

STRICTLY CONFIDENTIAL

Batch Sequence No

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Uganda Bureau of Statistics



## THE UGANDA NATIONAL PANEL SURVEY 2018/19

# 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. Dynasty ID (from Cwest)										
15. Tracking target ( <i>Yes=1; No=2</i> )										
15_1. Household selected for salt sample ( <i>Yes= 1; No = 2</i> )										
15_2. Household selected for MRDR testing ( <i>1=Woman only; 2=Child only; 3= Both; 4 = No</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**

										<b>CODE</b>	
1. NAME OF INTERVIEWER:										<input type="text"/>	<input type="text"/>
										DD MM YYYY	
2. DATE OF INTERVIEW:										<input type="text"/>	<input type="text"/>
3. NAME OF SUPERVISOR:										<input type="text"/>	<input type="text"/>
										DD MM YYYY	
4. DATE OF CHECKING:										<input type="text"/>	<input type="text"/>
5. STARTING TIME:										<input type="text"/>	<input type="text"/>
6a. RESPONSE CODE: 1 <sup>ST</sup> VISIT										6b. REASON	
1. Completed full 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										<input type="text"/>	<input type="text"/>
4. Not done at all >>ask 6B											
7a. RESPONSE CODE: 2 <sup>ND</sup> VISIT										7b. REASON	
1. Completed full interview											
2. Completed Roster UPDATE – Only section required this visit										<input type="text"/>	<input type="text"/>
3. Partially completed sections required for this visit>>ask 7B											
4. 4. Not done at all>>ask 7B											
<p><b>CODES FOR 6b &amp; 7b GIVE REASON IF THE HOUSEHOLD IS NOT ABLE TO PARTICIPATE IN OR COMPLETE THE SURVEY</b></p> <p>1= Refused                  2= No competent respondent at time of visit                  3= H/H not known/not found                  4= HH/Disintegrated                  5= Not at home for extended period                  6= Dwelling destroyed                  7= Moved to another village/town/district                  8= Moved to a neighboring country                  9= Shifted to unknown location                  10= Transferred due to work/ education                  11= Resettled home from the camp                  12= Moved to another camp                  17=Whole household dead</p>											
9. GPS COORDINATES:											
N=1    S=2 <b>D</b> <b>M</b>											
LAT		<input type="text"/>									
LONG		<input type="text"/>									

9\_2: Consent obtained from household head to collect food samples and measure anthropometry on household members (Yes=1; No=2)

10. REMARKS:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

11a. Key respondent 1<sup>st</sup> Visit

11b. Key respondent 2<sup>nd</sup> Visit



**Section 2B: Domestic Tourism (All Household members – usual and regular)**

PERSON ID	ID CODE OF PERSON RESPONDING FOR [NAME]	Did [NAME] make a domestic trip travelling to a place outside their usual environment in the past 3 months?  1=Yes 2=No (>> Next Person)  IF MORE THAN ONE TRIP WAS UNDERTAKEN, CONSIDER THE MOST RECENT TRIP	Did [NAME] travel alone or as a family group or other group?  1=Alone 2=Family group 3=Other group)	What mode of transport was used?  1= Road 2= Water 3= Air	How many nights did [NAME] spend on this trip?  IF SAME DAY TRIP WRITE ZERO	What was the purpose of [NAME'S]trip?  1 = Leisure, recreation and holidays 2 = Business and professional 3 = Spiritual, Religious visit / pilgrimage /Cultural tourism 4 = Meetings, trainings and Conferences 5 = Medical Treatment 6 = Visiting friends and relatives 96= Other (specify)  <b>RECORD UP TO 2 PURPOSES</b>		Did [NAME] travel independently or he/she booked a package tour?  1= Independently 2= Package tour	How much did [NAME] spend in total for his/her trip?	Please give me a breakdown of [NAME'S] total expenditure on his/her most recent domestic trip?  <b>Ug. Shs</b>							
						Main	Secondary			Expense on accommodation	Expense on food and beverages	Expense on passenger transport	Expense on transport equipment, rental services eg vehicle hire and boat hire etc	Expenses on sports & recreational activities	Expense on travel agencies and other reservation services	Other Expenses (specify)	Total expense
(1)	(1.1)	(2)	(3)	3_1	(4)	(5a)	(5b)	(6)	(7a)	(7b1)	(7b2)	(7b3_1)	(7b3_2)	(7b4)	(7b4_1)	(7b5)	(7b5_1)
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	

