



Uganda Bureau of Statistics



THE UGANDA NATIONAL PANEL SURVEY 2015/16

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; Rural =0</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

CODE									
1. NAME OF INTERVIEWER:									

DD MM YYYY									
2. DATE OF INTERVIEW:									

3. NAME OF SUPERVISOR:									
D D M M Y YYY									

4. DATE OF CHECKING:									
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5. STARTING TIME:									
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6a. RESPONSE CODE: 1 ST VISIT 1. Completed all of interview 2. Completed Roster & Link to Agriculture question in Sec19 – Only section required this visit 3. Partially completed sections required for this visit >>ask 6B 4. Not done at all >>ask 6B	6b. REASON <input style="width: 100%; height: 30px;" type="text"/>
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7a. RESPONSE CODE: 2 ND VISIT 1. Completed all of interview 2. Completed Roster UPDATE – Only section required this visit 3. Partially completed sections required for this visit >>ask 7B 4. Not done at all >>ask 7B	7b. REASON <input style="width: 100%; height: 30px;" type="text"/>
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CODES FOR 6b & 7b GIVE REASON IF THE HOUSEHOLD IS NOT ABLE TO PARTICIPATE IN OR COMPLETE THE SURVEY

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
Transferred due to work/ education from the camp	11	HH/Disintegrated	4
		Not at home for extended period	5
		Resettled home	
Dwelling destroyed	6	Moved to another camp	12

9. GPS COORDINATES:
N=1 S=2 D M
LAT <input style="width: 40px;" type="text"/> <input style="width: 40px; background-color: #cccccc;" type="text"/> <input style="width: 40px;" type="text"/>
LONG <input style="width: 40px;" type="text"/>

10. REMARKS:

a)

b)

c)

11a. Key respondent 1 st Visit		
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11b. Key respondent 2 nd Visit		
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CODES FOR COL6

- 1= New born
- 2= Returned from abduction/displacement
- 4= Bad living conditions at home
- 5= To look for work
- 8= Marriage
- 9= Divorce
- 10= Deceased
- 12= Looking for work elsewhere
- 13= Other economic reasons
- 14= Illness
- 15= Education
- 18= Started own household
- 20= Other (specify)

Section 3: General Information on Household Members Ask only household members (**USUAL AND REGULAR MEMBERS**).

P E R S O N I D	FAMILY BACKGROUND							ETHNICITY For all household members	MALARIA 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 (>>5A)	IF COL 2A IS YES=1 ID CODE OF FATHER >> 5A	What is the highest level of father's education completed? <i>SEE CODE BOOK</i>	What is his usual occupation? <i>SEE CODE BOOK.</i>	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? <i>SEE CODE BOOK</i>	What is her usual occupation? <i>SEE CODE BOOK.</i>	What is [NAME]'s ethnic group/tribe? <i>SEE CODE BOOK.</i>	Did [NAME] sleep under a mosquito net last night? 1= Yes, Untreated Net 2= Yes, Insecticide Treated Net 3= No (>> 13) 9= Don't Know (>> 13)	Under which kind or brand did [NAME] sleep?(observe) 1= Olyset 2= Permanet 3= Duranet 4= Net protect 5= Interceptor 6= Other 9= Don't Know/net not labeled	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	9	10	11	12
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												

Section 3 Cont'd: General Information on Household Members

P E R S O N I D	MIGRATION For all household members					
	In which region/district/country [NAME] born? SEE CODE BOOK.	How many years has [NAME] lived in this place/village? RECORD 100 IF SINCE BIRTH (>>NEXT PERSON) IF <1 YEAR, RECORD 00	In which region/district/country did [NAME] live 5 years ago? SEE CODE BOOK. DO NOT ASK IF AGE<5	In which region/district/ country did [NAME] live before moving to current place of residence? SEE CODE BOOK.	What was the main reason for moving to the current place of residence? 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)	In how many other places (such as another village, town or abroad) did [NAME] live for 6 or more months at one time since 2008/09 ?
1	13	15	14	16	18	19
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

CODES FOR COL3 AND COL6

- 1 No formal education (*OLD*)
- 2 Less than primary (*OLD*)
- 3 Completed primary (*OLD*)
- 4 Completed O-level (*OLD*)
- 5 Completed A-level (*OLD*)
- 6 Completed University (*OLD*)
- 8 Don't know (*OLD*)
- 9 Other (Specify) (*OLD*)
- 10 Some schooling but not Completed P.1
- 11 Completed P.1
- 12 Completed P.2
- 13 Completed P.3
- 14 Completed P.4
- 15 Completed P.5
- 16 Completed P.6
- 17 Completed P.7
- 21 Completed J.1
- 22 Completed J.2
- 23 Completed J.3
- 31 Completed S.1
- 32 Completed S.2
- 33 Completed S.3
- 34 Completed S.4
- 35 Completed S.5
- 36 Completed S.6
- 41 Completed Post primary Specialized training or Certificate
- 51 Completed Post secondary Specialized training or diploma
- 61 Completed Degree and above
- 70 Some primary
- 71 Some secondary
- 73 Never attended school
- 99 DK

