

STRICTLY CONFIDENTIAL

UGANDA NATIONAL HOUSEHOLD SURVEY 1999/2000

SOCIO-ECONOMIC SURVEY QUESTIONNAIRE

SECTION 1A: HOUSEHOLD IDENTIFICATION PARTICULARS

1. STRATUM: _____

2. COUNTY: _____ 3. SUB-COUNTY: _____

4. PARISH: _____

5. EA/ LC1: _____

6. HOUSEHOLD SR. NO.: _____

7. SAMPLE NO.: _____

8. HOUSEHOLD CODE: _____

9. NAME OF HEAD: _____

10. LOCATION ADDRESS: _____

Codes for item 5 and 7 (first box)

Old EA/ LC1/household..... 1 _____

New EA/LC1/household..... 2 _____

11. G.P.S Coordinates (Uganda lies between the following degrees 1 South and 4 North, 29 and 35 East)

First reading 0 ' N/S 0 ' Second reading 0 ' N/S

E 0 ' E

Codes for North and South

North..... 1

South..... 2

12. LC1 Name and code _____

SECTION 1B: STAFF DETAILS AND SURVEY TIME

1. NAME OF ENUMERATOR _____

2. DATE OF INTERVIEW _____ DD MM YYYY

3. NAME OF SUPERVISOR _____

4. NAME OF EDITOR/SCRUTINIZER _____

5. DATE(S) OF INSPECTION _____

6. STARTING TIME _____ 7. STOPPING TIME _____

8. RESPONSE CODE: _____

9. DATA ENTRY OPERATOR _____

Response Details

Codes for Item 8 in Section2 :

1. Completed
2. No household member at home or no competent respondent at home at the time of visit
3. Entire household absent for extended period
4. Postponed
5. Refused
6. Dwelling vacant
7. Dwelling destroyed or not found
9. Others (specify)

SECTION 2: HOUSEHOLD MEMBER'S CHARACTERISTICS AND ACTIVITY STATUS[illegible]

* This refers to those who have been in the industry for 10 years or more.

1*: Outdoor patient
2*: Indoor patient

SECTION 4 : CHARACTERISTICS OF DWELLING**(PART A) TYPE OF DWELLING**

Type	Code	No. of Rooms
Independent House	1	
Tenement (Muzigo)	2	
Independent Flat/Apartment	3	
Sharing House/Flat/Apartment	4	
Boys Quarters	5	
Garage	6	
Hut	7	
Uniport	8	
Other (specify)	9	

(PART B) TYPE OF TENURE

Owned	1
Rented (Normal)	2
Rented (Subsidised)	3
Supplied free by Employer	4
Supplied free or rent paid by Relative or other person	5
Other (Specify)	9

(PART C) MATERIALS

ROOF		WALL		FLOOR	
Thatched	1	Thatched	1	Earth	1
Iron sheets	2	Mud and poles	2	Earth and Cow dung	2
Asbestos	3	Un-burnt Bricks	3	Cement	3
Tiles	4	Burnt Bricks with Mud	4	Mosaic or Tiles	4
Tin	5	Burnt Bricks with Cement	5	Bricks	5
Cement	6	Timber	6	Stone	6
Others	9	Cement Blocks	7	Wood	7
		Stone	8	Other	9
		Others	9		

(PART D) WATER SOURCE

1. What is the source of water for the members of your household ?		Drink	Other
Piped in Dwelling		1	1
Piped outside Dwelling		2	2
Public Tap		3	3
Bore-hole		4	4
Protected Well/Spring		5	5
Unprotected Well/Spring		6	6
Rain Water		7	7
Vendor/Tanker Truck		8	8
River/Lake/Stream & (Other Specify including neighbours)		9	9

2. Reasons for not using protected source [codes (6) and (9)] ☐

The queue at the protected source too long..... 1	Source used is okay..... 6
Have not contributed for maintenance..... 2	Excluded by social/cultural reasons..... 7
Protected source unreliable..... 3	Protected source not available..... 8
Protected source water taste not good..... 4	Others (specify)..... 9
Protected source is far..... 5	

3. Have you used the same source of water since 1992 Yes=1 No=2 ☐

If yes, fill in the information for the current period only and if no, fill in for both current and 1992

	Currently	In 1992
4. How far is the drinking water source from the dwelling (in km)?	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
5. How far is the other Water source from the dwelling (in km)?	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
6. How much water is collected/used by the household every day (in liters)?	<input type="text"/> <input type="text"/> <input type="text"/>	
7. Who normally collects water in this household (If source is outside house/compound)? (Record the I.D Nos. in order of frequency)	<input type="text"/> <input type="text"/> <input type="text"/>	

(PART E) TOILET FACILITY

What kind of toilet facilities does your household have ?

