

Survey #: _____

HAITI IDP SURVEY, JULY 2010

Interviewer: _____

Survey Date(s): _____

Signed Consent-Release: ₁ Yes ₂ No

[EVERYTHING IN CAPITAL LETTERS IS INSTRUCTIONS AND SHOULD NOT BE READ ALOUD. EVERYTHING ELSE IS A PART OF THE INTERVIEW AND SHOULD BE READ ALOUD.]

Hello, my name is ____ and I'm performing a follow-up survey about your family's living situation. Your contact information was given to me by the people who interviewed you in February. Is this the ____ family?

[IF NO]: Unfortunately, our survey is intended as a follow-up with the original families. But thank you very much for your time.

[IF YES]: Thank you. I am going to ask you a series of questions. Some of them may be personal but I can promise you that no sensitive information will be attached to your name or the names of anyone from your family. May I ask you questions?

[IF NO]: Thank you for your time.

[IF YES]: Great, then let's begin. I'm interested in learning how things have gotten better or worse for your household since February. By family I mean everyone who regularly sleeps, eats, and lives together as a family unit in the place where you are currently staying.

This information will be shared with policymakers in the United States to show them what life is really like for displaced people in Haiti. Please answer all of the questions as well as you can. At any time, if you prefer not to answer a question or if you'd like to stop the interview, please let me know and I will respect your wishes. May I get started?

(R) – RESPONDENT INFORMATION

I'm going to ask you some general background questions.

R1. What's your last name? _____

R2. What's your first name? _____

R3. [CHECK RESPONDENT'S GENDER]: ₁ Male ₂ Female

R4. How old are you? _____

R5. What are all the phone numbers where you can be reached? This includes phone numbers of anyone you live with or anyone who might know how to get in touch with you.

R6. What are other ways we can get in touch with you? Are there places or addresses you visit frequently or do you have an email address?

(H) – HOUSEHOLD INFORMATION

Now I'm going to ask you some questions about your family unit, which includes everyone who currently sleeps, eats and lives together as a family in the place where you are staying.

H1. Are you the head of the family? ₁ Yes ₂ No

[IF NO, ASK H1_a. IF YES, SKIP TO H2.]

H1_a. Who is the family head? _____

H2. Please list the names of all the people who are currently living with you, their relationship to you, and their ages.

NAME (LAST, FIRST)	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H3. Do all the children under 18 go to school now? ₁ Yes ₂ No

[IF NO, ASK H3_a. IF YES, SKIP TO D1.]

H3_a. Why don't the children go to school? _____

(D) – DISPLACEMENT STATUS AND RELOCATION

Now I'm going to ask you about the place where you're living right now.

D1. At which camp were you living when your family was interviewed in February?
[READ ALL OPTIONS ALOUD AND SELECT ONE].

- ₁ Acra ₄ La Couronne ₇ Don't Know
₂ Champ de Mars ₅ Diquini/Carrefour
₃ Croix-des-Bouquets ₆ Petionville

D2. Are you still living at the same camp? ₁ Yes ₂ No

[IF NO, ASK D2_a. IF YES, SKIP TO D3.]

D2_a. Where are you living now? [CHECK ALL RESPONSES THAT APPLY,
THEN ASK D2_c AND D2_d. IF RESPONDENT GIVES UNLISTED
RESPONSE, CHECK "OTHER" AND FILL OUT D2_b TO D2_d.]

- ₁ Same home as before the earthquake
₂ Makeshift shelter on the land where my home was
₃ Home of a friend, neighbor or relative
₄ Makeshift shelter on a friend, neighbor, or relative's land
₅ Makeshift shelter on a stranger's land
₆ Community place (church, school yard, etc.)
₇ Public place (plaza)
₈ Don't Know
₉ Other

D2_b. IF OTHER: _____

D2_c. What's this camp or site called? _____

D2_d. When did you arrive? _____D _____D / _____M _____M

Now I'm going to ask you why you live here and then I'll ask why you can't leave.

D3. First, why do you live at this site?

[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN **D3_a.**]

- ₁ My home is still destroyed or damaged
- ₂ My home isn't damaged but I'm afraid to sleep inside it
- ₃ Owner of house/land where I lived wants to use it for other purposes
- ₄ I have no money to pay rent
- ₅ I don't have the resources to move
- ₆ This camp is closer to home
- ₇ Someone forced me to leave the last place I was staying
- ₈ This camp is safer or has better access to services
- ₉ Friends, relatives, or neighbors are here
- ₁₀ Someone forced me to come here
- ₁₁ Other

D3_a. IF OTHER: _____

D4. Now, why are you unable to leave this site?