**Section 2C: SAGE (Household members 60 years and above – usual and regular)**

PERSON ID	ID CODE OF PERSON RESPONDING FOR [NAME]	Has [NAME] ever received cash or in-kind (e.g. food or rent) assistance?  1=Yes 2=No (>> Next Person)  The sage program (senior citizens grant) assists registered members of particular age categories	Does [NAME] know the name of the programme?  1= Yes 2= No>>3.2	Name the programme	When the last time [NAME] received assistance through [name of programme]?  Record in months	How much assistance / cash was received then from [name of programme]?	How often should you receive the assistance from [name of programme]?  1=Monthly 2=Bi-monthly 3=Quarterly 4=Annually	Does [NAME] receive the assistance from [name of programme] on time?  1=Yes, always 2=Yes, sometimes 3= No, rarely 4=No, never	Does [NAME] always receive the right amount of assistance from [name of programme] on time?  1=Yes, always 2=Yes, sometimes 3= No, rarely 4=No, never
(1)	(1.1)	(2)	(3)	3.1	3.2	(4)	(6)	(7)	8
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

### Section 4: 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.

PERSON ID	INTERVIEWER:		Can [NAME] read and write with understanding in any language?  1= Unable to read and write 2= Able to read only 4= Able to read and write 5=Uses Braille	IF YES, SHOW LITERACY CARD  1= Unable to read 2= Able to read	Has [NAME] ever attended any formal school?  1= Never attended 2= Attended school in the past (>> 7) 3= Currently attending school (>> 9)	APPLICATION CHECK ONLY  If name is a previous household member never attended school preload col6 and then next person  If name is a previous household member and attended school in the past and then preload highest grade (col7) and reason leaving school (col8) then next person if inlist(q7,41, 51,61) else if inlist(q7, 41,51,61) activate 7.3.1 and 7.3 and then next person  If name is currently attending school the preload q10 in W6 as q9 in W7	Why has [NAME] not attended school?  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)  [>> NEXT PERSON]	What was the highest grade/class that [NAME] completed?  SEE CODE BOOK	What was the main reason that [NAME] left school?  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)  [>> NEXT PERSON]	What grade/class was [NAME] attending in (THE LAST COMPLETED SCHOOL YEAR)?  SEE CODE BOOK.	What grade/class is [NAME] currently attending?  SEE CODE BOOK.	Name of School  If name is a previous household member preload name of the school	INTERVIEWER: Is the name of the school reported the same as last year  1= Yes >>7_1a 2=No	Who manages the school [NAME] attends?  1= Government 2= Private 3= NGO 4= Religious organization (Faith-based) 96= Other (specify)	What type of school is [NAME] currently attending?  1= Day (>>13) 2= Boarding (>> 15) 3= Day and Boarding
	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]?													
1	2	3	4	4_1	5		6	7	8	9	10	10b	10bb	11	12
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															

**Section 4: Education Cont'd (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	ONLY FOR CODES.....ie diploma, certificate, degree etc IN COL 7 & h2q8>=14					If q12 = 3 Enumerator : Is [NAME] currently boarding at school?	ENUMERATOR: Is the household still in the same location?	Distance to the school in km?	Time to school		How much has this household spent during the <b>past 12 months</b> on [NAME]'s schooling?										Is [NAME] currently receiving a scholarship or subsidy given by the government / any organization or school (including UPE/USE) to support [NAME]'s education?	Main source Funding	For day scholars only	
	What is the duration of [NAMES]' course/programme?	Current YEAR [NAME] is attending?	Full name of programme	For those currently attending school as well as those that attended in the past and have a diploma/certificate and degree and above	code				MODE OF TRANSPORT	TIME IN MINUTES	School fees (including contribution to school development fund)	Registration fees	Exam fees	Boarding fees	Uniforms and sport clothes	Books and school supplies	Transport to and from school	Expenses in day care facility	Other educational expenses (e.g. swimming, sports, school trips, pocket money, coaching etc)	Total expenses				
1	7_1a	7_1b	7_2	7.3.1	7_3	12_1		13	14	14B	15H	15I	15J	15E	15B	15C	15D	15K	15F	15G	16	17	18	
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								