Flush Toilet (Owned)	1
Flush Toilet (Shared)	2
Flush Toilet (pour)	3
Pit Latrine (Covered)	4
Pit Latrine (Uncovered)	5
VIP	6
Pan/Bucket	7
Bush	8
Other	9

(PART F) TYPE OF LIGHTING AND FUEL

(a). What type of lighting is normally used in your household?

Electricity	1
Paraffin/Kerosene Lantern	2
Tadooba	3
Candle (Wax)	4
Firewood	5
Solar	6
Gas	7
Biogas	8
Other	9

(b). What type of cooking fuel is normally used in your household?

Fire wood	1
Charcoal	2
Paraffin/Kerosene	3
Electricity	4
Gas	5
Solar	6
Biogas	7
Other	9

PART G

If firewood is normally used, fill the following information.

1. Have you used the same source of firewood since 1992 Yes=1 No=2

If yes, fill in the information for the current period only and if no, fill in for both current and 1992

	Currently	In 1992
2 How far is the source of firewood from the dwelling (if not bought) (in km)?	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>
3 How many bundle(s) used a day?	<div> <div></div> <div></div> </div>	
4 How much do you spend/ would you spend on firewood for a day?	<div> <div></div> <div></div> </div> <div>Shs.</div>	
5 Who normally collects firewood in this household (if not bought)?	<div> <div></div> <div></div> </div>	
I.D. Nos. in order of frequency)	<div> <div></div> <div></div> </div>	

SECTION 5 : PAST EXPERIENCES OF THE HOUSEHOLD

Part A: MIGRATION HISTORY OF THE HOUSEHOLD HEAD

I.D. No.	Description of the person	Has..[NAME].. always lived in this village? Yes..... 1 No..... 2	If no, Year in which ..[NAME].. arrived	Place of Birth/Home District		
				Name of the District	Code (outside Uganda ... 500)	Area Rural..... 1 Urban..... 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Head of household					

Part B: INHERITANCES RECEIVED BY THE HOUSEHOLD

Has the household received any inheritances during the head's lifetime?

Yes..... 1 No..... 2

7

If yes, fill the table below

Sr. No.	Type	Code	Value (Current)	Major year received
(1)	(2)	(3)	(4)	(5)
1	Land	01		
2	Building(s)	02		
3	Cattle	03		
4	Livestock (other than cattle)	04		
5	Agricultural Enterprise Assets	05		
6	Other Enterprise Assets	06		
9	Other Household Assets (Specify)	09		

Part C: MAJOR SHOCKS EXPERIENCED BY THE HOUSEHOLD DURING THE LAST 7 YEARS[illegible]

[illegible]

SECTION 6 : HEALTH**(PART B) : VACCINATION, BREAST-FEEDING, DIARRHOEA, AND VITAMIN A FOR CHILDREN UNDER 5 YEARS (59 months and below)**

ID No.	Age In Months	Vaccination and Source										Breast-feeding				Diarrhoea			Vitamin A		Response Code			
		Card Status		Source								Has [NAME] ever been Breast-fed?	Is he/she still being Breast-fed?	For how long was the child breastfed exclusively (in months)	Reason for stopping	Has [NAME] had Diarrhoea in the last 2 weeks ?	If Yes,			Has [NAME] ever received a Vitamin A capsule like this one ?		If yes, How many months ago did [NAME] take the last capsule ?		
		Yes and Card seen..... 1	Don't know..... 0	Govt. Hosp/ Clinic..... 1	Private Hosp./Clinic..... 2	Mobile Unit..... 3	School..... 4	Special Camp..... 5	Not applicable 8	Other (Specify)..... 9	What kind of drink was given ? (multiple codes in order of importance)						What amount of drink was taken ?	What amount of food was eaten ?						
		BCG	DPT1	DPT2	DPT3	P0	P1	P2	P3	MEA-SLES	Polio (General)													
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)		