[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN **D4_a.**]

- ₁ My home is still destroyed or damaged
- ₂ My home isn't damaged but I'm afraid to sleep inside it
- ₃ Owner of house/land where I lived wants to use it for other purposes
- ₄ I have no money to pay rent
- ₅ I don't have the resources to move
- ₆ This camp is closer to home
- ₇ Someone forced me to leave the last place I was staying
- ₈ This camp is safer or has better access to services
- ₉ Friends, relatives, or neighbors are here
- ₁₀ Someone forced me to come here
- ₁₁ Other

D4_a. IF OTHER: _____

D5. Since the earthquake, has anyone tried to force you to leave this place?

- ₁ Yes
- ₂ No
- ₃ Don't Know

[IF YES, ASK D5_a. IF NO, SKIP TO D6.]

D5_a. Describe what happened, when it took place and who the people were.

D6. Can you return to the same home you lived in before the earthquake?

_1 Yes _2 No _3 Don't Know

D7. Do you want to return to the same home you lived in before the earthquake?

_1 Yes _2 No _3 Don't Know

D8. About how many kilometers is your home from where you are living now?

[CHECK MOST APPROPRIATE RESPONSE.]

_1 Under 5 km _4 16 to 20 km _7 More than 30 km
_2 5 to 10 km _5 21 to 25 km _8 Don't Know
_3 11 to 15 km _6 26 to 30 km

C9. Do you want to relocate to the countryside?

_1 Yes _2 No _3 Don't Know

(L) – SHELTER AND LIVING ARRANGEMENTS

Now I'm going to ask you more specifically about your living arrangements.

L1. Which of the following shelter and basic living materials does your family have? If you have some materials I don't say, please tell me what they are.

[READ ALL OPTIONS ALOUD, INCLUDING OTHER. IF RESPONSE IS OTHER, FILL OUT L1_a.]

_1 Tent _4 Bedding Materials _7 Toilet Paper
_2 Tarp/Rope/Poles _5 Cooking Materials _8 Pads or Tampons
_3 Mosquito Net _6 Soap _9 Other

L1_a. IF OTHER: _____

L2. How did you obtain your tent, shelter, or basic living materials?
[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN L2_a.]

- | | |
|---|--|
| <input type="checkbox"/> _1 Haitian Government | <input type="checkbox"/> _5 Family / Friends / Neighbors |
| <input type="checkbox"/> _2 Haitian Aid Agency | <input type="checkbox"/> _6 Camp Market |
| <input type="checkbox"/> _3 Foreign Government / Military | <input type="checkbox"/> _7 Other Market |
| <input type="checkbox"/> _4 Foreign Aid Agency | <input type="checkbox"/> _8 Other |

L2_a. IF OTHER: _____

L3. How often do you have access to electricity when you need it or when you expect it?
[READ ALL OPTIONS ALOUD.]

- _1 Always _3 Often _4 Sometimes _5 Almost Never _5 Never

[IF NEVER, SKIP TO L4. OTHERWISE, ASK L3_a.]

L3_a. Where do you get access to electricity? _____

L4. Please comment on your shelter and living conditions in your own words.

(F) – FOOD ACCESS AND ADEQUACY

Now I'm going to ask you some questions about what your family eats.

F1. What is your family's main source of food?
[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN F1_a.]

- _1 We go looking for food
_2 Relief agencies or charities give us food
_3 We buy food
_4 We ask friends or neighbors for food
_5 Other

F1_a. IF OTHER: _____

F2. What does your family eat?

[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN F2_a.]

- | | | |
|--|--|--|
| <input type="checkbox"/> _1 Rice or Beans | <input type="checkbox"/> _4 Fruits or Vegetables | <input type="checkbox"/> _7 Meat or Fish |
| <input type="checkbox"/> _2 Cassava or Peanut Butter | <input type="checkbox"/> _5 Cornmeal | <input type="checkbox"/> _8 Dirt Cakes |
| <input type="checkbox"/> _3 Milk | <input type="checkbox"/> _6 Peanuts | <input type="checkbox"/> _9 Other |

F2_a. IF OTHER: _____

F3. In the last week, has anyone in your family done entire day without eating?

