



THE REPUBLIC OF UGANDA

MINISTRY OF FINANCE AND ECONOMIC PLANNING

STATISTICS DEPARTMENT

---

UGANDA NATIONAL HOUSEHOLD SURVEY 1995-96

CROP SURVEY QUESTIONNAIRE

THIS SURVEY IS BEING CONDUCTED BY THE STATISTICS  
DEPARTMENT OF THE MINISTRY OF FINANCE AND ECONOMIC  
PLANNING UNDER THE AUTHORITY OF THE STATISTICS ACT 1961.

---

THE STATISTICS DEPARTMENT,  
MINISTRY OF FINANCE AND  
ECONOMIC PLANNING,  
P.O BOX 13,  
ENTEBBE.

TELEPHONE 042-20165/20320

STRICTLY CONFIDENTIAL

## UGANDA NATIONAL HOUSEHOLD SURVEY 1995-96

## CROP SURVEY QUESTIONNAIRE

SECTION 1: HOUSEHOLD IDENTIFICATION PARTICULARS

|                           |                          |                          |                          |                          |                          |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. STRATUM:               | _____                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. COUNTY:                | _____                    | 3. SUB-COUNTY:           | _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. PARISH:                | _____                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. EA/ RC 1:              | _____                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. HOUSEHOLD SR. NO.:     | _____                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. SUB-STRATUM:           | <input type="checkbox"/> | 8. SAMPLE NO.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. HOUSEHOLD CODE:        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. NAME OF HEAD:         | _____                    |                          |                          |                          |                          |
| 11. NAME(S) OF IN-CHARGE: | _____                    |                          |                          |                          |                          |
| 12. LOCATION ADDRESS:     | _____                    |                          |                          |                          |                          |
|                           | _____                    |                          |                          |                          |                          |
|                           | _____                    |                          |                          |                          |                          |
|                           | _____                    |                          |                          |                          |                          |

RESULT CODE: \_\_\_\_\_

☐

- |   |
|---|
| 1. COMPLETED  |
| 2. PARTLY COMPLETED   |
| 3. NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT<br>AT HOME AT TIME OF VISIT |
| 4. ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD  |
| 5. POSTPONED  |
| 6. REFUSED  |
| 7. DWELLING VACANT  |
| 8. DWELLING DESTROYED/ NOT FOUND  |
| 9. OTHER (SPECIFY)  |



[illegible]

COLUMN (3) STAND: Pure=1, Mixed=2, Associated=3

## SECTION 3: NUMBER OF PERSONS ENGAGED IN CROP-FARMING ACTIVITY

| Sl. no. | CATEGORY OF WORKERS      | Between January and first visit |        |          |        | Between first and last visit |        |          |        |
|---------|--------------------------|---------------------------------|--------|----------|--------|------------------------------|--------|----------|--------|
|         |                          | Adult                           |        | Children |        | Adult                        |        | Children |        |
|         |                          | Male                            | Female | Male     | Female | Male                         | Female | Male     | Female |
| (1)     | (2)                      | (3)                             | (4)    | (5)      | (6)    | (7)                          | (8)    | (9)      | (10)   |
| 1       | Working proprietors      |                                 |        |          |        |                              |        |          |        |
| 2       | Paid-regular employees   |                                 |        |          |        |                              |        |          |        |
| 3       | Paid-casual employees    |                                 |        |          |        |                              |        |          |        |
| 4       | Unpaid household members |                                 |        |          |        |                              |        |          |        |
| 5       | Other unpaid workers     |                                 |        |          |        |                              |        |          |        |

## SECTION 4: LAND CHARACTERISTICS

| Sl. no | Type of land  | Code                     | During the 1st season (record on 1st visit) | During the 2nd season (record on 2nd visit) |
|--------|---|--------------------------|---|---|
| (1)    | (2)   | (3)                      | (4)   | (5)   |
| 1      | Total land owned (acres)  | xxxxxxxxxx               |   |   |
| 2      | Cultivable land owned (acres)   | xxxxxxxxxx               |   |   |
| 3      | Land for cultivation leased-in, taken on rent or obtained free etc. (acres) | xxxxxxxxxx<br>xxxxxxxxxx |   |   |
| 4      | Land for cultivation leased-out, given on rent or given free etc. (acres)   | xxxxxxxxxx<br>xxxxxxxxxx |   |   |
| 5      | Total number of parcels of land put under cultivation                       | xxxxxxxxxx<br>xxxxxxxxxx |   |   |
| 6      | Land by type of tenure *  | xxxxxxxxxx               | xxxxxxxxxx                                  | xxxxxxxxxx                                  |
| 6.1    |   |                          |   |   |
| 6.2    |   |                          |   |   |
| 6.3    |   |                          |   |   |
| 6.4    |   |                          |   |   |
| 6.5    |   |                          |   |   |