DK- Don't Know

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

SECTION 7 : 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										
Batteries	457										
Others	459										
Transport and communication expenses											
Tyres, Tubes, Spares etc.	461										
Petrol, diesel etc.	462										
Taxi, Bus and other fares paid	463										
Stamps, Telephones, etc.	464										
Others	469										
Health and Medical Care											
Consultation Fees	501										
Medicines etc.	502										
Hospital /Clinic Charges	503										
Traditional Doctors fees/medicines	504										
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										

SECTION 7 : 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			
Motorcar, Pick-ups, etc.	425			
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, 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			
Other services N.E.S	809			

SECTION 7 : (PART D) NON-CONSUMPTION EXPENDITURE		
Item Description	Code	Value during the last 12 months
(1)	(2)	(3)
Taxes and duties paid	901	
Pension and Social Security Contributions	902	
Remittances, Gifts and Other Transfers	903	
Contributions to Funerals and Other Functions	904	
Others (like subscriptions, interest to consumer debts, etc.)	909	

SECTION 8: ENTERPRISE PARTICULARS OF THE HOUSEHOLD

1. Does the household have a crop farming enterprise? Yes..... 1 No..... 2
2. Does the household have any other enterprise? Yes..... 1 No..... 2
3. If yes in 2 above, fill in the relevant information of the non-crop farming enterprise(s) code below.

Sr. No.	Description of Enterprise	Industry code (Codes below)	Year Started (yyyy)	Percentage of start up capital from own savings	Did you ever receive a formal credit for the Ent. Yes = 1 No = 2	Problems in running the Ent. (codes below)	Problems in expanding the Ent. (codes below)	ID No. of the person responsible	Labor during the last 12 months (In person - months)	
									Household members	Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1										
2										
3										
4										
5										

Industry codes

Livestock farming.....	02	Transport, storage, & communications.....	15
Poultry farming.....	03	Finance, Real Estates, Legal	
Fishing.....	04	Accounting, Architecture etc.....	16
Hunting.....	05	Photographic activities.....	17
Mining & quarrying.....	06	Public service.....	18
Manufacturing.....	07	Defence & related activities.....	19
Electricity, Gas, & Water supply.....	08	Education.....	20
Construction.....	09	Health.....	21
Sale, maintenance and repair of motor vehicles and motorcycles and parts..	10	Community service activities.....	22
Wholesale and Retail trade.....	11	Political/Social activities.....	23
Mechanical and Electrical workshops.....	12	Hair dressing and beauty clinics.....	24
Other repairs.....	13	Other activities n.e.c.....	29
Hotels and lodging, bars		(Please specify)	
Restaurants & canteens.....	14		

Most Important problem faced in running/expanding the enterprise

No difficulty.....	1
Supply problems.....	2
Demand related problems.....	3
Labour related problems.....	4
Technical problems (Machinery breakdown, spare parts, etc.....	5
Credit facilities.....	6
Govt. regulations.....	7
Not profitable.....	8
Not interested in expanding.....	9
Others (specify).....	10

SECTION 9 : INCOMES FROM ENTERPRISE, EMPLOYMENT AND OTHER ACTIVITIES
DURING LAST 12 MONTHS

Section 9A: Enterprise and Other Incomes

Sr. No.	Item Description	Cash	Kind (Value)
(1)	(2)	(3)	(4)
1	Income from household enterprises		
11	Crop Farming Enterprises		
12	Other Agricultural Enterprises (e.g Livestock, Poultry, etc.)		
13	Non- Agricultural Enterprises - Hh/Cottage		
14	Non-Agricultural Enterprises - Others		
2	Property Income		
21	Imputed rents of owner - occupied housing (net)		
22	Net actual rents received from building/h.hd. property		
23	Net rent received from Land		
24	Royalties		
25	Interest received		
26	Dividends		
3	Current transfers and other benefits		
31	Pension and life insurance annuity benefits		
32	Family allowances and other social security benefits		
33	Remittances and assistance received from others		
34	Other income {inheritance, alimony, scholarships and other unspecified income etc. }		

Section 9B: Employment Income

[illegible]

SECTION 10B: OUTSTANDING LOANS AS ON DATE OF SURVEY AND LOANS FULLY REPAID DURING THE LAST 12 MONTHS

For Formal AND Informal credits [Adults only (18 years and above)]

(Loans longer than 1 month only)

[illegible]

