

MICRODIS FOCUS GROUP QUESTIONNAIRE

FGD for male and female members of the Community

1. Give details of the disasters your community faced during last 10 years?

Type of disaster	Year of occurrence	Reason and Severity	No. of people affected	Extent of damage

2. What are the challenges you face due to a disaster

Type of disaster	Your definition	What are the worries/threat	Common health problems	Financial difficulties

3. During disaster, what sort of support do you get to deal with health problems from the following organisation/ individuals?

CHC/PHC

ANM

AWW

ASHAs

Local Health NGO

SHGs

(Who reaches first)

4. What sort of support do you get to meet the basic needs from the following institutions?

District Administration

Block Administration

Panchayat Office

Local NGO

(Who reaches first)

5. Who are the vulnerable groups/individuals who need the support first. Give detail.

Vulnerable group/individual	Critical need	What support needed	How their need is met

6. Do you assess the damages and loss of your community after a disaster?

7. What steps should Govt take to compensate the loss.

8. What steps you have taken to put your demand before the government.

9. What are the indigenous practices in connection to predicting disasters?

10. How climate change have influenced the frequency and severity of disaster?

FGD – Medical Officers

1. What is the role of a CHC/PHC during the time of a disaster?
2. What infrastructure, facility and capacity required to meet the emergency health need at the time of a disaster?
3. How equipped is your institution to meet the requirement?
4. What are the specific health problems which come into picture during the flood?
5. How do you address them? How the PHC function in the time of disaster.
6. What challenges do you face at the time of disaster in terms of:
 - Infrastructure
 - Staff
 - Medicine

- Equipment
- Coordination
- Any managerial problem.

How does district administration help to meet any lacuna.

7. What activities are done to meet the health need at the Community level.
 - Preventive and curative service
 - Awareness
8. What do you do to prevent outbreak of any epidemic? What are the possible epidemics?
9. How do they cooperate with you-
 - Community
 - PRI
 - Block administration
 - District Health system
10. Do you find patients with some psychological troubles since it's a traumatic event for them also? How do you handle such cases?
11. Do you find cases of PTSD? Who helps them?
12. Do you feel there is a need of a psychiatrist?
13. Are you satisfied with the services provided by you? What more can be done?

FGD – Sarpanch

1. Impact of flood on the elderly and the children.
2. How do you tackle these problems?
3. What did the people do to help you cope with the calamity?
4. Are you satisfied with the relief you get for your respective villages from the government? What else do you need?
5. How does the government help the people with the loans and other needs?
6. As Sarpanch what are your responsibilities towards the people of your village? How far have you been able to satisfy them?
7. What is the role played by the Sarpanch in opening a bank account for the villagers?

8. Is there a system of prior warnings for the upcoming floods?
9. Have there been efforts to bring awareness among the people for floods especially with regard to epidemics and other diseases?
10. What kind of relationship do the pradhans share with the NGO's?
11. How is your relationship with the NGO's?
12. What is the level of preparedness at the Gram panchayat level to deal with floods?
13. What aspect of government management during floods dissatisfies the people most?

FGD for Self help group members

1. Give detail information about your SHG.
 - Name of SHG
 - No. of members
 - Monthly saving (Individual and group)
 - Total saving as on date (In bank, in hand)
 - Name of the bank and distance from the village.
 - Amount of loan availed as on date and frequency.
2. Has your group received any training on health and disaster management? If yes give detail:
3. What services your group has rendered to the community or individual during last disasters? Give detail.
4. Do you have your own income generating activities? Give detail of investment, loan and profit.
5. How often does your group meet?
6. When do you discuss about health issues and disaster management aspects? (At the time of occurrence or on a regular basis)
7. Do you have any corpus fund to meet the need at the time of emergency? Site example, how you have used it previously.
8. How do you coordinate with the following organisations/ individuals?
 - Panchayat
 - AWW and ANM
 - PHC/CHC
 - School
 - Disaster shelter

9. What steps your group has taken for the following vulnerable section?

- Pregnant women
- Physically/ mentally challenged
- children
- Elderly

10. Has your group ever addressed any case of trauma at the time of disaster? If yes elaborate.

FGD – NGOs

1. What is the reason of frequent occurrence of disasters?
2. What sort of problems do people face during floods?
3. Does your organisation have any expertise in the field of health and disaster management? Give detail of trainings attended or disasters addressed.
4. What infrastructure your organisation has to meet a disaster situation.
5. Explain your usual strategy of coordination before, during and after a disaster with government and the community.
6. What is the community dynamics with government, PRI and other civil society organisations.
 - Accessibility
 - Expectation
 - Cooperation
7. What disaster preparedness measure your organisation have taken
8. What climate change has occurred over the past decade? How have you addressed it?
9. What health hazards are seen due to the climate change and frequent occurrence of disaster? How are you addressing it?

KII- Principal Secretary Water Resources

1. What is the role of your department in prevention/ minimise chance of occurrence of flood?
2. What are the main flood controlling points in the State.
3. What is the prescribed water management schedule in these points throughout the year.
4. Does it minimise the chance of flood? If yes to what extent?
5. Please share your experience of last floods and the action taken by your department to minimise the impact of flood.

Year of flood	Severity	Reason of severity	Action taken	Result

6. Please suggest measures to reduce the severity and frequency of flood in the State.
7. How the losses and damages can be minimised?
8. What are the steps government taking to reduce the chances of flood in future time to come.

KII- Chief Engineer, Irrigation

1. What is the role of your department in prevention/ minimise chance of occurrence of flood?
2. What are the main flood controlling points in the State. What is the management structure.
3. What is the prescribed water management schedule in these points throughout the year.
4. What is the MIS maintained to manage the water resources at different points.

5. Does it minimise the chance of flood? If yes to what extent?

6. Please share your experience of last floods and the action taken by your department to minimise the impact of flood.

Year of flood	Severity	Reason of severity	Action taken	Result

KII – District Collector and Magistrate

1. What is the role of your administration during the disasters of the area?
2. What is your responsibility during disasters?
3. How was your preparation this year since heavy floods were expected?
4. What is the management structure for disaster management in your district?
5. Who handles the administration of the embankment?
6. How equipped is your district to manage disaster situation?
7. What more is required?
8. What are the problems that you face during the floods?
9. How do you solve such problems?
10. What are the norms or criteria for your identification of flood victim in terms of flood led erosion or displacement?
11. What are your suggestions for post flood management?
12. What do you do for the flood led erosion?
13. What strategy you adopt for relief and rehabilitation?

KII – Chief Medical Officer

1. What are your responsibilities during the time of disaster?
2. What is the management structure for emergency health care management during the disasters?
3. What are the major health problems after the flood?
4. Was there any epidemic outbreak? If yeas, how was it managed?
5. Is the district health system equipped to meet a disaster situation?
6. What is required to make it an adequate system?

7. What is your major concern during the floods?
8. How do you operate during the following period:
 - Pre flood
 - During flood
 - Post flood
9. How do you address the following difficulties:
 - Infrastructure
 - Staff
 - Communication and transport
 - Medicine
 - Finance
 - Reaching the inaccessible areas
 - Creating awareness for use of safe drinking water and sanitation.
 - Manpower for water purification.
10. Did you undergo any administrative pressure during the floods?
11. What kind of coordination you have with
 - District administration
 - PRI
 - Community
 - NGOs
 - State government
12. What is the MIS for disaster operation?
13. Are the national programmes eg. Polio eradication affected by the floods?
14. What do you suggest to improve the flood operation?

KII – Project Officer Disaster Management, UNDP

1. What is the disaster management structure and strategy of UNDP?
2. What are your responsibilities?
3. Can you tell us about your experience with floods and disasters. What things do you do in relation to flood?
4. How far have you reached in operationalising all these processes?
5. What committees have been constituted at different levels? What are their roles?
6. What are the challenges faced in disaster management?
7. How do you overcome these challenges?
8. What support do you receive at different levels to operationalise the disaster management operation?
9. How much satisfied are you with the support structures available to you?
10. What sort of changes are needed in govt system, guidelines and protocols for effective disaster response and management?
11. Is there any need for guidelines to the work of your department – apart from the ones you have mentioned above?
12. How can this flood related development interventions including budgetary provisions be operationalised? What suggestions do you have to enable this?
13. How are your plans in accordance with the Disaster Management Act?
14. Are Disaster management plans made in the village?
15. Can you describe your experience – which has enabled your learning?
16. What sort of support have you received from the NGOs?
17. What sort of pressures do you face during the floods?
18. What sort of community capacity building is necessary?

