3.3.1 **Light Wheel survey template**

| **Data collector details** |
| --- |
| *Complete these questions before you start the interview.* |
| **Data collector name:** |
| **Country:** | **Interview date:** |
| **Region:** | **Latitude:** |
| **Community:** | **Longitude:** |
| **Location type:**  | * Urban
* Semi-urban
* Rural
 | **If no GPS point recorded, please explain why not:** |

| **Consent** |
| --- |
| **Hello. I am from *\_\_\_\_\_\_\_\_*** *(organisation name)***. My name is *\_\_\_\_\_\_\_\_*.** I am researching the wellbeing of people in our church and in this community. This is to help us understand how our programmes can help the community, and to understand any impact our programmes might have. **Is it okay for me to interview you?** | * **Yes**
* **No**
 |
| You have the option not to answer questions. You also have the right to withdraw from the survey at any stage. | * **OK**
 |
| We will analyse all the interview responses to understand our programmes better and learn what is really working for individuals and communities. | * **OK**
 |
| We might share the summary of all the interviews with our local team, with Tearfund internationally, and with our local partners, including the local church. It is not necessary for you to allow us to share your responses, but it's helpful if we're allowed to.**Is it okay if we include your answers in the summary report?** | * **Yes**
* **No**
 |

|  | ***Note for enumerator:*** *Many of the question topics in the Light Wheel survey can be sensitive and personal. Please use empathy throughout the interview. If the person you are interviewing is finding it emotionally or mentally difficult to answer a question, you can suggest taking a break, or you can remind them that they can respond 'prefer not to answer' whenever needed.* |
| --- | --- |

| **Participant details** |  |  |
| --- | --- | --- |
| **What is your name (optional):**  |
| **What is your sex:** | * Male
 | * Female
 | * Prefer not to answer
* Other
 |
| **What is your age:**  |  |
| **What is your relationship to the head of the household:** |
| * Head (or co-head) of household
* Spouse (to the head)
* Child (of the head)
* Parent (of the head)
* Sibling (to the head)
 | * Another relative (of the head)
* Non-relative household member
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **What is the highest level of education that you have completed:** |
| * None/No formal education
* Primary
* Secondary
* Post-secondary/university
 | * Vocational
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **What is your religion:** |  |
| * Christian
* Christian – Protestant
* Christian – Catholic
* Muslim
* Jewish
* Hindu
 | * Buddhist
* Sikh
* Traditional religion
* None/No religion
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **What is your marital status:** |  |  |
| * Single, never married
* Married
* Widowed
* Divorced
 | * Separated
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Do you have children:**  | * Yes
 | * No
 | * Prefer not to answer
 |

| **Household** |
| --- |
| *‘A HOUSEHOLD is a person or group of relatives (or non-relatives) who occupy all or part of a dwelling.They meet basic needs from a shared budget and generally share meals. In one house, there can be several households.’* |
| **How many people (TOTAL) live in your household, including yourself:** |  |
| **How many children under the age of 18 years old live in your household:** |  |

| **Questions about each child 0–18 years** |
| --- |
|  | Age: | Sex: | Do they currently attend education? | If **yes**, who manages the school that child attends? | If **no**, why are they not attending education?*See \*NOTE below table for possible options.* |
| **Child #1** |  | * Male
* Female
* Other
* Prefer not to answer
 | * Yes
* No
* Prefer not to answer
 | * Private or NGO/religious school (eg non-government school)
* Government
* Don’t know
* Prefer not to answer
 |  |
| **Child #2** |  | * Male
* Female
* Other
* Prefer not to answer
 | * Yes
* No
* Prefer not to answer
 | * Private or NGO/religious school (eg non-government school)
* Government
* Don’t know
* Prefer not to answer
 |  |
| **Child #3** |  | * Male
* Female
* Other
* Prefer not to answer
 | * Yes
* No
* Prefer not to answer
 | * Private or NGO/religious school (eg non-government school)
* Government
* Don’t know
* Prefer not to answer
 |  |
| **Child #4** |  | * Male
* Female
* Other
* Prefer not to answer
 | * Yes
* No
* Prefer not to answer
 | * Private or NGO/religious school (eg non-government school)
* Government
* Don’t know
* Prefer not to answer
 |  |
| **Child #5** |  | * Male
* Female
* Other
* Prefer not to answer
 | * Yes
* No
* Prefer not to answer
 | * Private or NGO/religious school (eg non-government school)
* Government
* Don’t know
* Prefer not to answer
 |  |
| **Child #6** |  | * Male
* Female
* Other
* Prefer not to answer
 | * Yes
* No
* Prefer not to answer
 | * Private or NGO/religious school (eg non-government school)
* Government
* Don’t know
* Prefer not to answer
 |  |
| **Child #7** |  | * Male
* Female
* Other
* Prefer not to answer
 | * Yes
* No
* Prefer not to answer
 | * Private or NGO/religious school (eg non-government school)
* Government
* Don’t know
* Prefer not to answer
 |  |

*\*NOTE: Options could include: [ ] Too young, hasn't started yet; [ ] Can't afford school fees; [ ] Needed for other duties/responsibility; [ ] Schools are poor quality; [ ] School education is not seen as necessary/no added value; [ ] Child struggles at school; [ ] Conflict or crisis has prevented school access; [ ] Other; [ ] Prefer not to answer*

| **Head of household** (If participant isn’t the head of household) |
| --- |
| **Head of household age:** |  |
| **Head of household sex:** | * Male
 | * Female
 | * Prefer not to answer
* Other
 |
| **What was the highest level of education attained by the head of household:** |
| * None/No formal education
* Primary
* Secondary
* Post-secondary/university
 | * Vocational
* Prefer not to answer
* Other (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

| **Participant health problems** |
| --- |
| *In the following set of questions, I'm going to ask you some questions about your health.* ***Is that okay?*** | * Yes
 | * No
 |

