



UGANDA BUREAU OF STATISTICS



THE NORTHERN UGANDA SURVEY (NUS), 2004

HOUSEHOLD QUESTIONNAIRE ***(With an Integrated Vulnerability Module)***

| SECTION 1A: IDENTIFICATION PARTICULARS | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. DISTRICT: | | | | | | | | | | | |
| 2. COUNTY: | | | | | | | | | | | |
| 3. SUB-COUNTY | | | | | | | | | | | |
| 4. PARISH: | | | | | | | | | | | |
| 5. EA | | | | | | | | | | | |
| 6. EA TYPE: (Panel = 1; New = 2) | | | | | | | | | | | |
| 7. HOUSEHOLD SR. NO.: | | | | | | | | | | | |
| 8. SAMPLE NO.: | | | | | | | | | | | |
| 9. HOUSEHOLD CODE: | | | | | | | | | | | |
| 10. NAME OF HOUSEHOLD HEAD: | | | | | | | | | | | |

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CONJUNCTION WITH THE OFFICE OF THE PRIME MINISTER, UNDER THE
AUTHORITY OF THE UGANDA BUREAU OF STATISTICS ACT, 1998.

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SECTION 1B: HOUSEHOLD PARTICULARS

Longitude 29⁰34'E and 35⁰0'

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if yes

[illegible]

1999

No..... 3

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|--|--|
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if yes,

No..... 2

4. LC1 Name and code

7

SECTION 1C: STAFF DETAILS AND SURVEY TIME

1. NAME OF INTERVIEWER

| | |
|--|--|
| | |
|--|--|

2. DATE OF INTERVIEW

3. NAME OF SUPERVISOR

4. NAME OF EDITOR/SCRUTINIZER

5. DATE(S) OF INSPECTION

6. STARTING TIME

7. RESPONSE CODE:

Completed..... 1

Partially done..... 2

9. DATA ENTRY OPERATOR

DD MM YYYY

| | | | | | | | |
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SECTION 2A: PERSONAL CHARACTERISTICS

[illegible]

SECTION 2B: PERSONAL CHARACTERISTICS FOR PERSONS CURRENTLY STAYING IN THE HOUSEHOLD[illegible]

SECTION 3A: HEALTH OF HOUSEHOLD MEMBERS

| ID | Did [NAME] fall sick or get injured during the last 30 days? Yes..... 1 No..... 2 Don't know..... 3 (if codes 2 and 3, skip to sec. 3B) | For only persons aged 10 years and above Is the information self-reported or is it being provided by another household member? Self-reported..... 1 Household head... 2 Spouse..... 3 Other household member..... 4 Other..... 5 | If code 1 in col [2] If [NAME] fell sick | | For the most recent illness referred to in column (4a) | | | | | | |
|-----|---|--|--|---|---|--|-----------------------------------|-----|---|---|-----------------|
| | | | What sort of sickness/injury did [NAME] suffer? Malaria..... 1 Respiratory, cough..... 2 Measles..... 3 Diarrhoea..... 4 Polio..... 5 AIDS..... 6 Cholera..... 7 Bilharzia..... 8 Pregnancy related problems..... 9 Dental..... 10 Intentional injury..... 11 Unintentional injury..... 12 Intestinal infections..... 13 Skin infections..... 14 Hypertension..... 15 Ulcers..... 16 Mental illness..... 17 Fever..... 18 Other illness (specify)..... 19 | How many days were lost (suffered) by [NAME] due to the illness/Injury during the last 30 days? | Where did [NAME] go for treatment? None 1 Home 2 HOMAPACK..... 3 Hospital, out-patient..... 4 Hospital, in-patient..... 5 Clinic..... 6 Health centre..... 7 Drug shop..... 8 Pharmacy..... 9 Shop..... 10 Traditional healer..... 11 Outreach..... 12 Other (specify)..... 13 (If code 1 or 2, skip to col.(10)) | If codes 4-10 in col. (6) | | | What is the distance to the health unit/hospital? (in km) (1 mile = 1.6km) | If code 1 or 2 in col (6) | |
| | | | | | | Type of ownership of the health unit where [NAME] went for treatment | Did [NAME] have to pay for drugs? | | | What was the reason for not consulting? | |
| | | | | | | | | | | | |
| (1) | (2) | (3) | (4a) | (4b) | (5) | (6) | (7) | (8) | (9) | Major (10a) | Secondary (10b) |
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SECTION 3B: DISABILITY

| ID | Does [NAME] have any difficulty in moving, seeing, hearing, speaking or learning which has lasted or expected to last 6 months or more? Yes, all the time..... 1 Yes, sometimes..... 2 No..... 3 Go to next person | What difficulty does [NAME] have? Type code (Record up to 2 types) | Which condition best describes the difficulty [NAME] faces? | How does this condition affect [NAME's] ability to participate in daily activities? Not at all..... 1 Mildly..... 2 Moderately..... 3 Severely..... 4 Completely..... 5 | Was [NAME's] condition diagnosed in a health unit? Yes..... 1 No..... 2 Don't know.. 3 | What caused this difficulty? Cause code | How long has [NAME] had this difficulty? (in years) | During the last 12 months, what measures are taken to improve [NAME'S] performance of activities? (Measures Code) If code 1 skip to 11 | Who provides these measures? (Provider code) | Is [NAME] able to work or to attend school? Yes, all the time.. 1 Yes, sometimes.. 2 No 3 N/A..... 4 | Working (11a) | Schooling (11b) |
|-----|--|--|---|--|---|---|---|--|--|--|-------------------------|---------------------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11a) | (11b) | |
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| Type code (col. 3) | |
|------------------------------------|---|
| Seeing | 1 |
| Hearing | 2 |
| Communication..... | 3 |
| Taking part in social activities.. | 4 |
| Learning..... | 5 |
| Mobility problems..... | 6 |
| Personal care..... | 7 |
| Psychological, emotional..... | 8 |
| Other (specify)..... | 9 |