SECTION 11: WELFARE INDICATORS

Sr. No.	INDICATORS	Response	
		Currently	In 1992
(1)	(2)	(3)	(4)
1	Does everyone in the household have at least two sets of clothes? Yes... 1 No... 2		
2	Does anyone in the household own a radio? Yes... 1 No... 2		
3	Does every member of the household over one year old have a blanket each? Yes... 1 No... 2		
4	Does the household have a bicycle? Yes... 1 No... 2		
5	Does the household have any other transport equipment other than a bicycle? Yes... 1 No... 2		
6	Has your production of crops/ cattle or livestock rearing/ trading activities been harmed by civil strife over the last 12 months? Yes... 1 No... 2		
7	How long (in days) is it since anyone in the household traveled to the nearest town with modern amenities to do any of these: Deposit /Withdraw money from a Bank, Post a letter, make a Telephone call, Recreation (theatre, games, etc.).		
8	How often did the household eat meat or fish in the last week?		
9	How many incidents of theft of property has the household suffered in the last 12 months and in 1992?		
10	What was your reaction (household) to the theft? Went to police..... 1 Tried to solve it with the help of neighbors..... 4 Tried to solve with the help of local authorities..... 2 Tried to solve it on my own..... 5 Tried to solve it with the help of local authorities and police..... 3 Did nothing..... 6		
11	How many incidents of physical attack on members of the household have there been over the last 12 months and in 1992?		
12	What did you do when you last ran out of salt? Borrowed from neighbors..... 1 Did without..... 3 Bought..... 2		
13	What did your children below the age of 13 have for breakfast today? Tea/ drink with sugar only..... 1 Porridge with sugar only..... 4 Milk/ milk tea with sugar, etc..... 2 Porridge without sugar only..... 5 Tea/ drink with solid food..... 3 Nothing..... 6 Tea/ drink without sugar with solid food..... 4 Not applicable..... 7 Porridge with solid food..... 5 Others..... 9		
14	Does any member of the household participate in community organizations below? Codes for Question 13 Does not participate..... 1 Church/Mosque Participate if required..... 2 Local government (elected) Participate actively..... 3 Local government (non - elected) Women groups Saving groups P.T.A Local development committee Sports club Professional organization e.g. farmers' groups, etc. Other Organizations		
15	Has the household benefited from any type of development project/program? e.g. food aid, productive development, legal assistance, employment program, etc. Yes..... 1 No..... 2		
16	If someone in the household had a serious problem which required you to get money immediately, how many people in the community could you ask for help?		

SECTION 12: CHANGES (REDUCTIONS) IN THE HOUSEHOLD SINCE 1992

Has there been any change (reductions) in composition of the household (e.g death, moving out of children or any other house hold member) since 1992?

Yes..... 1

No..... 2

If yes, fill in the necessary information in the table below

Sr. No.	Name	Relationship to the current head	Sex	Age	Year of change	Cause of the change
		Husband..... 1	Male..... 1			Search of a job..... 1
		Spouse..... 2	Female..... 2			Got a job..... 2
		Cohabiting Partner..... 3				Set up a new hh..... 3
		Child..... 4				Married..... 4
		Parent..... 5				Died..... 5
		Spouse's Parent..... 6				Others (Specify)..... 9
		Other relatives..... 7				
		Servant..... 8				
		Others..... 9				
(1)	(2)	(3)	(4)	(5)	(6)	(7)

SECTION 13: ANTHROPOMETRICS AND TYPE OF FEEDING FOR CHILDREN 60 MONTHS AND BELOW

ID. No.	Name of Child	Sex	Age in months	Weight in kg	Height in cm	Reason for not measuring	Type of feeding	No. of times fed on the previous day
		Male..... 1	(60 months and below)			Child away from	BF* only..... 1	
		Female..... 2				home on repeated visits..... 1	BF* supplemented with	
						Permanent illness/ deformity..... 2	powdered/cow's milk..... 2	
						Temporary illness..... 3	BF* with other milk/ other liquid & starch..... 3	
						Mother's illness..... 4	No BF* but other milk..... 4	
						Refusal by the	Other liquid & starch..... 5	
						household..... 5	Solid and liquid food with milk..... 6	
						Others..... 9	Solid and liquid food without milk..... 7	
							Others..... 9	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

BF*= Breast-feeding

SECTION 14: REMARKS**REMARKS BY ENUMERATOR:**

REMARKS BY SUPERVISOR:
