|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please complete one form per family.* | | | | | | | | | | | | | |
| A. BASIC INFORMATION | | | | | | | | | | | | | |
| GPS coordinates | |  | | | | | Date *(dd/mm/yy)* | | | |  | | |
| Governorate | |  | | | | | District | | | |  | | |
| Type of location | Urban | Type of site | | | Camp | | | | Name of  Camp / City / Town / Village | | |  | |
| Peri-urban |
| Rural | Host Community | | | |
| If host community, what is the type of accommodation? | | Collective shelter | | | | | | | Hosted Friends/ Family/Other | | | | |
| Rented apartment or house | | | | | | | Hotel | | | | |
| Open Air | | | | | | | Unfinished building | | | | |
| Other (specify) | | | | | | |  | | | | |
| If collective shelter, which type | | Mosque/church | | School | | | | Other public building | | Private building | | | Other, specify |
| If renting, how much do you pay per week in Iraqi Dinar? | | | | | |  | | | | | | | |
|  | | |  | | | | | | | | | | |
| Kind of permit granted at entry point | | | 🞎 None 🞎 Tourist pass 🞎 Residency (iqama) 🞎 Leave to remain (bitaka saki)  What is the duration of the entry pass?  Tourist: 🞎 24 hours 🞎 2 to 7 days 🞎 8 to 14 days 🞎 14 days or more  Residency: 🞎 1 month 🞎 6 months 🞎 other  Leave to remain: 🞎 Indefinite 🞎 other | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B. SHELTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you feel your accommodation is of adequate quality? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No |
| If no, what are the primary issues? | | | | Broken windows | | | | | | Leaking roof | | | | | | | | | | | | | | Damp | | | | | | | | | Lack of heating | | | | | | | | | | | |
| Unhygienic washing facilities | | | | | | Lack of lighting | | | | | | | | | | | | | | Lack of privacy | | | | | | | | | Not secure | | | | | | | | | | | |
| Presence of vectors | | | | | | Other(specify) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| How many people are there in each room? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| C. FAMILY DEMOGRAPHICS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total # of individuals in HH | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender/ Age | 0-5 | | | | 6-11 | | | | | | | | | 12-15 | | | | | | | 16-17 | | | | 18-60 | | | | | | > 60 | | | | | | | | | | | TOTAL | | |
| Male |  | | | |  | | | | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | | | | | | |  | | |
| Female |  | | | |  | | | | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | | | | | | |  | | |
| Gender of head of family | | | | |  | | | | | | | | | | | | | | | | Age of head of family | | | | | | | | | |  | | | | | | | | | | | | | |
| How many of your family members fall into the following categories? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unaccompanied / separated child | | | | |  | | | | | | | | | | | | | | | | Pregnant/ lactating woman | | | | | | | | | |  | | | | | | | | | | | | | |
| Serious medical condition | | | | |  | | | | | | | | | | | | | | | | Person with disability (mental/physical) | | | | | | | | | |  | | | | | | | | | | | | | |
| Civil documents missing | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If civil documents missing, which? | | | | | ID card | | | | | | | | | | | Citizenship certificate | | | | | | | | | | | | Food ration card | | | | | | | | | | Information card | | | | | | |
| Passport | | | | | | | | | | | Other, specify | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| D. POPULATION MOVEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of origin (i.e. where you lived prior to displacement): | | | | | | Governorate | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/ Town/Village | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| When did you leave your area of origin? (*dd/mm/yy*) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| When did you arrive in your current location (*dd/mm/yy*) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Since leaving your home location, have you staying in another location for more than 2 weeks? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | |
| If yes, where? | | | | | | | Governorate | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Town/Village/Camp | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are your intentions in the next 30 days?  *(tick one only)* | | | | | | | | | | | | | | | | | | Stay in current location | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Return to Area of Origin | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Return to Area of Past Displacement | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Move to a different location inside Iraq | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Move to a different location outside Iraq | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do not know | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. COPING ABILITIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How are the family members currently supporting themselves?  *(multiple options possible)* | | | | | | Own Savings | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Employment in current location | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Access to previous income source | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Support from Friends/ Relatives | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Selling assets | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Charitable donations | | | | | | | | | | | | | | | | | If yes, from whom?  Local NGO/INGO/UN/Local Community | | | | | | | | | | | | | | | | | | | | | |
| Government assistance | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Have No Form of Support | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| How long will the family be able to afford paying for their basic needs? (shelter, food, water, medical care)  *(select one option)* | | | | | | Less than One Week | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Between One and Two Weeks | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Between Two Weeks and One Month | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| More than One Month | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| F. PERCEPTION OF NEEDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are your Priority Unmet Needs?  *(Top 3 main needs)* | | | | | Water | | | | | | | | | |  | | | | | | | | | | | Sanitation | | | | | | | | | | |  | | | | | | | |
| Medical Assistance | | | | | | | | | |  | | | | | | | | | | | Food | | | | | | | | | | |  | | | | | | | |
| Rental Support | | | | | | | | | |  | | | | | | | | | | | Shelter Improvement | | | | | | | | | | |  | | | | | | | |
| Household Items | | | | | | | | | |  | | | | | | | | | | | Documentation | | | | | | | | | | |  | | | | | | | |