**Section 5: Health cont'd Ask the following questions about all members of the household (usual and regular).**

PERSON ID	Where did [NAME] go for the first consultation during the past 30 days?  PUBLIC SECTOR 1= Government hospital 2= Government health centre 3= Outreach >>11 4= Government Community Based Distributor >>11  PRIVATE SECTOR 5= Private hospital 6= Pharmacy/ drug shop >>11 7= Private Doctor/Nurse/Midwife/Clinic 8= Outreach >>11 9= NGO Community Based Distributor >>11  OTHER SOURCE 10= Shop >>11 11= Religious Institution 12= Friend/ Relative >>11 13= Traditional Healer 96= Other (specify)>>11	Was [NAME] an outpatient or an inpatient?  1= Outpatient 2= In patient	Distance to the place where this treatment was sought for in km?  KMS	How much has your household spent during the last 30 days on [NAME'S] health and medical care?  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.						
				Consultation fee	Medicines etc	Hospital/ Clinic charges	Traditional doctor's fees/medicines	Transport to and from	Other expenses	Total expenses
1	10	11_1	11	12a	12b	12c	12d	12e	12f	12g
01										
02										
03										
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09										
10										

## Section 15: Household Consumption Expenditure

### Part A: Number of household members present

**CEA01:** 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 and Beverage (During the Last 7 Days)

Item Description	Code	Did you r HH consume [ITEM] 1= Yes 2= No >> <b>NE XT ITEM</b>	How many days was consumed out of the last 7 days?	In what unit can you best quantify / describe the amount of [ITEM] consumed? CODES	At home		Away from home		Out of home production/household enterprise stock		Received in-kind/free		Market Price Value per [CEB03C] of [ITEM]	Farm gate /producer price per [CEB03C] of [ITEM]	Was [ITEM/PRODUCT] consumed stand? 1= Yes 2=No (>> <b>Next item</b> )	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
					How many [CEB03C] of [ITEM] did your household consume out of purchases at home during the last 7 days?	How much did the household spend in total on these [CEB04] of [CEB03C] of [ITEM] during the last 7 days for consumption at home? UGX	How many [CEB03C] of [ITEM] did your household consume out of purchases away from home during the last 7 days?	How much did the household spend in total on these [CEB06] of [CEB03C] of [ITEM] during the last 7 days for consumption away from home during the last 7 days?	How many [CEB03C] of [ITEM] did your household consume out of product ion during the last 7 days?	What would be the total value of these [CE08] [CEB03C] of [ITEM] if you were to sell them at the farm gate UGX	How many [CEB03C] of [ITEM] did your household received in-kind/free for consumption during the last 7 days?	What would be the total value of these CEB10] [CEB03C] of [ITEM] if you were to sell them in the market? UGX				Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCT] cause any harm to you or your household members?	Identity Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?
CEB01	CEB02	CEB03	CEB03	CEB03	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB12A	CEB13	CEB16	CEB17	CEB18	CEB19
Matooke (Bunch)	101																	
Matooke (Cluster)	102																	
Matooke (Heap)	103																	
Matooke (Sack)	104_1																	
Matooke (Piece)	104_2																	
Sweet Potatoes (Fresh)	105_1																	
Sweet Potatoes (Dry)	106_1																	
Sweet Potatoes (flour)	106_3																	