If ‘Yes’, ask the following questions:

|  | No difficulty | Some difficulty | A lot of difficulty | Cannot do at all | Refuse to answer | Don’t know |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you have difficulty seeing, even if wearing glasses?** |  |  |  |  |  |  |
| **Do you have difficulty hearing, even if using a hearing aid(s)?** |  |  |  |  |  |  |
| **Do you have difficulty walking or climbing steps?** |  |  |  |  |  |  |
| **Do you have difficulty remembering or concentrating?** |  |  |  |  |  |  |
| **Using your usual language, do you have difficulty communicating, for example understanding or being understood?** |  |  |  |  |  |  |
| **Do you have difficulty with self-care such as washing all over or dressing?** |  |  |  |  |  |  |

| **Programme involvement** |
| --- |
| **Are you a member of the local church that has implemented the church and community transformation (CCT) process in the last six months?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| **Have you been involved with this CCT process in the last six months?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| (If ‘Yes’) **What activities have you been involved in through CCT?** |
|  |
| **How often do you participate in CCT activities?** |
| * Daily
* 2–4 times per week
 | * Once per week
* Twice per month
 | * Once per month
* Prefer not to answer
 | * Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **When did you begin your involvement with CCT?** |
| * In the last month
* 1–2 months ago
 | * 3–6 months ago
* 7–12 months ago
 | * 12–18 months ago
* 18–24 months ago
 | * Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **What has been the most significant impact of the CCT process in your life OR community?***Probe: Think of longer-term impacts as well as more immediate outputs of the programme.* |
|  |
| (If member of the church) **What has been the most significant change in the church as a result of CCT?** *Probe: Think of longer-term impacts as well as more immediate outputs of the programme.* |
|  |

| ***You've now completed the first section of questions. Keep going!*** |
| --- |

| **Physical health** |
| --- |
| *In the following set of questions, I'm going to ask you some questions about your physical health situation.* **Is that okay?** | * Yes
 | * No
 |
| *If they answer ‘Yes’, please continue with this section. If ‘No’, please skip to the next section of questions.* |
| PH1a: **What are your household’s most commonly used sources of drinking water during this season?** *(Please pick only one option)* |
| * Borehole (deep protected drilled well)
* Protected shallow well
* Harvested rainwater
* Piped water at a public tap
* Piped water into my house/house faucet
* Protected spring
 | * Surface water source (river, stream, pond, puddles, unprotected spring)
* Unprotected/open shallow well
* Cart with small tank/drum
* Tanker truck
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PH1b: **How long does it usually take to get to the water source, collect the water and bring it back home?** |
| * No time – piped water to tap in house
* No time – water delivered to my house
 | * Less than 30 minutes
* 30 minutes to 1 hour
* More than 1 hour
 | * Don't know
* Prefer not to answer
 |
| PH1c: **Do you do anything at your house to make your water safe to drink?***(Please pick only one option)* |
| * It's already safe to drink
* Filter/purify/boil
 | * Add chlorine
* Don't do anything
 | * Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PH2a: **Do you have a designated area in your house for washing your hands?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| PH2b: **What do you have available for washing hands in your house?** *(Select all that apply)* |
| * Water
* Soap
* Hand sanitiser
 | * Scrub-brush for hands & fingernails
* Sand
* Ash
 | * Sink/basin for handwashing
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PH3a: **When at home, do you use toilet facilities within or near to your house?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| PH3b: (If ‘Yes’ to PH3a) **How many households use this toilet?** |
| * Only the participant's household
* 2–3 households
 | * 4 or more households
* It's a community toilet
 | * Prefer not to answer
 |
|  |  |  |
| PH3c:(If ‘Yes’ to PH3a) **What type of toilet is this?** *(Please pick only one option)* |
| * Defecate in the open
* Bucket
* Pit latrine without slab
 | * Pit latrine with slab
* Ventilated improved pit latrine
* Composting toilet
 | * Flush or pour toilet (connected to a sewer system or septic tank)
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PH3d:(If ‘No’ to PH3a) **If you do not have or use a toilet, are you happy to say where you go to relieve yourself?***(eg where they are able to urinate & defecate)* |
|  |
| PH4a: **Have you suffered from an illness in the last month?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| PH4b:(If ‘Yes’) **What kind of illness?** *(Select all that apply)* |
| * Allergies
* Mild cold, flu, or Covid-19 symptoms
* Upper respiratory illness
* Chronic, non-infectious illness (eg heart attack, stroke, diabetes, cancer, high blood pressure, etc)
 | * Diarrhoeal disease/diarrhoea
* Malaria
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PH5a: **When did you last visit health services?** |
| * In the last 1 month
* 2–3 months ago
 | * 3–6 months ago
* More than 6 months ago
 | * Don't know
* Prefer not to answer
 |
| PH5b: **What health services did you access?** *(Select all that apply)* |
| * Local midwife
* Local community health volunteer
* Traditional healer
 | * Pharmacy
* Primary health centre
* Clinic
 | * Hospital
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PH5c: **How did you pay for these health services?** *(Select all that apply)* |
| * Services were free
* I/my family pays from regular income
* Insurance
 | * Sacrificing household needs
* Savings
* Loan from work/friend/family
* Loan from bank/credit facility
 | * Don't know
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PH5d: **Have you faced any barriers or difficulties in accessing health services?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| PH5e:(If ‘Yes’) **What are some barriers that prevent you from accessing healthcare at a local health facility?** *(Select all that apply)* |
| * Lack of available appointments
* Cost of treatment
* Poor treatment by health professionals
* Distance to the health facility
* Cost of transport
 | * My family would not let me go (husband/wife/parents/other)
* Had to go through phone call screening
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PH6a: **How satisfied were you with the quality of treatment you received at a health facility the last time you visited?** |
|  |  |  |  |  |  |
| Very satisfied | Satisfied | Somewhat satisfied | Not satisfied | Prefer not to answer | Don't know |
| PH6b:(If ‘not satisfied’) **Why weren't you satisfied with the quality of treatment?** |
|  |