CODES FOR COL4 AND COL7

- 1 Paid employee
- 4 Non-agricultural: self-employed WITH employees
- 5 Non-agricultural: self-employed WITHOUT employees
- 6 Other unpaid family work
- 7 Domestic work
- 8 Seeking work
- 9 Sick
- 10 Retired
- 11 Full-time student
- 12 Apprentice
- 13 Incapacitated
- 14 Religious leader
- 15 Child care Activities
- 16 Caring for elderly
- 17 Casual labourer
- 18 Farming: Self-employed WITH employees
- 19 Farming: Self-employed WITHOUT employees
- 20 Livestock keeping: Self-employed WITH employees
- 21 Livestock keeping: Self-employed WITHOUT employees
- 22 Fishing: Self-employed WITH employees
- 23 Fishing: Self-employed WITHOUT employees
- 21 Too young to work
- 24 Completed S.1
- 88 DK
- 99 Other (Specify)

Section 4: Education (All Usual and Regular members 3 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 <u>main</u> 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 COL4 1= Unable to read and write 2= Able to read only 4= Able to read and write 5= Uses Braille
	IS [NAME] ANSWERING FOR HIMSELF OR HERSELF?	WHAT IS THE ID CODE OF THE PERSON RESPONDING FOR [NAME]?	SEE CODES AT RIGHT >>NEXT SECTION IF current age>24 AND Wave 3 Q5=1 or =2	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 (Faithbased) 96= Other (specify)	1= Day(>>13) 2= Boarding (>> 15) 3= Day and Boarding	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)
1	2	3	4	5	6	7	8	9	10	11	12	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)
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												

Section 4 Cont'd: Education (All Persons 3 Years and above)

Ask the following questions about all members of the household (usual and regular) who are 3 years and above who are currently attending school

PERSON ID	If q12 = 3 Enumerator: Is [NAME] currently boarding at school? 1 = Day g Section 2 = Boarding Section (>> 15)	Distance to the school in km? ONLY FOR DAY SCHOLARS	TIME IN MINUTES	Time to school MODE OF TRANSPORT 1=Walk/foot 2 = Taxi(car) 3 = Boda-boda (motor cycle) 4=Bus/Minibus 5=Own motorcycle 6 = Bodaboda (bicycle) 8 = other (specify) 9 = Pick/trick 10=Own Bicycle 11= Own car	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 '1' IN THE RELEVANT COLUMNS AND THE TOTAL AMOUNT IN COLUMN 15G.							Is [NAME] currently receiving a scholarship or subsidy given by the government/ any organization or school (including UPE/USE) to support [NAME]'s education? 1= Yes 2= No (>>18)	Main source Funding 1= Govt 2= NGO 3= Religious organization 4=School 6=Other (specify) 9= Don't Know	o For day scholars only Does [NAME] get meals at school? 1= Yes, provided free 2= Yes, parents pay/ contribute 3= No
					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	12b	13	14	14B	15A	15B	15C	15D	15E	15F	15G	16	17	18
01														
02														
03														
04														
05														
06														
07														
08														
09														

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? DAYS	For how many days did [NAME] have to stop doing [NAME]'s usual activities due to illness or injury during the past 30 days? DAYS 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) 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)							
	IS [NAME] ANSWERING FOR HIMSELF OR HERSELF?	WHAT IS THE ID CODE OF THE PERSON RESPONDING FOR [NAME]?												7A	7B	8	9	10	11	12
	1	2												3	4	5	6	7A	7B	8
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				

Section 15: Household Consumption Expenditure

Part A: Number of household members present

On average, how many people were present in the last 7 days? In this section children are defined as less than 18 years.

Household Members				Visitors			
Male adults	Female adults	Male children	Female children	Male adults	Female adults	Male children	Female children