- _1 Yes _2 No _3 Don't Know

[IF YES, ASK F3_a AND F3_b. IF NO, SKIP TO F4.]

F3_a. Who went without a meal? [READ ALL OPTIONS ALOUD].

- | | | |
|--|---|--|
| <input type="checkbox"/> _1 Entire Family | <input type="checkbox"/> _3 Adults Only | <input type="checkbox"/> _5 Don't Remember |
| <input type="checkbox"/> _2 Family Head Only | <input type="checkbox"/> _4 Children Only | |

F3_b. How many days in the last week has someone gone without eating?

F5. Please comment on your family's food and hunger situation in your own words.

(W) – DRINKING WATER

Thank you for answering those questions. Now I'm going to ask you about how your family gets water to drink, wash clothes and bathe.

W1. Where do you get your drinking water from?

[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN **W1_a.**]

- | | | |
|---|---|--|
| <input type="checkbox"/> ₁ Bottled Water | <input type="checkbox"/> ₅ Cistern or Tank | <input type="checkbox"/> ₉ Spring Water |
| <input type="checkbox"/> ₂ Tap Water | <input type="checkbox"/> ₆ Water Kiosk | <input type="checkbox"/> ₁₀ River Water |
| <input type="checkbox"/> ₃ Covered Well | <input type="checkbox"/> ₇ Truck Water | <input type="checkbox"/> ₁₁ Don't Know |
| <input type="checkbox"/> ₄ Open Well | <input type="checkbox"/> ₈ Rain Water | <input type="checkbox"/> ₁₂ Other |

W1_a. IF OTHER: _____

W2. Do you or someone else treat the water before you drink it?

- | | | |
|---|--|--|
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₃ Don't Know |
|---|--|--|

W3. How often does your family get drinking water from the government or relief agencies? [CHECK RESPONSE THAT APPLIES.]

- | | |
|--|--|
| <input type="checkbox"/> ₁ Every day | <input type="checkbox"/> ₄ Rarely / Less than once a week |
| <input type="checkbox"/> ₂ Often / 3-6 days a week | <input type="checkbox"/> ₅ Never |
| <input type="checkbox"/> ₃ Occasionally / 1-2 days a week | <input type="checkbox"/> ₆ Don't Know |

W4. How often does your family pay for drinking water? [CHECK RESPONSE THAT APPLIES.]

- | | |
|--|--|
| <input type="checkbox"/> ₁ Every day | <input type="checkbox"/> ₄ Rarely / Less than once a week |
| <input type="checkbox"/> ₂ Often / 3-6 days a week | <input type="checkbox"/> ₅ Never |
| <input type="checkbox"/> ₃ Occasionally / 1-2 days a week | <input type="checkbox"/> ₆ Don't Know |

W5. Where do you get your water to wash clothes from? [CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN **W5_a.**]

- | | | |
|---|---|--|
| <input type="checkbox"/> ₁ Bottled Water | <input type="checkbox"/> ₅ Cistern or Tank | <input type="checkbox"/> ₉ Spring Water |
| <input type="checkbox"/> ₂ Tap Water | <input type="checkbox"/> ₆ Water Kiosk | <input type="checkbox"/> ₁₀ River Water |
| <input type="checkbox"/> ₃ Covered Well | <input type="checkbox"/> ₇ Truck Water | <input type="checkbox"/> ₁₁ Don't Know |
| <input type="checkbox"/> ₄ Open Well | <input type="checkbox"/> ₈ Rain Water | <input type="checkbox"/> ₁₂ Other |

W5_a. IF OTHER: _____

W6. Do you consider it safe for women and children to go collect water here?

- | | | |
|---|--|--|
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₃ Don't Know |
|---|--|--|

W7. Please comment on your family's water situation in your own words.

(B) – BATHING AND HYGIENE

Thank you for your patience. Now I'm going to ask you about your family's bathing and hygiene situation.

B1. Do you have access to a bathtub, shower or other facilities to bathe? ₁ Yes ₂ No

[IF NO, ASK B1_a. IF YES, SKIP TO B2.]