| ***You've now completed 2 out of 10 sections. Way to go!*** |
| --- |

| **Personal relationships** |
| --- |
| *In the following set of questions, I'm going to ask you some questions about your personal relationships.* **Is that okay?** | * **Yes**
 | * **No**
 |
| *If they answer ‘Yes’, please continue with this section. If ‘No’, please skip to the next section of questions.* |  |
| *It is best to make sure you have a PRIVATE place to have this conversation as personal relationships can be a sensitive subject.* **Are you in a private place where no one else can hear the conversation?**  | * **Yes**
 | * **No**
 |
| PR1a: **Do you feel your personal relationships have become stronger or weaker over the last six months?** |
| * Become stronger
 | * Stayed the same
 | * Become weaker
 | * Prefer not to answer
 |
| PR1b: **What factors have caused your personal relationships to become stronger or weaker?** |
|  |

| PR2a: **How respected do you feel by different people in your life?** |
| --- |
|  | Respected | Somewhat respected | Neither respected nor disrespected | Somewhat disrespected | Disrespected | Not applicable (n/a) | Prefer not to answer |
| **Your spouse** |  |  |  |  |  |  |  |
| **Your friends** |  |  |  |  |  |  |  |
| **Your children** |  |  |  |  |  |  |  |
| **Your parents** |  |  |  |  |  |  |  |
| **Your siblings** |  |  |  |  |  |  |  |
| PR2b:(If responded ‘Somewhat disrespected’ or ‘Disrespected’) **How do you know you aren't respected?**PR2c: (If responded ‘Somewhat respected’ or ‘Respected’) **How do you know you are respected?** |
|  |

| PR3: **In your household, which decisions do you participate in making?** *(Select all that apply)* |
| --- |
| * Financial decisions
* Livelihood decisions
* Career decisions
* Food/nutrition decisions
 | * Educational decisions
* Relocation decisions
* Healthcare decisions
 | * I am not involved in any decisions
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PR4a: **On a scale of 1 to 5, how much do you agree or disagree with this statement:** *‘When there are disagreements in the household, I am satisfied with the way we resolve them’’* |
|  |  |  |  |  |  |
| 1 - Strongly agree | 2 - Agree | 3 - Neither agree or disagree | 4 - Disagree | 5 - Strongly disagree | Prefer not to answer |
| PR4b:(If ‘Neither agree or disagree’, ‘Disagree’ or ‘Strongly disagree’)**How could they get resolved better?** |
|  |

| PR5: **Tell me how much trust you have in:** |
| --- |
|  | A lot | Some | A little | None | Prefer not to answer | Don’t know | N/A |
| **Spouse** |  |  |  |  |  |  |  |
| **Neighbours** |  |  |  |  |  |  |  |
| **Colleagues from work/business, school** |  |  |  |  |  |  |  |
| **Relatives (siblings, uncles, cousins, etc)** |  |  |  |  |  |  |  |
| **Friends** |  |  |  |  |  |  |  |

| ***You've now completed 3 out of 10 sections. That’s great!*** |
| --- |

| **Social connections** |
| --- |
| *In the following set of questions, I'm going to ask you some questions about your social connections.* **Is that okay?** | * Yes
 | * No
 |
| *If they answer ‘Yes’, please continue with this section. If ‘No’, please skip to the next section of questions.* |
| SC1a: **How many community groups are you an active member of?***(To be an ‘active member’ means to have met up with that group over the last month. Community groups can include sports groups, faith-based groups, savings groups, a business group etc)* |  |
| SC1b: **What groups are you a part of? *Enumerator note:*** *Do not read options out. Listen to their response, and categorise response(s) by selecting all that apply from the below list.*  |
| * Sports group
* Faith-based group
* Savings group
* Mentoring group
* Business group
* Music/art/dance/creative group
 | * Volunteer group
* Community health group
* Water/sanitation/hygiene group
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| SC1c: **Please provide specific names of the groups if possible.** |
|  |
| SC1d: **How do those groups improve your life?** |
|  |
| SC2a: **Have you ever felt like you have been excluded from an opportunity in your community? (eg education, employment, recreational, decision-making etc)***'Exclusion' is a situation where not everyone has equal access to opportunities and services because of who they are or where they live. They are disadvantaged because they are discriminated against.****Enumerator note:*** *This could be an upsetting question for some. Please use empathy when asking this question.* |
| * Yes
 | * No
 | * Prefer not to answer
 |
| SC2b: If the answer to SC2a is ‘No’ or ‘Prefer not to answer’ skip to SC3a.(If ‘Yes’ to SC2a) **Can you share what opportunities you have been excluded from?*****Enumerator note:*** *Do not read options out. Listen to their response, and categorise response(s) by selecting all that apply from the below list.* |
| * Access to education
* Access to health services
* Leadership opportunity
* Property ownership (eg can't own land)
 | * Access to employment opportunity
* Access to voting (eg governance participation)
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| SC2c: (If ‘Yes’ to SC2a) **Optional: Can you share any details about opportunities you have been excluded from?** |
|  |
| SC2d:(If ‘Yes’ to SC2a) **Which factors do you think caused you to be excluded from opportunities?** *(Select all that apply)* |
| * Gender
* Age
* Religious background
* Ethnicity
 | * Caste
* Tribal group
* Access to information
* Conflict of interest
 | * Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| SC3a: **Over the last six months, have you collaborated with other people in your community as part of a shared project?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| SC3b:(If ‘Yes’ to SC3a) **What was the project?** |
|  |
| SC3c:(If ‘No’ to SC3a) **In the next six months, are you planning to be part of a shared project in your community?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| SC3d:(If ‘Yes’ to SC3c) **What will the project be?** |
|  |
| SC4a: **On a scale of 1 to 5, how much do you agree or disagree with this statement:** *‘In my community I have people I could receive support from during a time of difficulty’* |
|  |  |  |  |  |  |
| 1 - Strongly agree | 2 - Agree | 3 - Neither agree or disagree | 4 - Disagree | 5 - Strongly disagree | Prefer not to answer |
| SC4b:(Only if ‘Strongly Agree’ or ‘Agree’) **Who do you turn to to receive support?** SC4c:(Only if ‘Strongly Disagree’ or ‘Disagree’) **Why don’t you feel you have someone to turn to for support?** |
|  |
| SC5a: **On a scale of 1 to 5, how much do you agree or disagree with this statement:***‘I feel safe and protected in my local community’* |
|  |  |  |  |  |  |
| 1 - Strongly agree | 2 - Agree | 3 - Neither agree or disagree | 4 - Disagree | 5 - Strongly disagree | Prefer not to answer |
| SC5b: **What factors in your community make you feel safe?***(Select all that apply)* |
| * Police
* Access to legal support
* Friends/neighbours
* Community or religious leaders
* Household security (eg locks, camera, gate)
 | * Street lights/lighting
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