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

Item Description	Code	Did your HH consume [ITEM] 1= Yes 2=No>>NEXT ITEM	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 /producer 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/flour)	106													
Cassava (Fresh)	107													
Cassava (Dry/ Flour)	108													
Irish Potatoes	109													
Rice	110													
Maize (grains)	111													
Maize (cobs)	112													
Maize (flour)	113													
Bread	114													
Wheat (flour)	172													
Chapati	173													
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 your HH consume [ITEM] 1= Yes 2= No>>NEXT ITEM	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
Passion Fruits	130													
Sweet Bananas	131													
Mangoes	132													
Oranges	133													
Watermelon	169													
Pineapple	170													
Pawpaw	171													
Apples	174													
Other Fruits	134													
Onions	135													
Tomatoes	136													
Cabbages	137													
Dodo	138													
Green Pepper	164													
Pumpkins	165													
Avocado	166													
Carrots	167													
Egg plants	168													
Other vegetables	139													
Beans fresh)	140													
Beans (dry)	141													
Ground nuts (in shell)	142													
Ground nuts (shelled)	143													
Ground nuts (pounded)	144													
Ground nuts (paste)	163													
Peas(fresh)	145													
Peas(dry)	162													

Simsim	146														
Sugar	147														
Coffee	148														
Tea	149														
Salt	150														
Soda*	151														
Beer*	152														
Water	175														
Other Alcoholic drinks	153														
Other drinks	154														
Cigarettes	155														
Other Tobacco	156														
	Item Description	Code	Did your HH consume [ITEM] 1= Yes 2= No>>NEXT ITEM	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
Exp enditure 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

14.1: Have you heard of or do you have any knowledge about food fortification? 1 = Yes 2 = No

Item Description	Code	Did the household consume [ITEM] 1= Yes 2=No>>NEXT ITEM	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?		What brand of WHEAT FLOUR was consumed?	
				16A	CODE 16B	17A	CODE 17B	18A	CODE 18B	19A	CODE 19B	20A	CODE 20B
Maize flour	113												
Cooking oil	127												
Sugar	147												
Salt	150												
Wheat Flour	172												

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

Item Description	C O D E	Did the HH consume [ITEM] 1=Yes 2=No>> NEXT ITEM	Unit of Quantit y	Purchases		Home produced		Received in-kind/Free		Unit Price
				Qty	Value	Qty	Value	Qty	Value	
1	2	2.1	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 mower fuels	307									
Paraffin (Kerosene)	308									
Charcoal	309									
Firewood	310									
Others	311									
Non-durable and Personal Goods										
Matches	451									
Washing soap	452									
Bathing soap	453									
Diapers	460									
Sanitary Towels	470									
Tooth paste	454									
Cosmetics	455									
Handbags, travel bags etc	456									
Batteries (Dry cells)	457									
Newspapers and Magazines	458									
Others	459									

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

Item Description	Code	Did the HH consume [ITEM] 1=Yes 2=No>> NEXT ITEM	Unit of Quantity	Purchases		Home produced		Received in-kind/Free		Unit Price
				Qty	Value	Qty	Value	Qty	Value	
1	2	2.1	3	4	5	6	7	8	9	10
Transport and communication										
Tires, tubes, spares, etc	461									
Petrol, diesel etc	462									
Taxi fares	463									
Bus fares	464									
Bodaboda fares	465									
Stamps, envelops, etc.	466									
Air time & services fee for owned fixed/ mobile phones	467									
Expenditure on phones not owned	468									
Others	469									
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	Did the HH consume [ITEM] 1=Yes 2=No>> NEXT ITEM	Purchases	Consumption out of household /enterprise stock	Received in-kind/Free
			Value	Value	Value
1	2	2.1	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					
Appliances: Electric iron, / Kettles, Refrigerator 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	Did the HH consume [ITEM] 1=Yes 2=No>> NEXT ITEM	Purchases	Consumption out of household enterprise stock	Received in-kind/Free
			Value	Value	Value
1	2	2.1	3	4	5
Glass/ Table ware, Utensils, etc					
Plastic basins	501				
Plastic plates/ tumblers	502				
Jerry cans 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				
Costs to and from school	607				
Other educational expenses	605				
Total education expenses	606				
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	Did the HH consume [ITEM] 1=Yes 2=No>> NEXT ITEM	Value (During the last 365 days)
1	2	2.1	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 8: Labour Force Status (for all household members 10 years and above)

For all household members 10 years and above (usual and regular)

IDENTIFICATION														
PERSON IDENT	IS [NAME] ANSWERING FOR HIMSELF OR HERSELF ?	WHAT IS THE ID CODE OF THE PERSON RESPONDING FOR [NAME]?	In the last 7 days 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?	Did [NAME] do any of this type of work in the last 12 months?	In the last 7 days, 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 7 days, 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 any of this in the last 12 months?	In the last 7 days, was [NAME] an apprentice?	Was [NAME] an apprentice in the last 12 months ?	In the last 7 days, did [NAME] work on this household's farm?	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= Yes (>>4) 2= No		1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1=Yes (>>19) 2=No	1 = Yes (>>19) 2 = No
	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														

Section 8 Cont'd: Labour Force Status (for all household members 10 years and above)