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

Item Description	Code	Did your HH consume [ITEM] 1= Yes 2=No >> NEX T ITEM	How many days was it consumed out of the last 7 days?	In what unit can you best quantify the amount of [ITEM] consumed? CODE S	State in which food was mainly consumed in the last 7 days 1=Baked 2=Boiled 3=Fried 4=Raw/fresh 5=Roasted 6=Steamed 7=None	At Home		Away from home		Out of home production/household enterprise stock		Received in-kind/Free		Market Price Value per [ITEM]	Farm gate /producer price per [CEB03C] of [ITEM]	Was [ITEM/PRODUCT] consumed? 1= Yes 2=No (>> Next item)	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
						How many [CEB03C] of [ITEM] did your household consume out of purchases during the last 7 days?	How much did the household spend in total on these [CEB03C] of [ITEM] during the last 7 days for consumption at home? UGX	How many [CEB03C] of [ITEM] did your household consume out of purchases away from home during the last 7 days?	How much did the household spend in total on these [CEB03C] of [ITEM] during the last 7 days? for consumption away from home UGX	How many [CEB03C] of [ITEM] did your household consume out of home production during the last 7 days?	What would be the total value of these [CEB03C] of [ITEM] if you were to sell them at the farm gate UGX	How many [CEB03C] of [ITEM] did your household receive in-kind/free for consumption during the last 7 days?	What would be the total value of these [CEB03C] of [ITEM] if you were to sell them in the market? UGX				Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCT] cause any harm to you or your household members?	Identity Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?
<b>CEB01</b>	<b>CEB02</b>	<b>CEB03</b>	<b>CEB03B</b>	<b>CEB03C</b>	<b>CEB03D</b>	<b>CEB04</b>	<b>CEB05</b>	<b>CEB06</b>	<b>CEB07</b>	<b>CEB08</b>	<b>CEB09</b>	<b>CEB10</b>	<b>CEB11</b>	<b>CEB12A</b>	<b>CEB13</b>	<b>CEB16</b>	<b>CEB17</b>	<b>CEB18</b>	<b>CEB19</b>
Cassava (Fresh)	107																		
Cassava (Dry)	108																		
Cassava Flour)	108_1																		
Yams (arrow root)	174_1																		
Sugarcane	147_2																		
Pancakes(Kabalagala)	108_3																		
Irish Potatoes	109																		
Rice (white)	110_1																		
Rice (brown)	110_2																		
Rice flour	110_3																		
Macaroni/Spaghetti	172_1																		
Maize (grains)	111																		
Maize (cobs)	112																		
Maize (flour)	113																		

**Part B: Food and Beverage (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?	In what unit can you best quantify/describe the amount of [ITEM] consumed? CODE S	At Home		Away from home		Out of home production/household enterprise stock		Received in-kind/Free		Market Price Value per [CEB03C] of [ITEM]	Farm gate /producer price per [CEB03C] of [ITEM]	Was [ITEM/PRODUCT] consumed standard? 1= Yes 2=No (>> Next item)	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
					How many [CEB03C] of [ITEM] did your household consume out of purchases at home during the last 7 days?	How much did the household spend in total on these [CEB04] [CEB03C] of [ITEM] during the last 7 days for consumption at home? UGX	How many [CEB03C] of [ITEM] did your household consume out of purchases away from home during the last 7 days?	How much did the household spend in total on these [CEB06] [CEB03C] of [ITEM] during the last 7 days? for consumption away from home UGX	How many [CEB03C] of [ITEM] did your household consume out of home production during the last 7 days?	What would be the total value of these [CE08] [CEB03C] of [ITEM] if you were to sell them at the farm gate UGX	How many [CEB03C] of [ITEM] did your household received in-kind/free for consumption during the last 7 days?	What would be the total value of these CEB10] of [ITEM] if you were to sell them in the market? UGX				Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCT] cause any harm to you or your household members?	Identity Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?
CEB01	CEB02	CEB03	CEB03B	CEB03C	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB12A	CEB13	CEB16	CEB17	CEB18	CEB19
Bread (wheat)	114																	
Wheat (flour)	172																	
Chapati	173																	
Samosas	173_																	
Biscuits	173_																	
Cakes	173_																	
Doughnuts	173_																	
Cornflakes	173_																	
Millet flour	115_																	
Sorghum	116																	
Beef	117																	
Sausages	117_																	
Pork	118																	
Goat Meat	119																	

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

Item Description	Code	Did your HH consume [ITEM] 1= Yes 2=No>>N EXT ITEM	How many days was [ITEM] consumed out of the last 7 days?	In what unit can you best quantify / describe the amount of [ITEM] consumed? CODES	At Home		Away from home		Out of home production/household enterprise stock		Received in-kind/Free		Market Price Value per [CEB03C] of [ITEM]	Farm gate /producer price per [CEB03C] of [ITEM]	Was [ITEM/PRODUCT] consumed substandard? 1= Yes 2=No (>> Next item)	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
					How many [CEB03C] of [ITEM] did your household consume out of purchases at home during the last 7 days?	How much did the household spend in total on these [CEB04C] of [ITEM] during the last 7 days for consumption at home? UGX	How many [CEB03C] of [ITEM] did your household consume out of purchases away from home during the last 7 days?	How much did the household spend in total on these [CEB03C] of [ITEM] during the last 7 days for consumption away from home UGX	How many [CEB03C] of [ITEM] did your household consume out of home production during the last 7 days?	What would be the total value of these [CE08C] of [ITEM] if you were to sell them at the farm gate UGX	How many [CEB03C] of [ITEM] did your household receive in-kind/free for consumption during the last 7 days?	What would be the total value of these [CEB03C] of [ITEM] if you were to sell them in the market? UGX				Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCT] cause any harm to you or your household members?	Identity Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?
CEB01	CEB02	CEB03	CEB03 B	CEB03 C	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB1 2A	CEB1 3	CEB16	CEB17	CEB18	CEB19
Other Meat (eg duck, rabbit etc)	120																	
Chicken off-layer	121_1																	
Chicken Broiler	121_2																	
Chicken Kroiler	121_3																	
Chicken Local	121_4																	
Fresh tilapia Fish	122_1																	
Fresh Nile perch	122_2																	
Dry/ Smoked tilapia fish	123_1																	
Dry/Smoked Nile perch	123_2																	
Dried Nkejje	123_4																	
Silver Fish (Mukene)	123_7																	
Other fresh fish	123_5																	
Other dry/smoked fish	123_6																	