KII – NGO director

1. What is your organisational aim and since when you are present in this area?
2. What is your main area of focus?
3. What are the programmes that are being run by your NGO for the flood victims?
4. What are the main reasons for flood in Jagatsinghpur district?
5. What are the main problems faced by the people due to floods?
6. How do people deal with these problems?
7. What is the role of District administration in solving the problem?
8. What is the role of NGOs towards flood relief?
9. What are the problems faced by women during the floods?
10. What are the health problems faced by people during the floods?
11. In your opinion how do people co-operate among themselves to solve their problems?
12. Does caste and religion come in between the co-operation of the people ?
13. How does the NGOs co-ordinate with government organizations during the floods to solve the problems of the people?
14. How does NGOs co-operate among themselves?
15. How does NGOs co-operate with village representatives?
16. What is your suggestion to government to make an effective disaster management plan.

KII –Tehsildar

1. What is the role of your administration in the floods of the area?
2. What is your responsibility during the floods?
3. How was your preparation this year since heavy floods were expected?
4. Who handles the administration of the embankment?
5. What are the problems that you face during the floods?
6. How do you solve such problems?
7. What are the norms or criteria for your identification of flood victim in terms of flood led erosion or displacement?
8. What are your suggestions for post flood management?
9. What do you do for the flood led erosion?

**MICRODIS PRIMARY FIELD SURVEY
RESPONDENT'S CONSENT FORM**

RESPONDENT'S CODE ___/___/___/___/___/

This Primary Field Survey for research is done under the supervision of Mr. Shisir Ranjan Dash; reviewed and approved by VHAI- APARAJITA. Duplicate copy of signed consent form has been provided to the respondent.

Dear respondent,

We greatly appreciate your participation in this interview. The purpose of this interview is to gain insight from the consequences of disasters its impact on vulnerable communities. In the course of the interview I will ask you some questions about your experience with disasters. Your participation in this interview is valuable to us and data collected will be used as an evidence base for strengthening disaster preparedness, mitigation and prevention strategies.

The entire interview will take approximately one hour. Your participation in this interview is completely voluntary. During the interview you can decide to withdraw at any time. The records of your participation in this study will be held strictly confidential. Each questionnaire will be coded by a number and will not be directly related to your name. The participation in the interview is in no way related to any provision of material or services.

If you have any questions about this survey you may ask me. I request you to kindly sign this form as an indication of your consent to participate in the MICRODIS primary field survey/ interview.

I am 18 years of age or older. I am willing to participate in this study.

Name of the respondent:	Signature:	Date:
Name of the witness: (In case the respondent is illiterate)	Signature:	Date:
Name of the Interviewer:	Signature:	Date:

**MICRODIS PRIMARY FIELD SURVEY
GENERAL INFORMATION**

HOUSEHOLD'S CODE ___/___/___/___/___/

INTERVIEWER: CODE REG1 TO REG7 WITHOUT ASKING YOUR HOUSEHOLD

REG 1 Participating country Code: _____/

Name of the Country	Code
India	1
Indonesia	2
Philippines	3
Vietnam	4
France	5
Italy	6
United Kingdom	7

REG 2 Place Identification:

A. Name of the District:.....	
B. Name of the Village:.....	
C. Name of the Block:.....	
D. House/ Family Number:.....	
E. Type of District/ City:..... (1=Urban	

REG 3 Interview Status:

	1	2	3	LAST VISIT
A. LOCATION OF INTERVIEW	_____	_____	_____	_____
B. DATE OF INTERVIEW	_____	_____	_____	_____
C. TIME OF INTERVIEW START	_____	_____	_____	_____
FINISH	_____	_____	_____	_____
D. NAME OF INTERVIEWER	_____	_____	_____	_____

E. RESULT OF VISIT:	VST. 1: 1. MORNING 2. AFTERNOON 3. EVENING ¹	VST. 2: 1. MORNING 2. AFTERNOON 3. EVENING	VST. 3: 1. MORNING 2. AFTERNOON 3. EVENING	
CODE OF RESULT OF VISIT: (1) FINISHED (2) NOT FINISHED (3) POSTPONED (4) REJECTED (5) RESPONDENT NOT AVAILABLE				

IF REFUSAL OF PARTICPATION:

REG 4. Please report the reason for refusal.

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MICRODIS COMMON CORE QUESTIONNAIRE

1 - HOUSEHOLD INFORMATION

SI No	Name	Relationship to head of the household	Gender	Age/ Date of birth (DD-MM-YY)	Country born	Nationality	Ethnicity	First language	Religion	Marital status	Main occupation before disaster struck	Secondary occupation before disaster struck	Main occupation currently	Secondary occupation currently
		DEMO 1	DEMO 2	DEMO3	DEMO 4	DEMO5	DEMO 6	DEMO 7	DEMO 8	DEMO 9	DEMO 10	DEMO 11	DEMO 12	DEMO 13
01														
02														
03														
04														
05														
06														
07														
08														
09														

Relationship to head of the household	Gender	Religion	Marital status	Main occupation before disaster struck	Secondary occupation before disaster struck	Main occupation currently	Secondary occupation currently
DEMO 1	DEMO 2	DEMO 8	DEMO 9	DEMO 10	DEMO 11	DEMO 12	DEMO 13
1. Head of household 2. Partner of head of household 3. Son/daughter 4. Son/daughter in law 5. Grand son/daughter 6. Parents 7. Parents in law 8. Brother / sister 9. Step brother / sister 10. Grand father/mother 11. Servant 88. Others [<i>specify</i>]	1. Male 2. Female	Muslim-1 Catholic-2 Protestant-3 Hindu-4 Budhist-5 None-6 Other, <i>specify</i> -88	1. Married 2. Unmarried 3. Separated 4. Divorced 5. Widowed	1. No occupation 2. Unskilled labourer 3. Skilled labourer 4. Housework 5. Farmer 6. Student 7. Teacher 8. Health worker 9. Police/army 10. Civil servant 88. Other, describe	1. No occupation 2. Unskilled labourer 3. Skilled labourer 4. Housework 5. Farmer 6. Student 7. Teacher 8. Health worker 9. Police/army 10. Civil servant 88. Other, describe	1. No occupation 2. Unskilled labourer 3. Skilled labourer 4. Housework 5. Farmer 6. Student 7. Teacher 8. Health worker 9. Police/army 10. Civil servant 88. Other, describe	1. No occupation 2. Unskilled labourer 3. Skilled labourer 4. Housework 5. Farmer 6. Student 7. Teacher 8. Health worker 9. Police/army 10. Civil servant 88. Other, describe

DEMO 14. Household land holding (in specified local measures):

Irrigated _____
 Un irrigated _____
 Non-cultivable _____

DEMO 15 Live stock owned by house hold (No.):

Cattle _____
 Goat/Sheep _____
 Pig _____
 Poultry _____
 Other, specify _____

Now I would like to talk to you about your disaster experiences. Some questions may seem to be similar. Our apology for this.

	Yes	No
A 1. Has your household ever experienced a natural disaster?	1	2
A 1A Have your household experienced more than one natural Disaster? IF NO, SKIP TO QUESTION A 2	1	2
A ! B. How many natural disasters have you experienced? / ____ / ____ /		

MICRODIS COMMON CORE QUESTIONNAIRE

A2 -DISASTER EXPERIENCE

What type of natural disaster did you experience during last 10 years?