| Registration | | | | | | | | | |  | | | | | | | | | | | Footwear | | | | | | | | | | |  | | | | | | | |
| Clothing | | | | | | | | | |  | | | | | | | | | | | Other (Specify) | | | | | | | | | | |  | | | | | | | |
| G. BASIC NEEDS / CORE RELIEF ITEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which 3 of the following items do you need | | | Bedding Material | | | | | | | | | |  | | | | | | | | | | Cleaning Supplies | | | | | | | | |  | | | | | | | | | | | | |
| Clothing | | | | | | | | | |  | | | | | | | | | | Foot ware | | | | | | | | |  | | | | | | | | | | | | |
| Gas Cooker | | | | | | | | | |  | | | | | | | | | | Cool box | | | | | | | | |  | | | | | | | | | | | | |
| Gas/ Fuel | | | | | | | | | |  | | | | | | | | | | Fans | | | | | | | | |  | | | | | | | | | | | | |
| Pots and Pans | | | | | | | | | |  | | | | | | | | | | Heaters | | | | | | | | |  | | | | | | | | | | | | |
| Hygiene Items | | | | | | | | | |  | | | | | | | | | | Carpet | | | | | | | | |  | | | | | | | | | | | | |
| Women’s Hygiene Items | | | | | | | | | |  | | | | | | | | | | Furniture | | | | | | | | |  | | | | | | | | | | | | |
| Mattresses | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| H. ASSISTANCE RECEIVED TO DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What assistance has been received by the family since the beginning of the crisis?  *(multiple options possible)* | | | | | **None** | | | | | | | | | | | | | | | | |  | | | | | | | Food | | | | | | | |  | | | | | | | |
| Core Relief Items | | | | | | | | | | | | | | | | |  | | | | | | | Medical | | | | | | | |  | | | | | | | |
| Shelter support | | | | | | | | | | | | | | | | |  | | | | | | | Hygiene Kits | | | | | | | |  | | | | | | | |
| Water | | | | | | | | | | | | | | | | |  | | | | | | | Cash | | | | | | | |  | | | | | | | |
| Clothing | | | | | | | | | | | | | | | | |  | | | | | | | Footware | | | | | | | |  | | | | | | | |
| Other (specify) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Whom have you received support from in your current location? *(list all)* | | | | | | | | | | | | | | | | | | | | | | 🞐Local NGO 🞐 International NGO  🞐 Government 🞐 Host community 🞐UN 🞐Other | | | | | | | | | | | | | | | | | | | | | | |
| How many times have you received support (for each type)? | | | | | | | | | | | | 1 time | | | | | | | | | | | 2 times | | | | | | | | | | | | | | | 3 times or more | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |
| When was the last time you received support? | | | | | | | | | | | | | | | | | | | | | | | Less than one week ago | | | | | | | | | | | | | | | | | | | | | |
| Between one and two weeks ago | | | | | | | | | | | | | | | | | | | | | |
| Between two weeks and one month ago | | | | | | | | | | | | | | | | | | | | | |
| More than one month ago | | | | | | | | | | | | | | | | | | | | | |
| I. WASH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your primary source of drinking water? | | Private well | | | | | | |  | | | | | | | | Bottled water | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Water trucking/ delivery | | | | | | |  | | | | | | | | Network | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Communal well | | | | | | |  | | | | | | | | Natural water sources (e.g. rivers, springs) | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Other (specific) | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Have you had enough drinking water in the last week to meet your household needs? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | | | | | | | | | |
| Do you have sufficient water for purposes other than drinking? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | | | | | | | | | |
| Do you have access to showers? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | | | | | | | | | |
| Do you have access to toilets? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | | | | | | | | | |
| Are toilets communal or private? | | | | | | | | | | | | | | | | | | | | | | | | | | Communal | | | | | | | | | Private | | | | | | | | | |
| J. FOOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| During the last 7 days, how many days has your household employed one of the following strategies to cope with a lack of food? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Coping strategies** | | | | | | | | | | | | | | | | | | | | **Number of Days (max 7)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Relied on less preferred, less expensive food | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Borrowed food or relied on help from friends or relatives | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduced the number of meals eaten per day | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduced portion size of meals | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduction in the quantities consumed by adults/mothers for young children | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| K. HEALTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has any member of your family needed medical care since arriving in this location? | | | | | | | | Yes | | | No | | | | | | | | If yes, were they able to get the care they needed? | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
| Are children under 5 years old vaccinated? | | | | | | | | Measles | | | | | | | | | | | All | | | | | | | | Some | | | | | | | | | None | | | | | | | | |
| Polio | | | | | | | | | | | All | | | | | | | | Some | | | | | | | | | None | | | | | | | | |
| L. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did any of your children miss exams as a result of displacement? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No |
| Do you know where your children will be attending school at the beginning of the school year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No |
| M. PROTECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your freedom of movement restricted? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No |
| Have you experienced any hostility from the host community in which you currently live? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No |
| Are you registered as IDPs with the authorities? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No |

|  |  |  |
| --- | --- | --- |
| N. Observations | | |
| Does the common area look clean? | Yes | No |
| Is there a cooking area? | Yes | No |
| If yes, does it look clean? | Yes | No |
| Are there latrines? | Yes | No |
| If yes, are they clean? | Yes | No |
| Are there showers? | Yes | No |
| If yes, are they private or communal? | Private | Communal |
| If yes, are they clean? | Yes | No |
| Are there signs of open air defecation? | Yes | No |
| Is solid waste disposed of in the open? | Yes | No |