B1_a. Where do you bathe? _____

B2. Are there places for women to bathe separately from men? ₁ Yes ₂ No

B3. Do you consider it safe for women and children to bathe here? ₁ Yes ₂ No

B4. Please comment on your family's bathing situation in your own words.

(T) – TOILETS AND SANITATION

T1. What toilet facilities are you using right now?

[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN T1_a.]

- | | | |
|--|---|--|
| <input type="checkbox"/> ₁ Pit Toilet | <input type="checkbox"/> ₄ In a hole | <input type="checkbox"/> ₇ Wherever we find a place to go |
| <input type="checkbox"/> ₂ Latrine | <input type="checkbox"/> ₅ Plastic bags | <input type="checkbox"/> ₈ Other |
| <input type="checkbox"/> ₃ Flush Toilet | <input type="checkbox"/> ₆ On the street | |

T1_a. IF OTHER: _____

T2. Has your family ever had to pay to use toilet facilities? ₁ Yes ₂ No

T3. Are there places for women to go to the toilet separately from men? ₁ Yes ₂ No

T4. Do you think it's safe for women and children to go to the toilet? ₁ Yes ₂ No

T5. Do you use the toilets at night? ₁ Yes ₂ No

[IF NO, ASK T5_a. IF YES, SKIP TO T6.]

T5_a. Why don't you use the toilets at night? _____

T6. Please comment on your family's toilet situation in your own words.

(H) – HEALTH AND MEDICAL SERVICES

H1. Does anyone in your family have health problems? ₁ Yes ₂ No

[IF YES, ASK H1_a TO H1_c. IF NO, SKIP TO H2.]

H1_a. I'm going to read you a list of health problems. If someone in your family has had one of these problems, please say yes after I read it. If they've had a problem I haven't read, please tell me what it is. [READ ALL OPTIONS ALOUD. IF RESPONSE IS OTHER, FILL IN H1_b.]

- | | |
|--|---|
| <input type="checkbox"/> ₁ Fever, cold, or flu | <input type="checkbox"/> ₁₂ Body aches or pains |
| <input type="checkbox"/> ₂ Rash or skin infection | <input type="checkbox"/> ₁₃ Headaches |
| <input type="checkbox"/> ₃ Trouble breathing, cough, asthma | <input type="checkbox"/> ₁₄ Epilepsy |
| <input type="checkbox"/> ₄ Stomach problems or diarrhea | <input type="checkbox"/> ₁₅ Stress or depression |
| <input type="checkbox"/> ₅ Hunger or malnutrition | <input type="checkbox"/> ₁₆ Trouble sleeping or tiredness |
| <input type="checkbox"/> ₆ Diabetes or sugar | <input type="checkbox"/> ₁₇ Cancer |
| <input type="checkbox"/> ₇ Eye problems or trouble seeing | <input type="checkbox"/> ₁₈ Vaginal or reproductive issues |
| <input type="checkbox"/> ₈ Heart issues | <input type="checkbox"/> ₁₉ Access to contraception |
| <input type="checkbox"/> ₉ Injuries, wounds or infections | <input type="checkbox"/> ₂₀ Access to safe delivery |
| <input type="checkbox"/> ₁₀ Trouble walking or moving | <input type="checkbox"/> ₂₁ Other |
| <input type="checkbox"/> ₁₁ Allergies | |

H1_b. IF OTHER: _____

H1_c. How have these health problems affected your family's ability to cope with life after the earthquake?

H2. Where does your family get medical care?

[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN H2_a.]

- | | |
|--|--|
| <input type="checkbox"/> _1 Hospital | <input type="checkbox"/> _4 Mobile medical team |
| <input type="checkbox"/> _2 Health center | <input type="checkbox"/> _5 Traditional medicine |
| <input type="checkbox"/> _3 Mobile or temporary clinic | <input type="checkbox"/> _6 Other |

H2_a. IF OTHER: _____

H3. Who provides medical care to your family? _____

(A) – AID DISTRIBUTION

A1. In the last 30 days, have any aid organizations come to your site?

- _1 Yes _2 No _3 Don't Know

[IF YES, ASK A1_a TO A1_d. IF NO, SKIP TO A2.]

A1_a. If yes, which organizations? [CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN A1_b.]