		A1.1 TYPE OF NATURAL DISASTER: What type of natural disaster did you experience?	A.1.2 SEVERITY: Would you describe the disaster as very severe, somewhat severe or not severe at all?	A.1.3 TIME When did it occur? (Month/year)
		Flood-1 Earthquake-2 Windstorm/cyclone (typhoon or hurricane)-3 Others-88 If 88, Please specify	Very severe-1 Somewhat severe-2 Not severe at all-3	
A 2A	Natural disaster 1			
A 2B	Natural disaster 2			
A 2C	Natural disaster 3			
A 2D	Natural disaster 4			
A 2E	Natural disaster 5			
A 2F	Natural disaster 6			
A 2G	Natural disaster 7			
A 2H	Natural disaster 8			

Sequence of household members as above	Present at the time of the disaster 1. yes 2. no	Displaced due to the disaster 1. yes 2. no IF NO, SKIP TO A6	Where did you find shelter after the displacement?	Occupation affected by the disaster? 1. yes 2. no	Can you read? 1. yes 2. no	Can you write? 1. yes 2. no	Highest level of education	Were you school going before the disaster hit? 1. yes 2. no IF NO GO TO A12	Were your school activities affected by the disaster? 1. yes 2. no	Was your daily routine affected subsequent to the disaster? 1. yes 2. no	To what extent was your main occupation affected by the disaster?	To what extent did your main occupation recover from the disaster?	To what extent was your secondary occupation affected by the disaster?	To what extent did your secondary occupation recover from the disaster?
	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15	A16
01														
02														
03														
04														
05														
06														
07														
08														
09														

Where did you find shelter after the displacement	Highest level of education	Whether main occupation affected by disaster	Whether main occupation recovered from disaster	Whether secondary occupation affected by disaster	Whether secondary occupation recovered from disaster
A5	A9	A13	A14	A15	A16
1. Relatives/friends 2. Temporary shelter from relief agencies 3. Temporary shelter from government 4. No shelter 88. Other, specify.....	0. Never/ don't go to school 1. Not completed Elementary School 2. Completed Elementary School 3. Not completed Junior high school 4. Completed Junior high school 5. Not completed Senior high school 6. Completed Senior high school 7. Not completed Academy/ University 8. Completed Academy/ University 99. Don't know	1 – Not at all 2- to a low extent 3- to some extent 4 – to a high extent 5-to a very high extent	1 – Not at all 2- to a low extent 3- to some extent 4 – to a high extent 5-to a very high extent	1 – Not at all 2- to a low extent 3- to some extent 4 – to a high extent 5-to a very high extent	1 – Not at all 2- to a low extent 3- to some extent 4 – to a high extent 5-to a very high extent

A 17	Did you receive a warning before the disaster?	No	Yes
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IF A 17 = NO THEN SKIP TO A 18

A 17. A	If yes how? (Through what medium)	
	Relative	1
	Friend/ acquaintance	2
	Neighbour	3
	Stranger	4
	Police	5
	Local government	6
	State/national government	7
	NGO	8
	Other, specify.....	88

A 17. B	Was the message clear?	Yes-1	No-2
A 17.C	Did you act upon the warning?	Yes-1	No-2

A 18.	Where were you at the first moment of disaster strike?	
	At home	1
	At work	2
	At school	3
	In transit	4
	Out about	5
	Other, specify.....	88

A 19	Did you experience the following events during the disaster?
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A 19 A	I felt that my life was in danger	Yes-1	No-2
A 19 B	I left home	Yes-1	No-2
A 19 C	I was separated from my family	Yes-1	No-2
A 19 D	I was injured	Yes-1	No-2
A 19 E	One of my family members was injured	Yes-1	No-2

A 20	Did you loose or experience damage to any property or livelihood due to the disaster situation?	Yes-1	No-2
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IF A 20= NO SKIP TO A 21

A 20A	Did you lose or experience any damage to	Not at all	To a very low extent	To some extent	To a large extent	Fully damaged
A 20A1	Your house	1	2	3	4	5
A 20A2	Livestock	1	2	3	4	5
A 20A3	Personal belongings with sentimental value (e.g. keepsakes or photographs)	1	2	3	4	5
A 20A4	Employment	1	2	3	4	5
A 20A5	Farm/firm/shop/factories	1	2	3	4	5
A 20A6	Stocks of goods for commerce	1	2	3	4	5
A 20A7	Cars	1	2	3	4	5
A 20A8	Land	1	2	3	4	5
A 20A9	Other, specify.....	1	2	3	4	5

A 21	Did any of your family members or friends become sick, injured, died or appeared missing?	Yes-1	No-2
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IF A21=NO SKIP TO A22

A 21_A Who became sick, injured, died or appeared missing?

INTERVIEWER: ASK FOR EVERY GROUP OF RELATIVES

“How many of your (GROUP) became sick, injured, died or appeared missing?”

		Yes	No	SICK	INJURED	DIED	MISSING
A_21A1	Grandparents	1	2	___/___/	___/___/	___/___/	___/___/
A_21A2	Father	1	2	___/___/	___/___/	___/___/	___/___/
A_21A3	Mother	1	2	___/___/	___/___/	___/___/	___/___/
A_21A4	Spouse	1	2	___/___/	___/___/	___/___/	___/___/
A_21A5	Sons	1	2	___/___/	___/___/	___/___/	___/___/
A_21A6	Daughters	1	2	___/___/	___/___/	___/___/	___/___/
A_21A7	Brothers	1	2	___/___/	___/___/	___/___/	___/___/
A_21A8	Sisters	1	2	___/___/	___/___/	___/___/	___/___/
A_21A9	Other relatives	1	2	___/___/	___/___/	___/___/	___/___/
A_21A10	Friends	1	2	___/___/	___/___/	___/___/	___/___/

A 22	To what extent did the disaster affect your economic position?	<ol style="list-style-type: none"> 1. It got much worse 2. It got worse 3. It remained the same 4. It improved 5. It improved a lot
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		Permanent (e.g. all wall are made of brick)	Semi permanent (e.g. part of wall is brick, & other is wood / bamboo)	Not permanent (e.g. no brick, but only wood or bamboo or others)	Other, specify
A 23A	What type of housing did you live in <i>before</i> the disaster?	1	2	3	88
A 23B	What type of housing did you live in <i>after</i> the disaster?	1	2	3	88

A 24	Did you seek help after the disaster?	<i>Yes-1</i>	<i>No-2</i>
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IF A_24 = NO, SKIP TO QUESTION 25

A 24A **Can you describe what help you sought?**

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.....

A 25	Did you receive any financial support?	Yes-1	No-2
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IF A25 = NO, SKIP TO QUESTION A26

A 25A	How much financial support did you receive? (IN INR)
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A 25B	Who provided this support?	NGO-1	Government-2	Corporate Sector-3	Bank/ Insurance-4	Other -88
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A 25C.Level of Satisfaction	Not satisfied at all		Somewhat satisfied		Very satisfied
Are you satisfied with this financial support?	1	2	3	4	5

A 25D Why are you satisfied or not satisfied with this financial support?

.....
.....

A25E	Did you receive any other form of material support (e.g. housing repair, food etc.)	Yes-1	No-2
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A 25F What kind of material support did you receive?

.....
.....

A 25G	Who provided this support?	NGO-1	Government-2	Corporate Sector-3	Bank/ Insurance-4	Other -5
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A 25H	Level of Satisfaction	Not satisfied at all		Somewhat satisfied		Very satisfied
	Are you satisfied with this financial support?	1	2	3	4	5

A 25 I Why are you satisfied or not satisfied with this material support?

.....

A 26	Did you receive any form of services?	Yes-1	No-2
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A 26A What kind of service did you receive?

.....

A 26B	Who provided this support?	NGO-1	Government-2	Corporate Sector-3	Bank/ Insurance-4	Other -5
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A 26C. Level of Satisfaction	Not satisfied at all		Somewhat satisfied		Very satisfied
	1	2	3	4	5

A 26D. Why are you satisfied or not satisfied with this support?

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A 27 Loan/credit/micro-credit has been taken by the household:

A 27A Did you or your family members receive any loan/credit/micro-credit?

Yes-1

No-2

_____ /

A 27B If yes, please give details

Amount of loan due to natural disasters (domestic currency)			When taken	Uses of Loan *	Sources of Loan**	Rate of Interest
Flood	Cyclone	Earthquake				

* Uses of Loan	Codes
Consumption	1
Medical Treatment	2
Repairing	3
Replacement	4
Reconstruction	5
Others (Specify).....	6

** Sources of Loan	Codes
Self Help Groups	1
Cooperatives	2

<i>Micro Finance Institutes</i>	3
<i>Private Banks</i>	4
<i>Public sector banks</i>	5
<i>Relatives/Friends</i>	6
<i>Money Lender</i>	7
<i>Other sources (Please specify)</i>	8

SOCIAL CORE
INDIVIDUAL COPING

B1 How traumatic was this disaster experience for you at the time?