| ***You've now completed 4 out of 10 sections. Well done!*** |
| --- |

| **Participation & influence** |
| --- |
| *In the following set of questions, I'm going to ask you some questions about your participation and influence in your community.* **Is that okay?** | * Yes
 | * No
 |
| *If they answer ‘Yes’, please continue with this section. If ‘No’, please skip to the next section of questions.* |
| PI1a: **On a scale of 1 to 5, how much do you agree or disagree with this statement:***‘I feel free to express my ideas or opinions in…’* |
| *…social groups* | *…community meetings* | *…my place of worship* | *…my workplace* |
| * 5. Strongly agree
* 4. Agree
* 3. Neutral
* 2. Disagree
* 1. Strongly disagree
* Prefer not to answer
 | * 5. Strongly agree
* 4. Agree
* 3. Neutral
* 2. Disagree
* 1. Strongly disagree
* Prefer not to answer
 | * 5. Strongly agree
* 4. Agree
* 3. Neutral
* 2. Disagree
* 1. Strongly disagree
* Prefer not to answer
 | * 5. Strongly agree
* 4. Agree
* 3. Neutral
* 2. Disagree
* 1. Strongly disagree
* Prefer not to answer
 |
| PI1b:(If ‘Strongly agree’ or ‘Agree’) **Can you give an example of a time when you shared your opinion or idea?***For example: Who did you share your idea with? What was your idea?* |
|  |
| PI1c:(If ‘Strongly disagree’ or ‘Disagree’) **What situations make you feel that you can't express your ideas or opinions?** |
|  |
| PI2a: **If you could make one change in your community, what would it be?** *(Select all that apply)* |
| * Education
* Healthcare
* Environmental
* Roads/transport
 | * Housing/shelter
* Sports/recreation
* Land use
* Water/sanitation
 | * Religious
* Safety
* Governance
 | * Income/employment opportunities
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PI2b: **On a scale of 1 to 5, do you believe that as a community, you have the ability to create that change?** |
|  |  |  |  |  |  |
| 1 - Strongly agree | 2 - Agree | 3 - Neither agree or disagree | 4 - Disagree | 5 - Strongly disagree | Prefer not to answer |
| PI2c: **With that change in mind, do you know the steps you could take to raise a concern or request with your local community or government?** |
| * Yes – I know the exact steps to take
* Somewhat – but I'm not sure on all the steps
* Not really – I'm confused about what steps to take
 | * Not at all
* Prefer not to answer
 |  |
| PI3a: **In the last six months, have you taken action to raise a concern or present a request to your local community or government leaders?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| PI3b: (If ‘Yes’) **What concerns/requests did you make?** |
|  |
| PI3c: (If ‘No’ to PI3a) **Was there a concern you would have liked to raise?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| PI3d: (If ‘Yes’ to PI3c) **What stopped you from raising this concern?** |
| * Didn't know how to raise a concern
* Didn't have enough confidence to raise a concern
* I didn't feel it was that important
 | * Didn't think my request would be listened to
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PI4a: **Who are the main decision-makers in your community? *Enumerator note:*** *Do not read options out. Listen to their response, and categorise response(s) by selecting all that apply from the below list.* |
| * Religious leaders
* School teachers/headmasters
* Local council
* Community elders
 | * Local government representatives
* I don't know
* Prefer not to answer
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| PI4b: **To what extent do you agree with this statement:** *‘Decision-makers respond to needs and requests raised by community members like me’* |
|  |  |  |  |  |  |
| 1 - Strongly agree | 2 - Agree | 3 - Neither agree or disagree | 4 - Disagree | 5 - Strongly disagree | Prefer not to answer |
| PI4c: (Only if ‘Strongly Agree’ or ‘Agree’)**Please give an example of the needs they responded to:**PI4d: (Only if ‘Strongly Disagree’ or ‘Disagree’)**Please give an example of needs that haven't been responded to:** |
|  |