| Condition code (col. 4) | |
|---|----|
| Limited use of legs, feet..... | 1 |
| No leg(s), feet..... | 2 |
| Limited use of arms, hands..... | 3 |
| No arm(s), hand(s)..... | 4 |
| Facial mutilation (nose, lips, ears)... | 5 |
| Serious problem with back spine.... | 6 |
| Hearing difficulty..... | 7 |
| Deafness..... | 8 |
| Serious speech impediment..... | 9 |
| Unable to speak..... | 10 |
| Poor vision..... | 11 |
| Blindness..... | 12 |
| Mental retardation..... | 13 |
| Mental illness..... | 14 |
| Frequent Nightmares..... | 15 |
| Mood changes..... | 16 |
| Feeling of helplessness..... | 17 |
| Epilepsy, fits..... | 18 |
| Chronic Joint disease..... | 19 |
| Loss of feeling e.g leprosy | 20 |
| Spinal lesion..... | 21 |
| Other (specify)..... | 22 |

| Cause code (col. 7) | |
|--|----|
| Congenital (born with a disability)..... | 1 |
| Disease/illness/infection.. | 2 |
| Intentional injury..... | 3 |
| Unintentional injury..... | 4 |
| Abduction..... | 5 |
| Sexual abuse..... | 6 |
| Witchcraft..... | 7 |
| Natural aging process.... | 8 |
| Psychological trauma..... | 9 |
| Other (specify)..... | 10 |

| Measures code (col. 9) | |
|---|----|
| None..... | 1 |
| Surgical operation..... | 2 |
| Medication..... | 3 |
| Assistive devices (glasses, wheelchair, braces, hearing aid, artificial limbs)..... | 4 |
| Special education..... | 5 |
| Skills training (vocational).... | 6 |
| Activity of Daily Living (ADL) training..... | 7 |
| Counselling..... | 8 |
| Spiritual/traditional healer..... | 9 |
| Other (specify)..... | 10 |

| Provider code (col. 10) | |
|----------------------------|---|
| Self..... | 1 |
| Other hh members..... | 2 |
| Govt health center/hosp.. | 3 |
| NGO..... | 4 |
| Religious organization.... | 5 |
| Disabled people's org. ... | 6 |
| Private for profit..... | 7 |
| Other (specify)..... | 8 |

SECTION 3B: DISABILITY (CONTINUED)

| ID | Does [NAME] have any difficulty in moving, seeing, hearing, speaking or learning which has lasted or expected to last 6 months or more? Yes, all the time..... 1 Yes, sometimes..... 2 No..... 3 Go to next person | What difficulty does [NAME] have? Type code (Record up to 2 types) | Which condition best describes the difficulty [NAME] faces? | How does this condition affect [NAME's] ability to participate in daily activities? Not at all..... 1 Mildly..... 2 Moderately..... 3 Severely..... 4 Completely..... 5 | Was [NAME's] condition diagnosed in a health unit? Yes..... 1 No..... 2 Don't know.. 3 | What caused this difficulty? Cause code | How long has [NAME] had this difficulty? (in years) | During the last 12 months, what measures are taken to improve [NAME'S] performance of activities? (Measures Code) If code 1 skip to 11 | Who provides these measures? (Provider code) | Is [NAME] able to work or to attend school? | |
|-----|--|--|---|--|---|---|---|--|--|---|----------------------------------|
| | | | | | | | | | | Yes, all the time 1 Yes, sometimes 2 No 3 N/A..... 4 | Working (11a) Schooling (11b) |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11a) | (11b) |
| | | | | | | | | | | | |
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| Type code (col. 3) | |
|--|---|
| Seeing | 1 |
| Hearing | 2 |
| Communication..... | 3 |
| Taking part in social activities. | 4 |
| Learning..... | 5 |
| Mobility problems..... | 6 |
| Personal care..... | 7 |
| Psychological, emotional..... | 8 |
| Other (specify)..... | 9 |

| Condition code (col. 4) | |
|---|----|
| Limited use of legs, feet..... | 1 |
| No leg(s), feet..... | 2 |
| Limited use of arms, hands..... | 3 |
| No arm(s), hand(s)..... | 4 |
| Facial mutilation (nose, lips, ears)... | 5 |
| Serious problem with back spine.... | 6 |
| Hearing difficulty..... | 7 |
| Deafness..... | 8 |
| Serious speech impediment..... | 9 |
| Unable to speak..... | 10 |
| Poor vision..... | 11 |
| Blindness..... | 12 |
| Mental retardation..... | 13 |
| Mental illness..... | 14 |
| Frequent Nightmares..... | 15 |
| Mood changes..... | 16 |
| Feeling of helplessness..... | 17 |
| Epilepsy, fits..... | 18 |
| Chronic Joint disease..... | 19 |
| Loss of feeling e.g leprosy | 20 |
| Spinal lesion..... | 21 |
| Other (specify)..... | 22 |

