

Shelter Cluster Rapid Needs Assessment Form – Household Level

Assessment Team Profile				
Essential Information	Date of Interview/...../.....	Organization Name:	
Interviewer Information:	Name:		Gender	<input type="radio"/> Male <input type="radio"/> Female
Reason of form activation?	<input type="radio"/> An emergency displacement caused by new developments <input type="radio"/> Protracted displacement <input type="radio"/> Flood <input type="radio"/> Fire Incident <input type="radio"/> Seasonal Needs <input type="radio"/> Eviction/Relocation <input type="radio"/> Returnees to their place of origin			
Household Profile:				
Head of Household:	Name		Gender	<input type="radio"/> Male <input type="radio"/> Female
	Age		Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed
	ID No		ID type	<input type="radio"/> National ID <input type="radio"/> Passport <input type="radio"/> Family Card <input type="radio"/> None of the above
Spouse Information:	Name		Age	
	ID No		ID type	<input type="radio"/> National ID <input type="radio"/> Passport <input type="radio"/> Family Card <input type="radio"/> None of the above
Family Composition:	Children (<5)	Children (5 – 17)	Adults (18 -59)	Elderly (≥60)
Male				
Female				
Category:	<input type="checkbox"/> IDP <input type="checkbox"/> IDP Returnee <input type="checkbox"/> Host Community <input type="checkbox"/> Other:		Date of the first displacement/...../.....
Main Reason for Displacement:	<input type="radio"/> Fighting <input type="radio"/> Airstrike(s) <input type="radio"/> Lack of basic services <input type="radio"/> Evicted from property <input type="radio"/> Lack of essential commodities <input type="radio"/> Natural disaster <input type="radio"/> Lack of employment <input type="radio"/> House/livelihood assets damaged/destroyed <input type="radio"/> Unable to access and live in the property <input type="radio"/> Other (Specify): _____			
No. of displacements	<input type="radio"/> Once <input type="radio"/> 2-3 times <input type="radio"/> More than 3 times	How many months did you live in the current location or accommodation?	<input type="radio"/> 1-3 months <input type="radio"/> 4-6 months <input type="radio"/> 7-12 months <input type="radio"/> 12+	
Phone No	Main		Alternative	
Administrative and geographical location information:				
Location	Place of current displacement:		Place of origin:	
Governorate:				
District:				
Sub-District:				
Town/Village Name:				
Site Name:				
Type of Setting:	<input type="radio"/> Urban <input type="radio"/> Rural		<input type="radio"/> Urban <input type="radio"/> Rural	
Information related to the family specific needs:				
1. Does your family have any members with specific needs ?			<input type="radio"/> Yes <input type="radio"/> No	
If yes, how many:	Unaccompanied elderly >60		Chronically ill member	
	Physically or mentally disabled		Single Woman Head of Household	
	Pregnant or lactating woman		Other: _____	
2. Where do you live at the present time?			<input type="radio"/> Individual home <input type="radio"/> With host family <input type="radio"/> Rented house/apartment <input type="radio"/> Collective center <input type="radio"/> Planned camp or settlement <input type="radio"/> Unplanned camp or settlement <input type="radio"/> Homeless, in open air, Cave/Cliff, Frequently moving <input type="radio"/> Other: _____	
3. What is the type of your shelter? (This question is asked if selected planned/unplanned camp or settlement or in open air)				
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Shelter	<input type="checkbox"/> Mud/Traditional House	<input type="checkbox"/> Tent	<input type="checkbox"/> Makeshift shelter (Tarpaulin/ Cardboard/Reused materials)
(If selected collective center)	<input type="radio"/> Finished Building	<input type="radio"/> School	<input type="radio"/> Mosque	<input type="radio"/> Shop/ Basement <input type="radio"/> Unfinished/Vacant Building
4. How many rooms do you have in your current shelter?			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> More than 3	
5. How many families are sharing your shelter?			<input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> More than 3	

6. Do you pay rent/other incentives? (This question is only asked to those who live in a rented house/apartment or with a host family)		<input type="radio"/> Yes <input type="radio"/> No	If yes, how much?	
7. What are your future intentions? Select only one option (This question is asked to all groups under "Reason of form activation" except for those who have seasonal needs)		<input type="radio"/> Undecided	<input type="radio"/> Remain in current location	
<input type="radio"/> Return to area of origin	<input type="radio"/> Remain in the current location, but willing to return to area of origin when the situation improves	<input type="radio"/> Return to location of past displacement	<input type="radio"/> Move and settle in another location	
8. If you are willing to return to your area of origin, what factors would need to change there for you to do so? Select three options only (This question is asked to the groups under "Reason of form activation": An emergency displacement caused by new developments, protracted displacement, and Eviction/Relocation)				
<input type="checkbox"/> Stability of the security situation	<input type="checkbox"/> Access to adequate housing / property restitution mechanisms	<input type="checkbox"/> Restoration of basic services (education or health care)	<input type="checkbox"/> Restoration of access to basic commodities (food, water, fuel, electricity)	<input type="checkbox"/> Access to livelihood opportunities
<input type="checkbox"/> Clearance of landmines/ERWs/UXOs	<input type="checkbox"/> Ability to reunify with family members	<input type="checkbox"/> Rehabilitation of my house	<input type="checkbox"/> Availability of financial means to allow the return to the place of original	<input type="checkbox"/> Other (specify):.....
9. Evaluate the shelter adequacy from the following aspects*				
Conditions	Not available	Poor	Acceptable	Good
Shelter materials & quality (i.e. plastic sheeting, wood, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condition of walls, floor, roof, and shelter structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of a fence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of dedicated cooking space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of bathing area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of dedicated storage space for personal belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of the necessary privacy inside the shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Have your house been damaged during the conflict in your place of origin? (This question is asked to the internally displaced persons and returnees)		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know		
If yes:	Do you consider your house still liveable?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know		
	How do you evaluate the damage in your house?	<input type="radio"/> Totally destroyed <input type="radio"/> Partially damaged <input type="radio"/> Slightly damaged <input type="radio"/> I do not know		
	What are the materials that can be re-used to rehabilitate the house?	<input type="checkbox"/> Wooden poles <input type="checkbox"/> Stones <input type="checkbox"/> Bricks <input type="checkbox"/> Others (Specify):		
11. Do you have any urgent shelter needs?		<input type="radio"/> Yes <input type="radio"/> No		
If yes : What type of shelter assistance do you urgently need?		<input type="radio"/> Emergency Shelter <input type="radio"/> Transitional Shelter <input type="radio"/> House Rehabilitation <input type="radio"/> Shelter Maintenance/ Upgrade <input type="radio"/> Rental Support <input type="radio"/> Other:		
If House Rehabilitation was selected from the previous question or "Returnees to their place of origin" from the question related to "Reason of form activation":		Do you have a piece of land in your place of origin? <input type="radio"/> Yes <input type="radio"/> No		
12. What is the main type of fuel do you use for cooking?		<input type="radio"/> Firewood <input type="radio"/> Coal <input type="radio"/> Gas <input type="radio"/> Kerosene <input type="radio"/> Plastic materials/cardboard <input type="radio"/> Other:		
Do you have enough cooking fuel?		<input type="radio"/> Yes <input type="radio"/> No		
13. What is your primary source of light at night?		<input type="radio"/> Kerosene <input type="radio"/> Lantern <input type="radio"/> Candles <input type="radio"/> Solar Lamp <input type="radio"/> Electricity <input type="radio"/> No source of light <input type="radio"/> Other:		
14. How many do you have from the following Non-Food Items: (Tick all that apply)				
Bedding kit				
<input type="text"/>	Blankets	<input type="text"/>	Mattresses	<input type="text"/>
<input type="text"/>	Sleeping Mats			
Essential Household Items				
<input type="text"/>	Kitchen Set	<input type="text"/>	Water Buckets	<input type="text"/>
<input type="text"/>	Cooking Stove	<input type="text"/>	Solar Lamp	
Questions for seasonal needs only:				
In winter season – Low temperature locations				
<input type="text"/>	Winter Clothing	<input type="text"/>	High Thermal Blankets	
In summer season – High temperature locations including Coastal/Desert areas				
<input type="text"/>	Bed Sheets	<input type="text"/>	Summer Clothing	<input type="text"/>
<input type="text"/>	Mosquito Nets	<input type="text"/>	Termos/Cooler Box	
<input type="text"/>	Local Sleeping Mat			
Other top priority Items not mentioned above:				
1. _____.	2. _____.	3. _____.		