| ***You've now completed 5 out of 10 sections. Halfway there!*** |
| --- |

| **Living faith** |
| --- |
| *In the following set of questions, I'm going to ask you questions related to the topic of faith.* **Is that okay?** | * Yes
 | * No
 |
| *If they answer ‘Yes’, please continue with this section. If ‘No’, please skip to the next section of questions.* |
| LF1a: **In the last six months, how do you feel your faith has changed? Has it become more important to you, less important to you, or is it about the same?** |
| * Faith has become more important
 | * Faith has stayed about the same
 | * Faith has become less important
 | * N/A – I don’t practise any faith
* Prefer not to answer
 |
| LF1b: (If faith became ‘more’ or ‘less’ important) **Is there a specific example, event, session, or Bible passage that contributed to your faith changing?** |
|  |
| LF2a: **In the last 24 hours, have you spent time doing an activity that helped you practise or strengthen your faith?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| LF2b: **If ‘Yes’, what did you do? *Enumerator note:*** *Do not read options out. Listen to their response, and categorise response(s) by selecting all that apply from the below list.* |
| * Attended church service
* Prayed alone
 | * Read Bible alone
* Music/song worship
* Bible group
 | * Prayer group
* Fasted
* Community service
 | * Meditated on the word of God
* Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| LF3a: **In the past six months, have you faced a particular difficulty or a major decision in your life?** |
| * Difficulty
 | * Major decision
 | * Both
 | * None
* Prefer not to answer
 |
| LF3b: (If ‘Difficulty’) **What type of difficulty did you face? *Enumerator note:*** *Do not read options out. Listen to their response, and categorise response(s) by selecting all that apply from the below list.* |
| * Financial
* Property/assets
* Children
 | * Marriage
* Extended family
* Friends, neighbours, community
 | * Work
* Health
* Emotional
 | * Business
* Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| LF3c:(If ‘Difficulty’)**During that difficulty, did your faith provide you with comfort?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| LF4a: (If ‘Major decision’)**What major decision did you face? *Enumerator note:*** *Do not read options out. Listen to their response, and categorise response(s) by selecting all that apply from the below list.* |
| * Financial
* Career
* Family
 | * Self-destruction
* Education
* Relocation
 | * Self-development
* Relationships
* Difficulty
 | * Unknown
* Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| LF4b: (If ‘Major decision’)**How important was your faith in making the decision?** |
| * Very important
 | * Important
 | * A little bit important
 | * Not very important
* Prefer not to answer
 |
| LF5a: **In the last six months, have you participated in community service organised by your faith group?***‘Community service’ is unpaid work for the benefit and betterment of the community. For example: visiting the sick, caring for elderly, or distributing essential items.* |
| * Yes
 | * No
 | * Prefer not to answer
 |
| LF5b: (If ‘Yes’) **What did you participate in? eg what community service was organised by your faith group?** |
| * Visiting sick or elderly
* Taking a meal to sick or discouraged person/family
 | * Distributing essential items to person/families
* Community cleaning
 | * Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| LF5c: **Optional: Please give more detail about the community service you participated in:** |
|  |
| LF6: **In your opinion, what could faith groups do better or do more of to improve community life?** |
|  |

| ***You've now completed 6 out of 10 sections. Nice work!*** |
| --- |

| **Emotional & mental wellbeing** |
| --- |
| *In the following set of questions, I'm going to ask you some questions about your emotional and mental wellbeing.* **Is that okay?** | * Yes
 | * No
 |
| *If they answer ‘Yes’, please continue with this section. If ‘No’, please skip to the next section of questions.* |
| *It is best to make sure you have a PRIVATE place to have this conversation as emotional & mental wellbeing can be a sensitive subject.* **Are you in a private place where no one else can hear the conversation?**  | * Yes
 | * No
 |
| The next set of five questions is the World Health Organisation's Wellbeing Index, which measures your wellbeing over the last two weeks. **For each question, you mention if you have felt a certain way:** |
| 5 - All of the time4 - Most of the time | 3 - More than half the time2 - Less than half the time | 1 - Some of the time0 - At no time |
| **Are you happy to answer these wellbeing questions?** | * Yes
 | * No
 |

| EMW1: **Think about the last two weeks. For each of the following statements, indicate how you have been feeling over the last two weeks using the numbers 0 to 5. Note that higher numbers mean better wellbeing.** |
| --- |
| **Over the last two weeks…** | **5.**All the time | **4.**Most of the time | **3.**More than half the time | **2.**Less than half the time | **1.**Some of the time | **0.**At no time | Prefer not to answer |
| **I have felt cheerful and in good spirits** |  |  |  |  |  |  |  |
| **I have felt calm and relaxed** |  |  |  |  |  |  |  |
| **I have felt active and vigorous** |  |  |  |  |  |  |  |
| **I woke up feeling fresh and rested** |  |  |  |  |  |  |  |
| **My daily life has been filled with things that interest me** |  |  |  |  |  |  |  |

