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Uganda Bureau of Statistics



THE UGANDA NATIONAL PANEL SURVEY 2010/11

HOUSEHOLD QUESTIONNAIRE

[TO BE ANSWERED BY HEAD OF HOUSEHOLD AND IN HIS/HER ABSENCE,
BY AN ADULT MEMBER OF THE HOUSEHOLD]

SECTION 1A: HOUSEHOLD IDENTIFICATION PARTICULARS										
1. District Name and Code										
2. County/Municipality										
3. Sub-County/Division/Town Council										
4. Parish/Ward										
5. EA										
6. LC Name										
7. Rural/Urban (<i>Urban =1; Other Urban =2; Rural =3</i>)										
8. Household Sample Number										
9. Name of Household Head										
10. Contact 1 (H/H Head)										
11. Immediate Contact 2										
12. Immediate Contact 3										
13. Household code										
14. Cluster ID (from Cwest)										
15. Tracking target (<i>Yes=1; No=2</i>)										
16. Type of interview (<i>Full=1; Half=2</i>)										
17. Visit type: (<i>first visit= 1; second visit = 2</i>)										
18. Wave created										

THIS SURVEY IS BEING CONDUCTED BY THE UGANDA BUREAU OF STATISTICS
UNDER THE STATISTICS ACT, 1998.

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SECTION 1B: STAFF DETAILS AND SURVEY TIME															
1. NAME OF INTERVIEWER:								CODE							
								D	D	M	M	Y	Y	Y	Y
2. DATE OF INTERVIEW:															
3. NAME OF SUPERVISOR:															
								D	D	M	M	Y	Y	Y	Y
4. DATE OF CHECKING:															
5. STARTING TIME:															
6. RESPONSE CODE: 1 ST VISIT															
1. Completed 2. Partially done 3. Not done															
7. RESPONSE CODE: 2 ND VISIT															
1. Completed 2. Partially done 3. Not done															
8. IF THE HOUSEHOLD IS NOT ABLE TO PARTICIPATE IN THE SURVEY, GIVE REASONS (Circle appropriate code)															
Refused	1	Moved to another village/town/district	7												
No competent respondent at time of visit	2	Moved to a neighboring country	8												
H/H not known/not found	3	Shifted to unknown location	9												
HH/Disintegrated	4	Transferred due to work/ education	10												
Not at home for extended period	5	Resettled home from the camp	11												
Dwelling destroyed	6	Moved to another camp	12												
9. GPS COORDINATES:															
LAT	N=1	S=2	D	M											
LONG															

10. REMARKS:

a)

b)

c)

Section 2: Household Roster

We would like to make a complete list of household members.

PERSON ID	We would like to make a complete list of household members in the last 12 months including guests who slept here last night and those that left the household permanently. ASK IF ALL MEMBERS ARE LISTED	Sex 1= M 2= F	What is the relationship of [NAME] to the head of the household? 1= Head 2= Spouse 3= Son/daughter 4= Grand child 5= Parent of head or spouse 6= Sister/Brother of head or spouse 7= Nephew/Niece 8= Other relatives 9= Servant 10= Non-relative 96= Other (specify)	During the past 12 months, how many months did [NAME] live here?	If [NAME] has not stayed for 12 months, what is the main reason for absence?	What is the residential status of [NAME]? 1=Usual member present 2= Usual member absent 3=Regular member present 4=Regular member absent 5=Guest (>> NEXT PERSON) 6=Usual member who left hh more than 6 months ago (>> NEXT PERSON) 7=Left permanently (>> NEXT PERSON) INTERVIEWER: FOR RESPONSES 1-4, WRITE NAME ON FLAP AT SAME ID NUMBER	How old is [NAME] in completed years? IF LESS THAN ONE YEAR, WRITE 0	What is the date of birth of [NAME]? IF DAY OR MONTH IS UNKNOWN, MARK '99'.			For persons 10 years and above What is the present marital status of [NAME]? 1= Married monogamously 2= Married polygamous 3=Divorced /Separated 4= Widow/ Widower 5= Never Married	SECOND VISIT		
				WRITE 12 IF ALWAYS PRESENT OR IF AWAY LESS THAN A MONTH WRITE 00 IF PRESENT FOR LESS THAN A MONTH IF '12 months', >>7	SEE CODE BOOK.			DD	MM	YYYY		Is [NAME] still a member of your household? 1= Yes (>> NEXT PERSON) 2= No	Why did [NAME] leave the household? USE THE SAME CODE AS 6	Where did [NAME] go? USE DISTRICT AND REGION CODE
1	2	3	4	5	6	7	8	9A	9B	9C	10	11	12	13
01														
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Section 3: General Information on Household Members

Ask only household members (**USUAL AND REGULAR MEMBERS**).

P E R S O N I D	ORPHANHOOD								COMMITTEE MEMBERSHIP	ETHNICITY	MALARIA		
	For household members below 18 years								For members 18 years & above	For all household members	For all household members		
	Is the natural father of [NAME] living in this household? 1= Yes 2= No (>>3) 3= Dead (>>5)	IF COL 2A IS YES=1 ID CODE OF FATHER >> 5A	What is the highest level of father's education completed? 1=No formal education 2=Less than Primary 3=Completed Primary 4=Completed O-Level 5=Completed A-Level 6=Completed University 8=Don't Know 9=Other (Specify)	What is his usual occupation? SEE CODE BOOK.	Is the natural mother of [NAME] living in this household? 1= Yes 2= No (>>6) 3= Dead (>>9)	IF COL 5A IS YES=1 ID CODE OF MOTHER >> 9	What is the highest level of mother's education completed? 1=No formal education 2=Less than Primary 3=Completed Primary 4=Completed O-Level 5=Completed A-Level 6=Completed University 8=Don't Know 9=Other (Specify)	What is her usual occupation? SEE CODE BOOK.	Is [NAME] a committee member of an LC1, LC2 or LC3? 1= Yes 2= No	What is [NAME]'s ethnic group/tribe? SEE CODE BOOK.	Did [NAME] sleep under a mosquito net last night? 1= Yes, Untreated Net (>> 13) 2= Yes, Insecticide Treated Net 3= No (>> 13) 9= Don't Know (>> 13)	Under which kind or brand did [NAME] sleep? 1= Olyset 2= Permanet 3= Duranet 4= Net protect 5= Interceptor 6= Other 9= Don't Know/net not labelled	Was this net ever soaked or dipped in a liquid to repel mosquitoes or bugs during the past 12 months? 1= Yes 2= No 3= Not sure
1	2A	2B	3	4	5A	5B	6	7	8	9	10	11	12
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													

Section 3 Cont'd: General Information on Household Members

PERSON ID	MIGRATION For all household members													
	In which a) Region b) district/ country was [NAME] born?		In which a) Region b) district/ country did [NAME] live 5 years ago?		How many years has [NAME] lived in this place/village?	In which a) region b) district/ country did [NAME] live before moving to current place of residence?		Was the place where [NAME] lived before coming here a rural or urban area?	What was the main reason for moving to the current place of residence?	In how many other places (such as another village, town or abroad) did [NAME] live for 6 or more months at one time since 2005/06?	During the past 5 years did [NAME] ever live in a settlement camp?	What was the name/location of the camp?		How many years did [NAME] live in this camp?
	SEE CODE BOOK.		SEE CODE BOOK.		RECORD 100 IF SINCE BIRTH (>> NEXT PERSON) IF <1 YEAR, RECORD 00	SEE CODE BOOK.		1= Gazetted urban 2= Other Urban 3=Rural	1= To look for work 2= Other income reasons 3= Drought, flood or other weather related condition 4= Eviction 5= Other land related problems 6= Illness, injury 7= Disability 8=Education 9= Marriage 10= Divorce 11= To escape insecurity 12= To return home from displacement 13= Abduction 14= Follow/join family 96= Other (specify)		1=Yes 2=No (>> NEXT PERSON)	NAME AND LOCATION	CODE	IF LESS THAN 1 YEAR, RECORD 00
	13_1	13	14_1	14	15	16_1	16	17	18	19	20	21A	21B	22
01														
02														
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Section 4: Education (All Persons 5 Years and above)

Ask the following questions about all members of the household (usual and regular) who are 5 years and above.