Not at all				Extremely
1	2	3	4	5

B2 To what degree did you believe that you were able to deal with the disaster situation?

Not at all				Extremely
1	2	3	4	5

The disaster may have affected your life. People do different things to deal with the consequences of a disaster. I will ask you how much you did to deal with the consequences of the disaster.

		Not at all I did				Very much what I did
B3	How much did you do things to take your mind off the disaster?	1	2	3	4	5
B4	How much did you try to think about the disaster in a different way so that it would not upset you so much?	1	2	3	4	5
B5	How much did you rely on your religious beliefs to help you deal with the disaster situation?	1	2	3	4	5
B6	How much did you try to think about possible ways to improve the situation after the disaster?	1	2	3	4	5
B7	How much did you keep engage yourself to improve your situation after the disaster?	1	2	3	4	5

B8	Did you talk to anyone about the disaster experience?	1	2	3	4	5
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C. RECEIVED SOCIAL SUPPORT

Now I would like to ask you some questions about your relationship with other people, like your family, friends, co-workers or other people in your community.

C 1 Has the relationship with other people changed recently?

Not at all				Extremely
1	2	3	4	5

IF C1=5, ASK A, ELSE GO TO C2

C 1_A Can you explain to me the reason for this change?

.....

There are different types of social support. I would like to talk to you about these different types of social support.

C 2 How much of emotional support (e.g. sense of care, safety and security) do you have with your family members and outsiders as given in the table under C 2.1.

Code in Column-I and repeat for every item below.

C 2.1 Are you satisfied with the sense of care, safety and support you get from your family members and outsiders as given in the table under.

Code in Column-II and repeat for every item below.

	Column-I			Column-II		
	None	Some	A lot	Not satisfied	Satisfied	
C. 2. A. Husband /wife /partner	1	2	3	1	2	
C. 2. B. Children	1	2	3	1	2	
C. 2. C. Other family (e.g. grandparents, cousins)	1	2	3	1	2	
C. 2. D. Friends	1	2	3	1	2	
C. 2. E. Governmental organizations (e.g. Panchayat, Police),	1	2	3	1	2	

specify:							
C. 2. F. Non-governmental organizations (e.g. Religious organisations, NGOs), specify:	1	2	3		1	2	
C. 2. G. Other, please specify	1	2	3		1	2	

C 3 Are you esteemed or valued for your skills and abilities by your family members and outsiders as given in the table under C 3.1.

Would you say you feel like this not at all, a bit, a lot or very much?

Code in Column-I and repeat for every item below.

C 3.1 Are you satisfied with the way your family members and outsiders hold you in esteem or value you for your skills and abilities?

Code in Column-II and repeat for every item below.

	Column-I			Column-II		
	None	Some	A lot	Not satisfied	Satisfied	
C. 3.1. A. Husband /wife /partner	1	2	3	1	2	
C.3.1 B. Children	1	2	3	1	2	
C. 3. 1 C. Other family (e.g. grandparents, cousins)	1	2	3	1	2	
C. 3. 1 D. Friends	1	2	3	1	2	
C. 3.1 E. Governmental organizations (e.g. Panchayat, Police), specify:	1	2	3	1	2	
C. 3.1. F. Non-	1	2	3	1	2	

governmental organizations (e.g. Religious organisations, NGOs), specify:							
C. 3.1 G. Other, please specify	1	2	3		1	2	

C 4 Do you receive material assistance or practical assistance from your family members and outsiders as given in the table under C 4.1.

Would you say you receive this not at all, a bit, a lot or very much?

Code in Column-I and repeat for every item below.

C 4.1 Are you satisfied with the material assistance or service you get from your family members and outsiders as given in the table under.

Code in Column-II and repeat for every item below.

	Column-I			Column-II		
	None	Some	A lot	Not satisfied	Satisfied	
C. 4.1 A. Husband /wife /partner	1	2	3	1	2	
C. 4.1 B. Children	1	2	3	1	2	
C. 4.1 C. Other family (e.g. grandparents, cousins)	1	2	3	1	2	
C.4.1 D. Friends	1	2	3	1	2	
C.4 .1 E. Governmental organizations (e.g. Panchayat, Police), specify:	1	2	3	1	2	
C. 4. 1F. Non-governmental organizations (e.g.	1	2	3	1	2	

Religious organisations, NGOs), specify:							
C. 4.1 G. Other, please specify	1	2	3		1	2	

C 5.1 Do you receive information or advice from your from your family members and outsiders as given in the table under. Are you satisfied with the information or advice you get from them?

Code in Column-II and repeat for every item below.

	Column-II					
					Not satisfied	Satisfied
C. 5.1 A. Husband /wife /partner					1	5
C. 5.1 B. Children					1	5
C. 5.1 C. Other family (e.g. grandparents, cousins)					1	5
C.5.1 D. Friends					1	5
C.5 2. E. Governmental organizations (e.g. Panchayat, Police), specify:					1	5
C. 5.1 F. Non-governmental organizations (e.g. Religious organisations, NGOs), specify:					1	5
C. 5. 1G. Other, please specify					1	5

D. SENSE OF COMMUNITY

In every community, some people get along with others and trust each other, while other people do not. Now, I would like to talk to you about trust and solidarity in your community. Can you indicate if you strongly disagree, disagree, nor disagree nor agree, agree, or strongly disagree?

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Do not disagree/ Do not agree</i>	<i>Agree</i>	<i>Strongly agree</i>
D1	I trust most people in my neighbourhood.	1	2	3	4	5
D2	I trust the local government officials.	1	2	3	4	5
D3	I trust the state/central government officials.	1	2	3	4	5
D4	In this village/neighbourhood, one has to be alert or someone is likely to take advantage of you.	1	2	3	4	5
D5	Most people in this village/neighbourhood are willing to help if you need it.	1	2	3	4	5

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Do not disagree/ Do not agree</i>	<i>Agree</i>	<i>Strongly agree</i>
D6	I think my neighborhood is a good place for me to live.	1	2	3	4	5
D7	People in this neighborhood do not	1	2	3	4	5

	share the same values.					
D8	My neighbors and I want the same thing from this neighborhood.	1	2	3	4	5
D9	I feel at home in this neighborhood.	1	2	3	4	5
D10	Very few of my neighbors know me.	1	2	3	4	5
D.11	I care about what my neighbors think about my actions.	1	2	3	4	5
D.12	I have almost no influence over what this neighborhood is like.	1	2	3	4	5
D.13	If there is a problem in this neighborhood people who live here can get it solved.	1	2	3	4	5
D.14	It is important to me to live in this particular neighborhood.	1	2	3	4	5
D.15	The people who live in this neighborhood get along well.	1	2	3	4	5
D.16	I can recognize most of the people who live in this neighborhood.	1	2	3	4	5
D.17	I expect to live in this neighbourhood for a long time.	1	2	3	4	5

E. FUNCTIONING AND QUALITY OF LIFE

Now I would like to ask you some questions about your health in general. Some questions may look like others, but each one is different.

E1 in general, would you say your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

E2 Moderate activities, such as moving a table, carrying a bucket of water, sweeping the house/compound or burning wood/charcoal.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

E3 Walking over a hill or climbing several stairs

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

E4 Accomplished less than you would like

1. Yes
2. No

E5 Were limited in the kind of work or other activities

1. Yes
2. No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

E6 Accomplished less than you would like

1. Yes
2. No

E7 Didn't do work or other activities as carefully as usual

1. Yes
2. No

E8 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

E9 Have you felt calm and peaceful?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

E10 Did you have a lot of energy?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

E11 Have you felt downhearted and blue?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

E12 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

E13 Did you feel very nervous?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

E14 Have you felt so down in the dumps, nothing could cheer you up?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

E15 Have you been happy?

