



Shelter Cluster Rapid Assessment Form

Assessment profile*:

| | |
|--------------------------------------|---|
| Date of Interview: (dd/mm/yyyy) |/...../..... |
| Organization Name: | |
| Team Name/Code: | |
| Interviewer Information: | Name: |
| | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Interviewee Code: | |
| Date of displacement (dd/mm/yyyy) |/...../..... |

Administrative and geographical location information*:

| | |
|--|--|
| Governorate: | |
| District: | |
| Village or Area: | |
| No. of the population in the area/village: | |
| Place Code: | |
| Type of Setting: | <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Other: _____. |

Household profile:

| | | | | | |
|--------------------|--|----------------------|----------------------|--------------------|--------------------------|
| Status: | <input type="checkbox"/> IDP <input type="checkbox"/> Returnee <input type="checkbox"/> Host Family <input type="checkbox"/> Conflict Affected <input type="checkbox"/> Other: _____. | | | | |
| Family members: | | Children (<5) | Children (5 – 17) | Adults (18 -59) | Elderly (≥ 60) |
| | Male | | | | |
| | Female | | | | |
| Head of household: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Child | | | | |
| Place of origin: | Governorate: | | | | |
| | District: | | | | |
| | Village/Area: | | | | |



1. Does your family have any vulnerability*?

- ☐ Yes ☐ No

If yes:

What type of vulnerability?

- ☐ Separated/Unaccompanied Child
- ☐ Single Women Head of Household
- ☐ Physically or mentally disabled
- ☐ Unaccompanied elderly over 60
- ☐ Other: _____.

2. Where do you live at the present time*?

| |
|--|
| <input type="checkbox"/> Individual home (non-hosted) |
| <input type="checkbox"/> With host family |
| <input type="checkbox"/> Rented house |
| <input type="checkbox"/> Planned camp or settlement |
| <input type="checkbox"/> Self-settled camp or settlement |
| <input type="checkbox"/> Collective center |
| <input type="checkbox"/> In open or public space |
| <input type="checkbox"/> Under Tarpaulins or other materials |
| <input type="checkbox"/> Public Building |
| <input type="checkbox"/> Tent |
| <input type="checkbox"/> Other: _____ |

3. Evaluate the Shelter quality*:

| Conditions | Very poor | Poor | Acceptable | Good |
|--|-----------|------|------------|------|
| Protection from cold, heat, wind, rain etc. | | | | |
| Privacy | | | | |
| Personal security and security of belongings | | | | |
| Protection from fire | | | | |
| Covered space for essential household activities | | | | |
| Protection from direct sunlight | | | | |
| Optimal ventilation | | | | |
| The overall shelter condition | | | | |



4. Does your family shelter have adequate space*? (3.5m² per person)

☐ Yes ☐ No ☐ I do not know

5. Are there any risks, which endanger your life by living in your current shelter?

☐ Yes ☐ No ☐ I do not know

If yes: what type of risks:

☐ Fear of attack ☐ Effects on physical and mental health

☐ Other: _____.

6. Are there any families sharing your shelter?

☐ Yes ☐ No ☐ I do not know

If yes:

How many families are sharing your shelter?

☐ 1 ☐ 2-3 ☐ more than 4

7. Have your house/shelter been damaged during the conflict?

☐ Yes ☐ No ☐ I do not know

If yes:

Do you consider your shelter still liveable?

☐ Yes ☐ No ☐ I do not know

How do you evaluate the damage in your shelter?

☐ Completely damaged ☐ Partially damaged ☐ Slightly damaged

☐ I do not know

8. Do you have any urgent shelter needs?

☐ Yes ☐ No ☐ I do not know

If yes:

What type of Shelter/housing/materials do you urgently need?

☐ Transitional Shelter ☐ Plastic Sheeting

☐ Rehabilitation of houses ☐ Other: _____.



Do you have a piece of land?

- ☐ Yes ☐ No ☐ I do not know

9. What type of fuel do you use for cooking?

- ☐ Firewood ☐ Coal ☐ Gas ☐ Kerosene
☐ Other: _____.

Do you have enough cooking fuel?

- ☐ Yes ☐ No ☐ I do not know

10. What is your primary source of light at night*?

- ☐ No source of light ☐ Kerosene Lantern
☐ Candles ☐ Solar Lamp
☐ Electricity ☐ Wood
☐ Other: _____.

11. How many items do you have from the following Non-Food Items: (Tick all that apply)

- ☐ Blanket () ☐ Mattress () ☐ Kitchen Set ()
☐ Water Bucket () ☐ Plastic sheet () ☐ Sleeping Matt ()
☐ Other: _____ ().

12. Are you planning to return to your home?

- ☐ Yes ☐ No ☐ I do not know

If no:

What prevents you from returning? (Tick all that apply)

- ☐ Security ☐ Damaged house ☐ Other: _____.

If yes:

What type of assistance do you need to return?

- ☐ No assistance needed ☐ Non-Food Items ☐ Shelter assistance
☐ Other: _____.