| Cause code (col. 7) | |
|--|----|
| Congenital (born with a disability)..... | 1 |
| Disease/illness/infection.. | 2 |
| Intentional injury..... | 3 |
| Unintentional injury..... | 4 |
| Abduction..... | 5 |
| Sexual abuse..... | 6 |
| Witchcraft..... | 7 |
| Natural aging process.... | 8 |
| Psychological trauma..... | 9 |
| Other (specify)..... | 10 |

| Measures code (col. 9) | |
|---|----|
| None..... | 1 |
| Surgical operation..... | 2 |
| Medication..... | 3 |
| Assistive devices (glasses, wheelchair, braces, hearing aid, artificial limbs)..... | 4 |
| Special education..... | 5 |
| Skills training (vocational).... | 6 |
| Activity of Daily Living (ADL) training..... | 7 |
| Counselling..... | 8 |
| Spiritual/traditional healer..... | 9 |
| Other (specify)..... | 10 |

| Provider code (col. 10) | |
|----------------------------|---|
| Self..... | 1 |
| Other hh members..... | 2 |
| Govt health center/hosp. | 3 |
| NGO..... | 4 |
| Religious organization... | 5 |
| Disabled people's org. ... | 6 |
| Private for profit..... | 7 |
| Other (specify)..... | 8 |

[illegible]

** This includes A-level and any other specialised training aimed at getting a certificate.

SECTION 5: HOUSEHOLD MEMBERS WHO DISAPPEARED (AND THOSE WHO POSSIBLY RETURNED) SINCE 1992

1. In which year was the current household established as a separate unit?

| | | | |
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2. Since 1992 have any members of your household disappeared without a trace? For instance because they were abducted or because they just dissappeared?

[if the household is established after 1992 answer the question for the period since the household was established]

Yes..... 1

No..... 2

| |
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Section 6

3. If yes, answer the questions below:

| Ser. no. | Name of abducted or disappeared person | Sex? Male..... 1 Female..... 2 | How old was the person that was abducted or disappeared at the time of disappearance? (Age in completed years) | What was the [PERSON'S] relationship to the head of household? Head..... 1 Spouse..... 2 Son/daughter..... 3 Grandchild..... 4 Parent..... 5 Grandparent..... 6 Sister/brother..... 7 Nephew/niece..... 8 Step child..... 9 Servant..... 10 Other relative..... 11 Non relative..... 12 | Since 1992, how many times was [PERSON] abducted? | In case of multiple abductions of the same person, answer for the most recent abduction | | If yes in col. (8) | | | If yes in col. (11) | | | |
|----------|--|--------------------------------------|---|---|---|---|---|---|--|---|--|---|-------|-------|
| | | | | | | When did [PERSON] disappear? (for the last time) (Year) | Did the [PERSON] return? Yes..... 1 No..... 2 (If code 2, go to next person) | When did the person return? (Year) | What is the ID code of the person on the household roster? i.e. in section 2A (Record 99 if the person left the household) | Upon returning, did the person receive any assistance? Yes..... 1 No..... 2 | Who provided the assistance? (Local) gov't... 1 NGO..... 2 Religious group..... 3 Household..... 4 Other villagers..... 5 Other (specify)..... 6 | What kind of assistance was received? (Record up to three) | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13a) | (13b) | (13c) |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |

SECTION 6: MIGRATION OF THE HEAD OF HOUSEHOLD

1. Is the place where you are living the same place you were born?

Yes..... 1

No.....2

☐

If yes in Q.1, go to section 7

2. If no in question 1 above, please provide all places where the household head has lived.

| Ser. no. | Place of origin (I.e. place of birth in the first row) | Year left | Reason for leaving |
|----------|--|-----------|---------------------------------------|
| | This village..... 01 | | To look for work..... 01 |
| | This parish.....02 | | Other economic reasons..... 02 |
| | This sub-county..... 03 | | Drought..... 03 |
| | This district..... 04 | | Eviction..... 04 |
| | Central Uganda..... 05 | | Other land problems..... 05 |
| | Eastern Uganda.....06 | | Illness, injury..... 06 |
| | Northern Uganda..... 07 | | Disability..... 07 |
| | Western Uganda.....08 | | Education..... 08 |
| | Abroad, DRC / Zaire..... 09 | | Marriage..... 09 |
| | Abroad Rwanda 10 | | Divorce..... 10 |
| | Abroad, Sudan..... 11 | | To escape insecurity..... 11 |
| | Abroad, Kenya.....12 | | To return home from displacement.. 12 |
| | Abroad, other..... 13 | | Abduction..... 13 |
| | | | Other (specify)..... 14 |
| (1) | (2) | (3) | (4) |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