P E R S O N I D	In the last four weeks, was [NAME] looking for any kind of job? 1 = Yes 2 = No>> 17	What did [Name] do to look for work? 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)		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						
		What kind of work does [NAME] usually do in the (main) job/business that [NAME] had during the last 7 days? <i>DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.</i> [PLEASE INCLUDE THE DESCRIPTION IN CWEST]				What are the main goods/services produced at [NAME]'s place of work or its main function? <i>DESCRIBE THE INDUSTRY E.G. restaurant, primary school, appliance factory, real estate office.</i> [PLEASE INCLUDE THE DESCRIPTION IN CWEST]		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 7 days, 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?		
		DESCRIPTION	CODE			DESCRIPTION	CODE	YEAR	MONTH			
1	16	17a)	17b)	17	18	19A	19B	20A	20B	21A	21B	22
01												
02												
03												
04												
05												
06												
07												
08												
09												

Section 8 Cont'd: Labour Force Status (for all household members 10 years and above)

PERSON ID	FOR EVERYONE (MAIN JOB)							FOR EMPLOYEES (MAIN JOB), Q22=1													
	During the last 7 days, how many hours did [NAME] work on each day? <i>ACTUAL NUMBER OF HOURS WORKED STARTING FROM THE PREVIOUS DAY AND GOING BACKWARDS ON MAIN JOB.</i> IF Q22=2, 3, OR 4 >>32 IF Q22 = 5 >> 34 IF Q22 = 6 >> 37							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 how many months 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 7 days? What period of time did this payment cover?			Who in the household controls/decides on the use of cash/in-kind payments from the main job during the last 7 days?		
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	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	a) months b) weeks for any	Cash	Estimated cash value of in-kind payments	Time 1= Hour 2= Day 3=Week 4= Month 5=Other (specify)	[RECORD UP TO TWO PIDS] GO TO COL. 35		
1	36A	36B	36C	36D	36E	36F	36G	23	24	25	26	27	28	29	30A	30B	31A	31B	31C	31D	31E
01																					
02																					
03																					
04																					
05																					
06																					
07																					
08																					
09																					

Section 8 Cont'd: Labour Force Status(for all household members 10 years and above)

PERSON ID	FOR EMPLOYERS, OWN ACCOUNT WORKERS, AND UNPAID FAMILY WORKERS		FOR APPRENTICES		MAIN JOB	In the last 7 days, 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 GO TO COL. 35	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 7 days? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. (E.g. vegetable farmer, primary school teacher, computer programmer.) [PLEASE INCLUDE THE DESCRIPTION IN CWEST]		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. [PLEASE INCLUDE THE DESCRIPTION IN CWEST]	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 7 days, 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	DESCRIPTION	CODE	YEAR
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 10 years and above)

(for all household members

P E R S O N I D	SECOND JOB (cont.)							Last 7 days,		USUAL ACTIVITY STATUS (MAIN)						
	Is [NAME]'s employer /business (at secondary 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 7 days, 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 secondary job during the last 7 days? 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.			Who in the household controls/decides on the use of cash/in-kind payments from the secondary job during the last 7 days? [RECORD UP TO TWO PIDS]		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	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 7 days[JOB IN COL 19A]? (>> 54) 2= The same as the secondary job [NAME] did in the last 7 days[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. [PLEASE INCLUDE THE DESCRIPTION IN CWEST]		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. [PLEASE INCLUDE THE DESCRIPTION IN CWEST]	
			HOURS	Month	Weeks	Cash	Estimated cash value of in-kind payments	Time	45D				45E	DESCRIPTION	CODE	DESCRIPTION
1	42	43	44	44B	45A	45B	45C	45D	45E	46	47	48	49A	49B	50A	50B
01																
02																
03																
04																
05																
06																
07																
08																
09																

Section 8 Cont'd: Labour Force Status (for all household members 10 years and above)

USUAL ACTIVITY STATUS (MAIN)															
PERSON ID	When did [NAME] start to work for this employer or start running this business		In this job/business that [NAME] had during the last 12 months , was [NAME]?	IS [NAME]'s position...	What is the duration of [NAME]'s employment agreement?	Is [NAME]'s employer/business (at [NAME]'s usual 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?			During the last 12 months for how many months did [NAME] work in this activity?		Who in the household controls/decides on the use of cash/in-kind payments from the main job during the last 12 MONTHS ?		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] ?	
	MONTH	YEAR					Cash	Estimated cash value of in-kind payments	Time 1= Hour 2= Day 3=Week 4=Month 5=Other (specify)						
1	50C	50D	51	55A	55B	55C	53A	53B	53C	52	52B	52C	53D	53E	54
01															
02															
03															
04															
05															
06															
07															
08															
09															
USUAL ACTIVITY (SECONDARY)															

