# Comunity Based Monitoring System
## For Gender Responsive Budgeting
### Household Questionaire

-Confidencial-

This survey is authorize by the Villa el Salvador Municipality. All information gathered will be maintained in anonymity.

## A. TECHNICAL DATA OF QUESTIONAIRE

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## B. HOUSING DATA AND NUMBER OF HOUSEHOLDS

### Geographic location of the housing

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<td>5. Departament</td>
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<td>7. District</td>
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### Censal location

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<th>Territory</th>
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### Housing Address

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<th>14. Road name</th>
<th>15. Door number</th>
<th>16. Block</th>
<th>17. Int.</th>
<th>18. Floor</th>
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PART I: HOUSING AND HOUSEHOLD CHARACTERISTICS

START OF THE INTERVIEW

HOUSING LOCATION

Ask for the household head. If he/she isn’t present, ask for a household member older than 12 years. If there’s anyone, go to other housing and return later.

“Welcome, we come on behalf of desco, with the support of your Neighbourhood Directive Committee and the district Municipality; And, like it’s been informed, we’re doing a census in Parque Metropolitano. This interview should not last more than 30 minutes. Thank you very much for your time.

19. Informant's name: _______________________________________________________

20. Informant’s phone _______________________________________________________

21. How many groups of people (Household) cook by Separate in this housing?

<table>
<thead>
<tr>
<th>Number of Households:</th>
<th>22. Household number</th>
</tr>
</thead>
</table>

Start by the first household. Use an additional questionnaire for each one, indicating the number in “Household number”

23. In this household, how many people regularly live? Don’t forget the recently borns and the elderly, or the domestic workers (write number)___________________

OBSERVE THE HOUSING AND DETERMINE THE TYPE AND THE OCCUPATIONAL STATUS

<table>
<thead>
<tr>
<th>24. Housing type:</th>
<th>25. Occupational status</th>
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<tbody>
<tr>
<td>Particular Housing</td>
<td>Occupied</td>
</tr>
<tr>
<td>Independent house ............................................... 1</td>
<td></td>
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<tr>
<td>Departament in building........................................... 2</td>
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<tr>
<td>House in “quinta”.. ............................................... 3</td>
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<tr>
<td>House in a tenement house (callejón, solar o corralón) ....................... 4</td>
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<td>Chose or cabin ................................................... 5</td>
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<td>Improvise house........ ........................................... 6</td>
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<td>Local not intended for human habitation ........... 7</td>
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<td>Other type (specify) ______________________ 8</td>
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<tr>
<td>Colective Housing</td>
<td>Vacant</td>
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<tr>
<td>Hotel, hostel, lodging............................................. 9</td>
<td></td>
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<tr>
<td>Child home, orphanage, etc ....................... 10</td>
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<tr>
<td>Other type (specify) _________________________ 11</td>
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<tr>
<td>Other type</td>
<td>For occasional use.............................. 13</td>
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<td>In the street, homeless......................... 12</td>
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<td>Garita, port, airport, etc 13</td>
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</table>

Note: In case the housing is vacant, don’t forget to do the “PART III OBSERVATION OF THE HOUSING CONDITION” in the end of the questionnaire
Section 1: Housing characteristic and services

26. How many rooms, without bathrooms, hallways and garage, has this Housing?
(Write number )

27. What type of illumination system has this housing?
(Mark only one alternative )
Electricity ............................................ 1
Kerosene (lighter / lamparin) ............... 2
Oil / gas (lámpara) ................................... 3
Candle .................................................. 4
Generator ............................................ 5
Other .................................................... 6
Don't have ............................................ 7

28. The electric system in the housing is:
(Mark only one alternative )
With exclusive meter for the housing? ......... 1
With a collective use meter? (for several housing) .................................................. 2
Other? .................................................... 3

29. The water supply in the housing como from ... ?
(Circule sólo una al alternativa)
Public network within the Housing? (potable water) ............... 1
Public network outside housing
But inside building? (potable water) .................................................. 2
Pylon of public use? (potable water) .......... 3
Truck tanker or similar ? ......................... 4
Deep well? ........................................... 5
River, irrigation dicht, spring or other similar? .... 6
By a Neighbooth? ...................................... 7
Other? .................................................... 8

30. Does the home have water supply every day of the week?
Yes..................................................... 1
No...................................................... 2