| Type of housing unit <div></div> | Occupancy of tenure of housing unit <div></div> | Type of dwelling unit <div></div> | No. of rooms (huts) used for sleeping <div></div> | (Ask if response to question 2 is code 1 (owner occupied)) Land tenure of plot <div></div> |
|-------------------------------------|--|--------------------------------------|--|--|
| (1) | (2) | (3) | (4) | (5) |
| Detached house..... 1 | Owner occupied..... 1 | Main House..... 1 | | Customary..... 1 |
| Semi-detached house..... 2 | Free Public..... 2 | Room or rooms..... 2 | | Free Hold..... 2 |
| Flat..... 3 | Free Private..... 3 | Store/basement..... 3 | | Mailo Land..... 3 |
| Tenament (Muzigo)..... 4 | Subsidized Public..... 4 | Godown/Garage..... 4 | | Leasehold..... 4 |
| Hut..... 5 | Subsidized Private..... 5 | Servants quarters..... 5 | | Don't Know..... 5 |
| Others (specify)..... 6 | Rented Public..... 6 | Others (specify)..... 6 | | |
| | Rented Private..... 7 | | | |
| | Others (specify)..... 8 | | | |

| Main type of material used for the ROOF <div></div> | | Main type of material used for the WALL <div></div> | | Main type of material used for the FLOOR <div></div> | | What fuel does this household MAINLY use for LIGHTING <div></div> | | What fuel does this household MAINLY use for COOKING <div></div> | |
|--|---|--|----|---|---|--|---|---|---|
| (6) | | (7) | | (8) | | (9) | | (10) | |
| Iron sheets..... | 1 | Burnt/stabilized bricks with cement..... | 1 | Concrete/Stone..... | 1 | Electricity..... | 1 | Electricity..... | 1 |
| Tiles..... | 2 | Burnt/stabilized bricks with mud..... | 2 | Bricks..... | 2 | Gas..... | 2 | Gas..... | 2 |
| Asbestos..... | 3 | Cement Blocks..... | 3 | Cement screed..... | 3 | Paraffin (Lantern)..... | 3 | Paraffin..... | 3 |
| Concrete..... | 4 | Concrete..... | 4 | Rammed earth..... | 4 | Paraffin (Tadooba)..... | 4 | Charcoal..... | 4 |
| Tins..... | 5 | Stone with cement..... | 5 | Wood..... | 5 | Candle wax..... | 5 | Firewood..... | 5 |
| Grass/Papyrus..... | 6 | Unburnt Bricks with cement..... | 6 | Others (Specify)..... | 6 | Firewood..... | 6 | Cow dung or grass (reeds)..... | 6 |
| Banana leaves/Fibres..... | 7 | Unburnt Bricks with mud..... | 7 | | | Cow dung or grass (reeds)..... | 7 | Others (Specify)..... | 7 |
| Others (Specify)..... | 8 | Wood..... | 8 | | | Others (Specify)..... | 8 | | |
| | | Mud and poles..... | 9 | | | | | | |
| | | Others (Specify)..... | 10 | | | | | | |

| What type of toilet facilities does this household mainly use? | What is the most common way of solid waste disposal? | What type of bathroom does this household use? | What type of kitchen does this household use? | What is the household's main source of water for drinking? | Distance to the drinking water source in kms |
|--|--|--|---|--|--|
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> . <div></div> |
| (11) | (12) | (13) | (14) | (15) | (16) |
| Covered pit latrine – private..... 1 | Skip bin..... 1 | Inside..... 1 | Inside..... 1 | Tap/piped water..... 1 | |
| Covered pit latrine – shared..... 2 | Pit..... 2 | Outside (built)..... 2 | Outside (built)..... 2 | Bore-hole..... 2 | |
| Covered VIP latrine – private..... 3 | Heap..... 3 | Outside (makeshift)..... 3 | Outside (makeshift)..... 3 | Protected well / spring..... 3 | |
| Covered VIP latrine – shared..... 4 | Garden..... 4 | None..... 4 | None..... 4 | Rain water..... 4 | |
| Uncovered pit latrine..... 5 | Burning..... 5 | | | Gravity flow scheme..... 5 | |
| Flush toilet - private..... 6 | Others (specify)..... 6 | | | Open water sources..... 6 | |
| Flush toilet – shared..... 7 | | | | Water truck/water vendor..... 7 | |
| Bush..... 8 | | | | Other..... 8 | |
| Others (specify)..... 9 | | | | | |

| How long does it take to collect the drinking water? (minutes) | | What is the source of the nearest water? | Distance to the nearest water source in kms |
|---|-----------------------------------|--|---|
| To and from <input type="text"/> | Waiting time <input type="text"/> | | |
| (17a) | (17b) | (18) | (19) |
| | | Tap/piped water..... | 1 |
| | | Bore-hole..... | 2 |
| | | Protected well / spring..... | 3 |
| | | Rain water..... | 4 |
| | | Gravity flow scheme..... | 5 |
| | | Open water sources..... | 6 |
| | | Water truck/water vendor..... | 7 |
| | | Other..... | 8 |

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SECTION 8: HOUSEHOLD AND ENTERPRISE ASSETS