1. All of the time
 2. Most of the time
 3. Some of the time
 4. A little of the time
 5. None of the time
-

F - COPING BEHAVIOUR AND SOCIAL PROTECTION,

Household Coping through self protection strategies

F1 Can you tell us how financially you coped with the disaster?

-Sale of assets - 1

-Borrowed money -2

-Other specify – 3

Please give details about them:

Relation ship to members of HH	Sale of Assets			Borrowing Money		Took extra work	Migrated for work due to disaster	Other
	Whose assets were sold	Which assets were sold?	Whether assets recovere d or not after the disaster	Who borrowed money?		From whom, please specify		
F1A	F1B	F1C	F1D	F1E		F1F	F1G	F1H

Relationship to head of the household	Which asset were sold?	From whom did you borrow money
F1A	F1C	F1G
1. Head of household 2. Partner of head of household 3. Son/daughter 4. Son/daughter in law 5. Grand son/daughter 6. Parents 7. Parents in law 8. Brother / sister 9. Step brother / sister 10. Grand father/mother 11. Servant 12. Others [specify]	1. land 2. House 3.livestock 4. Jewellery 5 Other personal belongings (specify)	Relatives -1 Banks- 2 Friends - 3 Traders -4 Self help groups - 5 NGO -6 Religious organisations -7 Other (specify) -8

F2 Given that the household has raised financial resources through above to cope with the disaster, please tell us who decided how it would be spent?

Fully self	Self to a large extent	Myself and spouse/others	Spouse/Others to large extent	Spouse/Others fully	If others, specify
1	2	3	4	5	88

F3. To what extent did you change your food pattern to cope with lack of resources due to the disaster?

F3.1

Everyone ate less	Women ate less	Older people ate less	Children ate less	No adjustment at all
1	2	3	4	5

F3.2 How would you describe your food situation before the disaster?

1. We always did not have enough to eat
2. We had some days when there was not enough to eat
3. We had several months when we did not have enough to eat
4. We always had enough food to eat

F3.3 How would you describe your food situation after the disaster?

1. We always did not have enough to eat
2. We had some days when there was not enough to eat
3. We had several months when there was not enough to eat
4. We always had enough food to eat

F 4. We are interested in learning about the kinds of support which helped you recover from disaster

Please tell us whether you received any support of this kind and from whom

		Mark who gave the support in the column as per the code
F 4_A	Help in community organising	
F 4_B	Disaster related information assistance	
F 4_C	Help in planning for this disaster	

F 4_D	Help in preparing for future disasters	
F 4_E	Support for legal issues	

Who gave the support?
F 4 CODE
1Husband/wife/partner 2Children 3.Other family members 4.Friends 5Govt organisations 6Non govt organisations 88 others (specify)

F5 Which of these supports has made the biggest difference in your recovery? And why?

F6 To what extent do you agree with the following statements?

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
		1	2	3	4	5
F6_A1	Some people got more because they belonged to certain					

	class, or other groups					
F6_A2	People who had better connections with powerful people got more					

F 7 Are you satisfied with the distribution of relief and rehabilitation support to everyone in the village/community?

Not at all satisfied	Low satisfaction	To some extent	To high extent	To very high extent
1	2	3	4	5

MICRODIS ECONOMIC CORE QUESTIONNAIRE

1.2 Damages on Residential House and Amenities

Damaged	Needed Repairing=1 Replacement=2	Actual/Estimated cost of repairing/replacement						
		Material Cost				Labour Cost		
		Item	Price/ unit (IN INR)	Quantity (Specify unit)	Total (IN INR)	Person days (No.)	Wage rate (IN INR) (If own work; state the wage rate you could have received)	Total (IN INR)
Wall								
Roof								
Floor								
Room as a whole								
Latrine								
Kitchen								
Cattle shed								
Tubewell/ Well/Tap water								
Electricity								
Tele communication								
Miscellaneous								

1.3 Damages on Household Goods/ Assets Like Boats etc. /Documents

List of damaged Goods/ Documents	Year of Purchase	Cost of Purchase	Repairing or Replacement Repairing=1 Replacement=2	Actual/Estimated cost of repairing/replacement						
				Material Cost				Labour Cost		
				Item	Price/unit (IN INR)	Quantity (Specify unit)	Total (IN INR)	Person days (No.)	Wage rate (IN INR)	Total (IN INR)

1.4 Damages on Agriculture, Horticulture and Pisciculture

Nature of the Crop/Tree	Type of Product	Area under cultivation (Specify unit e.g. hectare)	Average Annual Production /hectare Specify unit e.g. kg/hectare)	Loss of production due to last experienced natural disaster	
				Quantity (Specify unit)	Value (IN INR)

1.5 Damages on Livestock

Type of cattle/ poultry bird	Price per cattle/ poultry bird (Domestic Currency)	Nature of loss	Loss of production due to the last experienced natural disaster		Reasons for loss
			Quantity (Specify unit)	Value (IN INR)	

Nature of loss	Codes	Reasons for loss	Codes
Decrease in production of milk/egg	1	Diseased	1
Problem of collection of product	2	Deceased/Missing	2
		Scarcity of fodder	3
		Loss of grazing land	4

1.6 Damages on Household based Industry and Small-scale Industry/ Commercial Activities

Industrial/ Commercial activities	Average annual Cost of production/ Annual Operational cost						Average annual income and Average Annual Production		Loss of Production and Income due to the last experienced natural disaster			
	Material Cost (Domes tic currenc y)	Labour Cost		Capital cost (Domesti c currency)	Other cost (Domesti c currency)	Income (Domestic)	Production	Reasons* for loss of income/production	Quantity (Specify unit)	Value (Domestic Currency)	Value (Domestic Currency)	
		Number of employed persons/ Person days	Wages and salaries (Domestic Currency)									Before the disaster
	Before the disaster	After the disaster	Before the disaster	After the disaster	Before the disaster	After the disaster	Before the disaster	After the disaster	Before the disaster	After the disaster	Before the disaster	After the disaster

* Reasons for loss of income/ production	Codes
Inaccessibility	1
Failure of power supply	2
Disruption of raw material /labour supply	3
Non-functioning of machinery and equipment	4
Building damage	5
Other reasons	6

1.7 Damage on public infrastructure and its impact on your household

Damage on	Number of days of disrupted services (Write "0" if there is no disruption)	Loss of income to your household due to damaged infrastructure (Domestic currency) (Write "0" if there is no loss)	Loss of wage for your household due to damaged infrastructure (Domestic currency) (Write "0" if there is no loss)	Increase in Expenditure (Domestic Currency) (Write "0" if no increase)
Bridge				
Road				
Electric Supply				
Telecommunication				

2. TEMPORARY DISPLACEMENT & MIGRATION (Temporary: More than three months)

2.1 Have you or anyone else in your household been temporarily displaced /migrated due to the last experienced natural disaster?

0= No 1= Yes

2.2 If yes, please give details about the displacement/migration of the household members

Age	Sex Male=1 Female =2	Migrated=M/ Temporarily Displaced=TD	Destination*	Duration of stay	Cost of displacement/migration (e.g. transportation/traveling cost) (Domestic currency)	Change in income (Domestic currency) For increase use "+" and for decrease use "-" before the amount

*Destination	Nearby school building/any such building /safe shelter of the same village	Nearby Town of the same district	Nearby village of the same district	Town of the other state/province/ kingdom	Village of the other state/province/ kingdom
Codes	1	2	3	4	5

2.3 Is there any increase in consumption expenditure of your household during the displacement/migration?

0= No 1= Yes

2.4 If yes, state increased amount (in Domestic Currency) -----

3. IMPACT ON MONTHLY INCOME AND EXPENDITURE

3.1 How much does your household spend on average per month on the following items?

Items of Expenditure	Monthly Expenditure (IN INR)	
	Before the most recently experienced natural disaster	After the most recently experienced natural disaster
Food		
Clothing		
Fuel		
Electricity		
Medical		
Education		
Transport		
Communication (Telephone, internet, postal expenses)		
House Rent		
Tax payment		
Repayment of loan		
Others (Please mention)		
Total		

3.2 What are the sources and amount of average monthly income of your household?

Sources	Amount (Domestic currency)		In kind		Price per unit (IN INR)	
	Before the disaster	After the disaster	Before the disaster	After the disaster	Before the disaster	After the disaster
Agriculture & allied activities						
Industrial activity						
Services						
Rent						
Interest						
Others (Specify)						
Total						

4.1 Suppose, the government is now considering to implement a flood prevention plan, which in future years will completely avoid the damages you have experienced the last 12 months. The measure to avoid flooding will be financed by the government, but the local population will have to provide labour for these measures to be implemented. Thinking about the effects of flooding to the health and wellbeing of your household, and the damages to your home, agricultural production, fish farm, livestock and other costs that flooding has caused your household the last 12 months; would your household be willing to contribute labour to measure that would completely prevent the annual flooding you now experience?

