interviewers:	1.1.1	Signature:
	1.1.2	Signature:
1.2 Date of survey:		
1.3 Settlement/sector:		
1.4 Survey form number:		
1.4 Name of supervisor:		Signature:

2. HEAD OF HOUSEHOLD AND CONTACT DETAILS	
2.1 Name of the head of household (HH):	
2.2 HH contact phone number:	

3. RESIDENCE AND MIGRATION OF THE HOUSEHOLD		
3.1 Does the head of household have registered residence in XXX?	<input type="checkbox"/> 3.1.1 Yes (go to 3.1.1.1)	3.1.1.1 Address:
	<input type="checkbox"/> 3.1.2 No (go to 3.1.2.1)	3.1.2.1 Municipality/city of HH registered residence:

3.2 Does the household permanently or occasionally reside in XXX?	<input type="checkbox"/> 3.2.1 Permanently	3.2.1.1 When did the household move to XXX (year/month)? 3.2.1.2 Where did the household live before moving to XXX? 3.2.1.3 What was the primary reason for moving to XXX?
	<input type="checkbox"/> 3.2.2 Occasionally	3.2.2.1 Why does the household only occasionally live in XXX? 3.2.2.2 How many months of the year do you live in XXX?
3.3 Was the household evicted or resettled from another settlement in XXX?	<input type="checkbox"/> 3.3.1 Yes	3.3.1.1 Specify the name of the settlement and the date of eviction/resettlement
	<input type="checkbox"/> 3.3.2 No	
3.4 How long has the household been residing in the XXX settlement?	3.4.1 When did the household move to the XXX settlement (year/month)?	
3.5 Does the HH or any member of the household have other property elsewhere?	<input type="checkbox"/> 3.5.1 Yes	3.5.1.1 Location (municipality/city):
		3.5.1.2 Type of property: <input type="checkbox"/> Land <input type="checkbox"/> House in construction <input type="checkbox"/> Finished house <input type="checkbox"/> Other (specify):
	<input type="checkbox"/> 3.5.2 No	
3.6 Has the HH or any household members applied for social housing before?	<input type="checkbox"/> 3.6.1 Yes	3.6.1.1 Location (municipality/city):
	<input type="checkbox"/> 3.6.2 No	

4. GENERAL INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD								
No.	Name	Relationship to Head of Household	Age	Sex M/F	Marital status	Place of birth (country, city)	Nationality/ethnicity	Religion
1		Head of household						
2								
3								
4								
5								
6								
7								
8								
9								
10								

5. DOCUMENTATION OF ALL MEMBERS OF THE HOUSEHOLD							
No.	Name	Birth certificate (Yes/No)	Citizenship certificate (Yes/No)	Registered residence (Yes/No, if yes specify municipality)	ID card (Yes/No, if yes, specify new or old)	Health card (Yes/No)	Other document (specify – passport, driver's license, IDP card, employment booklet)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

6. LANGUAGES		
6.1 What language(s) do you speak in the household?	<input type="checkbox"/> XXX <input type="checkbox"/> XXX <input type="checkbox"/> Other (specify)	
6.2 Does everyone in the household understand XXX?	<input type="checkbox"/> 6.2.1 Yes	
	<input type="checkbox"/> 6.2.2 No	6.2.2 1 If no, specify who does not understand XXX and account for the overall number of individuals: <input type="checkbox"/> Elderly, number: <input type="checkbox"/> Children, number: <input type="checkbox"/> Adults, number:

7. EDUCATION OF ALL MEMBERS OF THE HOUSEHOLD					
No.	Name	Last level/grade and type of school completed	Still attending school? (Yes/No)	If education was not completed, what was the reason for this?	Any skills (informal)
1					
2					
3					
4					
5					
6					

7					
8					
9					
10					

8. HEALTH STATUS OF THE MEMBERS OF THE HOUSEHOLD					
8.1 Do any members of the household have a disability or suffer from chronic illness? Are any female members of the household pregnant?				<input type="checkbox"/> 8.1.1 Yes (fill in the table below) <input type="checkbox"/> 8.1.2 No	
No.	Name	Details of disability/chronic illness	Details of pregnancy (current term, due date and so on)	Is the person receiving any social or other welfare benefits?	If yes, type of assistance received (specify)
1					
2					
3					
4					