31. How many days of the last week do yo have water supply?
Write the number of days

32. How many hours a day do you have water supply?
Write the number of hours:

33. The sanitary service in your house is connected to....?
(Mark only one alternative)
Public network within the Housing? 1
Public network outside housing but inside the building? 2
Septic well ............................................. 3
Cesspit .................................................. 4
River, irrigation ditch or canal? ..... 5
Don't have ............................................ 6
Other .................................................... 7

Observations:

Section 2: Household characteristics

34. Your household have...?
(Accept more than one option)
Landline telephone? ..................................... 1
Cell phone? ............................................ 2
Cable TV? ............................................. 3
Internet? ............................................. 4
None of the above .................................... 5

35. Which of these equipment have you in your house?
(Accept more than one option)
Radio? .................................................. 1
Color TV? .................................................. 2
Stereo? .................................................. 3
Washing machine? .................................... 4
Refrigerator? ............................................ 5
Computer? ............................................. 6
None of the above .................................... 7

36. In the last 30 days, what is the fuel used for cooking?
Food in your house?
(Mark only one alternative)
Electricity .................................................. 1
Gas (GLP) .................................................. 2
Natural Gas ............................................. 3
Kerosene ................................................. 4
Carbon .................................................... 5
Firewood ................................................... 6
Other ..................................................... 7
Don't cook in the house ......................... 8

37. How many people who are member of this household are regularly living in other country?
Write number
(If anyone lives in other country write "0")

38. How many people with any mental or physical disability live in the household?
Write number
(If there's any, write "0")

39. Have any member of this household who have deceased in the Last 12 months?
Yes..................................................... 1
No...................................................... 2 (Go to 44)

40. What was the relationship of the deceased with the household head?

41. What was the sex of the deceased?
Male ...................................................... 1
Female .................................................... 2

42. What was the age of the deceased?
Write age:
(Write month if it younger than one year)

43. What was the cause of death?
Heart's illness ........................................... 1
Diseases of the vascular system ...................... 2
Pneumonia ............................................. 3
Tuberculosis ............................................ 4
Cancer ................................................... 5
Diarrhea .................................................. 6
Measles .................................................. 7
Complications during childbirth or after delivery ......................... 8
Diabetes ................................................ 9
Other causes ......................................... 10
### AKS INFORMANT FOR EVERY HOUSEHOLD MEMBER

**44. What is the full name for every household member who live regularly in the house?**
(If every name below. The number of names must coincide with the quantity of household members)

**START WITH THE HOUSEHOLD HEAD**

<table>
<thead>
<tr>
<th>Nº</th>
<th>Name and Last name</th>
<th>Relationship with the household head?</th>
<th>How many years do you have?</th>
<th>Is male or female?</th>
<th>Is his/her born registered?</th>
<th>What is your religion?</th>
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If there are more than 10 members use an additional questionnaire

### (45) Relationship:
- Household head ................. 1
- Husband or wife .................. 2
- Son or step son ................... 3
- Son or daughter in law .......... 4
- Grandson or granddaughter ..... 5
- Parents or parents in law ...... 6
- Other relative .................... 7
- Pensioner ........................ 8
- Other ................................ 9

### (49) Marital status:
- Partnership ...................... 1
- Separated .......................... 2
- Married ............................. 3
- Widower ............................ 4
- Divorced ............................ 5
- Single .............................. 6

### (50) Religion:
- Catholic .......................... 1
- Christian / Evangelic .......... 2
- Other (specify) ................. 3
- None ............................... 4
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<tr>
<td>Do you Have iD Card (Include enfants)</td>
<td>What language do You learn In your Childhood?</td>
<td>In what distric, province and department you born?</td>
<td>Have you ever Have children?</td>
<td>How many children do you Have?</td>
<td>How old where You at the Birth of you First child?</td>
<td>Do you know To read and Write?</td>
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<td>Si......1 No......2</td>
<td>(Ver códigos abajo) (Escriba el distrito, provincia y departamento, en ese orden)</td>
<td>Si......1 No......2 (pase 57)</td>
<td>Escriba el total de numero de hijos(as) (Escriba edad)</td>
<td>Si......1 No......2</td>
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(52) Language