0= No

1= Yes

4.2 If yes:

What is the highest number of person-days your household would be willing to contribute per year to measures like flood prevention walls that would completely prevent the annual flooding?

_____ No. of person-days per year

4.3 If No: Why would your household not contribute any labour?

TO INTERVIEWER: Open question. Write down any reason the respondent states in the pilot survey. For the final survey we will provide options based on reasons stated in the pilot survey)

4.4 Thinking about the effects of flooding to the health and wellbeing of your household, and the damages to your home, agricultural production, fish farm, livestock and other costs that flooding has caused your household the last 12 months; what is the minimum annual amount that would compensate your household for these damages due to flooding?

_____ domestic currency per year

MICRODIS HEALTH CORE AND EXTENDED QUESTIONNAIRE SECTION II- WATER, HYGIENE AND SANITATION

II.1. Water and storage [ANSWER OPTIONS IN GRAY COLUMNS ARE ONLY FOR FLOODED HOUSEHOLDS]

[Ask the head of household or his/her spouse and simultaneously ask permission to make direct observation]

No	Questions	Answer options - Before disaster	Code	Answer options - After the disaster- if not displaced	Code	Answer options - After the disaster-if displaced (in temporary housing/ shelter)	Code	Answer options - Now (at the time of interview)	Code
1	What is your primary source of drinking water?	1. tap in house 2. Communal tap 3. Tubewell/bore hole 4. Protected dug well 5. Unprotected dug well 6. Water from protected spring 7. Water from unprotected spring 8. rain water collection 9. surface water 10. Tanker truck 11. mineral water 88Others:, specify _____		1. tap in house 2. Communal tap 3. Tubewell/bore hole 4. Protected dug well 5. Unprotected dug well 6. Water from protected spring 7. Water from unprotected spring 8. rain water collection 9. surface water 10. Tanker truck 11. mineral water 88Others:, specify _____		1. tap in house 2. Communal tap 3. Tubewell/borehole 4. Protected dug well 5. Unprotected dug well 6. Water from protected spring 7. Water from unprotected spring 8. rain water collection 9. surface water 10. Tanker truck 11. mineral water 88 Others:, specify _____		1. tap in house 2. Communal tap 3. Tubewell/borehole 4. Protected dug well 5. Unprotected dug well 6. Water from protected spring 7. Water from unprotected spring 8. rain water collection 9. surface water 10. Tanker truck 11. mineral water 88Others:, specify _____	

2	What is your primary source of washing water?	<ol style="list-style-type: none"> 1. tap in house 2. Communal tap 3. Tubewell/bore hole 4. Protected dug well 5. Unprotected dug well 6. Water from protected spring 7. Water from unprotected spring 8. rain water collection 9. surface water 10. Tanker truck 11. Others:, specify _____ 		<ol style="list-style-type: none"> 1. tap in house 2. Communal tap 3. Tubewell/bore hole 4. Protected dug well 5. Unprotected dug well 6. Water from protected spring 7. Water from unprotected spring 8. rain water collection 9. surface water 10. Tanker truck 11. Others:, specify _____ 	<ol style="list-style-type: none"> 1. tap in house 2. Communal tap 3. Tubewell/borehole 4. Protected dug well 5. Unprotected dug well 6. Water from protected spring 7. Water from unprotected spring 8. rain water collection 9. surface water 10. Tanker truck 11. Others:, specify _____ 	<ol style="list-style-type: none"> 1. tap in house 2. Communal tap 3. Tubewell/borehole 4. Protected dug well 5. Unprotected dug well 6. Water from protected spring 7. Water from unprotected spring 8. rain water collection 9. surface water 10. Tanker truck 11. Others:, specify _____ 	
3	Where do you keep your drinking water?	<ol style="list-style-type: none"> 1. open pot/bowl/ bottle 2. closed pot/bowl/ bottle 3. open water container/bucket 4. closed water container/bucket 5. drinking water dispenser 88. other, specify _____ 		<ol style="list-style-type: none"> 1. open pot/bowl/ bottle 2. closed pot/bowl/ bottle 3. open water container/bucket 4. closed water container/bucket 5. drinking water dispenser 88. other, specify _____ 	<ol style="list-style-type: none"> 1. open pot/bowl/ bottle 2. closed pot/bowl/ bottle 3. open water container/bucket 4. closed water container/bucket 5. drinking water dispenser 88. other, specify _____ 	<ol style="list-style-type: none"> 1. open pot/bowl/ bottle 2. closed pot/bowl/ bottle 3. open water container/bucket 4. closed water container/bucket 5. drinking water dispenser 88. other, specify _____ 	

4	Were your drinking/ boiled/ bottled water and cooked food containers in contact/ contaminated with flood water?	1. yes 2. no 99.forgot/ do not know		1. yes 2. no 99.forgot/ do not know		1. yes 2. no 99.forgot/ do not know		1. yes 2. no 99.forgot/ do not know	
5	In order to be consumable/ drinkable, what do you do with the water?	1. not doing anything 2. sometimes boiling the water 3. always boiling the water 4. chlorinating the water 88. other, specify _____		1. not doing anything 2. sometimes boiling the water 3. always boiling the water 4. chlorinating the water 88. other, specify _____		1. not doing anything 2. sometimes boiling the water 3. always boiling the water 4. chlorinating the water 88. other, specify _____		1. not doing anything 2. sometimes boiling the water 3. always boiling the water 4. chlorinating the water 88. other, specify _____	
6	[if have a baby] Do you boil the baby milk bottle?	1. yes, always 2. yes, sometimes 3. no		1. yes, always 2. yes, sometimes 3. no		1. yes, always 2. yes, sometimes 3. no		1. yes, always 2. yes, sometimes 3. no	
7	Approximately, how much boiled drinking water or bottled drinking/ mineral water do your household have?	_____ small bottle/ medium bottle/ large bottle/ gallon		_____ small bottle/ medium bottle/ large bottle/ gallon		_____ small bottle/ medium bottle/ large bottle/ gallon		_____ small bottle/ medium bottle/ large bottle/ gallon	
8	Where did you keep/store your cooked food?	1. open container/ cupboard 2. closed container/ cupboard 3. refrigerator 88.other, specify_____		1. open container/ cupboard 2. closed container/ cupboard 3. refrigerator 88.other, specify_____		1. open container/ cupboard 2. closed container/ cupboard 3. refrigerator 88.other, specify_____		1. open container/ cupboard 2. closed container/ cupboard 3. refrigerator 88. other, specify_____	

II.2. Household Sanitation and Individual Personal Hygiene

II.2.1. Household sanitation [ANSWER OPTIONS IN GRAY COLUMNS ARE ONLY FOR FLOODED HOUSEHOLDS/AREAS]

[Ask the head of household or his/her spouse and simultaneously ask permission to make direct observation]