P E R S O N I D	INTERVIEWER:		Can [NAME] read and write with understanding in any language?	Has [NAME] ever attended any formal school?	Why has [NAME] not attended school?	What was the highest grade/class that [NAME] completed?	What was the main reason that [NAME] left school?	What grade/class was [NAME] attending in [THE LAST COMPLETED SCHOOL YEAR]?	What grade/class is [NAME] currently attending?	Who manages the school [NAME] attends?	What type of school is [NAME] currently attending?	CODES FOR COL 4 1= Unable to read and write 2= Able to read only 3= Able to write only 4= Able to read and write CODES FOR COL 6 1= Too expensive 2= Too far away 3= Poor school quality 4= Had to help at home 5= Had to help with farm work 6= Had to help with family business 7= Education not useful 8= Parents did not want 9= Not willing to attend 10= Too young 11= Orphaned 12= Displaced 13= Disabled 14= Insecurity 96= Other (specify) CODE FOR COL 8 1= Completed desired schooling 2= Further schooling not available 3= Too expensive 4= Too far away 5= Had to help at home 6= Had to help with farm work 7= Had to help with family business 8= Poor school quality 9= Parents did not want 10= Not willing to attend further 11= Poor academic progress 12= Sickness or calamity in family 13= Pregnancy 96= Other (specify)
	IS [NAME] ANSWERING FOR HIMSELF OR HERSELF?	WHAT IS THE ID CODE OF THE PERSON RESPONDING FOR [NAME]?	SEE CODES AT RIGHT	1= Never attended 2= Attended school in the past (>> 7) 3= Currently attending school (>> 9)	SEE CODES AT RIGHT [>> NEXT PERSON]	SEE CODE BOOK.	SEE CODES AT RIGHT [>> NEXT PERSON]	SEE CODE BOOK.	SEE CODE BOOK.	1= Government 2= Private 3= NGO 4= Religious organization (Faith-based) 96= Other (specify)	1= Day 2= Boarding (>> 15) 3= Day and Boarding	
1	2	3	4	5	6	7	8	9	10	11	12	
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Section 4 Cont'd: Education (All Persons 5 Years and above)

Ask the following questions about all members of the household (usual and regular) who are 5 years and above who are currently attending school

P E R S O N I D	Distance to the school in km?	Time to school	How much has this household spent during the past 12 months on [NAME]'s schooling? IF NOTHING WAS SPENT, WRITE 0. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE '999999' IN THE RELEVANT COLUMNS AND THE TOTAL AMOUNT IN COLUMN 15G.							Is [NAME] currently receiving a scholarship or subsidy given by the government/ any organisation or school (including UPE/USE) to support [NAME]'s education? 1= Yes 2= No (>>18)	Source of Funding 1= Govt 2= NGO 3= Religious organization 4=School 6=Other(specify) 9= Don't Know	For day scholars only Does [NAME] get meals at school? 1= Yes, provided free 2= Yes, parents pay/ contribute 3= No
	ONLY FOR DAY SCHOLARS	TIME IN MINUTES	School and registration fees (contribution to school development fund)	Uniforms and sport clothes	Books and school supplies	Costs to and from school	Boarding fees	Other expenses	Total expenses			
1	13	14	15A	15B	15C	15D	15E	15F	15G	16	17	18
01												
02												
03												
04												
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Section 5: Health

Ask the following questions about all members of the household (usual and regular).

PERSON ID	INTERVIEWER:		During the past 30 days, did [NAME] suffer from any illness or injury? 1= Yes 2= No (>> NEXT PERSON)	For how many days did [NAME] suffer due to illness or injury during the past 30 days? IF NONE, WRITE '0' AND SKIP TO COL 7.	For how many days did [NAME] have to stop doing [NAME]'s usual activities due to illness or injury during the past 30 days? VALUE SHOULD BE LESS THAN OR EQUAL TO COL 5.	Can you describe the symptoms that [NAME] primarily suffered due to the major illness or injury during the past 30 days? RECORD UP TO 2 SYMPTOM CODES SEE CODES AT RIGHT		Was anyone consulted (e.g. a doctor, nurse, pharmacist or traditional healer) for the major illness/injury during the past 30 days? 1= Yes (>> 10) 2= No	Why was no one consulted for the major illness? SEE CODES AT RIGHT [>>NEXT PERSON]	Where did [NAME] go for the first consultation during the past 30 days? PUBLIC SECTOR 1= Government hospital 2= Government health centre 3= Outreach 4= Government Community Based Distributor PRIVATE SECTOR 5= Private hospital 6= Pharmacy/ drug shop 7= Private Doctor/ Nurse/Midwife/Clinic 8= Outreach 9= NGO Community Based Distributor OTHER SOURCE 10= Shop 11= Religious Institution 12= Friend/ Relative 13= Traditional Healer 96= Other (specify)	Distance to the place where this treatment was sought for in km? KMS	What was the cost of this consultation, including any medicine prescribed even if purchased elsewhere? SHILLINGS	CODES FOR COL 7 1= Diarrhoea (acute) 2= Diarrhoea (chronic, 1 month or more) 3= Weight loss (major) 4= Fever (acute) 5= Fever (recurring) 6= Wound 7= Skin rash 8= Weakness 9= Severe headache 10= Fainting 11= Chills (feeling hot and cold) 12= Vomiting 13= Cough 14= Productive cough 15= Coughing blood 16= Pain on passing urine 17= Genital sores 18= Mental disorder 19= Abdominal pain 20= Sore throat 21= Difficulty breathing 22= Burn 23= Fracture 96= Other (specify)
	IS [NAME] ANSWERING FOR HIMSELF OR HERSELF?	WHAT IS THE ID CODE OF THE PERSON RESPONDING FOR [NAME]?											
	1= Yes (>>4) 2= No												
1	2	3	4	5	6	7A	7B	8	9	10	11	12	CODES FOR COL 9 1= Illness mild 2= Facility too far 3= Hard to get to facility 4= Too dangerous to go 5= Available facilities are too costly 6= No qualified staff present 7= Staff attitude not good 8= Too busy / long waiting time 9= Facility is inaccessible 10= Facility is closed 11= Facility is destroyed 12= Drugs not available 96= Other (specify)
01													
02													
03													
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05													
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10													

Section 6: Child Nutrition and Health (for all children 0-59 months old)

To be answered by mothers or caregivers of surviving children born in the last five years (i.e. aged 0-59 months)

PERSON ID	ID CODE OF RESPONDENT	RELATIONSHIP OF RESPONDENT TO CHILD 1=Mother 2=Father 3=Other Caregiver	Age of Child (IN MONTHS)	IS CHILD 24 MONTHS OLD OR LESS? 1=0-24 months 2=25-59 months (>>26)	Has [NAME] ever been breastfed in his/her life? 1=Yes 2=No (>>11)	How long after birth did [NAME] start breast-feeding? 1= 0-6hrs 2= more than 6hrs 9= Don't know	Is [NAME] breast-feeding now? 1=Yes (>>10) 2=No 9=Don't know (>>10)	For how many months was [NAME] breast-fed? MONTHS	Has [NAME] begun eating daily any food or fluids other than breast milk? 1=Yes 2=No	Has any water, juice, breast milk substitutes, other liquids or semi-solid foods apart from breast milk, vitamins, minerals liquid and/or food items ever been given to [NAME]? 1=Yes 2=No (>>14)	At what age was [NAME] given liquid and/or food items for the first time? MONTHS	Since this time yesterday, how many times was [NAME] given soft food, mashed or solid food, porridge or food other than liquids (milk, water, tea and juice)? 1=Never 2=Once 3=Two to three 4=Four to five 5=Six or more times 6=Child not present at visit	Has [NAME] received a Vitamin A capsule in the last 6 months? SHOW THE BLUE AND RED CAPSULES FOR DIFFERENT DOSES. 1=Yes with card 2=Yes without card 3=No with card (>>16) 4=No without card (>>16) 9=Don't know (>>16)	Where did the Vitamin A capsule come from? 1= On routine visit to health facility 2=Sick child visit to health facility 3=Child Health Days (specify) 9=Don't know	Has [NAME] had diarrhea in the last 2 weeks? DIARRHOEA IS 3 OR MORE LOOSE OR WATERY STOOLS PER DAY 1=Yes 2=No (>>21) 9=Don't know (>>21)
			MONTHS												
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															