| EMW2: **When you need emotional support, who do you talk to?** *(Select all that apply)* |
| --- |
| * Spouse
* Child
* Sibling
* Parent
 | * Intimate partner
* People I live with/ housemates
* Friend
 | * Religious leader
* Another religious/ church member
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * I don't like to talk to others
* I have no one to talk to
* Prefer not to answer
 |
| EMW3a: **To what extent do you agree with this statement:** *‘I feel able to cope with the responsibilities in my life and the expectations others have of me’* |
|  |  |  |  |  |  |
| Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree | Prefer not to answer |
| EMW3b:(If ‘Disagree’ or ‘Strongly disagree’) **If you're willing to share, what makes you feel unable to cope? (optional)** |
|  |
| EMW4a: **Do you feel hopeful that your future will be better than the present?** |
| * Yes
 | * Somewhat
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
|  |  |  |  |  |
| EMW4b:(If ‘Yes’) **Where does your sense of hope come from?**EMW4c:(If ‘No’) **Why don't you feel hopeful?** |
|  |
| EMW4d: **Has your sense of hope for the future improved or worsened over the last six months?** |
| * Improved
 | * Stayed the same
 | * Worsened
 | * Prefer not to answer
 |
| EMW5: **Can you rate yourself on a scale of 1 to 5, with 5 being very true of you and 1 being not very true of you:** *‘I have high self-esteem’* |
|  |  |  |  |  |  |
| 5. Very true of me | 4. | 3. | 2. | 1. Not very true of me | Prefer not to answer |

| ***You've now completed 7 out of 10 sections. You’re a star!*** |
| --- |

| **Capabilities** |
| --- |
| *In the following set of questions, I'm going to ask you some questions around the topic of capabilities (eg the skills and knowledge that you have).* **Is that okay?** | * Yes
 | * No
 |
| *If they answer ‘Yes’, please continue with this section. If ‘No’, please skip to the next section of questions.* |
| C1a: **Do you feel that you have goals and ambitions for the future?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| C1b: (If ‘Yes’) **What is one goal you have for the future?** |
|  |
| C1c: (If ‘No’) **What prevents you from setting goals and ambitions?***(Select all that apply)* |
| * I am happy the way I am
* I don’t have skills or knowledge I need to change
* I don't have time or energy to change
* I don't want/need any change
 | * I've set goals before and failed
* I'm a bit nervous of change
* Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| C2a: **On a scale of 1 to 5, to what extent do you feel you have the ability to create changes in your own life?**  |
|  |  |  |  |  |  |
| 5 - Strongly agree | 4 - Agree | 3 - Neither agree or disagree | 2 - Disagree | 1 - Strongly disagree | Prefer not to answer |
| C2b: **Are there any barriers that prevent you from creating the changes you want?***(Select all that apply)* |
| * No barriers
* Lack of money/resources
* Lack of knowledge/skills/vision
* Lack of self-belief/confidence
* Lack of opportunity
* Not enough time
 | * Constraints because of where I live
* Gender or cultural barriers
* Crisis or change in external environment
* Competing demands/responsibilities
* Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| C3a: **Now think about your skills and knowledge. In the last six months, did you have the opportunity to share your knowledge or skills with someone else?** *For example: informal or formal training, mentoring, or coaching.* |
| * Yes
 | * No
 | * Prefer not to answer
 |
| C3b: (If ‘Yes’) **What knowledge or skills did you share?** |
|  |
| C4a: **Over the course of the last six months, have you learnt a new skill or substantially improved an existing skill?** |
| * Yes
 | * No
 | * Prefer not to answer
 |
| C4b: (If ‘Yes’) **What was the new skill you learnt?** |
|  |
| C4c: (If ‘Yes’ to C4a) **How did you learn this new skill?** *(Please pick only one option)* |
| * Formal training programme
* Self-taught
* Learned from a friend/mentor
 | * Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| C4d: (If ‘No’ to C4a) **Did you feel there was any barrier preventing you from learning a new skill or improving your existing skills?***(Select all that apply)* |
| * No barriers to learning
* I don't need/want to learn a new skill
* Lack of money/resources
* Lack of knowledge/skills/vision
* Lack of self-belief/confidence
* Gender or cultural barriers
 | * Crisis or change in external environment
* Competing demands/responsibilities
* No opportunity
* Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| C5: **In your opinion, what is the quality of primary and secondary education that children and youth receive in this community?** |
| * Excellent quality
* Good quality
 | * Average quality
* Less than average quality
 | * Poor quality
* Don’t know
 | * Prefer not to answer
 |

| ***You've now completed 8 out of 10 sections. Not far to go now!*** |
| --- |

| **Material assets & resources** |
| --- |
| *In the following set of questions, I'm going to ask you some questions about your materials assets and resources.* **Is that okay?** | * Yes
 | * No
 |
| *If they answer ‘Yes’, please continue with this section. If ‘No’, please skip to the next section of questions.* |
| MAR1a: **Do you or your household own or rent the property/dwelling where you live?** |
| * Own
 | * Rent
 | * Don’t own or rent
 | * Don’t know
* Prefer not to answer
 |
| MAR1b: **Do you or your household own or rent any other property/land apart from your house?***(eg for agriculture or other economic development purposes)* |
| * Own
* Rent
* Don't have other land
 | * I have other land I can use – but don't own or rent it
* Don’t know
* Prefer not to answer
 |
| MAR1c: (If ‘Rent’ to MAR1a) **Do you or your household have a written rental agreement for your property/dwelling where you live?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| MAR1d: (If ‘Rent’ to MAR1b) **Do you or your household have a written rental agreement for your other property/land?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| MAR1e: (If ‘Own’ to MAR1a) **Do you have a written proof of ownership document for your property/dwelling where you live?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| MAR1f: (If ‘Own’ to MAR1b) **Do you have a written proof of ownership document for your other property/land?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| MAR2a: **In the last year, did you have enough food to meet your household's needs during every month/season of the year?** |
| * Yes
 | * No
 | * Don’t remember
 | * Prefer not to answer
 |
| MAR2b: (If ‘No’) **Which months did you NOT have enough food to meet your household's needs?** *(Select all that apply)* |
| * January
* February
* March
* April
 | * May
* June
* July
* August
 | * September
* October
* November
* December
 | * Don’t know
* Prefer not to answer
 |
| MAR3a: **Do you earn an income?** |
| * Yes
 | * No
 | * Prefer not to answer
 |  |
| MAR3b: **How many people in your household earn an income (including yourself)?** |
|  |