No	Questions	Answer options - Before disaster	Code	Answer options - After the disaster- if not displaced	Code	Answer options - After the disaster-if displaced (in temporary housing/ shelter)	Code	Answer options - Now (at the time of interview)	Code
1	Where do your household members take a bath?	<ol style="list-style-type: none"> 1. in the private bath room 2. in the communal bath room 3. in the river 88. other, specify_____ 		<ol style="list-style-type: none"> 1. in the private bath room 2. in the communal bath room 3. in the river 88. other, specify_____ 		<ol style="list-style-type: none"> 1. in the private bath room 2. in the communal bath room 3. in the river 88. other, specify_____ 		<ol style="list-style-type: none"> 1. in the private bath room 2. in the communal bath room 3. in the river 88. other, specify_____ 	
2	Where do you wash your clothes	<ol style="list-style-type: none"> 1. in the private bath room 2. in the communal bath room 3. in the river bank 88. other, specify_____ 		<ol style="list-style-type: none"> 1. in the private bath room 2. in the communal bath room 3. in the river bank 4. other, specify_____ 		<ol style="list-style-type: none"> 1. in the private bath room 2. in the communal bath room 3. in the river bank 4. other, specify_____ 		<ol style="list-style-type: none"> 1. in the private bath room 2. in the communal bath room 3. in the river bank 4. other, specify_____ 	
3	What is the type of your toilet in your house?	<ol style="list-style-type: none"> 1. Flush toilet with piped sewer system 2. Flush toilet with septic tank 3. Ventilated Improved Pit (VIP toilet) 		<ol style="list-style-type: none"> 1. Flush toilet with piped sewer system 2. Flush toilet with septic tank 3. Ventilated Improved Pit (VIP toilet) 		<ol style="list-style-type: none"> 1. Flush toilet with piped sewer system 2. Flush toilet with septic tank 3. Ventilated Improved Pit (VIP toilet) 4. Hole with upper 		<ol style="list-style-type: none"> 1. Flush toilet with piped sewer system 2. Flush toilet with septic tank 3. Ventilated Improved Pit 	

		<ul style="list-style-type: none"> 4. Hole with upper part hardened 5. Open hole / soakpit 6. Bucket (waste is moved away manually) 7. No facility or bush or field or river 88. Other, specify _____ 		<ul style="list-style-type: none"> 4. Hole with upper part hardened 5. Open hole / soakpit 6. Bucket (waste is moved away manually) 7. No facility or bush or field or river 88. Other, specify _____ 		<ul style="list-style-type: none"> part hardened 5. Open hole / soakpit 6. Bucket (waste is moved away manually) 7. No facility or bush or field or river 88. Other, specify _____ 		<ul style="list-style-type: none"> (VIP toilet) 4. Hole with upper part hardened 5. Open hole / soakpit 6. Bucket (waste is moved away manually) 7. No facility or bush or field or river 88. Other, specify _____ 	
4	What kind of sewage system does your house have?	<ul style="list-style-type: none"> 1. piped seer system 2. septic tank 3. pit (latrine) 4. open sewage 88. other, specify _____ 5. no sewage system 		<ul style="list-style-type: none"> 1. piped seer system 2. septic tank 3. pit (latrine) 4. open sewage 88. other, specify _____ 5. no sewage system 		<ul style="list-style-type: none"> 1. piped seer system 2. septic tank 3. pit (latrine) 4. open sewage 88. other, specify _____ 5. no sewage system 		<ul style="list-style-type: none"> 1. piped seer system 2. septic tank 3. pit (latrine) 4. open sewage 88. other, specify _____ 5. no sewage system 	
5	Where do you dispose your solid waste in your village/community?	<ul style="list-style-type: none"> 1. indiscriminate 2. marked open piles 3. pits 4. special place outside the village 88. other, specify _____ 		<ul style="list-style-type: none"> 1. indiscriminate 2. marked open piles 3. pits 4. special place outside the village 88. other, specify _____ 		<ul style="list-style-type: none"> 1. indiscriminate 2. marked open piles 3. pits 4. special place outside the village 88. other, specify _____ 		<ul style="list-style-type: none"> 1. indiscriminate 2. marked open piles 3. pits 4. special place outside the village 88. other, specify _____ 	
6	How frequent your waste/garbage collected per week?	_____ times		_____ times		_____ times		_____ times	

7	What kind of pests do you find quite frequent in your house? [multiple answers allowed]	1. Mosquitoes 2. Rats/ mouse 4. Cockroaches 8. Flies 88. Other, specify _____		1. Mosquitoes 2. Rats/ mouse 4. Cockroaches 8. Flies 88. Other, specify _____		1. Mosquitoes 2. Rats/ mouse 4. Cockroaches 8. Flies 88. Other, specify _____		1. Mosquitoes 2. Rats/ mouse 4. Cockroaches 8. Flies 88. Other, specify _____	
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II.2.2. Individual personal hygiene

[Ask the household members available at time of interview]

No	Name of HH member	Do you usually wash your hands			Do you usually use soap		
		Before eating/ having meal	after using the toilet (defecation)	before feeding the baby [question only for women caring a baby]	when washing hands	when taking a bath	when washing baby bottled
	[copied/ quoted from Microdis core section]	II.2.2.1	II.2.2.2.	II.2.2.3.	II.2.2.4.	II.2.2.5.	II.2.2.6.
1							
2							
3							
4							
5							
6							
7							
8							
9							

Answer Code

	II.2.2.1	II.2.2.2.	II.2.2.3.	II.2.2.4.	II.2.2.5.	II.2.2.6.
	1. yes, always 2. yes, sometimes 3. no	1. yes, always 2. yes, sometimes 3. no	1. yes, always 2. yes, sometimes 3. no	1. yes, always 2. yes, sometimes 3. no, although soap available 4. no, because no soap available	1. yes, always 2. yes, sometimes 3. no, although soap available 4. no, because no soap available	1. yes, always 2. yes, sometimes 3. no, although soap available 4. no, because no soap available

SECTION III: MORTALITY, INJURY AND MORBIDITY

III.A. Mortality

[Ask the household members available at time of interview]

No	Name of the HH members [copied/ quoted from Microdis core section]	When did he/she disappear?	When did he/she dye?	Where did the person die?	What was the cause of death	Was the cause of death confirmed by a physician?	Treatment received before death?	If yes, mainly from whom?
	III.A.0.	III.A.1.	III.A.2.	III.A.3.	III.A.4.	III.A.5.	III.A.6.	III.A.7.
1								
2								
3								
4								
5								

Answer Codes

III.A.1.	III.A.2.	III.A.3.	III.A.4.	III.A.5.	III.A.6.	III.A.7.
1. before disaster started 2. at the time or after	1. before disaster started 2. at the time or after	1-At home 2-At the health facility	1. Drowning 2. Diarrhea 3. Injury	1. Yes 2. No. 9. Do not know/	1. Yes 2. No 9. Do not	1. other household member 2. neighbour

the disaster started, specify; day _____ 88-Other, Specify _____ 99- Don't know	the disaster started, specify; day _____ 88-Other, Specify _____ 99- Don't know	3-in the river 4-in the street 88-other, specify _____ 99-Don't know	4. Heart Attack 5. Stroke 6. Dengue Hemorrhagic Fever 7.Pneumonia/ 8. Pulmonary TB 9.Meningitis 10. Tetanus 11. Measles 12. Snake bite 13. Cancer 88- Others, _____ 99-Don't know	forgot	know/forgot	3. private practitioners 4. public health centre 5. Government hospital 6. Private hospital 7. traditional healer 88. other, specify _____
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III.B. Physical Injury and Limitation

[Ask the household members available at time of interview]

No .	Name of HH member	When did he/she iniure?	Type of injury	Part of the body	Cause of injury	Treatme nt receive	If yes, mainly from	Did he/she have long-term	Type of physical impairmen	In relation to injury, when did he/she oet	To what extent the impairment
	III.B.0	III.B.1	III.B.2	III.B.3	III.B.4	III.B.5	III.B.6	III.B.7	III.B.8	III.B.9	III.B.10
1											
2											
3											
4											
5											

Answer Codes

III.B.1	III.B.2	III.B.3	III.B.4	III.B.5	III.B.6	III.B.7	III.B.8	III.B.9	III.B.10
1. before disaster started 2. at the time or after the disaster started, specify; day _____ _____ 88-Other, Specify _____ 99- Don't know	1- Bone fracture 2- joint dislocation 4- Burns 8- Laceration/ Contusion 16-Cuts 32-Snake bite 88-Others specify _____ [multiple response is allowed]	1. head 2. chest/ rib 4. abdomen 8. spine/ back 16. upper extremities 32. lower extremities 64. other, specify____ _____ [multiple response is allowed]	1-Fall 2-Drowning 4-Hit by objects/debris 8-Fire/burn 16- Electrocutation 32- Motor-vehicle related 64-violence 128-Other, specify _____ [multiple response is allowed]	1. Yes 2. No	1. other household member 2. neighbour 3. private practitioners 4. public health centre 5. Government hospital 6. Private hospital 7. traditional healer 8. other, specify _____	1. Yes 2. No	1-Amputation 2-Paraplegia 3. quadriplegia 4. hemi-paresis 5-mal/non-union of bone 6-Paresthesia 7-Visual disturbance 8- Hearing disturbance 9. Chronic Headache/pain 88- Others specify _____	1. before injury 2. after injury	1. Able to work normally but minor symptoms 2. Able to work but with somewhat limited 3. Unable to work but independent for activities of daily living 4. Semi-dependant, requires assistance for activities of daily living 5. Dependant- disables requires considerable assistance for activities of daily living 6. Moderately disabled requires frequent care 7. Severely disabled requires constant special care 88. Other, specify