Section 6 Cont'd: Child Nutrition and Health (for all children 0-59 months old)

P E R S O N I D	<p>If [NAME] had diarrhea, was there blood in it?</p> <p>BLOODY DIARRHOEA IS 3 OR MORE LOOSE OR WATERY STOOLS WITH BLOOD PER DAY</p> <p>1=Yes 2=No 9=Don't know</p>	<p>During the last episode of diarrhea, did [NAME] take any of the following as treatment?</p> <p>1=Fluid from ORS sachet 2=Recommended home make fluid (sugar/salt solution) 8=Other (specify) 9=Don't know</p>	<p>During [NAME]'s last episode of diarrhea, did he/she drink much less, about the same or more than usual?</p> <p>1=Much less or None 2=About the Same or Somewhat Less 3=More 9=Don't Know</p>	<p>During [NAME]'s last episode of diarrhea, did he/she eat less, about the same, or more food than usual?</p> <p>IF "LESS", PROBE MUCH LESS OR A LITTLE LESS?</p> <p>1=None 2=Much less 3=Somewhat less 4=About the same 5=More 9=Don't know</p>	<p>Has [NAME] had a cough during which he/she breathed faster than usual with short quick breaths, or had difficulty breathing in the last two weeks?</p> <p>1=Yes 2=No 9=Don't Know</p>	<p>Has [NAME] had fever in the last two weeks?</p> <p>1=Yes 2=No 9=Don't Know</p> <p>IF 21 AND 22 ARE BOTH NO/DON'T KNOW, >>24</p>	<p>From where did you seek care for [NAME]?</p> <p>A=Government Hospital B=Government Health Center C=NGO/private health facility D=Mobile/ Outreach Clinic E=Village/ Community Health Worker F=Relative or Friend G=Traditional Practitioner H=Pharmacy/ Drug Shop I=Other Government (specify) J=Other Private (specify) K=No care was sought</p>	<p>Has [NAME] received a measles vaccination?</p> <p>SHOW VACCINATION SPOT- UPPER LEFT ARM</p> <p>1=Yes with card 2=Yes with exercise book 3=Yes from NIDS 4=Yes from memory 5=No with card 6=No with exercise book 7=No from NIDS 8=No from memory 9=Don't know</p>	<p>Has [NAME] received a DPT3 vaccination?</p> <p>SHOW VACCINATION SPOT- LEFT THIGH</p> <p>1=Yes with card 2=Yes with exercise book 3=Yes from NIDS 4=Yes from memory 5=No with card 6=No with exercise book 7=No from NIDS 8=No from memory 9=Don't know</p>
1	17	18	19	20	21	22	23	24	25
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

Section 6 Cont'd: Child Nutrition and Health (for all children 6-59 months old)

P E R S O N I D	Does [NAME] have edema? 1=Yes (>>28) 2=No	WEIGHT INCLUDE TWO PLACES AFTER DECIMAL	RECORD HEIGHT / LENGTH ONLY ONCE PER CHILD DEPENDING ON SIZE		RESULT 1=Measured 2=Not present 3=Refused 4=Child has edema 96=Other (specify)
			LENGTH (CM) LYING DOWN CHILD <24 MONTHS OR (≤ 85 CM)	HEIGHT (CM) STANDING UP CHILD >24 MONTHS OR (≥ 85 CM)	
1	26	27	28A	28B	29
01		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
02		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
03		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
04		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
05		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
06		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
07		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
08		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
09		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
10		_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	

Section 7: Disability

P E R S O N I D	For those aged 5 Years and Above (usual and regular) : Because of a physical, mental or emotional health condition... (RECORD SEVERITY AND YEAR OF ONSET FOR EACH CONDITION)																
	Does [NAME] have difficulty seeing, even if he/she is wearing glasses?		Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid?		Does [NAME] have difficulty walking or climbing steps?		Does [NAME] have difficulty remembering or concentrating?		Does [NAME] have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc?		Using your usual [NAME OF LANGUAGE] language, does [NAME] have difficulty communicating; for example understanding or being understood?		FOR CODES 2-4 IN COLUMN 2-7:				
	1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot see at all		1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot hear at all		1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot walk at all		1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot remember/ concentrate at all		1= No - no difficulty 2= Yes - some difficulty 3= Yes – a lot of difficulty 4= Cannot care for self at all		1= No – no difficulty 2= Yes – some difficulty 3= Yes – a lot of difficulty 4= Cannot communicate/ understand at all		Check columns 2-7 if [NAME] has any difficulty: Does this difficulty reduce the amount of work [NAME] can do at home, at work or at school? 1= Yes, all the time 2= Yes, sometimes 3= No 4= NA (If not working or not attending school)		REHABILITATION During the past 12 months, what measures are taken to improve [NAME]'s performance of activities? USE CODES AT RIGHT (IN SECTION 7B)		
		YEAR OF ONSET		YEAR OF ONSET		YEAR OF ONSET		YEAR OF ONSET		YEAR OF ONSET		YEAR OF ONSET		YEAR OF ONSET	At Home	At School	At Work
1	2A	2B	3A	3B	4A	4B	5A	5B	6A	6B	7A	7B	8A	8B	8C	9	
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	

CODES FOR COL 9
 1= None
 2= Surgical operation
 3= Medication
 4= Assistive devices (glasses, wheelchair, braces, hearing aid, artificial limbs)
 5= Special education
 6= Skills training (vocational)
 7= Activity of Daily Living (ADL) training
 8= Counseling
 9= Spiritual/traditional healer
 96= Other (specify

Section 8: Labour Force Status (for all household members 5 years and above)

For all household members 5 years and above (usual and regular)

PERSON ID	IS [NAME] ANSWERING FOR HIMSELF OR HERSELF? FOR CHILDREN UNDER THE AGE OF 7, THE GUARDIAN SHOULD RESPOND FOR THEM. 1= Yes (>>4) 2= No	WHAT IS THE ID CODE OF THE PERSON RESPONDING FOR [NAME]?	In the last week did [NAME] work for a wage, salary, commission or any payment in kind, from work in agriculture or non agriculture, and including doing paid domestic work, even if it was for only one hour? 1 = Yes 2 = No	Did [NAME] do this type of work in the last 12 months?	In the last week, did [NAME] run a business of any size, for themselves or another household member, even if it was for only one hour?	Did [NAME] run a business in the last 12 months?	In the last week, did [NAME] help without being paid in any kind of business run by this household, even if it was only for one hour?	Did [NAME] do this in the last 12 months?	In the last week, was [NAME] an apprentice? INCLUDE APPRENTICESHIPS THAT ARE PAID CASH, PAID IN KIND, UNPAID, OR FOR WHICH THE APPRENTICE PAYS TO PARTICIPATE	Was [NAME] an apprentice in the last 12 months?	In the last week, did [NAME] work on this household's farm? EXAMPLE: TENDING CROPS, FEEDING ANIMALS, ETC.	Did [NAME] work on the household's farm in the past 12 months?	AMONG THE ANSWERS TO 4, 6, 8, 10 AND 12, IS THERE A "YES" (CODE 1)?	Even if [NAME] did not do any work for pay or profit, did not help without pay in household business and did not participate in an apprenticeship in the last 7 days, did [NAME] have a job or business they will definitely return to?
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
01														
02														
03														
04														
05														
06														
07														
08														
09														
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Section 8 Cont'd: Labour Force Status (for all household members 5 years and above)