\* Tenure: Registered freehold mailo = 1, Unregistered freehold mailo (Kibanja) = 2, Freehold (Other) = 3, Leasehold = 4, Customary = 5, Public = 6, Squatter (Mailo) = 7, Squatter (Other) = 8, Other = 9



**SECTION 6.1: OUTPUT, STOCKS, SALES AND TRANSFERS FOR COFFEE, IRISH POTATOES AND SEASONAL CROPS OTHER THAN ROOT CROPS DURING THE FIRST SEASON FROM**

(To be recorded on the first visit)

[illegible]

SECTION 6.2: OUTPUT, STOCKS, SALES AND TRANSFERS FOR COFFEE, IRISH POTATOES AND FOR SEASONAL CROPS OTHER THAN ROOT CROPS DURING THE SECOND SEASON FROM

[illegible]

## SECTION 7.1: OUTPUT, STOCKS, SALES AND TRANSFERS FOR BANANAS, SWEET POTATOES AND CASSAVA DURING FIRST TWO VISITS

[illegible]

## SECTION 7.2: OUTPUT, STOCKS, SALES AND TRANSFERS FOR BANANAS, SWEET POTATOES AND CASSAVA BETWEEN SECOND AND THIRD VISITS

[illegible]



[illegible]

#### SECTION 7.4: OUTPUT, STOCKS, SALES AND TRANSFERS FOR BANANAS, SWEET POTATOES AND CASSAVA BETWEEN FOURTH AND LAST VISITS

[illegible]

---

**SECTION 8: OPERATIONAL PROBLEMS AND INFORMATION**

---

**FIRST VISIT:**

1. Remarks by Investigator during first visit \_\_\_\_\_
- 
- \_\_\_\_\_
- 
- \_\_\_\_\_

Name of Investigator..... 

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

Signature ..... Date .... 

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

2. Remarks by Supervisor during first visit \_\_\_\_\_
- 
- \_\_\_\_\_
- 
- \_\_\_\_\_

Name of Supervisor ..... 

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

Signature ..... Date .... 

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

3. Name of Editor.....
- |  |  |
|--|--|
|  |  |
|--|--|

Signature ..... Date .... 

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

**SECOND VISIT:**

1. Remarks by Investigator during second visit \_\_\_\_\_
- 
- \_\_\_\_\_
- 
- \_\_\_\_\_

Name of Investigator..... 

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

Signature ..... Date .... 

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

2. Remarks by Supervisor during second visit \_\_\_\_\_
- 
- \_\_\_\_\_
- 
- \_\_\_\_\_

Name of Supervisor ..... 

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

Signature ..... Date .... 

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

3. Name of Editor.....

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

  
Signature ..... Date ....

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

**THIRD VISIT:**

1. Remarks by Investigator during third visit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Investigator.....

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

  
Signature ..... Date ....

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

2. Remarks by Supervisor during third visit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor .....

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

  
Signature ..... Date ....

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

3. Name of Editor.....

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

  
Signature ..... Date ....

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

**FOURTH VISIT:**

1. Remarks by Investigator during fourth visit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Investigator.....

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

  
Signature ..... Date ....

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

2. Remarks by Supervisor during fourth visit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor .....

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

  
Signature ..... Date ....

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

3. Name of Editor..... 

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

Signature ..... Date .... 

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

**FIFTH VISIT:**

1. Remarks by Investigator during fifth visit \_\_\_\_\_

---



---



---

Name of Investigator..... 

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

Signature ..... Date .... 

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

2. Remarks by Supervisor during fifth visit \_\_\_\_\_

---



---



---

Name of Supervisor ..... 

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

Signature ..... Date .... 

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

3. Name of Editor..... 

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

Signature ..... Date .... 

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

\*\*\*\*\*

ADDITIONAL REMARKS.....

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.