- Spanish: 1
- Quechua: 2
- Aymará: 3
- Other native language (specify): 4
- English: 5
- Portuguese: 6
- Other foreign language: 7
- Don't know to speak yet: 8
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<th>(Ver códigos abajo)</th>
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**Educational Level:**
- Initial: 1
- Uncomplete primary: 2
- Complete primary: 3
- Uncomplete secondary: 4
- Complete secondary: 5
- Uncomplete non university: 6
- Complete non university: 7
- Uncomplete university sup: 8
- Complete university sup: 9
- Uncomplete posgraduate: 10
- Complete posgraduate: 11
- None: 12
- Don't know: 13

**Reasons for don't matriculate:**
1. Was working
2. Was in military service
3. Don't exist a center for grownups
4. Don't exist a center in the village
5. Doesn't have enought age (0-3 years)
6. Illness or accident
7. Economical issues
8. Family issues
9. Have low grades
10. Dedicated to household chores
11. Just finished his/her studies
12. Other (specify)
13. Don't know

**Trade:**
- Carpentry: 1
- Mechanics: 2
- Dressmaking: 3
- Knitting: 4
- Artesanny: 5
- Cooking: 6
- Painting: 7
- Informatics: 8
- Electricity: 9
- Hairdressing: 10
- Other (specify): 11
- None: 12
- Don't know: 13
<table>
<thead>
<tr>
<th>Section 5: Health</th>
<th>Section 6: Occupation</th>
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<tbody>
<tr>
<td><strong>65</strong></td>
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<tr>
<td>Is affiliated to A health insurance?</td>
<td>What type is your insurance?</td>
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<td>Yes.................1</td>
<td>No.................2</td>
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<td>No...............3</td>
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<tr>
<td>N/s...............3</td>
<td>(pase a 67)</td>
</tr>
<tr>
<td>(66) Insurance</td>
<td>(68) Illness</td>
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<td>Essalud?...................</td>
<td>Symptom or discomfort (cough, headache, fever, nauseas)</td>
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<td>SIS?........................</td>
<td>Disease (flu, colitis, etc.)?</td>
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<td>Private?..................</td>
<td>Relapse from a chronic disease?</td>
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<td>Others?...................</td>
<td>Accident?</td>
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<td>Don't know...............</td>
<td>Don't have any?</td>
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Integrantes:

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Section 7: Migration

71. Ten years ago (2000) do you live in this Human Settlement?
   Yes....................................................... 1 (Go to 74)
   No..................................................2

72. In wich residential grupo, sector or H.S.
   Do you live?
   (Specify) _________________________________

73. In wich district and department?
   (Specify)
   District:_____________________________
   Department:__________________________

74. How many years do you live in this Human Settlement?
   Write years:
   (If less than one year, write “1”)
   Always................................................ 99

75. When you born, your mother lived in this District? (VES)
   Yes....................................................... 1 (go to 77)
   No..................................................2

76. In wich district and department live your Mother?
   (Especificar)
   District:_____________________________
   Department:__________________________

Section 8: Food and nutrition

77. In the last 30 days, there was some day
   That you haven't anything to eat?
   Yes....................................................... 1 (go to 78)
   No..................................................2

78. How many day like that do you passed in
   The last 30 days?
   (Specify number of days) ____________

79. (Only if there are children minor than 3
   Year. Otherwise go to 81)
   The children have a vaccination card from the
   Health center?
   Yes....................................................... 1
   No..................................................2 (Go to 81)

80. ¿What is the weight and hight for each?
   Write the number of the household member

<table>
<thead>
<tr>
<th>Nº in list</th>
<th>Weight</th>
<th>hight</th>
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Section 9: Propiety and registration

81. The house where you live is...
   (Mark only one)
   Own per invasion?................................. 1
   Own, buying it in credit?......................2
   Pown fully paid?................................. 3
   Gave by the work center?......................4

82. This house has ownership title?
   Yes....................................................... 1
   Pending........................................1
   No..................................................2 (go to 84)

83. Who is the holder?
   Member number ________
   Is not member of the household............. 1
   Don't declare...................................2

84. Do you or any of the household members
   Of this wheet and who is the owner of them?

   - Buildings / Lands? (don't include this house)
     Member number ________
     Is not member of the household............. 1
     Don't declare...................................2
     Don't have.....................................3

   - Car, motorcycle, other motorized veicule?
     Member number ________
     Is not member of the household............. 1
     Don't declare...................................2
     Don't have.....................................3
     (If in all the options was marked 3, go to 86)

85. Who administrate it?

   - Buildings / Lands? (don't include the housing)
     Member Number__________
     Is not member of the household............. 1
     Don't declare...................................2
     N/A................................................3