PERSON ID	In the last four weeks, was [NAME] looking for any kind of job? 1 = Yes 2 = No	What did [Name] do to look for work?		In the last four weeks, was [NAME] trying to start any kind of business? 1=Yes [>>48] 2=No	What best describes [NAME]'s situation at this time? For example, [NAME] is ill, disabled, in school, taking care of household family, or something else? 1=Ill/sick 2=Disabled 3=In school 4=Taking care of house or family 5=Retired 6=Waiting for reply from employer 7=Waiting for busy season 8=Other (specify) [>>48]	MAIN JOB							
		1= Registered with a recruitment agency (either public, private institution or on Internet) 2= Replied to advertisements in newspapers, posters or internet 3= Inquiring from persons with public or private sector job contacts 4=Other (Specify)				What kind of work does [NAME] usually do in the (main) job/business that [NAME] had during the last week? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.	What are the main goods/services produced at [NAME]'s place of work or its main function? DESCRIBE THE INDUSTRY E.G. <i>restaurant, primary school, appliance factory, real estate office.</i>	When did [NAME] start to work for this employer or start running the business?	In this (main) job/business that [NAME] had during the last week, was [NAME] 1=Working for someone else for pay? 2=An employer? (>>32) 3=An own-account worker? (>>32) 4=Helping without pay in a household business? (>>32) 5=An apprentice? (>> 34) 6=Working on the household farm or with household livestock? (>> 36)				
										DESCRIPTION	CODE	DESCRIPTION	CODE
1	16	17A	17B	17	18	19A	19B	20A	20B	21A	21B	22	
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													

Section 8 Cont'd: Labour Force Status (for all household members 5 years and above)

P E R S O N I D	FOR EMPLOYEES									During the last 7 days, how many hours did [NAME] work on each day?							How much was [NAME]'s last cash payment and the estimated value of what [NAME] last received in kind for the main job during the last week? What period of time did this payment cover?		
	Does this employer contribute to any pension/retirement fund (e.g. NSSF) for [NAME]?	Is [NAME] entitled to any paid leave from this employer?	Is [NAME] entitled to medical benefits from this employer?	Does this employer deduct or pay income tax (PAYE) from [NAME]'s salary/wage?	Is [NAME]'s employment agreement	Is [NAME]'s position...	What is the duration of [NAME]'s employment agreement?	During the last 12 months, for how many a) months b) weeks per month did [NAME] work in this job?		ACTUAL NUMBER OF HOURS WORKED STARTING FROM THE PREVIOUS DAY AND GOING BACKWARDS ON MAIN JOB.							CASH PAYMENTS SHOULD INCLUDE SET RATE, COMMISSIONS, TIPS AND F CASH ALLOWANCES. IF NOT CASH OR IN-KIND PAYMENT WAS RECEIVED, RECORD '0' IN COL 31A & 31B.		
	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Written 2 = Verbal	1= Permanent and pensionable (>>30) 2=An open ended appointment (>>30) 3=A fixed term	1=A week or less 2=More than a week but less than a month 3=One to six months 4=Seven to eleven months 5=One to five years 6=More than 5 years			Sun	Mon	Tue	Wed	Thu	Fri	Sat	Cash	Estimated cash value of in-kind payments	Time 1= Hour 2= Day 3=Week 4=Month 5=Other (specify)
	23	24	25	26	27	28	29	30	30B	36A	36B	36C	36D	36E	36F	36G	31A	31B	31C
1																			
01																			
02																			
03																			
04																			
05																			
06																			
07																			
08																			
09																			
10																			

Section 8 Cont'd: Labour Force Status

P E R S O N I D	FOR EMPLOYERS, OWN ACCOUNT WORKERS, AND UNPAID FAMILY WORKERS		FOR APPRENTICES		MAIN JOB	In the last week, did [NAME] have more than one economic activity, such as a job, business, household enterprise or farm? 1=Yes 2=No (>>46)	SECOND JOB								
	Is [NAME]'s business (or household business where [NAME] works) registered for VAT? 1=Yes 2=No 8=Don't know 9=Refused	Is [NAME]'s business (or household business where [NAME] works) registered for income tax? 1=Yes 2=No 8=Don't know 9=Refused	In this apprenticeship was [NAME]? READ TO RESPOND- ENT AND MARK UP TO 2. A=Unpaid B=Paid cash C=Paid in kind D=Required to pay to participate	Is [NAME]'s employer /business (at [NAME]'s main job) 1=National Government 2=Local government 3=Government controlled business (NWSC, UMEME) 4=A commercial bank 5=A private enterprise (other than a commercial bank) 6= Non-profit organization (NGO/CBO) 7= A private household	What kind of work do [NAME] usually do in the secondary job/business that you had during the last week? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. (E.g. vegetable farmer, primary school teacher, computer programmer.)		What are the main goods/services produced at [NAME]'s second place of work or its main function? DESCRIBE THE INDUSTRY E.G. restaurant, primary school, appliance factory, real estate office.	When did [NAME] start to work for this employer or start running the business?	In this (second) job/business that [NAME] had during the last week, was [NAME] 1=Working for someone else for pay? 2=An employer? 3=An own-account worker? 4=Helping without pay in a household business? 5=An apprentice? 6=Working on the household farm or with household livestock? (>> 43)	DESCRIPTION		CODE		YEAR	MONTH
										DESCRIPTION	CODE	DESCRIPTION	CODE	YEAR	MONTH
1	32	33	34A	34B	35	37	38A	38B	39A	39B	40A	40B	41		
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															

Section 8 Cont'd: Labour Force Status (for all household members 5 years and above)

PERSON ID	SECOND JOB (cont.)							Last week, would [NAME] have liked to work more hours than [NAME] actually worked, provided the extra hours had been paid? 1=Yes, in the current job 2=Yes, in taking an additional job 3=Yes, in a different job with more hours 4=No 9=Don't know	USUAL ACTIVITY STATUS (MAIN)					
	Is [NAME]'s employer /business (at main job) 1=National Government 2=Local government 3=Government controlled business (NWSC, UMEME) 4=A commercial bank 5=A private enterprise (other than a commercial bank) 6= Non-profit organization (NGO/CBO) 7= A private household	Last week, how many hours did [NAME] actually work at the second income generating activities?	During the last 12 months, for how many a) months b) weeks per month did [NAME] work in this job?	How much was [NAME]'s last cash payment and the estimated value of what [NAME] last received in kind for the main job during the last week? What period of time did this payment cover? CASH PAYMENTS SHOULD INCLUDE SET RATE, COMMISSIONS, TIPS AND CASH ALLOWANCES. IF NOT CASH OR IN-KIND PAYMENT WAS RECEIVED, RECORD '0' IN COL 45A & 45B.			Over the last 12 months, was the work [NAME] spent most of the time doing: 1= The same as the main job [NAME] spent the most time doing in the last week [JOB IN COL 19A]? (>> 54) 2= The same as the secondary job [NAME] did in the last week [JOB IN COL 38A]? (>> 54) 3=A job not yet mentioned (>>49)		AMONG THE ANSWERS TO 5,7,9,11,13 IS THERE A "YES" (CODE 1)? 1=Yes 2=No (>> 59)	What kind of work does [NAME] usually do in the (main) job/business that [NAME] had during the 12 months? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.		What are the main goods/services produced at this place of work or its main function? DESCRIBE THE INDUSTRY E.G. restaurant, primary school, appliance factory, real estate office.		
				Cash	Estimated cash value of in-kind payments	Time 1= Hour 2= Day 3=Week 4=Month 5=Other (specify)				DESCRIPTION	CODE	DESCRIPTION	CODE	
	42	43	44	44B	45A	45B	45C	46	47	48	49A	49B	50A	50B
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														

Section 8 Cont'd: Labour Force Status (for all household members 5 years and above)