1	What kind of work does [NAME] usually do in the secondary job/business that [NAME] had during the 12 months ?		What are the main goods/services produced at this place of work or its main function?		When did [NAME] start to work for this employer or start running this business?		In this job/business that [NAME] had during the last 12 months , was [NAME]?	Is [NAME]'s employer/business (at [NAME]'s usual activity)?	During the last 12 months , for how many months 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 secondary job during the last 12 months ? What period of time did this payment cover?			Who in the household controls/decides on the use of cash/in-kind payments from the secondary job during the last 12 MONTHS ?	
	DESCRIPTION	CODE	DESCRIPTION	CODE	MONTH	YEAR			57	57a	57b	Cash	Estimated cash value of in-kind payments	Time	58D	58E
	55_1	55_2	56A	56B	55_3	55_4	55_5	55_6	57	57a	57b	58A	58B	58C	58D	58E
01																
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04																
05																
06																
07																
08																
09																
10																

Section 8 Cont'd: Labour Force Status (for all household members 10years and above)

NON-MARKET LABOUR ACTIVITIES									
PERSON ID	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. It does not include preparing food for immediate consumption)</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>	In the last 7 days, how many hours did [NAME] spend on domestic activities?
	HOURS	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 9: 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.

1	2	3	4	5	6	7	8	9a	9b	10	11	12	13	14
What type of dwelling is it? 10 = Detached house 11 = Semi detached house 12 = Flat in a block of flats 13 = Room or rooms of a main house 14 = Servant Quarters 15 = Tenement (Muzigo) 16 = Hut 17 = Garage 18 = Go down/Basement 19 = Store 96 = other, (specify)	What is its tenure status? 10= Owner Occupied 11=Free Public 12 = Free Private 13 = Subsidized public 14 = Subsidized private 15= Rented public 16= Rented private 96= Other (specify)	How many rooms does your household use for sleeping? NUMBER OF ROOMS	What is the major construction material of the roof? 10= Iron sheets 11= Tiles 12= Asbestos 13= Concrete 14= Tin 15= Thatch 96= Other (specify)	What is the major construction material of the external wall? 10 = Concrete/Stones 11=Cement Blocks 12 = Burnt/stabilized bricks 13 = Unburnt bricks with mud 14 = Unburnt bricks with mud 15=Wood 16=Mud and pole 17 = Tin/Iron sheets 96= Other (specify)	What is the major material of the floor? 10 = Concrete 11 = Bricks 12 = Stone 13 = Cement screed 14 = Rammed earth 15 = Wood 16 = Tiles 96= Other (specify)	What is the main source of water for drinking for your household? 10=Piped water into dwelling>>11A 11=Piped water to the yard>>11A 12=Public Taps 13=Borehole in yard/plot>>11A 14= Public borehole 15 = Protected well/spring>>9 16= Unprotected well/spring 17=River/Stream/Lake 18=Vendor>>11A 19=Tanker Truck 20=Gravity Flow Scheme>>9 21=Rain Water>>11A 22=Bottled Water>>11A 96=Other	What is the main reason for not using protected water sources? 1=Long distance 2=Unreliable 3=Water does not taste good 4=Require contribution 5=Long queues 6=Open source is okay 96=Other (specify)	How long does it take to collect the drinking water from the main source? (Skip if the answer in question 7 is 10,11,13 and 21 in the relevant box) TIME IN MINUTES To and From Waiting Time		How far is the main source from your dwelling? (Skip if the answer in question 7 is 10,11,13 and 21 in the relevant box) Distance in kilometers	How much DRINKING water does the household use per day? (Record in litres) LTS	Is the water used by the household paid for? 1=Yes 2=No (>>15)	What is the purpose for payment? 1=User fees/tariffs 2=maintenance costs 8=Other (specify)	How much money, on average, does the household pay per month for the water? SHILLINGS
IF SOURCE IN 7 IS NOT 10,11,13 or 21:	If household member(s), record PersonIDs of up	How is the drinking water normally	On average, how much water does	Are the safe water sources in your	What do you do to the water to make it safer for drinking?	How is the water for drinking usually	Is it usually covered?	IF CODES NOT 10, 11, 13, 15, 18, 20, 21, 22 IN QUESTION 7:	What are the main constraints that your household	What type of toilet is mainly used in your household?	Does the Household share this toilet facility	With how many other households does	Do you have a hand washing facility at the	