Household assets

| Ser. no. | Item | Does or did the household own any of the following assets in the past 5 years or in 1992? Yes..... 1 No..... 2 ↓ next item | Indicate number owned (* if household was established after 1992, record the number of assets at the date the household was established as a separate unit. | | | If you wanted to sell one of this/all the [item] today, how much would you receive? <i>Record 99 if don't know</i> | What is the value provided in column (7) Total amount of item..... 1 Unit cost..... 2 |
|---------------------|--|--|--|------|---------|---|---|
| | | | 2004 | 1999 | 1992(*) | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| 1 | Oxen | | | | | | |
| 2 | Donkeys | | | | | | |
| 3 | Cattle (excluding oxen and donkeys) | | | | | | |
| 4 | Goats | | | | | | |
| 5 | Sheep | | | | | | |
| 6 | Pigs | | | | | | |
| 7 | Poultry | | | | | | |
| 8 | Plough | | | | | | |
| 9 | Hoe | | | | | | |
| 10 | Boat / canoe | | | | | | |
| 11 | Motor vehicle (car, truck) | | | | | | |
| 12 | Motorcycle | | | | | | |
| 13 | Bicycle | | | | | | |
| 14 | Generator / Boat engine | | | | | | |
| Other assets | | | | | | | |
| 15 | Irrigated fields | | | | | | |
| 16 | Granary | | | | | | |
| 17 | Enterprise assets (other than for agriculture) | | | | | | |
| 18 | Buildings | | | | | | |
| 19 | Television | | | | | | |
| 20 | Radio | | | | | | |
| 21 | Cassette Player | | | | | | |
| 22 | Mobile or fixed phone | | | | | | |
| 23 | Jewellery and watches | | | | | | |
| 24 | Furniture | | | | | | |
| 25 | Furnishings, e.g. carpet, mat, mattress etc. | | | | | | |
| 26 | Household appliances e.g. sauce pan, plates, cups, kettle, flat iron | | | | | | |
| Land | | | | | | | |
| 27 | Land owned (acres) | | | | | | |
| 28 | Land owned (acres) | | | | | | |
| 29 | Land owned (acres) | | | | | | |
| 30 | Land cultivated during first rains (acres) | | | | | | |

SECTION 9: SHOCKS IN THE HOUSEHOLD

1. Since 1992 were the living conditions in the household affected by any of these shocks?

Yes..... 1

No..... 2

(If no skip to next section)

☐

- 2.

| | Type of shock Provided at bottom (List up to 3 in order of importance) | What was the coping mechanism for each shock? | For those with codes 1-4 in column (3) | |
|----------------|---|---|--|------------------------------------|
| | | | Type of assistance received | What was the source of assistance? |
| | | Received help..... 1 | Food..... 1 | Government..... 1 |
| | | Received gifts..... 2 | Other household goods..... 2 | NGO..... 2 |
| | | Borrowed..... 3 | Cash..... 3 | Church..... 3 |
| | | Received formal credit..... 4 | Food for work..... 4 | Relatives..... 4 |
| | | Sale of assets..... 5 | Others (specify)..... 5 | Neighbours..... 5 |
| | | No help..... 6 | | Others (specify)..... 6 |
| | | Others (specify)..... 7 | | |
| (1) | (2) | (3) | (4) | (5) |
| Most serious | | | | |
| Second serious | | | | |
| Third serious | | | | |

Type of shock

Drought and other adverse weather conditions

- Drought..... 1
Heavy rainfall, and flooding..... 2
Untimely rains..... 3
Strong winds..... 4
Fire..... 5
Low temperatures..... 6
Hail stones..... 7

Other harvest losses

- Wild animals, birds, livestock trampling..... 8
Insects and pests..... 9
Fire..... 10
Theft of produce..... 11
Inadequate storage..... 12
Inability to work in the fields (e.g. due to illness or insecurity) 13

Loss of cash income

- Income loss due to illness or injury or disability..... 14
No traders to buy harvest or animals..... 15
Very low price for food or cash crop..... 16
Very low price for animals or animal products..... 17
Death of important cash income earner..... 18
Rebels, raids..... 19
Organized crime, gang..... 20
Family dispute/argument..... 21

Loss of livestock, food stocks, house or house or household assets

- Livestock disease..... 22
Theft..... 23

High, unplanned expenses

- Medical costs..... 24
Disability related costs..... 25
Funeral expenses..... 26
Fine, penalty..... 27

Other shock, not related to any of the above

- Loss of receipt of transfers or remittances..... 28
Famine..... 29
Migration..... 30
Eviction..... 31
Loss of land..... 32
Landslide..... 33
Earthquake..... 34
Epidemic..... 35
Other (specify)..... 36
Other (specify)..... 37

SECTION 10A : HOUSEHOLD CONSUMPTION EXPENDITURE

(PART A) FOOD, BEVERAGES AND TOBACCO (During The Last 7 days)

On average, how many people were present in the last 7 days?

| Household Members | | | | | | | | Visitors | | | |
|-------------------|--|--------|--|----------|--|--------|--|----------|--|--------|--|
| Adults | | | | Children | | | | | | | |
| Male | | Female | | Male | | Female | | Male | | Female | |