   - Car, motorcycle, other motorized veicule?
     Member number ________
     Is not member of the household............. 1
     Don't declare...................................2
     N/A................................................3

   - Other vehicle destined to bussines?
     Member number ________
     Is not member of the household............. 1
     Don't declare...................................2
     N/A................................................3

   - Bussiness premises?
     Member number ________
     Is not member of the household............. 1
     Don't declare...................................2
     N/A................................................3

Section 10: Work and economic activity

86. In the last 7 days, do you work at least one
   Hour for a payment in money or in kind?
   Yes....................................................... 1 (go to 87)
   No..................................................2

87. In the last 7 days:
   (Read each alternative and mark only one)
   Don't work having a work?..................... 1
   Don't work having your own
   bussineses?............................................ 2
   Did a temporary work for a payment in money
   And in kind?.......................................... 3
   Was helping in the fiel, store o bussines
   Of a relative, without any payment?............ 4
   (In every case go to 89)
   Didn't work?........................................ 5
   (go to next)

88. Last 7 days your were:
   (Read each alternative and mark only one)
   Looking for a job having worked
   before?................................................ 1
   Looking for a job for the first time.............2
   Studing and didn't work..........................3
   Lining of your pension
   And didn't work....................................4
   Living of your rents and didn't work...............5
   Taking care of your home and didn't work?..... 6
   other?..........................7
   (In every case go to 102)

89. In the last 7 days, you worked as:
   (Read each alternative and mark only one)
   Employee?.............................................1
   Self-employed?................................... 2
   Unremunerte family worker?..................... 3
   Domestic worker?...............................5
   Ambulant food seller, etc.)
   Studing and didn't work?......................... 3
   And didn't work.........................................4
   Other?................................................6
   (In every case go to 102)

90. Last 7 dayas, what was your principal ocuapation?
   (Example: Professor
   of a high school, lawyer, construction worker,
   Ambulant food seller, etc.)
   Specify:____________________________________
   (If is a self-employed, go to 94)

91. In the last 7 days, what type of activity do
   The bussinesses, enterprise or organization
   Where you work?
   (Example: Dressmaking
   Wholesale, restaurant, vehicule repair shopo, etc)
   Specify:____________________________________

92. in the last 7 days, in your laboral center
   Worked?
   (Read each alternative y mark only one)
   Between 1 to 5 people?.......................... 1
   Between 6 to 10?.................................2
   Between 11 to 50?...............................3
   51 or more people?..............................4
93. Under what type of contract do you work?
(Read each alternative and mark only one)
Indefinite Term
Contract...............................................................1
Fixed Term
Contract...............................................................2
Probatory period...................................................3
Pre-professional Practice............................................4
Youth laboral formation agreement..........................5
Learning contract...................................................6
Consultant................................................................7
Without contract (or own business)..........................8
Other....................................................................9

94. In which district do you realize your Principal economical activity (Specify)

95. In the last 7 days, do you have a second job to obtain incomes?
Yes.................................................................1
No....................................................................2 (go to 97)

96. What activity do you do?
(Accept more than one option)
Working in a own business or one of a Relative?..........................1
Offer some service?.................................................2
Making something at home for selling?......................3
Selling beauty products, jewelry etc.?..........................4
Making some artesany?.........................................5
Doing paid practices at some work center?..................6
Working for a particular home?...............................7
Making some product?.........................................8
Making payed work at the fiel or taking Care of the animals?.................................9
Other?................................................................10

97. How many hours do you work last week in your principal occupation?
(Specify) ................................................................

98. How many hours a day you work in your Principal occupation?
(Specify) ................................................................

99. How many time in a day you take to go to Your work center?
(Specify) ................................................................
(If not have a secondary activity, go to 102)

100. How many hours in a week you work in Your secondary activity?
(Specify) ................................................................

101. How many hours a day you work in your Secondary activity?
(Specify) ................................................................

102. How many hours a day you take to do Domestic chores?
(Specify) ................................................................

Section 11: Time distribution

103. In the last 30 days, have you received any Income of remissses?
Yes.................................................................1
No....................................................................2 (go to 109)

104. Do you usually travel for it or was it only this month?
Usualy...........................................................1 (go to next)
Just this month.................................................2 (go to 106)

105. What is the frequency of this income?
(Mark only one)
Dayly................................................................1
Weekly................................................................2
Half-monthly......................................................3
Monthly..........................................................4
every two months.............................................4
Every tree months...........................................6
Every four months........................................7
Annual..........................................................8
None of the above...........................................9

106. In what currency?
(Mark only one)
Soles................................................................1
Dollars.............................................................2
Euros.............................................................3
Other.............................................................4

107. What is the sum for each time?
(Mark only one)
0 – 100..............................................................1
101 – 200..........................................................2
201 – 500..........................................................3
501 – 1000.........................................................3
More than 1000................................................5

108. Where comes the income?
Indicate country or department:

109. In the last 30 days, have you received Rents for any property?
Yes.................................................................1
No....................................................................2 (Go to 111)

110. What was the sum?
0 – 200 soles......................................................1
201 – 500 soles....................................................2
501 – 1000 soles.................................................3
1001 – 2000 soles.............................................4
2001 – 4000 soles.............................................4
More than de 4000 soles...................................6

111. In the last 12 months, have you received Food, vetements, transporations, housing, Etc. As part of your payment of your principal Activity?
Yes.................................................................1
No.................................................................2
Don’t work.......................................................3

112. What are you total monthly income (in soles) considering you principal and Secondary activity?
0 – 530 soles......................................................1
531 – 1000 soles................................................2
1001 – 2000 soles.............................................3
2001 – 4000 soles.............................................4
More than 4000 soles.......................................5

Section 12: Income and expenses

113. How satisfied you are about your monthly Income?
(Read each alternative and mark only one)
Very insatisfied.................................................1
Insatisfied.......................................................2
Not satisfied or insatisfied...............................3
Satisfied........................................................4
Very satisfied................................................5

114. In the last 30 days, how do you spent in This items?

<table>
<thead>
<tr>
<th>Item</th>
<th>Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>Phone</td>
</tr>
<tr>
<td>Studies and education</td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td></td>
</tr>
</tbody>
</table>

Section 13: Social Resources

115. Have you or someone of your household Some kind of benefits of anyone of this social , in the last 30 days?
(Read each alternative and accept more than one)
Glass of milk?.................................................1
Comedor popular?............................................2
PRONOEI?.......................................................3
Wawa wasi?....................................................4
Mother’s club................................................5
JUNTOS?......................................................6
Techo Propio?...............................................7
Other........................................................8
None?.........................................................9

116. Have you participate in any association or Social program?
Yes.............................................................1
No....................................................................2 (go to 119)

117. What kind of organization it is?
(Accept more than one option)
Neighborhood council?.................................1
Mothers club?...............................................2
Glass of milk’s comittee?............................3
Popular Dinning?..........................................4
Cultural Organization?................................5
Non-party political organization?...............6
Other?.........................................................7

118. What position you have in that organization?

119. Are you enrol in a party or political movement?
Yes.............................................................1
No....................................................................2

120. In the last 3 months, have you supported Any political party or candidate?
Yes.............................................................1
No....................................................................2
121. In the last 3 months, do you received help in (read the fist cell of the first column)_________ from (read the first cell of the first row)______?

(Mark with a X or specify in each case)

<table>
<thead>
<tr>
<th>From relatives Don't live with you</th>
<th>From friends</th>
<th>From neighborhoods</th>
<th>From co-workers</th>
<th>From Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking care of Sick kids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lend or give money</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To find a job</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give clothes or food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing your problems And giving time to Talk about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 14: Security

122. In the last 12 months, there was member of your home who was victims of this crimes?

<table>
<thead>
<tr>
<th>Type of crime</th>
<th>123</th>
<th>124</th>
<th>125</th>
<th>126</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>How many members?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>1. Homicide?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Steal?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Rape?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Physic agression?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. People trade?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Extortion / blackmail?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Gang harrassment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Parents or partner abusse (family violencie)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Sexual harrassment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Harrassment in a school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Child sexual harrassment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

END OF THE INTERVIEW

THANK THE INFORMANT AND GO TO NETX HOUSE
HOUR OF FINISH: ______________________________

(Don't forget the last page)

Observation
## PARTE III: FICHA DE OBSERVACIÓN DE CONDICIONES DE LA VIVIENDA

Marque con una “X” sobre el recuadro correspondiente. (Elija sólo una)