| MAR4a: **Please list the details of all people in the household that *earn an income:*** |
| --- |
|  | **Name** | **Age** | **Sex** | **Main source of income** *(\*See note below)* | **Second source of income***(\*See note below; leave blank if no second income)* |
| **Earner #1** |  |  | * Male
* Female
* Other
* Prefer not to answer
 |  |  |
| **Earner #2** |  |  | * Male
* Female
* Other
* Prefer not to answer
 |  |  |
| **Earner #3** |  |  | * Male
* Female
* Other
* Prefer not to answer
 |  |  |
| **Earner #4** |  |  | * Male
* Female
* Other
* Prefer not to answer
 |  |  |
| **Earner #5** |  |  | * Male
* Female
* Other
* Prefer not to answer
 |  |  |

**\*Note: Income type options include:**

[1] Day labour/casual labourer [3] Agriculture – livestock (self-employed) [6] Rental income

[2] Salaried worker [4] Agriculture – crops (self-employed) [7] Other

 [5] Small trade activities (self-employed) [8] Prefer not to answer

| *We have a few questions to help determine what your monthly and annual household income is.* **Do you want to participate in these questions?** If ‘No’, skip to MAR5a | * Yes
 | * No
 |
| --- | --- | --- |
| MAR4b: **What is your currency of income?** |  |

| MAR4c: **Earner #1** |
| --- |
| **Name:**  |  |
| **Main source of income:** |  |
| **Do they get income per day, per week or per month of work?** | * Prefer not to answer
 |
| * Per day of work
 | * Per week of work
 | * Per month of work
 |
| *[If paid per day, fill this column]* | *[If paid per week, fill this column]* | *[If paid per month, fill this column]* |
| How many **days per week** do they work for this income?(eg 1–7 days per week) | How many **weeks per month** do they work for this income?(eg 1–4 weeks per month) | How many **months per year** do they work for this income?(eg 1–12 months per year) |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| How much do they typically **earn per day** (for main income source)? | How much do they typically **earn per week** (for main income source)? | How much do they typically **earn per month** (for main income source)? |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

| **Secondary source of income:** *(leave blank if no secondary income source)* |  |
| --- | --- |
| **Do they get secondary income per day, per week or per month of work?** | * Prefer not to answer
 |
| * Per day of work
 | * Per week of work
 | * Per month of work
 |
| *[If paid per day, fill this column]* | *[If paid per week, fill this column]* | *[If paid per month, fill this column]* |
| How many **days per week** do they work for this secondary income?(eg 1–7 days per week) | How many **weeks per month** do they work for this secondary income?(eg 1–4 weeks per month) | How many **months per year** do they work for this secondary income?(eg 1–12 months per year) |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| How much do they typically **earn per day** (for secondary income source)? | How much do they typically **earn per week** (for secondary income source)? | How much do they typically **earn per month** (for secondary income source)? |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

| **If any income is from agriculture (crops or livestock):**  |
| --- |
| **Type of crop/livestock:** | **Months that income is earned for each crop/livestock sales:** |
|  | * Jan
* Jul
 | * Feb
* Aug
 | * Mar
* Sep
 | * Apr
* Oct
 | * May
* Nov
 | * Jun
* Dec
 |
|
|  | * Jan
* Jul
 | * Feb
* Aug
 | * Mar
* Sep
 | * Apr
* Oct
 | * May
* Nov
 | * Jun
* Dec
 |
|
|  | * Jan
* Jul
 | * Feb
* Aug
 | * Mar
* Sep
 | * Apr
* Oct
 | * May
* Nov
 | * Jun
* Dec
 |
|

**For each additional earner, make a copy of this page.**

| MAR4d: **Earner #\_\_\_** |
| --- |
| **Name:**  |  |
| **Main source of income:** |  |
| **Do they get income per day, per week or per month of work?** | * Prefer not to answer
 |
| * Per day of work
 | * Per week of work
 | * Per month of work
 |
| *[If paid per day, fill this column]* | *[If paid per week, fill this column]* | *[If paid per month, fill this column]* |
| How many **days per week** do they work for this income?(eg 1–7 days per week) | How many **weeks per month** do they work for this income?(eg 1–4 weeks per month) | How many **months per year** do they work for this income?(eg 1–12 months per year) |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| How much do they typically **earn per day** (for main income source)? | How much do they typically **earn per week** (for main income source)? | How much do they typically **earn per month** (for main income source)? |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

| **Secondary source of income:***(leave blank if no secondary income)* |  |
| --- | --- |
| **Do they get secondary income per day, per week or per month of work?** | * Prefer not to answer
 |
| * Per day of work
 | * Per week of work
 | * Per month of work
 |
| *[If paid per day, fill this column]* | *[If paid per week, fill this column]* | *[If paid per month, fill this column]* |
| How many **days per week** do they work for this secondary income?(eg 1–7 days per week) | How many **weeks per month** do they work for this secondary income?(eg 1–4 weeks per month) | How many **months per year** do they work for this secondary income?(eg 1–12 months per year) |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| How much do they typically **earn per day** (for secondary income source)? | How much do they typically **earn per week** (for secondary income source)? | How much do they typically **earn per month** (for secondary income source)? |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