| Item Description | Code | Unit of Quantity | Consumption out of Purchases | | | | Consumption out of Home Produce | | Free | | Market Price | Farm gate/ Producer Price |
|-------------------------|------|------------------|------------------------------|--------------|----------------|--------------|---------------------------------|--------------|--------------|---------------|--------------|---------------------------|
| | | | Household | | Away from home | | | | | | | |
| | | | Qty. (4) | Value (5) | Qty. (6) | Value (7) | Qty. (8) | Value (9) | Qty. (10) | Value (11) | | |
| (1) | (2) | (3) | | | | | | | | | | |
| Matooke | 101 | | | | | | | | | | | |
| Matooke | 102 | | | | | | | | | | | |
| Matooke | 103 | | | | | | | | | | | |
| Matooke | 104 | | | | | | | | | | | |
| Sweet Potatoes (Fresh) | 105 | | | | | | | | | | | |
| Sweet Potatoes (Dry) | 106 | | | | | | | | | | | |
| Cassava (Fresh) | 107 | | | | | | | | | | | |
| Cassava (Dry) | 108 | | | | | | | | | | | |
| Cassava (Flour) | 109 | | | | | | | | | | | |
| Irish Potatoes | 110 | | | | | | | | | | | |
| Rice (In shell) | 111 | | | | | | | | | | | |
| Rice (shelled) | 112 | | | | | | | | | | | |
| Maize (grains) | 113 | | | | | | | | | | | |
| Maize (cobs) | 114 | | | | | | | | | | | |
| Maize (flour) | 115 | | | | | | | | | | | |
| Bread | 116 | | | | | | | | | | | |
| Millet | 117 | | | | | | | | | | | |
| Sorghum | 118 | | | | | | | | | | | |
| Beef | 119 | | | | | | | | | | | |
| Pork | 120 | | | | | | | | | | | |
| Goat Meat | 121 | | | | | | | | | | | |
| Other Meat | 122 | | | | | | | | | | | |
| Chicken | 123 | | | | | | | | | | | |
| Fresh fish | 124 | | | | | | | | | | | |
| Dry/Smoked fish | 125 | | | | | | | | | | | |
| Eggs | 126 | | | | | | | | | | | |
| Fresh milk | 127 | | | | | | | | | | | |
| Infant Formula Foods | 128 | | | | | | | | | | | |
| Cooking oil | 129 | | | | | | | | | | | |
| Ghee | 130 | | | | | | | | | | | |
| Margarine, Butter, etc. | 131 | | | | | | | | | | | |
| Passion Fruits | 132 | | | | | | | | | | | |
| Sweet bananas | 133 | | | | | | | | | | | |

SECTION 10A : HOUSEHOLD CONSUMPTION EXPENDITURE (CONTINUED)
(PART A) FOOD, BEVERAGES AND TOBACCO (During The Last 7 days)

| Item Description | Code | Unit of Quantity | Consumption out of Purchases | | | | Consumption out of Home Produce | | Free | | Market Price | Farm gate/ Producer Price |
|--------------------------|------|------------------|------------------------------|--------------|----------------|--------------|---------------------------------|--------------|--------------|---------------|--------------|---------------------------|
| | | | Household | | Away from home | | | | | | | |
| | | | Qty. (4) | Value (5) | Qty. (6) | Value (7) | Qty. (8) | Value (9) | Qty. (10) | Value (11) | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |
| Mangoes | 134 | | | | | | | | | | | |
| Oranges | 135 | | | | | | | | | | | |
| Other fruits | 136 | | | | | | | | | | | |
| Onions | 137 | | | | | | | | | | | |
| Tomatoes | 138 | | | | | | | | | | | |
| Cabbages | 139 | | | | | | | | | | | |
| Dodo | 140 | | | | | | | | | | | |
| Other Vegetables | 141 | | | | | | | | | | | |
| Beans (fresh - In shell) | 142 | | | | | | | | | | | |
| Beans (fresh - Shelled) | 143 | | | | | | | | | | | |
| Beans (dry) | 144 | | | | | | | | | | | |
| Groundnuts (In shell) | 145 | | | | | | | | | | | |
| Groundnuts (Shelled) | 146 | | | | | | | | | | | |
| Groundnuts (Pounded) | 147 | | | | | | | | | | | |
| Peas | 148 | | | | | | | | | | | |
| Sim sim | 149 | | | | | | | | | | | |
| Sugar | 150 | | | | | | | | | | | |
| Coffee | 151 | | | | | | | | | | | |
| Tea | 152 | | | | | | | | | | | |
| Salt | 153 | | | | | | | | | | | |
| Soda * | 154 | | | | | | | | | | | |
| Beer* | 155 | | | | | | | | | | | |
| Other Alcoholic drinks | 156 | | | | | | | | | | | |
| Other drinks | 157 | | | | | | | | | | | |
| Cigarettes | 158 | | | | | | | | | | | |
| Other Tobacco | 159 | | | | | | | | | | | |
| Expenditure in | | | | | | | | | | | | |
| Restaurants on: 1- Food | 160 | | | | | | | | | | | |
| 2 - Soda | 161 | | | | | | | | | | | |
| 3 - Beer | 162 | | | | | | | | | | | |
| Other juices | 163 | | | | | | | | | | | |
| Other foods | 164 | | | | | | | | | | | |

* Sodas and Beers to be recorded here are those that are not taken with food in restaurants.