Who normally collects the drinking water in this household?	to three persons			Transported?	the household use (for all purposes) per day?	community managed by user committees?	stored?	stored?	How has the availability of safe water for household consumption changed in your community since 2008?	faces in accessing safe water sources?		with other household?	this household share this toilet?	toilet?	
10 = HH member 11 = Non HH member – female, minor (>>15.5) 12 = Non HH member – male, minor (>>15.5) 13 = Non HH member – adult male (>>15.5) 14 = Non HH member – adult Female >>15.5 15 = No one (>>15.5)				1 = Carried by person 2 = Bicycle 3 = Motorcycle 4 = Wheel barrow 5 = Motor vehicle 6 = Other (specify)	(Record in litres)	1=Yes 2=No 9=Don't Know	1=Boil and filter 2=Boil only 3=Filter only 4=Nothing is done 8=Other (specify)	1=Pot 2=Jerry can 3=Saucepan 4=Drums 5=Jug/Kettle 8=Other (specify)	1=Improved 2=Same 3=Worsened 9=Don't Know	1=Long distance 2=Inadequate sources 3=High Costs 4=Insecurity 5=No problem 8=Other (specify)	10= Flush Toilet 11= VIP Latrine 12= Covered Pit latrine with slab 13= Covered Pit latrine without slab 14= Uncovered Pit latrine with slab 15= Uncovered Pit latrine without slab 16= Ecosan (compost toilet) 17= No facility/Bush/Polythene bags/ Bucket 96= Other (specify)	1 = Yes 3= N/A (for code 17 in q22)>> NEXT SECTION		1=No 2= Yes with water only 3= Yes with water and soap	
15	15.1	15.2	15.3	15.4	15.5	16	17	18	19	20	21	22	22a	22b	23

Section10: Energy Use

Does this house have GRID electricity? 1=Yes 2=No(>>6)	How many hours per day do you usually have power, in a season like this? HOURS	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 >>5A 8= Other (specify) >>5A	What was the quantity of electricity used? ASK TO SEE MOST RECENT BILL. [INTERVIEWER: DO NOT INCLUDE PAST DUE CHARGES] KWH for billing period	How much did your household pay for electricity in the last month?		Does this house USE a generator? 1=Yes 2=No(>>8)	How much did your household pay for diesel or gasoline for your generator in the last month?			
				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

Section10 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 (<i>in cash & in kind</i>) 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.		Who in the household controls/decides on the use of cash/in kind payment from [...]? [RECORD UP TO TWO PIDS]		What were the common uses for the remittances and assistance received?
			Cash (SHILLINGS)	In-kind (Estimated cash value) (SHILLINGS)	6a	6b	
2	3	4	5	6	6a	6b	7
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, not from household enterprises (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 (>> NEXT SECTION)

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

ENT ERP R I S E I D	Descriptio n of enterprise	Industry code SEE CODE SHEET (in cwest 4_1a)	Has this enterprise been in operation at all in the last 12 months? 1=Yes>>4D 2=No	If no, why not? (see code book)	Are you expecting to re-start operation over the NEXT 12 months? 2=No 3=Yes, probably 4=Yes, certainly	Who in the household manages this enterprise or is most familiar with it? 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)	Who in this household decides on the use of earnings from this enterprise? [List up to 2 PID codes]		Did this business receive a credit to operate or expand your business during the past 12 months? 1=Yes 2=No>> 11A	What was the major source? USE CODES BELOW
								MONTH	YEAR			8A	8B		
3a	3b	4	4A	4B	4C	4D	4E	6A	6B	7	8	8A	8B	9	10
1															
2															
3															
4															
5															

Who in the household works on this activity?					In the past 12 months, how many months did the enterprise operate?	<u>If q12<12months</u> Is the enterprise in operation today? 1=Yes 2=No	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? IF 0>>16	What is/was the average expenditure on wages during a typical month of operation? SHILLINGS	What is/was the average expenditure on raw materials/stock 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
LIST UP TO 5 ID CODES FROM ROSTER					12	12A	13	14	15	16	17	18	19
11A	11B	11C	11D	11E									
1													
2													
3													
4													
5													

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

Section 14A: Household Assets

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

Type of assets	Asset code	Does any member of your household own [ASSET] at present? 1=Yes 2=No (>> NEXT ASSET)	Who is the primary owner of this/the asset(s)	Who is the secondary owner of this/these asset(s)	How many [...] do your household own at present?		Number household owned last year [PREFILLED IN CWEST, INFORMS NEXT QUESTION ASKED]	Why do you have less [...] than last year? If= 1 -5>> Next section If =6>>Q8	Why do you have more [...] than last year? If =1-3>> Next section If= 4>>Q8	IF q6=6 or q7=4
					Number	Total estimated value (in Shs)				How many did your household own last year?
1	2	3	3A	3B	4	5	2b	6	7	8
Household Assets										
House	01									
Other Buildings	02									
Non-Agricultural 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 to ask q8 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 to ask q8 on what should have been the answer last time**)

Section 14B: Historical record of Household Assets

We would like to ask you about the assets owned by your households.