USUAL ACTIVITY STATUS (MAIN)														
PERSON ID	In this job/business that [NAME] had during the last 12 months, was [NAME]? 1=Working for someone else for pay? 2=An employer? 3=An own-account worker? 4=Helping without pay in a household business? 5=An apprentice? 6=Working on the household farm or with household livestock?	During the last 12 months for how many months did [NAME] work in this activity?			How much was [NAME]'s last cash payment and the estimated value of what [NAME] last received in kind for the main job during the last 12 months? What period of time did this payment cover? CASH PAYMENTS SHOULD INCLUDE SET RATE, COMMISSIONS, TIPS AND CASH ALLOWANCES. IF NOT CASH OR IN-KIND PAYMENT WAS RECEIVED, RECORD '0' IN COL 53A & 53B.	Over the last 12 months, did [NAME] have any other job that has not yet been mentioned [NOT LISTED IN COL 19A, COL 38A, COL 49A]? 1=Yes 2=No (=>59)	What kind of work does [NAME] usually do in the (main) job/business that [NAME] had during the 12 months? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.	When did [NAME] start to work for this employer or start running this business		Is [NAME's] employer/business (at [NAME's] usual activity)? 1=National Government 2=Local Government 3=Government controlled business (NWSC, UMEME) 4=A commercial bank 5=A private enterprise (other than a commercial bank) 6=Non-profit organisation (NGO/CBO) 7=A private household				
		b) During the last month for how many weeks per month did [NAME] work in this activity?	c) During the last week for how many hours did [NAME] work in this activity?	Cash				Estimated cash value of in-kind payments	Time 1= Hour 2= Day 3=Week 4=Month 5=Other (specify)		DESCRIPTION	CODE	month	year
1	51	52	52B	52C	53A	53B	53C	54	55A	55B	55C	55D	55G	
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														

[illegible]

Section 8 Cont'd: Labour Force Status (for all household members 5 years and above)

P E R S O N I D	NON-MARKET LABOUR ACTIVITIES								In the last 7 days, how many hours did [NAME] spend on domestic activities?
	In the last 7 days, how much time in hours did [NAME] spend collecting firewood for the household, including travel time?	In the last 7 days, how much time in hours did [NAME] spend fetching water for the household, including travel time?	In the last 7 days, how much time in hours did [NAME] spend constructing your dwelling, farm buildings, private roads, or wells?	In the last 7 days, how much time in hours did [NAME] spend making major repairs to their dwelling, farm buildings, private roads, or wells?	In the last 7 days, how much time in hours did [NAME] spend on milling and other food processing for the household? <i>(This includes threshing and milling grain, making butter and cheese, slaughtering livestock, curing hides and skins, preserving food for later consumption, making beer and alcohol, and other similar activities. <u>It does not include preparing food for immediate consumption</u>)</i>	In the last 7 days, how much time in hours did [NAME] spend making handicrafts for household use? <i>(This includes making furniture, clothing, clay pots, baskets, mats, and other similar activities.)</i>	In the last 7 days, how much time in hours did [NAME] spend on agriculture? <i>(This includes growing or gathering field crops, fruits, and vegetables; producing eggs and milk; burning charcoal; and other similar activities)</i>	In the last 7 days, how much time in hours did [NAME] spend on hunting and fishing? <i>(This includes hunting animals and birds; catching fish, crabs, and shellfish; and other similar activities.)</i>	
	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
1	59	60	61	62	63	64	65	66	67A
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

Section 9A: Housing Conditions, Water and Sanitation

Now we would like to ask you about your housing conditions: all the rooms and all separate building used by your household members.

[illegible][illegible]

Section 10A: Energy Use

Does this house have electricity? 1=Yes 2=No(>>6)	How many hours per day do you usually have power, in a season like this?	How does the household pay for the electricity it uses? 1= Bill from power company 2= Provide in rent >>6 3= Free use/illegal connections >>6 4= Pay fee to neighbor >>5 5= Operating cost of own generator >>7 8= Other (specify) >>5	What was the quantity of electricity used? ASK TO SEE MOST RECENT BILL. [INTERVIEWER: DO NOT INCLUDE PAST DUE CHARGES]	How much did your household pay for electricity in the last month?		Does this house have a generator? 1=Yes 2=No(>>8)	How much did your household pay for diesel or gasoline for your generator in the last month?			
	HOURS		KWH for billing period	SHILLINGS	NO OF DAYS COVERED IN THE BILLING PERIOD		DIESEL		PETROL	
							SHILLINGS	QUANTITY (IN LITRES)	SHILLINGS	QUANTITY (IN LITRES)
1	2	3	4	5A	5B	6	7A	7B	7C	7D

Which of the following types of stoves are used by this household? A= Electric B= LPG C= Kerosene D= Wood / Sawdust Burning E= Efficient Wood Burning F=Charcoal G= Other Biomass Burning H= Open fire I= Other (specify) J=None (>>14)	Which is the stove used most often by this household? 1= Electric (>>11) 2= LPG (>>11) 3= Kerosene 4= Wood / Sawdust Burning 5= Efficient Wood Burning 6=Charcoal 7= Other Biomass Burning 8= Open fire 9= Other (specify)	Does this [MAIN STOVE] have a chimney? 1= Yes 2= No	Approximately how many hours a day is the [MAIN STOVE] in use (burning/on) by the household?	Where is the [MAIN STOVE] located? 1= In a separate kitchen 2= In a room in the dwelling not just devoted to cooking 3= In an outdoor space
			HOURS	
8	9	10	11	12

Section 10B Cont'd: Energy Use

F U E L I D		Does your household use [FUEL]? 1=Yes 2=No (>> NEXT FUEL)	Do you use this [FUEL] for:			Where do you get most of [FUEL]? 1= Purchase from shop 2= Purchase from marketplace 3= Purchase from public utility 4= Purchase on the black market 5= Gather / collect from own land (>>NEXT FUEL) 6= Gather / collect from village (>>NEXT FUEL)	How much did your household pay for the [FUEL] used in the last month? [>> NEXT FUEL]		
			a) Cooking 1= Yes 2= No	b) Lighting 1= Yes 2= No	c) Heating 1= Yes 2= No		SHILLINGS	QUANTITY	UNIT OF MEASURE 1= Kg 2= Liter 3= Bundle 8= Other
13		14	15A	15B	15C	16	17A	17B	17C
1	Firewood								
2	Dung								
3	Crop Residue								
4	Kerosene								
5	LPG								
6	Charcoal								
7	Solar								
8	Electricity								

Section 11: Other Household Income in the past 12 months?

1 What is the household's most important source of earnings during last 12 months?

USE CODES AT RIGHT

Type of income	Income code	Has the household received any income from [...] in the past 12 months? 1= Yes 2= No (>> NEXT CATEGORY)	Amount received during the past 12 months. If amount was in kind, give the estimated cash value.		What were the common uses for the remittances and assistance received?
			Cash (SHILLINGS)	In-kind (Estimated cash value) (SHILLINGS)	
2	3	4	5	6	7
Income from household enterprises					
Crop farming Enterprises	11				
Other Agricultural Enterprises	12				
Non-agricultural Enterprises	13				
Property Income					
Net actual rents received from building/property	21				
Net rent received from land	22				
Royalties	23				
Investments					
Interest received from current account	31				
Interest from other type of account	32				
Interest from shares	33				
Dividends	34				
Payments from bonds	35				
Payments from treasury bills	36				
Current transfers and other benefits					
Pension and life insurance annuity benefits	41				
Remittances and assistance received locally (elsewhere in the country)	42				
Remittances and assistance received from abroad	43				
Income from the sale of assets excluding livestock	44				
Other income (inheritance, alimony, scholarship, other unspecified income, etc.)	45				

CODES FOR QN 1

1= Subsistence farming
2= Commercial farming
3= Wage employment
4= Non-agricultural enterprises
5= Property income
6= Transfers (pension, allowances, social security benefits,)
7= Remittances
8= Organizational support (e.g. food aid, WFP, NGOs etc)
9=Other (specify)

CODES FOR COL 7

1= Buy land
2= Buy livestock
3= Buy farm tools and implements
4= Buy farm inputs such as seeds, fertilizer, pesticides
5= Purchase inputs/working capital for non-farm enterprises
6= Pay for building materials (To buy house)
7= Buy consumption goods and services
8= Pay for education expenses
9= Pay for health expenses
10= Pay for ceremonial expenses
96= other (specify)

Section 12: Non-Agricultural Household Enterprises/Activities

1 Over the past 12 months, has anyone in your household operated any non-agricultural enterprise which produces goods or services (for example, artisan, metalworking, tailoring, repair work; also include processing and selling your outputs from your own crops if done regularly) or has anyone in your household owned a shop or operated a trading business or profession?