SECTION 10B: HOUSEHOLD CONSUMPTION EXPENDITURE

PART B: NON-DURABLE GOODS AND FREQUENTLY PURCHASED SERVICES (During Last 30 days)

| Item Description | Code | Unit of Quantity | Purchases | | Home Produced | | Free | | Unit Price |
|--|------|------------------|-----------|-------|---------------|-------|----------|-------|------------|
| | | | Quantity | Value | Quantity | Value | Quantity | Value | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| Rent of rented house/Fuel/Power | | | | | | | | | |
| Rent of Rented House | 301 | | | | | | | | |
| Imputed rent of owned House | 302 | | | | | | | | |
| Maintenance and Repair Expenses | 303 | | | | | | | | |
| Water | 304 | | | | | | | | |
| Electricity | 305 | | | | | | | | |
| Paraffin (kerosene) | 306 | | | | | | | | |
| Charcoal | 307 | | | | | | | | |
| Firewood | 308 | | | | | | | | |
| Others | 309 | | | | | | | | |
| Non-durable and Personal goods | | | | | | | | | |
| Matches | 451 | | | | | | | | |
| Washing soap | 452 | | | | | | | | |
| Bathing soap | 453 | | | | | | | | |
| Tooth paste | 454 | | | | | | | | |
| Cosmetics | 455 | | | | | | | | |
| Handbags, travel bags etc. | 456 | | | | | | | | |
| Dry cells | 457 | | | | | | | | |
| Newspapers and Magazines | 458 | | | | | | | | |
| Others | 459 | | | | | | | | |
| Transport and communication expenses | | | | | | | | | |
| Tyres, Tubes, Spares etc. | 461 | | | | | | | | |
| Petrol, diesel etc. | 462 | | | | | | | | |
| Taxi fares | 463 | | | | | | | | |
| Bus fares | 464 | | | | | | | | |
| Boda boda fares | 465 | | | | | | | | |
| Stamps, envelopes, etc. | 466 | | | | | | | | |
| Air time & service fee for mobile phones | 467 | | | | | | | | |
| Expenditure on fixed phones | 468 | | | | | | | | |
| Expenditure on phones not owned by household | 469 | | | | | | | | |
| Others | 470 | | | | | | | | |
| Health and Medical Care | | | | | | | | | |
| Consultation Fees | 501 | | | | | | | | |
| Medicines etc. | 502 | | | | | | | | |
| Hospital /Clinic Charges | 503 | | | | | | | | |
| Traditional Doctors fees/medicines | 504 | | | | | | | | |
| Hospitalization (If admitted) | 505 | | | | | | | | |
| Others | 509 | | | | | | | | |
| Other services | | | | | | | | | |
| Sports, theatres etc. | 701 | | | | | | | | |
| Dry Cleaning and Laundry | 702 | | | | | | | | |
| Houseboys/girls, Shamba boys etc. | 703 | | | | | | | | |
| Barber and Beauty Shops | 704 | | | | | | | | |
| Expenses in hotels, Lodging places etc. | 705 | | | | | | | | |
| Others | 706 | | | | | | | | |

SECTION 10C : HOUSEHOLD CONSUMPTION EXPENDITURE

PART C: SEMI-DURABLE AND DURABLE GOODS AND SERVICES (During Last 365 days)

| Item Description | Code | Purchases | Consumption out of household enterprise stock | Free |
|--|------|-----------|---|-------|
| | | Value | Value | Value |
| (1) | (2) | (3) | (4) | (5) |
| Clothing and Footwear | | | | |
| Men's clothing | 201 | | | |
| Women's clothing | 202 | | | |
| Children's wear | 203 | | | |
| Other clothing and Clothing Materials | 209 | | | |
| Tailoring and Materials | 210 | | | |
| Men's' Footwear | 221 | | | |
| Women's Footwear | 222 | | | |
| Children's Footwear | 223 | | | |
| Other Footwear and Repairs | 229 | | | |
| Furniture, Carpet, Furnishings etc. | | | | |
| Furniture Items | 401 | | | |
| Carpets, Mats, etc. | 402 | | | |
| Curtains, Bed sheets, etc. | 403 | | | |
| Bedding/Mattresses | 404 | | | |
| Blankets | 405 | | | |
| Others and Repairs | 409 | | | |
| Household Appliances and Equipment | | | | |
| Electric iron/Kettles etc. | 421 | | | |
| Charcoal and Kerosene stoves | 422 | | | |
| Electronic Equipment (TV. etc.) | 423 | | | |
| Bicycles | 424 | | | |
| Radio | 431 | | | |
| Motorcar, Pick-ups, etc. | 425 | | | |
| Motor cycles | 426 | | | |
| Computers for household use | 427 | | | |
| Phone Handsets (Both Fixed and Mobile) | 428 | | | |
| Other equipment and repairs | 429 | | | |
| Jewelry, Watches etc. | 430 | | | |
| Glass/Table ware, Utensils & Electric goods | | | | |
| Plastic Basins | 441 | | | |
| Plastic plates/tumblers | 442 | | | |
| Jerry cans and Plastic buckets | 443 | | | |
| Enamel and metallic utensils | 444 | | | |
| Switches, plugs, cables, bulbs etc. | 445 | | | |
| Others and repairs | 449 | | | |
| Education | | | | |
| School fees including PTA | 601 | | | |
| Boarding and Lodging | 602 | | | |
| School uniform | 603 | | | |
| Books and supplies | 604 | | | |
| Other educational expenses | 609 | | | |
| Services Not Elsewhere Specified (N.E.S..) | | | | |
| Expenditure on household functions | 801 | | | |
| Insurance Premiums | 802 | | | |
| Other services N.E.S | 809 | | | |