**Part B: Food and Beverage (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?	In what unit can you best quantify / describe the amount of [ITEM] consumed? CODES	At Home		Away from home		Out of home production/household enterprise stock		Received in-kind/Free		Market Price Value per [CEB03 C] of [ITEM]	Farm gate /producer price per [CEB03 C] of [ITEM]	Was [ITEM/PRODUCTION] consumed standard? 1= Yes 2=No (>Next item)	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
					How many [CEB03C] of [ITEM] did your household consume out of purchases at home during the last 7 days?	How much did the household spend in total on these [CEB04] [CEB03C] of [ITEM] during the last 7 days for consumption at home? UGX	How many [CEB03C] of [ITEM] did your household consume out of purchases away from home during the last 7 days?	How much did the household spend in total on these [CEB06] [CEB03C] of [ITEM] during the last 7 days for consumption away from home UGX	How many [CEB03C] of [ITEM] did your household consume out of home production during the last 7 days?	What would be the total value of these [CE08] [CEB03C] of [ITEM] if you were to sell them at the farm gate UGX	How many [CEB03C] of [ITEM] did your household receive in-kind/free for consumption during the last 7 days?	What would be the total value of these [CEB10] [CEB03C] of [ITEM] if you were to sell them in the market? UGX				Quality Did the [ITEM/PRODUCTION] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCTION] cause any harm to you or your household members?	Identity Was [ITEM/PRODUCTION] genuine or deceptive in nature, packaging or labeling?
CEB01	CEB02	CEB03	CEB03B	CEB03C	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB12 A	CEB13	CEB16	CEB17	CEB18	CEB19
Eggs	124																	
Fresh Milk	125																	
Milk Powdered	125_1																	
Fermented milk (Bonga)	125_2																	
Yoghurt	125_2																	
Ice-cream	125_3																	
Infant Formula Foods	126																	
Cooking oil refined	127_1																	
Cooking oil unrefined	127_2																	
Ghee	128																	
Cheese	128_1																	
Margarine	129																	
Butter	129_1																	
Honey	147_1																	
Jam/ Marmalade	147_2																	
Passion Fruits	130																	
Sweet Bananas-Ndiizi	131_1																	
Sweet Bananas-Boova	131_2																	
Plantain (gonja/kivuvu)	131_3																	

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

Item Description	Code	Did your HH consume [ITEM] 1= Yes 2=No>> <b>NEXT ITEM</b>	How many days was [ITEM] consumed out of the last 7 days?	In what unit can you best quantify/describe the amount of [ITEM] consumed?  CODE S	At Home		Away from home		Out of home production/household enterprise stock		Received in-kind/Free		Market Price Value per [ITEM]	Farm gate /producer price per [ITEM]	Was [ITEM/PRODUCT] consumed standard? 1= Yes 2=No (>> <b>Next item</b> )	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
					How many [CEB03C] of [ITEM] did your household consume out of purchases at home during the last 7 days?	How much did the household spend in total on these [CEB04] of [ITEM] during the last 7 days for consumption at home?  UGX	How many [CEB03C] of [ITEM] did your household consume out of purchases away from home during the last 7 days?	How much did the household spend in total on these [CEB06] of [ITEM] during the last 7 days? for consumption away from home UGX	How many [CEB03C] of [ITEM] did your household consume out of home production during the last 7 days?	What would be the total value of these [CE08] [CEB03C] of [ITEM] if you were to sell them at the farm gate UGX	How many [CEB03C] of [ITEM] did your household receive in-kind/free for consumption during the last 7 days?	What would be the total value of these [CEB10] of [ITEM] if you were to sell them in the market? UGX				Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCT] cause any harm to you or your household members?	Identity Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?
CEB01	CEB02	CEB03	CEB03B	CEB03C	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB12A	CEB13	CEB16	CEB17	CEB18	CEB19
Mangoes	132																	
Oranges/Tangerines	133																	
Watermelon	169																	
Pineapple	170																	
Pawpaw	171																	
Apples	174																	
Jackfruit (ffene)	174_1																	
Other Fruits	134																	
Onions	135																	
Garlic	135_1																	
Ginger fresh	135_2																	
Ginger powder	135_3																	
Tomatoes	136																	
Cabbages	137																	
Dodo/Nakati/gyobyoy/Malakwang	138																	