9. EMPLOYMENT AND INCOME OF ALL MEMBERS OF THE HOUSEHOLD							
9.1 CURRENT EMPLOYMENT AND INCOME							
No.	Name	Primary source of income (such as employment, pension, scrap collection, selling used goods)	If official employment - name of employer and type of work	Monthly income from the primary occupation	Other sources of income (specify - scrap collection, seasonal work, social welfare, disability payment, remittances, and so on)	Estimated monthly income from other sources	Total estimated monthly income
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
TOTAL MONTHLY INCOME OF THE HOUSEHOLD							

9.2. PREVIOUS EMPLOYMENT					
9.2.1 Was anyone in the household previously employed and is now not working?			<input type="checkbox"/> Yes, they were permanently employed (fill in the table below) <input type="checkbox"/> Yes, they were temporarily employed (fill in the table below) <input type="checkbox"/> No		
No.	Name	Employer	Type of work	Period when worked	Reason for stopping work
1					
2					
3					
4					
5					
9.3 UNEMPLOYMENT					
9.3.1 Is anyone in the household registered as unemployed with the National Employment Agency?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.4 SCRAP COLLECTION					
9.4.1 What kind of scrap do you collect?			<input type="checkbox"/> Paper <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Other (specify)		
9.4.2 Where do you get the goods?			<input type="checkbox"/> Waste containers on street <input type="checkbox"/> Larger waste dumps		

	<input type="checkbox"/> Other (specify)	
9.4.3 How far do you travel in a day to collect scrap?	<input type="checkbox"/> Less than 5 kilometres <input type="checkbox"/> Between 5 and 15 kilometres <input type="checkbox"/> More than 15 kilometres	
9.4.4 Do you separate goods before you sell them?	<input type="checkbox"/> 9.4.4.1 Yes (go to 9.4.4.1.1)	9.4.4.1.1 Do you separate the goods? <input type="checkbox"/> Yes, in XXX settlement <input type="checkbox"/> Yes, elsewhere (specify)
	<input type="checkbox"/> 9.4.4.2 No	
9.4.5 Do you sell collected goods every day?	<input type="checkbox"/> 9.4.5.1 Yes (go to 9.4.5.1.1)	9.4.5.1.1 Where do you store unsold goods? <input type="checkbox"/> In XXX settlement <input type="checkbox"/> Elsewhere (specify)
	<input type="checkbox"/> 9.4.5.2 No	
9.4.6 Do you transport goods to the buyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No, the buyer collects them <input type="checkbox"/> Both	
9.4.7 Who do you sell your goods to?	9.4.7.1 Specify:	
9.4.8 Do you sell your goods at the market?	<input type="checkbox"/> 9.4.8.1 Yes (go to	9.4.8.1.1 Specify location (s):

	9.4.8.1.1)	
	<input type="checkbox"/> 9.4.8.2 No	
9.4.9 How would you rate your business in the last two years?	<input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input type="checkbox"/> Same 9.4.9.1 Please state the reasons for this:	
9.4.10 What could be done to help your business?	9.4.10.1 Specify:	

10. HOUSEHOLD EXPENDITURES					
10.1 Choose five items from the following list that you spend most of your income on (please number from 1-5, 1 for the highest amount , 5 for the lowest amount, and write the average amount spent on each in one month					
Item	Rating	Amount	Item	Rating	Amount
Food			Electricity/water		
Rent			Communications (phone bills)		
Health/medical expenses			Smoking/drinking		
Education			Other (specify)		
Transport			Other (specify)		
Clothes			Other (specify)		

11. AFFECTED OBJECTS		
11.1 All objects which the household uses:	<input type="checkbox"/> 11.1.1 Housing unit (house)	11.1.1.1 Number of rooms:
		11.1.1.2 Type of construction material: <input type="checkbox"/> Brick or concrete <input type="checkbox"/> Wood <input type="checkbox"/> Cardboard and other scrap
		11.1.1.3 Size (in square metres):
	<input type="checkbox"/> 11.1.2 Other objects (specify): <input type="checkbox"/> Shed <input type="checkbox"/> Workshop <input type="checkbox"/> Other (specify):	11.1.2.1 Number of rooms:
		11.1.2.2 Type of construction material: <input type="checkbox"/> Brick or concrete <input type="checkbox"/> Wood <input type="checkbox"/> Cardboard and other scrap
		11.1.2.2 Size (in square metres):
11.2 Are you the owner or the user of the housing unit?	<input type="checkbox"/> 11.2.1 Owner	
	<input type="checkbox"/> 11.2.2 User	11.2.2.1 If you are the user, do you pay rent? <input type="checkbox"/> Yes (go to 11.2.2.2) <input type="checkbox"/> No
		11.2.2.2 Specify how much:

<p>11.3 What is the main source of drinking water for your household?</p>	<p><input type="checkbox"/> Piped connection to the house (go to 11.6)</p> <p><input type="checkbox"/> Public standpipe/stand post/hand pump</p> <p><input type="checkbox"/> Public hydrant</p> <p><input type="checkbox"/> Bottled water</p> <p><input type="checkbox"/> Rainwater</p> <p><input type="checkbox"/> Neighbour</p> <p><input type="checkbox"/> Other (please specify)</p>
<p>11.4 How far is the source from your house?</p>	<p><input type="checkbox"/> Less than 50 metres</p> <p><input type="checkbox"/> 51-100 metres</p> <p><input type="checkbox"/> 101-200 metres</p> <p><input type="checkbox"/> 201-500 metres</p> <p><input type="checkbox"/> Between 500 metres and 1 kilometre</p> <p><input type="checkbox"/> More than a kilometre</p>
<p>11.5 Who is responsible for fetching water?</p>	<p><input type="checkbox"/> Men</p> <p><input type="checkbox"/> Women</p> <p><input type="checkbox"/> Children</p> <p><input type="checkbox"/> Everyone</p>
<p>11.6 What toilet facility do members of your household usually use?</p>	<p><input type="checkbox"/> Own pit latrine</p> <p><input type="checkbox"/> Pit latrine used by several families</p> <p><input type="checkbox"/> Other (specify)</p>

11.7 Does the household have access to electricity?	<input type="checkbox"/> 11.7.1 Yes	11.7.1.1 Is the connection legal or illegal? <input type="checkbox"/> Legal connection <input type="checkbox"/> Illegal connection
	<input type="checkbox"/> 11.7.2 No	
11.8 How do you rate your current living (housing) conditions?	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	11.8.1 Main reason why:
11.9 Please indicate what you would change to improve your living conditions.	11.9.1 Specify:	

12. XXX PROJECT		
12.1 Are you aware of the XXX that will be built in this area?	<input type="checkbox"/> 12.1.1 Yes	12.1.1.1 How did you first find out about the project? <input type="checkbox"/> From other people in the settlement <input type="checkbox"/> From city officials <input type="checkbox"/> From the media <input type="checkbox"/> Other (specify)
	<input type="checkbox"/> 12.1.2 No	
12.2 Did you attend the public meeting held by the city?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

13. PREFERENCES AND PLANS FOR THE FUTURE
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13.1 Where would you like to be resettled?	<input type="checkbox"/> XXX <input type="checkbox"/> To my home town/city of origin (specify) <input type="checkbox"/> To another town/city (specify)
13.2 What type of assistance do you/your family members need?	<input type="checkbox"/> Construction material <input type="checkbox"/> Accommodation <input type="checkbox"/> Social assistance <input type="checkbox"/> Employment (specify for which members of the household) <input type="checkbox"/> Skills training / education (specify type of education for which members of the household) <input type="checkbox"/> Other (specify)

XXX PROJECT IN XXX (RURAL SETTING)
Development of the RAP/ LRP - socio-economic baseline survey

CENSUS / SURVEY / ASSET INVENTORY FORM

1. GENERAL INFORMATION		
1.1 Survey form number:		1.1.1 Connected survey form numbers <i>(for other affected plots)</i> :
1.2 Location of the affected plot:	1.2.1 District:	1.2.2 Town / village:
1.3 Cadastral number of the affected plot:		
1.4 Size of the affected plot (in Ha):		
1.5 Name of surveyors:	1.5.1 Signature:	1.5.2 Signature:
1.6 Date of survey:		
1.7 Name of survey supervisor:	Signature:	