- | | |
|--|---|
| <input type="checkbox"/> _1 Haitian government | <input type="checkbox"/> _6 International Office of Migration |
| <input type="checkbox"/> _2 foreign government or military | <input type="checkbox"/> _7 UNICEF |
| <input type="checkbox"/> _3 United Nations | <input type="checkbox"/> _8 ADRA |
| <input type="checkbox"/> _4 Red Cross | <input type="checkbox"/> _9 Don't Know |
| <input type="checkbox"/> _5 World Food Programme | <input type="checkbox"/> _10 Other |

A1_b. IF OTHER: _____

A1_c. What type of aid did your family receive?

[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES AN UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN A1_b.]

- | | |
|--|--|
| <input type="checkbox"/> _1 Shelter materials | <input type="checkbox"/> _8 Pads or tampons |
| <input type="checkbox"/> _2 Bedding materials | <input type="checkbox"/> _9 Medical care |
| <input type="checkbox"/> _3 Food | <input type="checkbox"/> _10 Medical supplies |
| <input type="checkbox"/> _4 Cooking supplies | <input type="checkbox"/> _11 Educational materials |
| <input type="checkbox"/> _5 Drinking water | <input type="checkbox"/> _12 Play materials |
| <input type="checkbox"/> _6 Clothing | <input type="checkbox"/> _13 None |
| <input type="checkbox"/> _7 Soap or toothbrush | <input type="checkbox"/> _14 Other |

A1_d. IF OTHER: _____

A2. How do you receive information on relief and aid in your site?

[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN A2_a.]

- | | |
|--|---|
| <input type="checkbox"/> _1 Family, friends, neighbors | <input type="checkbox"/> _8 Text message / twitter |
| <input type="checkbox"/> _2 People in the street | <input type="checkbox"/> _9 Phone calls |
| <input type="checkbox"/> _3 Haitian authorities | <input type="checkbox"/> _10 Internet |
| <input type="checkbox"/> _4 Foreign authorities | <input type="checkbox"/> _11 Do not get information |
| <input type="checkbox"/> _5 Aid workers | <input type="checkbox"/> _12 Don't Know |
| <input type="checkbox"/> _6 Radio | <input type="checkbox"/> _13 Other |
| <input type="checkbox"/> _7 TV | |

A2_a. IF OTHER: _____

A3. Is information about aid provided in Kreyol? _1 Yes _2 No _3 Don't Know

A4. Do you think relief is being distributed the best way possible or could be better?

- _1 Best way possible _2 Could be better _3 Don't Know

[IF COULD BE BETTER, ASK A4_a. OTHERWISE, SKIP TO J1.]

A4_a. Please describe how you think relief could be distributed better.

(J) – JOBS AND LIVELIHOOD

Now I'm going to ask a few questions about your family's job and income situation.

J1. What is your family's main source of income now?

[CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN J1_a.]

- | | |
|--|---|
| <input type="checkbox"/> _1 Full time job outside camp | <input type="checkbox"/> _7 Cash gift from someone in Haiti |
| <input type="checkbox"/> _2 Part time job outside camp | <input type="checkbox"/> _8 Cash gift from outside Haiti |
| <input type="checkbox"/> _3 Full time job inside camp | <input type="checkbox"/> _9 Cash-For-Work Program |
| <input type="checkbox"/> _4 Part time job inside camp | <input type="checkbox"/> _10 Don't Know |
| <input type="checkbox"/> _5 Self-employed | <input type="checkbox"/> _11 Other |
| <input type="checkbox"/> _6 Charity or relief | |

J1_a. IF OTHER: _____

[IF CASH-FOR-WORK PROGRAM, ASK J1_b. OTHERWISE, SKIP TO J2.]

J1_b. Describe the program, including what you do, how long it's for, who pays you, and how much.

J2. How much is the family's monthly income in Haitian dollars? _____

J3. Are there any formal or informal work opportunities available here?

₁ Yes ₂ No ₃ Don't Know

[IF NO, ASK J3_a. IF DON'T KNOW, SKIP TO J4.]

J3_a. If no, why aren't there work opportunities? _____

J4. What are your plans for increasing the family income in the next three months?

(G) – GOVERNMENT AND POLITICS

I'm going to ask you a few questions about political participation. Your answers will remain anonymous and you don't have to answer any questions you don't want to. Do you understand?

[IF DON'T UNDERSTAND OR DON'T WANT TO, SKIP TO S1.]

G1. Does everyone in your family have a government-issued identification?