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

Item Description	Code	Did your HH consume [ITEM] 1= Yes 2=No >NEX T ITEM	How many days was [ITEM] consumed out of the last 7 days ?	In what unit can you best quantify / describe the amount of [ITEM] consumed? CODES	At Home		Away from home		Out of home production/house hold enterprise stock		Received in-kind/Free		Market Price Value per [CEB03C] of [ITEM]	Farm gate /producer price per [CEB03C] of [ITEM]	Was [ITEM] / PRO DUC T] consumed standard? 1= Yes 2=No (> Next item)	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
					How many [CEB03C] of [ITEM] did your household consume out of purchases at home during the last 7 days?	How much did the household spend in total on these [CEB04] of [ITEM] during the last 7 days for consumption at home? UGX	How many [CEB03C] of [ITEM] did your household consume out of purchases away from home during the last 7 days?	How much did the household spend in total on these [CEB06] of [ITEM] during the last 7 days? for consumption away from home UGX	How many [CEB03C] of [ITEM] did your household consume out of home production during the last 7 days?	What would be the total value of these [CEB08] of [ITEM] if you were to sell them at the farm gate UGX	How many [CEB03C] of [ITEM] did your household received in-kind/free for consumption during the last 7 days?	What would be the total value of these [CEB10] of [ITEM] if you were to sell them in the market? UGX				Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCT] cause any harm to you or your household members?	Identity Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?
CEB01	CEB02	CEB03	CEB03B	CEB03C	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB12A	CEB13	CEB16	CEB17	CEB18	CEB19
Green Pepper	164																	
Pumpkins	165																	
Pumpkin Leaves	165_1																	
Mushrooms	165_2																	
Cucumber	165_3																	
Okra	165_4																	
Avocado	166																	
Carrots	167																	
Egg plants	168																	
Other vegetables	139																	
Other spices	139_1																	
Bean( fresh)	140																	
Beans (dry)	141																	
Soya beans (fresh)	176_1																	
Soya beans (dry)	176_2																	

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

Item Description	Code	Did your HH consume [ITEM] 1= Yes 2=No>>N EXT ITEM	How many days was [ITEM] consumed out of the last 7 days?	In what unit can you best quantify/describe the amount of [ITEM] consumed?  CODES	At Home		Away from home		Out of home production/household enterprise stock		Received in-kind/Free		Market Price Value per [CEB03C] of [ITEM]	Farm gate /producer price per [CEB03C] of [ITEM]	Was [ITEM/PRODUCTION] consumed standard?  1= Yes 2=No (>> Next item)	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
					How many [CEB03C] of [ITEM] did your household consume out of purchases at home during the last 7 days?	How much did the household spend in total on these [CEB04] of [ITEM] during the last 7 days for consumption at home? UGX	How many [CEB03C] of [ITEM] did your household consume out of purchases away from home during the last 7 days?	How much did the household spend in total on these [CEB06] of [ITEM] during the last 7 days? for consumption away from home UGX	How many [CEB03C] of [ITEM] did your household consume out of home production during the last 7 days?	What would be the total value of these [CE08] [CEB03C] of [ITEM] if you were to sell them at the farm gate UGX	How many [CEB03C] of [ITEM] did your household received in-kind/free for consumption during the last 7 days?	What would be the total value of these CEB10] of [ITEM] if you were to sell them in the market? UGX				Quality Did the [ITEM/PRODUCTION] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCTION] cause any harm to you or your household members?	Identity Was [ITEM/PRODUCTION] genuine or deceptive in nature, packaging or labeling?
CEB01	CEB02	CEB03	CEB03 B	CEB03 C	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB1 2A	CEB1 3	CEB1 6	CEB1 7	CEB18	CEB19
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_1																	
Simsim paste	146_2																	
Sugar	147																	
Coffee	148																	
Tea leaves	149_1																	
Tea bags	149_2																	
Salt	150																	
Soda Ash	150_4																	
Soda*	151																	
Beer*	152																	
Water	175																	