Household assets	Asset codes	Did your household have these assets 2 or 4 years ago? 1. Yes 2. No (---> Next Asset)	How many of these did your household have ...?	
			... 2 years ago	...4 years ago
	1	2	3A	3B
House	01			
Television	06			
Radio/ Cassette	07			
Bicycle	10			
Motorcycle	11			
Motor vehicle	12			
Mobile phone	16			
Computer	17			

We would like to ask you about the housing condition of your house in the past.

		2 years ago	4 years ago
		A	B
How many rooms did your house have for sleeping ...?	4		
What was the major material of the floor...? (USE CODE BELOW)	5		
What type of toilet was mainly used in your house ...? (USE CODE BELOW)	6		

CODE FOR QUESTION 5

10 = Concrete 11 = Bricks 12 = Stone 13 = Cement screed 14 = Rammed earth 15 = Wood 16 = Tiles
--

CODE FOR QUESTION 6

10= Flush Toilet
 11= VIP Latrine
 12= Covered Pit latrine with slab
 13= Covered Pit latrine without slab
 14= Uncovered Pit latrine with slab
 15= Uncovered Pit latrine without sla
 16= Ecosan (compost toilet)
 17= No facility/Bush/Polythene bags/Bucket
 96= Other (specify)

b

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... 1 = Yes 2 = No				How did your household cope with this [SHOCK]? UP TO 3 ANSWERS WITH RANK FOR EACH SHOCK EXPERIENCED. USE CODES BELOW.		
			1=Jan 2=Feb 3=Mar 4=Apr 5=May 6=Jun	7=July 8=Aug 9=Sept 10=Oct 11=Nov 12=Dec		Income	Assets	Food Production	Food Purchases	1st	2nd	3rd
			MM	YYYY		3A	3B	3C	3D	4A	4B	4C
1011	Drought		2A	2Y	2B	3A	3B	3C	3D	4A	4B	4C
1012	Irregular Rains											
102	Floods											
1031	Landslides											
1032	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? 1= Yes 2= No	Does every child in this household (all those under 18 years old) have a blanket? 1= Yes 2= No 3= Not Applicable	Does every member of the household have at least one pair of shoes? 1= Yes 2= No	How many meals, including breakfast are taken per day in your household?	What did you do when you last ran out of salt? 1= Borrowed from neighbors 2= Bought 3= Did without 4= Does not cook at all 5= Not applicable	FOR HOUSEHOLD WITH CHILDREN UNDER AGE 5 (IF NONE, WRITE '12'): What did your children below 5 years old (0-4 years) have for breakfast yesterday? 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)	FOR HOUSEHOLD WITH CHILDREN 5-13 (IF NONE, WRITE '12'): What did your children between 5 to 13 years old have for breakfast yesterday? 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)	Have you been faced with a situation when you did not have enough food to feed the household in the last 12 months? 1=Yes 2=No[>>q12]
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

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*

During the last 12 months, was there a time you were worried your household would run out of food because of a lack of money or other resources? 1= Yes 2= No	During the last 12 months, was there a time your household ran out of food because of a lack of money or other resources? 1= Yes 2= No	During the last 12 months, was there a time your household lacked the money to eat healthy and nutritious food? 1= Yes 2= No	During the last 12 months, was there a time you or another household member above the age of 14 had to consume fewer kinds of foods because of a lack of money or other resources? 1= Yes 2= No	During the last 12 months, was there a time you or another household member above the age of 14 had to skip a meal because of a lack of money or other resources? 1= Yes 2= No	During the last 12 months, was there a time you or another household member above the age of 14 ate less than you believe you should because of a lack of money or other resources? 1= Yes 2= No	During the last 12 months, was there a time you or another household member above the age of 14 felt hungry but did not eat because of a lack of money or other resources to get food? 1= Yes 2= No	During the last 12 months, was there a time you or another household member above the age of 14 ate only one meal in a day or went without eating for a whole day because of a lack of money or other resources? 1= Yes 2= No	Are there any children in the house age 14 or younger? 1= Yes 2=No>> NEXT SECTION	During the last 12 months, was there a time when a child, age 14 or younger, in your household did not eat healthy and nutritious foods because of a lack of money or other resources? 1= Yes 2= No
12	13	14	15	16	17	18	19	20	21

J. October K. November L. December	<p><i>K. We were not able to reach the market because of distance or insecurity or lack of transport</i></p> <p><i>L. There was no food in the market</i></p> <p><i>M. Floods / water logging</i></p> <p><i>N. Other (Specify)</i></p>
--	--