### MATERIAL DE CONSTRUCCIÓN PREDOMINANTE

<table>
<thead>
<tr>
<th>Nº</th>
<th>TIPO DE MATERIAL</th>
<th>PAREDES</th>
<th>TECHOS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>marque</td>
<td>Observaciones</td>
</tr>
<tr>
<td>1</td>
<td>Ladrillo o bloque de cemento</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Adobe o tapia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Madera</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Quincha</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Estera</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Piedra con barro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Piedra, siller con cal o cemento</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Otro material:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CONDICIONES DE LA VIVIENDA

<table>
<thead>
<tr>
<th>CONSOLIDACIÓN</th>
<th>HABILITABILIDAD</th>
<th>SEGURIDAD (Puerta Principal)</th>
<th>SEGURIDAD (Ventanas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN PROCESO DE DENSIFICACIÓN (a)</td>
<td>HABITABLE 1 (e)</td>
<td>MUY SEGURA (j)</td>
<td>MUY SEGURA (o)</td>
</tr>
<tr>
<td>CONSOLIDADA (b)</td>
<td>HABITABLE 2 (f)</td>
<td>SEGURA (k)</td>
<td>SEGURA (p)</td>
</tr>
<tr>
<td>EN PROCESO DE CONSOLIDACIÓN (c)</td>
<td>NO HABITABLE (g)</td>
<td>REGULAR (l)</td>
<td>REGULAR (q)</td>
</tr>
<tr>
<td>PROVISIONAL (d)</td>
<td>NO HABITABLE (h)</td>
<td>INSEGUIRA (m)</td>
<td>INSEGUIRA (r)</td>
</tr>
<tr>
<td></td>
<td>DESTRUIDA (i)</td>
<td>MUY INSEGUIRA (n)</td>
<td>MUY INSEGUIRA (s)</td>
</tr>
</tbody>
</table>

### CONSOLIDACIÓN

- **(a)** De dos a tres pisos terminados, construidos con albañilería confina con acabados mínimos. Vivienda destinada a usos comerciales en los primeros niveles y a la vivienda en la zona posterior del lote o pisos superiores.
- **(b)** Al menos un piso terminado y/o un segundo piso habitable. Construida con albañilería confina con acabados mínimos y techos de losa aligeradas.
- **(c)** Vivienda avanzada (sin un piso terminado). Construida con albañilería confina de materiales livianos, con techos ligeros o con losas aligeradas sin acabados.
- **(d)** No existe una construcción definitiva. Construida en su mayoría por estera, madera y otros materiales livianos.

### HABILITABILIDAD

- **(e)** Cualquier tipo de daño en la vivienda, sin daño visible en los elementos estructurales (paredes, columnas, techos y vigas)
- **(f)** Daño liger en la vivienda, fisuras en los elementos estructurales, deterioro y caída parcial del techo de cubierta.
- **(g)** Daño moderado en la vivienda, fisuras diagonales y/o grandes en los elementos estructurales de concreto (vivas, muros y columnas). Agrietamiento y caída de techos.
- **(h)** Daño fuerte en la vivienda, grietas y/o con o sin separación en las paredes. Grandes grietas y trituración o deterioro del material. Pequeña dislocación entre los elementos estructurales.
- **(i)** Daño severo en la vivienda, elementos estructurales muy deteriorados y dislocados con un número significativo de ellos destruidos. La edificación está parcialmente o totalmente en ruinas.

### SEGURIDAD (Puerta Principal)

- **(j)** Cerradura + tres o más dispositivos de seguridad (pestillo, reforzado, marco, pines reforzados, bisagras, reforzadas, cerrojo, pines adicionales, otros) + reforzamiento de la puerta.
- **(k)** Cerradura + tres dispositivos de seguridad.
- **(l)** Cerradura + uno de dos dispositivos de seguridad.
- **(m)** Cerradura.
- **(n)** Sin Cerradura y otros materiales livianos.

### SEGURIDAD (Ventanas)

- **(o)** Dos o más dispositivos de seguridad (pestillo, reforzado, cerrojo, marco reforzado, otros) + reforzamiento de la ventana tanto en la parte interna como en la extrema de la vivienda y en el material.
- **(p)** Dos o más dispositivos de seguridad + reforzamiento de la ventana tanto en la parte interna o extrema de la vivienda.
- **(q)** Dos o más dispositivos de seguridad.
- **(r)** Cuenta con un dispositivo de seguridad.
- **(s)** Sin dispositivo de seguridad. Ventanas que pueden abrirse desde el exterior e interior de la vivienda. También se consideran las ventanas fijas sin dispositivos de seguridad.