| **If any income is from agriculture (crops or livestock):**  |
| --- |
| **Type of crop/livestock:** | **Months that income is earned for each crop/livestock sales:** |
|  | * Jan
* Jul
 | * Feb
* Aug
 | * Mar
* Sep
 | * Apr
* Oct
 | * May
* Nov
 | * Jun
* Dec
 |
|
|  | * Jan
* Jul
 | * Feb
* Aug
 | * Mar
* Sep
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* Oct
 | * May
* Nov
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* Dec
 |
|
|  | * Jan
* Jul
 | * Feb
* Aug
 | * Mar
* Sep
 | * Apr
* Oct
 | * May
* Nov
 | * Jun
* Dec
 |
|

| MAR5a: **Does the household receive any additional income from relatives or friends that live away from the household; for example, foreign remittances?** |
| --- |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| MAR5b: (If ‘Yes’) **How often does the household receive these remittances?** |
| * Daily
* Weekly
* Twice per month
* Monthly
 | * Every \_\_\_\_\_\_\_\_\_ months (fill in the blank)
* Yearly
* Don't know
* Prefer not to answer
 |
| MAR5c: **When the remittance is sent, roughly how much is sent each time?** *(on average, approximately)* |
|  |
| MAR6a: **Have you been able to put aside money to save in the last month?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| MAR6b: (If ‘Yes’) **Roughly how much did you put aside to save in the last month?** |  |
|  |
| MAR6c: (If ‘Yes’) **What are you saving up for?** |
|  |
| MAR7a: **How do you cope with unexpected/unaffordable expenses?** *(eg during an emergency)* |
| * Cut back on household needs
* Access credit (informal or formal)
* Sell off assets
* Use savings
* Rely on social network
 | * Use insurance
* Access government subsidies/benefits/allowances
* Don’t know
* Prefer not to answer
* Other (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| MAR7b: **Over the last year, have you had to cut back on household needs because of lack of money?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| MAR7c:(If ‘Yes’) **Which of the following did you have to go without?** *(Select all that apply)* |
| * Food
* Medicine
 | * Education
* Rent payments
 | * Non-essential items
 | * Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| MAR8a: **Do you currently have debt that must be repaid in the future?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| MAR8b: (If ‘Yes’) **Are you confident you can repay the debt, or are you worried you won’t be able to repay it?** |
| * Confident I can repay it
 | * Worried I won’t be able to repay it
 | * Prefer not to answer
 |
| MAR9: **Which of the following financial services do you have access to?** *(Select all that apply)* |
| * I have a savings bank account
* I have access to formal credit (through co-op, credit union, bank etc)
* I have access to mobile banking/mobile money to receive and send payments
 | * I have access to insurance services
* I participate in a savings group
* None
* Prefer not to answer
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| MAR10: **In the last six months, have you shared some of your resources or income with someone who has less than you?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |

| ***You've now completed 9 out of 10 sections. Only 1 section to go!*** |
| --- |

| **Care of the environment** |
| --- |
| *In the following set of questions, I'm going to ask you some questions about the natural environment.* **Is that okay?** | * Yes
 | * No
 |
| *If they answer ‘Yes’, please continue with this section. If ‘No’, please skip to the next section of questions.* |
| CoE1a: **In the last year, what changes have you noticed in the climate and local environment?** *(Select all that apply)* |
| * No changes noticed
* Changes in temperature
 | * Drought
* Abnormal storms
* Floods
 | * Poor air quality
* Loss of natural habitats
 | * Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| CoE1b: **In the last year, what challenges did you face related to the changes in the environment or the climate?** *(Select all that apply)* |
| * No challenges faced
* Crop loss
* Hunger
 | * Loss of livelihoods
* Migration
 | * Conflict
* Changes in physical health
 | * Prefer not to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| CoE2: **Does your community have a disaster preparedness plan (response plan) for responding to challenges related to the environment?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| CoE3a: **In the last year, has your community come together to respond to challenges related to changes in the climate or environment?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| CoE3b:(If ‘Yes’) **What has your community done?** |
|  |
| CoE4: **In the last year, have you taken any actions within your household to care for the environment? If yes, what actions?** *(Select all that apply)* |
| * No actions taken
* Alternative energy sources
* Using eco-friendly brands/products/food
* Protection/restoration of natural resources (eg tree planting, water usage)
* Reduction of waste (eg recycling/litter picking)
 | * Use of sustainable farming practices (eg organic fertiliser, rotating crops)
* Low-carbon transport options (walk, bike, public transport)
* Prefer not to answer
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| CoE5: **How do you usually dispose of your household’s solid waste (garbage)?** |
| * Bury it
* Burn it
* Waste bin gets collected from my house
* Carry it to a designated trash can/dump
 | * Carry it to an unofficial dump
* Recycle it (eg sell to a recycling centre or scavenger)
* Prefer not to answer
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| CoE6a: **Is there any conflict over natural resources in your community?***'Conflict' could include disagreements or general tension.* |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| CoE6b:(If ‘Yes’) **Can you explain more about what the conflict is about?** |
|  |
| CoE7a: **Do you believe future generations will have better access to natural resources to meet their needs when they grow up?** |
| * Yes
 | * No
 | * Don’t know
 | * Prefer not to answer
 |
| CoE7b: **Please explain why you feel this way:** |
|  |
| CoE8: **How often do you get the opportunity to enjoy nature/the environment for leisure (for example, having a picnic, going for a walk in nature, going swimming etc)?** |
| * Daily
* More than once per week
* About once per week
* About twice per month
* About once per month
* About 4 times per year
 | * About twice per year
* Yearly
* Less frequently than yearly
* Never
* Prefer not to answer
 |

| ***You have finished the questionnaire! Thank you for your time.*** |
| --- |

| **Please enter any additional notes here:** |
| --- |
|  |