1=Yes
2=No
(->SECTION

2 WHAT IS THE ID CODE OF THE RESPONDENT TO THIS SECTION?

ENTERPRISE ID	Description of enterprise	Industry code SEE CODE SHEET	Has this enterprise been in operation at all in the last 12 months? 1=Yes->5A 2=No	If no, why not?	Are you expecting to re-start operation over the next 12 months? 2=No 3=Yes, certainly	Who in the household owns/ manages this enterprise? LIST UP TO 2 ID CODES		When was this enterprise first started?		Where was this business operated? 1 = Home Inside the Residence 2 = Home Outside the Residence 3 = Industrial Site 4 = Traditional Market 5 = Commercial District Shop 6 = Roadside 7 = Other Fixed Place 8 = Mobile	What was the main source of money for setting up this business? 1= Didn't need any money 2= Own savings 3= Commercial/ Development bank 4= Microfinance institutions 5= Local group 6= NGO 8= Other (Specify)	Did this business receive a credit to operate or expand your business during the past 12 months? 1= Yes 2= No (-> 11)	What was the major source?
						MONTH	YEAR	6A	6B				
3A	3B	4	4A	4B	4C	5A	5B	6A	6B	7	8	9	
1													
2													
3													
4													
5													

Who in the household works on this activity? LIST UP TO 5 ID CODES FROM ROSTER						In the past 12 months, how many months did the enterprise operate?	If <u>q12<12months</u> Is the enterprise in operation today?	What is/was the average monthly gross revenues during the months of operation? SHILLINGS	How many people does this enterprise hire during a typical month of operation?	What is/was the average expenditure on wages during a typical month of operation? SHILLINGS	What is/was the average expenditure on raw materials during a typical month of operation? SHILLINGS	Other operating expenses such as fuel, kerosene, electricity etc. during typical month of operation? SHILLINGS	Is this enterprise registered for VAT? 1=Yes 2=No 8=Refused 9=Don't Know	Is this enterprise registered for income tax? 1=Yes 2=No 8=Refused 9=Don't Know	CODES FOR Q.10 1= Formal Banks (commercial/ development) 2= Micro finance institutions 3= NGO 4= Credit union 5= Landlord 6= Employer 7= Local group 8= Relative 9= Friend 10= Local money lender 96= Other (Specify)
11A	11B	11C	11D	11E	12	12A	13	14	15	16	17	18	19		
1															
2															
3															
4															
5															

Section 13: Financial Services Use

FOR 1-3: In the last 12 months, has any member of your household...			Compared to the total amount of money that your household had saved this time a year ago, is the amount that your household has saved now: 1= Much greater 2= Somewhat greater 3= Same 4= Somewhat less 5= Much less 6=Never saved	FOR 5-12: In the last 12 months, has any member of your household...							
... used a credit union, saving association or micro-finance institution to save money? 1=Yes 2=No	... used a SACCOS to save money? 1=Yes 2=No	... used other informal savings club (with a community or religious organization) to save money? 1=Yes 2=No		... borrowed any money or taken out a loan from a Bank? 1=Yes 2=No	... borrowed any money or taken out a loan from any government agency? 1=Yes 2=No	... borrowed any money or taken out a loan from a credit union? 1=Yes 2=No	... borrowed any money or taken out a loan from a micro finance institution? 1=Yes 2=No	... borrowed any money or taken out a loan from an employer? 1=Yes 2=No	... borrowed money or taken a loan from a SACCOS or any other informal savings club? 1=Yes 2=No	... borrowed money or taken a loan from a relative or friend? 1=Yes 2=No	...borrowed money or taken a loan from a money lender? 1=Yes 2=No
1	2	3	4	5	6	7	8	9	10	11	12

[INTERVIEWER: DID RESPONDE NT ANSWER YES TO ANY OF QUESTIONS 5-12?] 1=Yes (>>16) 2=No	Did any member of your household apply for a loan or ask to borrow money in the last 12 months and did not obtain the loan? (Application rejected)? 1=Yes (>>16) 2=No	Why did no one apply for a loan or ask to borrow money in the last 12 months? 1= No need 2= Believed would have been refused 3= Too costly 4= Inadequate collateral 5= Do not like to be in debt 6= Do not know any lender 8= Other (specify) [>> 18]	For the most recent time in the last 12 months that any member of your household applied for a loan or asked to borrow money: What was the source of credit? 1= Bank 2= Government 3= Credit Union 4= Micro-finance 5= Employer 6= SACCO 7= Relative/friend 8= Money lender 9= Local group 96= Other (specify)	For the most recent time in the last 12 months that any member of your household applied for a loan or asked to borrow money: What was the main purpose of the loan? USE CODES FOR SEC 11 COL7	In the last 12 months, has any member of your household bought anything using a credit card or for hire purchase or installment? 1=Yes 2=No	Does any member of your household have a saving account with formal institutions? 1=Yes 2=No (>>21)	Does any member of your household have a saving account with a bank? 1=Yes 2=No	FOR 21-25: Does any member of your household currently have...				
								...health insurance? 1=Yes 2=No	...life insurance? 1=Yes 2=No	... vehicle insurance? 1=Yes 2=No	... property (dwelling and/or household goods) insurance? 1=Yes 2=No	...crop insurance or other agriculture insurance? 1=Yes 2=No
13	14	15	16	17	18	19	20	21	22	23	24	25

Section 14: Household Assets

Now I would like to ask you about assets owned by your household.

Type of assets	Asset code	Number owned last year	Does any member of your household own [ASSET] at present? 1=Yes 2=No (>> NEXT ASSET)	How many [...] do your household own at present?		Why do you have less [...] than last year?	Why do you have more [...] than last year?
				Number	Total estimated value (in Shs)		
1	2	2B	3	4	5	6	7
Household Assets							
House	01						
Other Buildings	02						
Land	03						
Furniture/Furnishings	04						
Household Appliances e.g. Kettle, Flat iron, etc.	05						
Television	06						
Radio/Cassette	07						
Generators	08						
Solar panel/electric inverters	09						
Bicycle	10						
Motor cycle	11						
Motor vehicle	12						
Boat	13						
Other Transport equipment	14						
Jewelry and Watches	15						
Mobile phone	16						
Computer	17						
Internet Access	18						
Other electronic equipment	19						
Other household assets e.g. lawn mowers, etc.	20						
Other 1 (specify)	21						
Other 2 (specify)	22						

CODES FOR Q6

- 1.= Sold Asset
- 2.= Asset Destroyed
- 3.= Asset Given Away
- 4.= Asset Stolen
- 5.= An old member of the HH took them with him/her
- 6.= The number of Assets was misreported Last Time (**this should prompt interviewer for a comment on what should have been the answer last time**)

CODES FOR Q7

- 1. = Purchased additional asset
- 2.= Received Gift/inheritance of additional asset
- 3.= A new member to the HH brought them with him/her
- 4.= The number of Assets was misreported Last Time (**this should prompt interviewer for a comment on what should have been the answer last time**)

Section 15: Household Consumption Expenditure

Part B: Food, Beverage, and Tobacco (During the Last 7 Days)