SECTION 10D: NON-CONSUMPTION EXPENDITURE

| Item description | Code | Value during 12 months |
|--|------|------------------------|
| (1) | (2) | (3) |
| Taxes and duties paid excluding graduated tax | 901 | |
| Graduated tax | 902 | |
| Pension and social security contributions | 903 | |
| Remittances, gifts and other transfers including tithe | 904 | |
| Contributions to funerals and other functions | 905 | |
| Others (like subscriptions, interest to consumer debts, etc) | 909 | |

SECTION 11: FOOD SECURITY

| | | | | |
|--|---|---|------|------|
| Do you usually have breakfast, lunch and dinner? | What is the most important meal for household for survival? | For how many days did the household consumeduring the last 7 days? (e.g if consumed on a daily basis, record 7 and if consumed twice, record 2) | | |
| Yes, all three..... 1 | Breakfast..... 1 Lunch..... 2 Dinner..... 3 | Meat | Fish | Milk |
| Only two meals..... 2 | | | | |
| Only one meal..... 3 | | | | |
| (If code 3, skip to column (3)) | | | | |
| (1) | (2) | (3) | (4) | (5) |
| | | | | |

SECTION 12: WELFARE INDICATORS

| | | | | |
|----|---|------|----------------------|----------------------|
| 1 | What are the household's most important sources of earnings, now and in 1999 ? (write the appropriate code) | | | |
| | Agriculture..... 1 | 2004 | <input type="text"/> | <input type="text"/> |
| | Other self employment (other than agriculture)..... 2 | | <input type="text"/> | <input type="text"/> |
| | Temporary (casual) wage employment..... 3 | | <input type="text"/> | <input type="text"/> |
| | Permanent wage employment..... 4 | | first | second |
| | Transfers from public sources (pension, allowances, social security benefit) 5 | | | third |
| | Remittances and gifts from family members 6 | 1999 | <input type="text"/> | <input type="text"/> |
| | Other transfers and gifts (food aid, other aid)..... 7 | | <input type="text"/> | <input type="text"/> |
| | Profits, interest, dividend, royalties..... 8 | | first | second |
| | Begging..... 9 | | | third |
| | Other (specify)..... 10 | | | |
| 2 | Does every household member have at least 2 sets of clothes? Yes.....1 No.....2 | | | |
| 3 | Does every child in this household (i.e. all those below 18 years) have a blanket Yes..... 1 No..... 2 | | | |
| 4 | Does every member of the household have at least one pair of shoes? Yes..... 1 No..... 2 | | | |
| 5 | What did you do when you last ran out of salt in the last 7 days? (In case the household did not run out of salt in the last 7 days, consider the last 30 days and record appropriately). Borrowed from neighbour 1 Bought..... 2 Did without..... 3 Respondent does not coc 4 | | <input type="text"/> | <input type="text"/> |
| | | | Last 7 days | Last 30 days |
| 6 | Do you or any other household member have close (and good) relations with the LC1 chairman? Yes.....1 HH member is on LC committee..... 3 No.....2 Never interacted with official..... 4 | | | |
| 7 | Do you or any other household member have close (and good) relations with the LCII chairman Yes.....1 HH member is on LC committee..... 3 No.....2 Never interacted with official..... 4 | | | |
| 8 | Do you or any other household member have close (and good) relations with the LC III chairman Yes.....1 HH member is on LC committee..... 3 No.....2 Never interacted with official..... 4 | | | |
| 9 | Do you or any other household member have close (and good) relations with the parish chief? Yes.....1 Never interacted with official..... 3 No.....2 | | | |
| 10 | Do you or any other household member have close (and good) relations with the subcounty chief? Yes.....1 Never interacted with official..... 3 No.....2 | | | |

SECTION 13: DEATH OF HOUSEHOLD MEMBERS DURING THE PAST 12 MONTHS

1. During the last 12 months have any members of your household died?

[PROBE CAREFULLY FOR YOUNG CHILDREN]

Yes... 1

No.....2

2. If yes in question 1, record the total number of deaths in the household

3.

| Ser. No. | Name of the deceased | Sex Male..... 1 Female..... 2 | Relationship to household head What was [Ser. No.'s] relationship to the head of household? Head..... 1 Spouse..... 2 Son/daughter..... 3 Grandchild..... 4 Parent..... 5 Grandparent..... 6 Sister/brother..... 7 Nephew/niece..... 8 Step child..... 9 Servant..... 10 Other relative..... 11 Non relative..... 12 | Age at death How old was the person when he/she died? <i>(Record in months for those aged less than 5 years, otherwise record complete years)</i> | | Cause of death What was the cause of death? Illness, malaria..... 1 Illness, HIV/AIDS..... 2 Illness, Diarrhoea..... 3 Illness, other..... 4 Accident..... 5 Domestic Violence..... 6 Insecurity / war related injuries or wounds..... 7 Hunger 8 Old age..... 9 Died at birth..... 10 Died while giving / as a result of giving birth..... 11 Bewitched..... 12 Preganacy complications..... 13 Don't know..... 14 Other (specify) 15 |
|----------|----------------------|-------------------------------------|---|---|------|--|
| | | | | Months... 1 Years..... 2 | Age | |
| (1) | (2) | (3) | (4) | (5a) | (5b) | (6) |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Stopping time

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|