QUESTIONNAIR FOR PROJECT IMPACT ON BENEFICIRIES

**General Information:**

Name ………………………… Age …………………………Address …………………………………...

IDPs …………………………Returnees ………………………Residents ………………………………

Total number of children …………Male……………Female…………. Any disabled in the family…

What is your source of income………………………………………………………………………........

Per month income ………………......................................................................................................

Do you have any loan? If yes what is the amount?.........................................................................

**Relief information**

How did you come to know about this project? …………………………………………………………

Did you receive anything from this project? ………………………...................................................

Did you receive relief material from any other organization? …………………………………………

Describe the items received from other organizations/NGOs/Go……………………………………

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Are you satisfied with the items which you have received through this project? Yes/No …………

If no then what will you suggest?.......................................................................................................

Do you think the distribution process was appropriate? ……………………………Yes/No…………..

If no then what should have been done?..........................................................................................

Did you get any briefing on items which you have received? …………………………………………

**Work shop/training**

Did you attend the project work shop/training? …………………………………………………………..

Who imparted the training?................................................................................................................

What were the topics?.......................................................................................................................

What did you learn from the training/workshop?................................................................................

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Do you have any comments on the training? …………………………………………………………….

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**On Rehabilitation**

How this project helped you and your family?...............................................................................................................

What will be your problem if the project is closed down?..............................................................................................

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How life conditions would be further improved? ……………………………………………………………………………...

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Name of the interviewer ……………………………………

Date…………………………………………………………..

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