III.C. Diseases and symptoms

III.C.1. Acute Disease

III.C.1.a. Acute disease within 1 month after hit by the flood [ONLY FOR HOUSEHOLD MEMBERS IN FLOODED HOUSEHOLD/AREAS]

[Ask the household members available at time of interview]

Were you ever diagnosed by doctor as contracting the following acute diseases **within 1 month after hit by the flood?**
[Put check point (√) if the respondent answer is “yes”]

No	Name of HH member [copied/ quoted from Microdis core section	Cholera	Disentriae	Typhoid/ Paratyphoid	Leptospirosis	Jaundice/He patitis	Conjunctivitis	Skin infection	Respiratory infection, including	Asthma attack	Dangue/Dan gue Hemoragic	Malaria	Measles	Psychiatric disease (PTSD depression.	Others, specify _____
1															
2															
3															
4															
5															
6															
7															

III.C.4. Chronic health conditions

[Ask the household members available at time of interview]

Have you ever been diagnosed by doctor as contracting the following chronic diseases?

[Put check point (√) if the respondent answer is “yes” and if yes, fill in the next box since how many months ago]

No	Name of HH member [copied/ quoted from Microdis core section	Hypertension	Since how many months	Diabetes	Since how many months	Cardio Vascular Disease	Since how many months	Stroke or seizure	Since how many months	COPD or chronic asthma	Since how many months	Malnutrition/ Anaemia	Since how many months	Pulmonary TB	Since how many months	Leprosy	Since how many months	HIV/AIDS	Since how many months	Cancer	Since how many months	Psychiatric disease (neurosis (psychosis, schizophrenia, alcoholism,	Others, specify	_____
1																								
2																								
3																								
4																								
5																								
6																								
7																								

IV. TREATMENT SEEKING BEHAVIOUR

[Ask the household members available at time of interview. For respondents (household member) answering “yes” (as marked with notation √) in any question in Section III.C, ask the following questions]

No . of row	Name of HH member [copied/ quoted from Microdis core section	Where did you/your parent/ caregiver go at the first time when you were sick?	When your sickness was not cured, where did you/ parent/ caregiver go next?	[If the answer chosen in IV.1. &/ IV.2. are 7 – 12] Why did <u>not</u> you/ parent/ caregiver go to modern health facilities	[If answer chosen in IV.1. &/ IV.2. are 1– 6] How did you/ parent/ caregiver go to health facilities	[If answer chosen in IV.1. &/ IV.2. are 1– 6] How long did it take you/ parent/ caregiver to go to health facilities	[If answer chosen in IV.1. &/ IV.2. are 1– 6] How did you/ parent/ caregiver pay the service?	[If answer chosen in IV.1. &/ IV.2. are 1– 6] How do you judge the overall quality of service received
	IV.0	IV.1	IV.2	IV.3	IV.4	IV.5	IV.6	IV.7.
1						_____ minutes/ hours		
2						_____ minutes/ hours		
3						_____ minutes/ hours		
4						_____ minutes/ hours		
5						_____ minutes/ hours		

Answer code

IV.1	IV.2	IV.3	IV.4.	IV.6	IV.7.
1. to the public/government hospital 2. to the private hospital 3. to the charitable hospital 4. to the CHC (community health center) 5. to private doctor 6. to private midwife/ paramedic 7. to the traditional healer/ paranormal 8. to the religious leader (e.g.mullah, father, priest) 9. Self-treating with medicine bought from retail store 10. Self-treating with traditional healing method (e.g. herbal oral or topical, massage) 11. Not seeking any treatment 88. Other, specify:_____	1. to the public/government hospital 2. to the private hospital 3. to the charitable hospital 4. to the CHC (community health center) 5. to private doctor 6. to private midwife/ paramedic 7. to the traditional healer/ paranormal 8. to the religious leader (e.g.mullah, father, priest) 9. Self-treating with medicine bought from retail store 10. Self-treating with traditional healing method (e.g. herbal oral or topical, massage) 11. Not seeking any treatment 88. Other, specify:_____	1. road damaged 2. transportation unavailable 3. health facility destroyed 4. health facility is far away 5. lack of medication 6. insufficient/ lack health care professionals 7. has no money 8. not seriously ill 88. Other, specify _____	1. by walk 2. by own bike 3. by own motor cycle 4. by own car 5. by taxi motor cycle 6. by bus 7. by taxi 88. other, specify_____	1. cash 2. with goods 3. insurance 4. free of charge/ do not have to pay 88. other, specify _____	1. very poor 2. poor 3. good 4. very good 88.do not know

SECTION V. NUTRITION STATUS AND VACCINATION AMONG UNDER-FIVE CHILDREN (<60 MONTH YEAR OF AGE)

V.1. Basic anthropometric

[Interview the mother or father or other care givers of the children and ask them to show the birth certificate to confirm date of birth]

No.	Name of child [copied/ quoted from Microdis core section]	Date of birth	Birth weight (gram)	Current weight (kilogram)			Current height or body length (centimeter)		
				Weight 1	Weight 2	Average weight	Height 1	Height 2	Average height
1		___/___/___							
2		___/___/___							
3		___/___/___							
4		___/___/___							
5		___/___/___							

V.2. Basic Immunization

[Interview the mother or father or other care giver of the children and ask them to show the birth certificate to confirm date of birth and the health/immunization card to confirm immunization status].

No	Name of child [copied/ quoted from Microdis core section]	Date of birth	B-Hepatitis vaccine			BCG vaccin e	OPV (oral polio vaccine)			DPT (Diphtheria- Pertussis-Tetanus) vaccines			Measl es vaccin e
			Dose 1	Dose 2	Dose 3		Dose 1	Dose 2	Dose 3	Dose 1	Dose 2	Dose 3	
	V.2.0	V.2.1	V.2.2.1	V.2.2.2	V.2.2.3	V.2.3	V.2.4.1	V.2.4.2	V.2.4.3	V.2.5. 1	V.2.5.2.	V.2.5.3.	V.2.6
1		___/___/___											
2		___/___/___											
3		___/___/___											
4		___/___/___											
5		___/___/___											

Answer Codes

V.2.2.1 – V.2.2.3.	V.2.3	V.2.4.1 – V.2.4.3.	V.2.5.1 – V.2.5.3.	V.2.6.
1. yes (confirmed by vaccination card) 2. maybe (claimed without vaccination card) 3. no 99. don't know/ forgot	1. yes (confirmed by vaccination card) 2. maybe (claimed without vaccination card) 3. no 99. don't know/ forgot	1. yes (confirmed by vaccination card) 2. maybe (claimed without vaccination card) 3. no 99. don't know/ forgot	1. yes (confirmed by vaccination card) 2. maybe (claimed without vaccination card) 3. no 99. don't know/ forgot	1. yes (confirmed by vaccination card) 2. maybe (claimed without vaccination card) 3. no 99. don't know/ forgot

AT END OF THE INTERVIEW:

REG5 Did it seem to you that several questions were asked repetitiously? *1. Yes 2. No*

REG6 Privacy of interview situation:
 Interview alone with respondent **1**
 Sometimes other people there **2**
 Constant other people there **3**
 Someone else sitting in with the interview **4**

OBSERVATIONS OF THE FIELD INVESTIGATOR
 (e.g. sad, incongruence in answers for instance discrepancy in living situation and estimation of income)

.....

Name of Supervisor

Signature of Supervisor
 (indicating questionnaire was reviewed)