Item Description	Code	Did you consume [ITEM] 1= Yes 2= No	How many days was [ITEM] consumed out of the last 7 days?	Unit of Qty	Consumption out of Purchases				Consumption out of home produce		Received in-kind/Free		Market Price	Farm gate price
					Household		Away from home		Qty	Value	Qty	Value		
					Qty	Value	Qty	Value						
1	2	3A	3B	3C	4	5	6	7	8	9	10	11	12	13
Matooke (Bunch)	101													
Matooke (Cluster)	102													
Matooke (Heap)	103													
Matooke (Others)	104													
Sweet Potatoes (Fresh)	105													
Sweet Potatoes (Dry)	106													
Cassava (Fresh)	107													
Cassava (Dry/ Flour)	108													
Irish Potatoes	109													
Rice	110													
Maize (grains)	111													
Maize (cobs)	112													
Maize (flour)	113													
Bread	114													
Millet	115													
Sorghum	116													
Beef	117													
Pork	118													
Goat Meat	119													
Other Meat	120													
Chicken	121													
Fresh Fish	122													
Dry/ Smoked fish	123													
Eggs	124													
Fresh Milk	125													
Infant Formula Foods	126													
Cooking oil	127													
Ghee	128													
Margarine, Butter, etc	129													

Part B cont'd: Food, Beverage, and Tobacco (During the Last 7 Days)

Item Description		Code	Did you consume [ITEM] 1= Yes 2= No	How many days was [ITEM] consumed out of the last 7 days?	Unit of Qty	Consumption out of Purchases				Consumption out of home produce		Received in-kind/Free		Market Price	Farm gate price		
						Household		Away from home		Qty	Value	Qty	Value			Qty	Value
						Qty	Value	Qty	Value								
1		2	3A	3B	3C	4	5	6	7	8	9	10	11	12	13		
Passion Fruits		130															
Sweet Bananas		131															
Mangos		132															
Oranges		133															
Other Fruits		134															
Onions		135															
Tomatoes		136															
Cabbages		137															
Dodo		138															
Other vegetables		139															
Beans fresh)		140															
Beans (dry)		141															
Ground nuts (in shell)		142															
Ground nuts (shelled)		143															
Ground nuts (pounded)		144															
Peas		145															
Sim sim		146															
Sugar		147															
Coffee		148															
Tea		149															
Salt		150															
Soda*		151															
Beer*		152															
Other Alcoholic drinks		153															
Other drinks		154															
Cigarettes		155															
Other Tobacco		156															
Expenditure in Restaurants on:																	
	1. Food	157															
	2. Soda	158															
	3. Beer	159															
Other juice		160															
Other foods		161															

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

PART B Cont'd: Food Fortification

CHECK WHETHER THE HOUSEHOLD CONSUMED ANY MAIZE FLOUR, SUGAR, SALT OR COOKING OIL DURING THE LAST 7 DAYS

Item Description	Code	Did the household consume [ITEM] 1= Yes 2= No	Is the [ITEM] fortified? 1= Yes 2= No 3= Don't Know CHECK FOR FORTIFICATION LOGO OR SHOW SAMPLE TO RESPONDENT	What Brand of MAIZE FLOUR was consumed? SPECIFY		What brand of COOKING OIL was consumed?		What brand of SUGAR was consumed?		What brand of SALT was consumed?	
1	2	14	15	16A	CODE 16B	17A	CODE 17B	18A	CODE 18B	19A	CODE 19B
Maize flour	113										
Cooking oil	127										
Sugar	147										
Salt	150										

Part C: Non-Durable Goods and Frequently Purchased Services (During the last 30 days)

Item Description	Code	Unit of Quantity	Purchases		Home produced		Received in-kind/Free		Unit Price
			Qty	Value	Qty	Value	Qty	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								
Imputed rent of free house	303								
Maintenance and repair expenses	304								
Water	305								
Electricity	306								
Generators/lawn mover fuels	307								
Paraffin (Kerosene)	308								
Charcoal	309								
Firewood	310								
Others	311								
Non-durable and Personal Goods									
Matches	451								
Washing soap	452								
Bathing soap	453								
Tooth paste	454								
Cosmetics	455								
Handbags, travel bags etc	456								
Batteries (Dry cells)	457								
Newspapers and Magazines	458								
Others	459								
Transport and communication									
Tires, tubes, spares, etc	461								
Petrol, diesel etc	462								
Taxi fares	463								
Bus fares	464								
Boda boda fares	465								
Stamps, envelops, etc.	466								
Air time & services fee for owned fixed/ mobile phones	467								
Expenditure on phones not owned	468								
Others	469								

Part C cont'd: Non-Durable Goods and Frequently Purchased Services (During the last 30 days)

Item Description	Code	Unit of Quantity	Purchases		Home produced		Received in-kind/Free		Unit Price
			Qty	Value	Qty	Value	Qty	Value	
1	2	3	4	5	6	7	8	9	10
Health and Medical Care									
Consultation Fees	501								
Medicines etc	502								
Hospital/ clinic charges	503								
Traditional Doctors fees/ medicines	504								
Others	505								
Other services									
Sports, theaters, etc	601								
Dry Cleaning and Laundry	602								
Houseboys/ girls, Shamba boys etc	603								
Barber and Beauty Shops	604								
Expenses in hotels, lodging, etc	605								

Part D: Semi-Durable Goods and Durable Goods and Service (During the last 365 days)

Item Description	Code	Purchases	Consumption out of household /enterprise stock	Received in-kind/Free
		Value	Value	Value
1	2	3	4	5
Clothing and Footwear				
Men's clothing	201			
Women's clothing	202			
Children's clothing (excluding school uniforms)	203			
Other clothing and clothing materials	204			
Tailoring and Materials	205			
Men's Footwear	206			
Women's Footwear	207			
Children's Footwear	208			
Other Footwear and repairs	209			
Furniture, Carpet, Furnishing etc				
Furniture Items	301			
Carpets, mats, etc	302			
Curtains, Bed sheets, etc	303			
Bedding Mattresses	304			
Blankets	305			
Others and Repairs	306			
Household Appliances and Equipment				
Electric iron/ Kettles etc	401			
Charcoal and Kerosene Stoves	402			
Electronic Equipment (TV, radio cassette etc)	403			
Bicycles	404			
Radio	405			
Motors, Pick-ups, etc	406			
Motor cycles	407			
Computers for household use	408			
Phone Handsets (both fixed and mobile)	409			
Other equipment and repairs	410			
Jewelry, Watches, etc	411			

Part D cont'd: Semi-Durable Goods and Durable Goods and Service (During the last 365 days)

Item Description	Code	Purchases	Consumption out of household enterprise stock	Received in-kind/Free
		Value	Value	Value
1	2	3	4	5
Glass/ Table ware, Utensils, etc				
Plastic basins	501			
Plastic plates/ tumblers	502			
Jerry canes and plastic buckets	503			
Enamel and metallic utensils	504			
Switches, plugs, cables, etc	505			
Others and repairs	506			
Education				
School fees including PTA	601			
Boarding and Lodging	602			
School uniform	603			
Books and supplies	604			
Other educational expenses	605			
Services Not elsewhere Specified				
Expenditure on household functions	701			
Insurance Premiums	702			
Other services N.E.S.	703			

Part E: Non-consumption Expenditure

Item description	Code	Value (During the last 365 days)
1	2	3
Income tax	801	
Property rates (taxes)	802	
User fees and charges	803	
Local Service tax	804	
Pension and social security payments	805	
Remittances, gifts, and other transfers	806	
Funerals and other social functions	807	
Interest on loans	808	
Others (like subscriptions, interest to consumer debts, etc.)	809	