2. INFORMATION ABOUT THE OWNER(S)/USER OF THE AFFECTED LAND PLOT	
<i>Note: the person using the land plot is who should be surveyed (be it the owner or person using the land plot under some formal or informal arrangement)</i>	
2.1 Name of the owner(s) of the affected land plot:	
2.2 Resident address(es) and contact phone number(s) of the owner(s):	
2.3 Name of the user <i>(if different than the owner)</i> of the affected land plot:	
2.4 Resident address and contact phone number of the user:	
2.5 Status of the user:	<input type="checkbox"/> 2.5.1 Plot is owned by family or relative (with no formal usage agreement) <input type="checkbox"/> 2.5.2 Tenant (formal user of land with agreement from the owner) <input type="checkbox"/> 2.5.3 Informal user (user of land without knowledge or agreement from the owner) <input type="checkbox"/> 2.5.9 Other (specify)

3. INFORMATION ABOUT THE OWNER'S (USER'S) OWNERSHIP/USE OF OTHER LAND

3.1 Does the owner (user) or any member of his/her household own or rent other plots of land?	<input type="checkbox"/> 3.1.1 Yes, the owner (user) <i>owns</i> other land	3.1.1.1 Please specify the total area of other <i>owned</i> land, in Ha:
	<input type="checkbox"/> 3.1.2 Yes, the owner (user) <i>uses</i> other land	3.1.2.1 Please specify the total area of other <i>used</i> land, in Ha:
	<i>Note: use of land can be formal or informal</i> <input type="checkbox"/> 3.1.3 No	

4. COMPOSITION OF THE OWNER'S (USER'S) HOUSEHOLD

No.	4.1 Name	4.2 Relationship to the head of household <i>(parent, spouse, sibling, child, grandchild)</i>	4.3 Year of birth	4.4 Sex (M/F)	4.5 Last level of education completed <i>(third-grade primary school, secondary school, third-year university, and so on)</i>	4.6 Nationality/ethnicity:
1		Head of household				
2						
3						
4						
5						
6						

5. HEALTH STATUS OF THE MEMBERS OF THE OWNER'S (USER'S) HOUSEHOLD			
5.1 Do any members of the household have a disability or chronic illness?			<input type="checkbox"/> 5.1.1 Yes <input type="checkbox"/> 5.1.2 No
No.	Name	5.2 Type of disability/chronic illness (specify if it requires regular medical attention or hospitalisation)	5.3 Is the person receiving any social or other welfare benefits?
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. UNEMPLOYED MEMBERS (OVER THE AGE OF 18) OF THE OWNER'S (USER'S) HOUSEHOLD	
6.1 Is anyone in the household unemployed?	<input type="checkbox"/> 6.1.1 Yes (please specify how many members of the household): <input type="checkbox"/> 6.1.2 No
6.2 Is anyone in the household registered as unemployed with the XXX National Agency for Employment?	<input type="checkbox"/> 6.2.1 Yes (please specify how many members of the household): <input type="checkbox"/> 6.2.2 No

7. OCCUPATION AND INCOME OF ALL MEMBERS OF THE OWNER'S (USER'S) HOUSEHOLD						
No.	Name	Primary source of income (salary, private business, agriculture, pension, remittances, social welfare)	Estimated annual income from the primary source (in XXX)	Other sources of income	Estimated annual income from other sources (in XXX)	Total estimated annual income (in XXX)
1						
2						
3						
4						
TOTAL ANNUAL INCOME OF THE HOUSEHOLD						

8. HOUSEHOLD EXPENDITURES

8.1 Choose five items from the following list that you spend most of your income on (please number from 1-5, 1 for the highest amount and 5 for the lowest amount, and write the average amount spent on each in one month)

Item	Rating	Amount	Item	Rating	Amount
Food			Utility bills (electricity, water, telephone)		
Rent			Alcohol/cigarettes		
Health/medical expenses			Heating (specify type of heating):		
Education			Other (specify)		
Transport			Other (specify)		
Clothes			Other (specify)		

9. FEATURES OF THE AFFECTED LAND PLOT

9.1 The affected land plot consists of:

- ☐ 9.1.1 Land only (proceed to 9.3)
☐ 9.1.2 Land and structures (proceed to 9.2)

9.2 Specify the type of structures:

- ☐ 9.2.1 House (size in m²): 9.2.1.1. Building permit (YES/NO/DO NOT KNOW)
☐ 9.2.2 Garage (size in m²):
☐ 9.2.3 Barn (size in m²):
☐ 9.2.4 Silos (size in m²):
☐ 9.2.5 Workshop (size in m²):
☐ 9.2.9 Other (specify)

If the structure is 9.2.1 (House), specify the existence of utilities:

Connection to public water network ☐ Yes ☐ No

Connection to public electricity grid ☐ Yes ☐ No

	Connection to public sewerage <input type="checkbox"/> Yes <input type="checkbox"/> N Connection to telephone <input type="checkbox"/> Yes <input type="checkbox"/> N
9.3 What source of water is used on the affected land plot?	<input type="checkbox"/> 9.3.1 Public irrigation system <input type="checkbox"/> 9.3.2 Irrigation from another source <input type="checkbox"/> 9.3.3 Well <input type="checkbox"/> 9.3.4 None <input type="checkbox"/> 9.3.9 Other (specify)

10. AGRICULTURE ON THE AFFECTED LAND PLOT						
Crop	Type	Area in Ha	Estimated annual produce (in kg)	For sale (in kg)	For consumption (in kg)	Net annual income (in XXX)
Food grains (corn, wheat, rye, barley)						
Vegetables (cabbage, tomatoes, carrots)						
Fruit (apples, grapes, apricots)						
Other (specify)						
Other land:		Area in Ha	Estimated annual	For sale	For consumption	Net annual

		produce			income (in XXX)
Hay meadows					
Pasture fields					
Forest land (for timber)					
Unused (abandoned)					
	10.1 Area in Ha				10.2 Net annual income (in XXX)
TOTAL					

11. ANIMALS ASSOCIATED WITH THE AFFECTED LAND PLOT

Please note: this is to record animals physically located on the plot of land

Type	Number	For sale	For consumption	Estimated net annual income from animals and animal products in XXX (milk, meat, cheese, eggs, honey and so on)
Cattle (total)				
Milk cows				
Pigs				
Sheep				
Goats				
Poultry				
Horses				
Beehives				
Other (specify)				
	11.1 TOTAL net annual income from animals and animal products (in XXX):			

12. WORK FORCE ASSOCIATED WITH AFFECTED LAND PLOT

12.1 Who is engaged in agriculture/animal husbandry associated with the affected land plot?

☐ 12.1.1 Members of the household (please specify how many individuals):

☐ 12.1.2 Hired help (please specify how many individuals):

Note: hired help includes persons engaged temporarily or permanently, formally or informally, for some kind of compensation such as a salary or goods.

13. USE OF NATURAL RESOURCES IN THE AREA BY THE RESPONDENT'S HOUSEHOLD

13.1 Is there a publically owned forest, stream, river, lake or other natural resource near the affected land that the respondent or any member of the household is using in connection to the household's livelihood?

☐ 13.1.1 Yes (proceed to 13.2)

☐ 13.1.2 No (proceed to 14)

13.2 Specify the main use of the natural resource and the season of major activity:

☐ 13.2.1 Fishing

Season:

☐ 13.2.2 Feeding livestock

Season:

☐ 13.2.3 Hunting

Season:

☐ 13.2.4 Collecting spices

Season:

☐ 13.2.5 Collecting herbs

Season:

☐ 13.2.6 Collecting mushrooms

Season:

☐ 13.2.7 Logging

Season:

☐ 13.2.9 Other (specify)

Season:

14. OWNER'S (USER'S) KNOWLEDGE ABOUT THE PROJECT AND PREVIOUS EXPERIENCE	
14.1 Has the respondent heard about the XXX project before the survey was launched?	<input type="checkbox"/> 14.1.1 Yes (proceed to 14.2) <input type="checkbox"/> 14.1.2 No (proceed to question 14.3)
14.2 Specify the primary source of information:	<input type="checkbox"/> 14.2.1 TV <input type="checkbox"/> 14.2.2 Newspapers <input type="checkbox"/> 14.2.3 Internet <input type="checkbox"/> 14.2.4 Community meetings <input type="checkbox"/> 14.2.5 From other people <input type="checkbox"/> 14.2.9 Other (specify)
14.3 What is the respondent's overall attitude towards the XXX project?	<input type="checkbox"/> 14.3.1 Good (specify primary reason for this opinion) <input type="checkbox"/> 14.3.2 Bad (specify primary reason for this opinion) <input type="checkbox"/> 14.3.3 Neutral (specify primary reason for this opinion) <input type="checkbox"/> 14.3.4 Cannot decide/do not have enough information

Additional comments: