FI01: Health insurance

Fill out this form for each health insurance policy. Any responses without codes should be recorded in the journal. Enter this data under "Separate Sheets" and the appropriate financial device.

Interview code	
Household code	
Name of person being interviewed	
Interview date (DD/MM/YYYY)	
Question	Record Response *(Circle one answer unless otherwise indicated)*
1. Whose name is listed as the policy holder on this health insurance plan?	*Name(s):*
2. Which institution provides this insurance? (the company that receives the payments and manages the coverage) "**Identifier**"	*Institution name:*
3. When did you get this insurance coverage? **"start date"**	*(DD/MM/YYYY):*
4. Who are the beneficiaries covered under this policy?	*Names:*
5. Is this [insert national health care program]?	*01= Yes* *02 = No* ➔ *skip to 8*
6. If yes, do you make voluntary contributions or are contributions mandated through your employer?	*(Voluntary)* *01 = Voluntary* *02= Through employer* *Other. Specify:*
7. How often are you supposed to make a payment towards your premium?	*(freq)* *01=Daily* *02= Weekly* *03 =Twice per month* *04= Monthly* *05= Twice per year* *06= Once per year* *07= Irregularly* *08= Never* *99 Don't know* *Other Specify:_____*
8. How much are you supposed to pay each time?	*[local currency]:* *Don't know*
9. Does the policy deliver its benefits to you as reimbursements for your expenses or by paying providers directly?	*01= Primary reimbursements* *02=Most of the time they pay directly* *99= Don't know*
10. Have you ever made a claim on this policy?	*01= Yes* *02 = No* ➔ *skip to Q3*
11. If yes, was your claim reimbursed?	*01= Yes, entirely* *02= Yes, partially* *03 = No*

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FI02: Life insurance

Fill out this form for each Life Insurance policy. Any responses without codes should be recorded in the journal. Enter this data under "Separate Sheets" and the appropriate financial device.

Interview code	
Household code	
Name of person being interviewed	
Interview date (DD/MM/YYYY)	
Question	Record Response *(Circle one answer unless otherwise indicated)*
1.	Who in the household has a life insurance plan?	*Name(s):*
2.	Which institution provides this insurance? (the company that receives the payments and manages the coverage) "**Identifier**"	*Institution name:*
3.	When did you get this insurance coverage? **"start date"**	*(DD/MM/YYYY):*
4.	Who are the designated beneficiaries covered under this policy (List all)?	*Name(s):*
5.	How was the account opened?	*01= Through an employer* *02 = Directly through a financial institution* *Other. Specify:*
6.	How often are you supposed to make a payment towards your premium?	*(freq)* *01=Daily* *02= Weekly* *03 =Twice per month* *04= Monthly* *05= Twice per year* *06= Once per year* *07= Irregularly* *08= Never* *99 Don't know* *Other Specify:_____*
7.	How much are you supposed to pay each time?	*[local currency]:* *Don't know*
8.	Under what conditions can your beneficiaries make a claim under this insurance?	*Describe all conditions under which you or your beneficiaries can get a payout:*
9.	How much will the beneficiaries receive in the event of death?	*[local currency]:* *99 = Don't know*
10.	Can the plan be cashed out?	*01= Yes* *02 = No ➔skip to 12*
11.	If yes, for how much?	*[local currency]:* *99= Don't know*
12.	Can you borrow against the value of this life insurance policy?	*01= Yes* *02 = No ➔skip to Q3*
13.	If yes, about how much can you borrow?	*[local currency]:*

FI03: Vehicle or motorbike insurance

Fill out this form for each vehicle or motorbike insurance policy. Any responses without codes should be recorded in the journal. Enter this data under "Separate Sheets" and the appropriate financial device.

Interview code	
Household code	
Name of person being interviewed	
Interview date (DD/MM/YYYY)	

Question		Record Response *(Circle one answer unless otherwise indicated)*
1.	Who in the household has a vehicle or motorbike insurance plan?	*Name(s):*
2.	Which institution provides this insurance? (the company that receives the payments and manages the coverage) "**Identifier**"	*Institution name:*
3.	When did [NAME] get this insurance coverage? **"start date"**	*(DD/MM/YYYY):*
4.	What vehicles or motorbikes are covered?	*Vehicles*
5.	What type of insurance is this?	*(insurance_type)* *01= Comprehensive* *02 = Liability only* *03 = Third party, fire, and theft*
6.	How often are you supposed to make a payment towards your premium?	*(freq)* *01=Daily* *02= Weekly* *03 =Twice per month* *04= Monthly* *05= Twice per year* *06= Once per year* *07= Irregularly* *08= Never* *99 Don't know* *Other Specify:_____*
7.	How much are you supposed to pay each time?	*[local currency]:* *Don't know*
8.	How much is your deductible under this policy? This is the amount you are expected to pay in case something happens to the vehicle before the insurance begins to pay for the rest.	*[local currency]:* *Don't know*
9.	Have you ever made a claim on this policy?	*01= Yes* *02 = No* ➔***skip to Q3***
10.	If yes, was your claim reimbursed?	*01= Yes, entirely* *02= Yes, partially* *03 = No*

FI04: Home or rental insurance

Fill out this form for each home or rental insurance policy. Any responses without codes should be recorded in the journal. Enter this data under "Separate Sheets" and the appropriate financial device.

Interview code	
Household code	
Name of person being interviewed	
Interview date (DD/MM/YYYY)	
Question	Record Response *(Circle one answer unless otherwise indicated)*
1.	Who in the household has the insurance policy?	*Name(s):*
2.	Which institution provides this insurance? (the company that receives the payments and manages the coverage) "**Identifier**"	*Institution name:*
3.	When did [NAME] get this insurance coverage? **"start date"**	*(DD/MM/YYYY):*
4.	How often are you supposed to make a payment towards your premium?	*(freq)* *01=Daily* *02= Weekly* *03 =Twice per month* *04= Monthly* *05= Twice per year* *06= Once per year* *07= Irregularly* *08= Never* *99 Don't know* *Other Specify:_____*
5.	How much are you supposed to pay each time?	*[local currency]:* *Don't know*
6.	How much is your deductible under this policy? This is the amount you are expected to pay in case something happens to the home/apartment before the insurance begins to pay for the rest.	*[local currency]:* *Don't know*
7.	Have you ever made a claim on this policy?	*01= Yes* *02 = No* ➔*skip to Q3*
8.	If yes, was your claim reimbursed?	*01= Yes, entirely* *02= Yes, partially* *03 = No*

FI05: Crop insurance

Fill out this form for each crop insurance policy. Any responses without codes should be recorded in the journal. Enter this data under "Separate Sheets" and the appropriate financial device.

Interview code	
Household code	
Name of person being interviewed	
Interview date (DD/MM/YYYY)	

Question		Record Response *(Circle one answer unless otherwise indicated)*
1.	Who in the household has the insurance policy?	*Name(s):*
2.	Which institution provides this insurance? (the company that receives the payments and manages the coverage) "**Identifier**"	*Institution name:*
3.	When did [NAME] get this insurance coverage? **"start date"**	*(DD/MM/YYYY):*
4.	What crop does this insurance cover?	
5.	How often are you supposed to make a payment towards your premium?	*(freq)* *01=Daily* *02= Weekly* *03 =Twice per month* *04= Monthly* *05= Twice per year* *06= Once per year* *07= Irregularly* *08= Never* *99 Don't know* *Other Specify:_____*
6.	How much are you supposed to pay each time?	*[local currency]:* *Don't know*
7.	Under what conditions can you or your beneficiaries make a claim under this insurance policy?	*Describe all conditions under which you or beneficiaries can get a payout:*
8.	How does this insurer decide whether or not to give you a payout?	*(crop_ins_type)* *01 = Rainfall gauge, satellite* *02= Farm inspectors* *99 = Don't know*
9.	Have you ever made a claim on this policy?	*01= Yes* *02 = No* ➔*skip to Q3*
10.	If yes, was your claim reimbursed?	*01= Yes, entirely* *02= Yes, partially* *03 = No*➔*skip to Q3*
11.	How much did you receive?	*[local currency]:* *99 Don't know*
12.	How many hectors did this cover?	*Hectors*