Section 16: Shocks & Coping Strategies

Code	Description of distress events	Did you experience [SHOCK] during the past 12 months? 1 = Yes 2 = No (>> NEXT SHOCK)	When did the [SHOCK] first occur?		How long did the shock last? (RECORD NUMBER OF MONTHS) IF LESS THAN 1 MONTH RECORD '00'	As a result of the [SHOCK], was there a decline in your household's...				How did your household cope with this [SHOCK]?		
			1=Jan 2=Feb 3=Mar 4=Apr 5=May 6=Jun	7=July 8=Aug 9=Sept 10=Oct 11=Nov 12=Dec		1 = Yes 2 = No				UP TO 3 ANSWERS WITH RANK FOR EACH SHOCK EXPERIENCED. USE CODES BELOW.		
						Income	Assets	Food Production	Food Purchases	1st	2nd	3rd
		1	2A		2B	3A	3B	3C	3D	4A	4B	4C
101	Drought/Irregular Rains											
102	Floods											
103	Landslides/Erosion											
104	Unusually High Level of Crop Pests & Disease											
105	Unusually High Level of Livestock Disease											
106	Unusually High Costs of Agricultural Inputs											
107	Unusually Low Prices for Agricultural Output											
108	Reduction in the Earnings of Currently (Off-Farm) Employed Household Member(s)											
109	Loss of Employment of Previously Employed Household Member(s) (Not Due to Illness or Accident)											
110	Serious Illness or Accident of Income Earner(s)											
111	Serious Illness or Accident of Other Household Member(s)											
112	Death of Income Earner(s)											
113	Death of Other Household Member(s)											
114	Theft of Money/Valuables/Non-Agricultural Assets											
115	Theft of Agricultural Assets/Output (Crop or Livestock)											
116	Conflict/Violence											
117	Fire											
118	Other (Specify)											

CODES FOR COL 4A, 4B, 4C

1 = Unconditional help provided by relatives/friends
 2 = Unconditional help provided by local government
 3 = Changed dietary patterns involuntarily (Relied on less preferred food options, reduced the proportion or number of meals per day, skipped days without eating, etc...)
 4 = Changed cropping practices (crop choices or technology)
 5 = Household member(s) took on more non-farm (wage- or self-) employment

6 = Household member(s) took on more farm wage employment
 7 = Household member(s) migrated
 8 = Relied on savings
 9 = Obtained credit
 10 = Sold durable household assets (agricultural or non-agricultural)
 11 = Sold land/building
 12 = Rented out land/building
 13 = Distress sales of animal stock

14 = Sent children to live elsewhere
 15 = Reduced expenditures on health and education
 96=Other (specify)

Section 17: Welfare and Food Security

WHAT IS THE ID CODE OF THE RESPONDENT TO THIS SECTION?	Does every member of the household have at least two sets of clothes?	Does every child in this household (all those under 18 years old) have a blanket?	Does every member of the household have at least one pair of shoes?	How many meals, including breakfast are taken per day in your household?	What did you do when you last ran out of salt?	FOR HOUSEHOLD WITH CHILDREN UNDER AGE 5 (IF NONE, WRITE '12'):	FOR HOUSEHOLD WITH CHILDREN 5-13 (IF NONE, WRITE '12'):	Have you been faced with a situation when you did not have enough food to feed the household in the last 12 months?
						What did your children below 5 years old (0-4 years) have for breakfast yesterday?	What did your children between 5 to 13 years old have for breakfast yesterday?	
	1= Yes 2= No	1= Yes 2= No 3= Not Applicable	1= Yes 2= No		1= Borrowed from neighbors 2= Bought 3= Did without 4= Does not cook at all 5= Not applicable	01=Tea/drink with sugar 02=Milk/milk tea with sugar 03=Solid food only 04=Tea/drink with solid food 05=Tea/drink without sugar with solid food 06=Porridge with solid food 07=Porridge with sugar 08=Porridge with milk 09=Porridge without sugar 11=Nothing 12=No under 5s in the household 96=Other (Specify)	01=Tea/drink with sugar 02=Milk/milk tea with sugar 03=Solid food only 04=Tea/drink with solid food 05=Tea/drink without sugar with solid food 06=Porridge with solid food 07=Porridge with sugar 08=Porridge with milk 09=Porridge without sugar 11=Nothing 12=No 5-13 in the household 96=Other (Specify)	1=Yes 2=No [>>SECTION 18]
1	2	3	4	5	6	7	8	9

10 When did you experience this situation?

INTERVIEWER: CIRCLE ALL THAT APPLY.

- A. January
- B. February
- C. March
- D. April
- E. May
- F. June
- G. July
- H. August
- I. September
- J. October
- K. November
- L. December

11 Why?

INTERVIEWER: DO NOT READ OUT THE ANSWERS, CIRCLE ALL THAT APPLY.

- A. Because of inadequate household stocks due to drought/poor rains
- B. Inadequate food stocks from previous season because insecurity prevented us from harvesting the crop
- C. Inadequate household food stocks because of pest damage to crop
- D. Inadequate household food stocks because we did not plant enough
- E. We did not have enough money to buy food from the market
- F. Food in the market was very expensive
- G. No one was willing to offer us some food
- H. We could not cook because we had no fuel wood
- I. There was no food distribution
- J. Bread winner/head of household died or moved away
- K. We were not able to reach the market because of distance or insecurity or lack of transport
- L. There was no food in the market
- M. Floods / water logging
- N. Other (Specify)

Section 18: Transport Services and Road Infrastructure

SER. NO.		Do you have a [.....] in your community? 1=Yes 2=No (>>NEXT ROAD)	What is the commonest mode of transport used to reach the nearest [ROAD]? 1= Walking 2= Taxi (car) 3= Boda-boda 4= Bus/minibus 5= Motorcycle 6= Bicycle 7= Boat 8= Other (Specify)	How long does it take you to travel to the nearest [ROAD]?	Is the road usable all the year round? 1=Yes (>>NEXT ROAD) 2=No	Why was the road unusable? 1=Bad weather 2=Bad terrain 3=Potholes 4=Poor drainage 5=Bushy roads 6=Insecurity 8=Other (specify)
				TIME IN MINUTES		
	1	2	3	4	5	6
A	Trunk road (Tarmac)					
B	Trunk road (Murram)					
C	District/feeder road					
D	Community Access Road					

What is the distance from your household to the nearest public transport point/stage?	What type of road is this public transportation point/stage? 1= Trunk road (Tarmac) 2= Trunk road (Murrum) 3= District/feeder road 4= Community Access Road 8=Other (specify)
KILOMETERS	
7	8

HOUSEHOLD ACTIVITY		Was [ACTIVITY] affected by your local road conditions? 1=Yes 2=No (>>NEXT ACTIVITY)	How was [ACTIVITY] affected? INTERVIEWER: IF NEGATIVELY, PROBE FOR SEVERITY. 1=Made it easier 2=Did not affect much 3=Made it a little more difficult 4=Made it much more difficult 5=Made it impossible / almost impossible
	9	10	11
A	Agricultural Marketing		
B	Economic Activities		
C	Trade Costs		
D	Costs of Vehicle Operation		
E	Access to Basic Services (including health, education, etc.)		
F	Other (specify)		

END TIME

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Section 19: Link with the Agriculture Questionnaire

1. During the last completed cropping season (1st Season of 2010: Jan. – June 2010) and the current cropping season (2nd Season of 2010 July – Dec. 2010), has any member of your household cultivated crops including perennial crops (e.g. fruits)?

1= Yes

2= No

2. During the last 12 months, has any member of your household raised livestock or poultry?

1= Yes

2= No

INTERVIEWER:

(1) IF THE ANSWER TO QUESTION 1 IS YES, THE AGRICULTURE QUESTIONNAIRE SHOULD BE ADMINISTERED.

(2) IF ONLY THE ANSWER TO QUESTION 2 IS YES, THEN ONLY 'SECTIONS 6 TO 10' OF THE AGRICULTURE QUESTIONNAIRE SHOULD BE ADMINISTERED.

(3) IF THE ANSWERS TO QUESTIONS 1 AND 2 ARE ALL NO, THE AGRICULTURE QUESTIONNAIRE SHOULD NOT BE ADMINISTERED TO THE HOUSEHOLD.

FLAP

P E R S O N I D	NAME	SEX 1= M 2= F	AGE	ELIGIBLE FOR LABOUR MODULE (AGED 5 YEARS AND ABOVE) (CIRCLE LINE NUMBER)	CHILD UNDER 5 (CIRCLE LINE NUMBER)	WOMAN AGED 15- 49 ELIGIBLE FOR WOMAN'S SURVEY (CIRCLE LINE NUMBER)
01				01	01	01
02				02	02	02
03				03	03	03
04				04	04	04
05				05	05	05
06				06	06	06
07				07	07	07
08				08	08	08
09				09	09	09
10				10	10	10