₁ Yes ₂ No ₃ Don't Know ₄ Prefer Not to Answer

G2. When are the next national elections? _____

G3. How important is it for you to vote at the next national elections?

[READ ALL OPTIONS ALOUD. IF RESPONDENT CHOOSES OTHER, FILL IN

G3_a.]

- | | |
|--|---|
| <input type="checkbox"/> 1 Extremely important | <input type="checkbox"/> 4 Don't Know |
| <input type="checkbox"/> 2 Somewhat important | <input type="checkbox"/> 5 Prefer not to answer |
| <input type="checkbox"/> 3 Not very important | <input type="checkbox"/> 6 Other |

G3_a. IF OTHER: _____

G4. What has the government done well? _____

G5. What has the government done poorly or failed to do? _____

(S) – SAFETY AND SECURITY

Now I'm going to ask you questions about your family's safety and security. Your answers will remain anonymous. You do not need to answer any questions you don't want to. Do you understand?

[IF DON'T UNDERSTAND OR DON'T WANT TO, SKIP TO Q1.]

S1. What type of security is in place in the place where you are staying?
 [CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN S1_a.]

- | | |
|---|---|
| <input type="checkbox"/> 1 Fence | <input type="checkbox"/> 6 Lighting |
| <input type="checkbox"/> 2 Barbed wire | <input type="checkbox"/> 7 Don't Know |
| <input type="checkbox"/> 3 Local police / HNP | <input type="checkbox"/> 8 Prefer not to answer |
| <input type="checkbox"/> 4 Foreign military | <input type="checkbox"/> 9 Other |
| <input type="checkbox"/> 5 Community foot patrols | |

S1_a. IF OTHER: _____

S2. Do you think the security is adequate?

- | | | | |
|--------------------------------|-------------------------------|---------------------------------------|---|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Don't Know | <input type="checkbox"/> 4 Prefer Not to Answer |
|--------------------------------|-------------------------------|---------------------------------------|---|

[IF NO, ASK S2_a. OTHERWISE, SKIP TO S3.]

S2_a. Why do you feel the security is inadequate? _____

S3. If you were the victim of a crime, who would you contact or report it to? [CHECK ALL RESPONSES THAT APPLY. IF RESPONDENT GIVES UNLISTED RESPONSE, CHECK "OTHER" AND FILL IN S3_a.]

- | | |
|--|--|
| <input type="checkbox"/> _1 Local police / PNH | <input type="checkbox"/> _8 Clergy |
| <input type="checkbox"/> _2 Local official | <input type="checkbox"/> _9 Friend, neighbor, relative |
| <input type="checkbox"/> _3 MINUSTAH | <input type="checkbox"/> _10 No One |
| <input type="checkbox"/> _4 Foreign Military | <input type="checkbox"/> _11 Don't Know |
| <input type="checkbox"/> _5 Aid Worker | <input type="checkbox"/> _12 Prefer not to answer |
| <input type="checkbox"/> _6 Community Leader | <input type="checkbox"/> _13 Other |
| <input type="checkbox"/> _7 Community Elder | |

S3_a. IF OTHER: _____

S4. Have you heard of anyone getting physically attacked or threatened at this site?

- _1 Yes _2 No _3 Don't Know _4 Prefer Not to Answer

S5. Have you heard of anyone getting sexually assaulted or threatened at this site?

- _1 Yes _2 No _3 Don't Know _4 Prefer Not to Answer

S6. Are people been willing to report crimes at this site?

- _1 Yes _2 No _3 Don't Know _4 Prefer Not to Answer

[IF NO, ASK S4_b. OTHERWISE, SKIP TO G1.]

S4_b. Why have they been unwilling to report the problem?

(Q) – CONCLUDING QUESTIONS

Thank you very much for your patience. I have just six more questions.

Q1. What is the most important aid that you need?

Q2. Is your family better or worse off than in February? Why?

Q3. How have your circumstances affected your family's ability to stay together and support each other?

Q4. What do you see in store for your family in the next six months?

Q5. Is there anything else I haven't asked that you'd like to talk about or tell me?

That concludes my questions. Thank you very much for your incredible patience and generosity. [STOP INTERVIEW.]

Q6. [ON BACK, WRITE ADDITIONAL INTERVIEWER NOTES, INCLUDING NEED FOR IMMEDIATE ATTENTION OR FOLLOW UP].