FI06: Livestock insurance

Fill out this form for each livestock insurance policy. Any responses without codes should be recorded in the journal. Enter this data under "Separate Sheets" and the appropriate financial device.

Interview code	
Household code	
Name of person being interviewed	
Interview date (DD/MM/YYYY)	

	Question	Record Response *(Circle one answer unless otherwise indicated)*
1.	Who in the household has the insurance policy?	*Name(s):*
2.	Which institution provides this insurance? (the company that receives the payments and manages the coverage) "**Identifier**"	*Institution name:*
3.	When did [NAME] get this insurance coverage? **"start date"**	*(DD/MM/YYYY):*
4.	How often are you supposed to make a payment towards your premium?	*(freq)* *01=Daily* *02= Weekly* *03 =Twice per month* *04= Monthly* *05= Twice per year* *06= Once per year* *07= Irregularly* *08= Never* *99 Don't know* *Other Specify:_____*
5.	How much are you supposed to pay each time?	*[local currency]:* *Don't know*
6.	Under what conditions can he/she make a claim under this insurance policy?	*Describe all conditions under which you or beneficiaries can get a payout:*
7.	How does this insurer decide whether or not to give you a payout?	*(ag_ins_type)* *01 = Rainfall gauge, satellite* *02= Farm inspectors* *99 = Don't know*
8.	Have you ever made a claim on this policy?	*01= Yes* *02 = No* ➜ *skip to Q3*
9.	If yes, was your claim reimbursed?	*01= Yes, entirely* *02= Yes, partially* *03 = No* ➜ *skip to Q3*
10.	How much did you receive?	*[local currency]:* *99 Don't know*
11.	How many animals did this cover?	*Number and type of animal*

HH Code: _____   Interview Date DD/MM/YYYY):_____

FI07: Funeral insurance

Fill out this form for each funeral insurance policy. Any responses without codes should be recorded in the journal. Enter this data under "Separate Sheets" and the appropriate financial device.

Interview code		
Household code		
Name of person being interviewed		
Interview date (DD/MM/YYYY)		
Question		Record Response *(Circle one answer unless otherwise indicated)*
1	Who in the household has a funeral insurance plan?	*Name(s):*
2.	Which institution provides this insurance? (the company that receives the payments and manages the coverage) "**Identifier**"	*Institution name:*
3.	When did you get this insurance coverage? **"start date"**	*(DD/MM/YYYY):*
4.	Who are the designated beneficiaries covered under this policy? (List all)	*Name(s):*
5.	How often are you supposed to make a payment towards your premium?	*(freq)* *01=Daily* *02= Weekly* *03 =Twice per month* *04= Monthly* *05= Twice per year* *06= Once per year* *07= Irregularly* *08= Never* *99 Don't know* *Other Specify:_____*
6.	How much are you supposed to pay each time?	*[local currency]:* *Don't know*
7.	Is there a cash payout in the event of death, or does the institution plan to provide the funeral servces?	*01= Cash* *02 = Only services ➜skip to 11*
8.	If yes, how much is the cash payout?	*[local currency]:* *Don't know*
9.	Have you ever made a claim on this policy?	*01= Yes* *02 = No ➜skip to Q3*
10.	If yes, was there a payout?	*01= Yes* *02 = No ➜skip to Q3*
11.	How much did [Name] receive?	*[local currency]:* *99= Don't know*