During the last 12 months, was there a time when a child, age 14 or younger, in your household had to skip a meal because of a lack of money or other resources? 1= Yes 2= No	During the last 12 months, was there a time when a child, age 14 or younger, in your household ate less than you believed he/she should because of a lack of money or other resources? 1= Yes 2= No	During the last 12 months, was there a time when a child, age 14 or younger, in your household had to be served less food to any child in your household because of a lack of money or other resources? 1= Yes 2= No	During the last 12 months, was there a time when a child, age 14 or younger, in your household felt hungry but did not eat because of a lack of money or other resources? 1= Yes 2= No	During the last 12 months, was there a time when a child, age 14 or younger, in your household ate only one meal in a day or went without eating for a whole day because of a lack of money or other resources? 1= Yes 2= No
22	23	24	25	26

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 breastfeeding? 1= 06hrs 2= more than 6hrs 9= Don't know	Is [NAME] breastfeeding now? 1=Yes (>>10) 2=No 9=Don't know (>>10)	For how many months was [NAME] breast-fed?	Has [NAME] begun eating daily any food or fluids other than breast milk? 1=Yes> >12 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?	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 8=Other (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	16a
01															
02															
03															
04															
05															
06															
07															
08															
09															

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

P E R S O N I D	During this last episode of diarrhea, what treatment did [NAME] receive? 1=Fluid from ORS sachet 2=Recommended homemade fluid (sugar/salt) 8= Other (specify) 9=Don't know 10=No treatment was offered	If [NAME] had diarrhea, was there blood in it? BLOODY DIARRHOEA IS 3 OR MORE LOOSE OR WATERY STOOLS WITH BLOOD PER DAY 1=Yes 2=No 9=Don't know	During [NAME]'s last episode of diarrhea, did he/she drink much less, about the same or more than usual? 1=Much less or None 2=About the Same or Somewhat Less 3=More 9=Don't Know	During [NAME]'s last episode of diarrhea, did he/she eat less, about the same, or more food than usual? IF "LESS", PROBE MUCH LESS OR A LITTLE LESS? 1=None 2=Much less 3=Somewhat less 4>About the same 5=More 9=Don't know	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? 1=Yes 2=No 9=Don't Know	Has [NAME] had fever in the last two weeks? 1=Yes 2=No 9=Don't Know IF 21 AND 22 ARE BOTH NO/DON'T KNOW, >>24	From where did you seek care for [NAME]? PUBLIC SECTOR 1= Government hospital 2= Government health centre 6= Friend/ Relative 7= Traditional Healer 8= Pharmacy/ drug shop 11=No care was sought 12= Religious Institution 13= Mobile/outreach clinic (govt/public sector) 14=Government Community Based Distributor 15= Private hospital 16= Private Doctor/Nurse/Midwife/Clinic 17= Mobile/Outreach clinic (private sector) 18= NGO Community Based Distributor Other Source 19= Shop 99= Other (specify)	Has [NAME] received a measles vaccination? SHOW VACCINATION SPOT- UPPER LEFT ARM 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	Has [NAME] received a DPT3 vaccination? SHOW VACCINATION SPOT- LEFT THIGH 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
1	16	17	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)

PERSON ID	Does [NAME] have Oedema? 1=Yes (>>28) 2=No	How is child's weight determined? 1 = Child weighed alone >>27D 2 = Child weighed with mother (child weight is calculated as)	WEIGHT OF MOTHER AND CHILD TOGETHER	WEIGHT OF MOTHER	WEIGHT OF CHILD	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)
			INCLUDE TWO PLACES AFTER DECIMAL	COLLECT EVEN WHEN CHILD IS WEIGHED ALONE INCLUDE TWO PLACES AFTER DECIMAL	INCLUDE TWO PLACES AFTER DECIMAL	LENGTH (CM) LYING DOWN CHILD <24 MONTHS OR (≤ 85 CM)	HEIGHT (CM) STANDING UP CHILD >24 MONTHS OR (≥ 85 CM)	
1	26	27B	27C	27D	27A	28A	28B	29
01			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
02			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
03			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
04			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
05			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
06			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
07			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
08			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
09			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	
10			_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ . _ _ Kg	_ _ _ . _ cm	_ _ _ . _ cm	

Section 19: Link with the Agriculture Questionnaire

1. During the second season 2014 (Jun – Dec 2014) and the first cropping season 2015 (Jan. – Jun. 2015), 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 ONLY THE ANSWER TO QUESTION 1 IS YES, THEN ONLY THE CROPFARMING QUESTIONNAIRE SHOULD BE ADMINISTERED.

(2) IF ONLY THE ANSWER TO QUESTION 2 IS YES, THEN ONLY THE LIVESTOCK QUESTIONNAIRE SHOULD BE ADMINISTERED.

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

SECTION	KEY RESPONDENT (ID CODE)	SECTION	KEY RESPONDENT (ID CODE)
2		10	
3		11	
4		12	
5		14	
15		16	
8		17	
9		6	

End Time

		:		
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