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

Item Description	Code	Did your HH consume [ITEM] 1= Yes 2=No>>N EXT ITEM	How many days was [ITEM] consumed out of the last 7 days?	In what unit can you best quantify/describe the amount of [ITEM] consumed? CODES	State in which food was mainly consumed in the last 7 days 1=Baked 2=Boiled 3=Fried 4=Raw/fresh 5=Roasted 6=Steamed 7=None	At Home		Away from home		Out of home production/household enterprise stock		Received in-kind/Free		Market Price Value per [CEB03C] of [ITEM]	Farm gate /producer price per [CEB03C] of [ITEM]	Was [ITEM / PROD UCT] consumed standard? 1= Yes 2=No (>> Next item)	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
						How many [CEB03C] of [ITEM] did your household consume out of purchases at home during the last 7 days?	How much did the household spend in total on these [CEB04] of [ITEM] during the last 7 days for consumption at home? UGX	How many [CEB03C] of [ITEM] did your household consume out of purchases away from home during the last 7 days?	How much did the household spend in total on these [CEB06] of [ITEM] during the last 7 days? for consumption away from home UGX	How many [CEB03C] of [ITEM] did your household consume out of home production during the last 7 days?	What would be the total value of these [CEB08] of [ITEM] if you were to sell them at the farm gate UGX	How many [CEB03C] of [ITEM] did your household receive in-kind/free for consumption during the last 7 days?	What would be the total value of these [CEB10] of [ITEM] if you were to sell them in the market? UGX				Quality Did the [ITEM/ PROD UCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/ PROD UCT] cause any harm to you or your household members?	Identity Was [ITEM/ PROD UCT] genuine or deceptive in nature, packaging or labeling?
CEB01	CEB02	CEB03	CEB03 B	CEB03 C	CEB03D	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB1 2A	CEB1 3	CEB1 6	CEB1 7	CEB18	CEB19
Other juice fresh	160_1																		
Other juice packed	160_2																		
Other Alcoholic drinks	153																		
Other drinks	154																		
Expenditure in Restaurants on:																			
1. Food	157																		
2. Soda	158																		
3. Beer	159																		
Other juice Fresh	160_3																		
Other juice Packed	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 Sample collection**

Item Description	Code	Was the sample of food collected?  1 = Yes 2= No>>NEXT ITEM  <i>IF MORE THAN ONE BRAND/TYPE OF FOOD AVAILABLE, ASK FOR SAMPLE OF BRAND/TYPE MOST COMMONLY CONSUMED</i>	
1	2	21A	LABEL 21B
Cooking oil	127		
Cooking fat	127_1		
Salt	150		

**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	In what unit can you best quantify/describe the amount of [ITEM] consumed? CODES	Purchases		Home produced/Household enterprise stock		Received in-kind/Free		Unit Price Value per [CECO 3] of [ITEM] Unit Price	Was [ITEM/PRODUCT] consumed standard? 1= Yes 2=No (>> Next item)	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
				How many [CECO 3] of [ITEM] did your household purchase during the last 30 days?	How much did the household spent in total on these [Q4] [CECO 3] of [ITEM] during the last 30 days? UGX	How many [CECO 3] of [ITEM] did your household consumed out of home production during the last 30 days?	What would be the total value of these [Q8] CECO 3] of [ITEM] if you were to sell them at the farm gate UGX during the last 30 days? UGX	How many [CECO 3] of [ITEM] did your household received in kind or for free during the last 30 days?	What would be the total value of these [CECO 8] [CECO 3] of [ITEM] received in kind or for free if you were to sell them in the market? UGX			Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCT] cause any harm to you or your household members?	Identity Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?
CECO1	CECO 2	CECO 2.1	CECO 3	CECO 4	CECO 5	CECO 6	CECO 7	CECO 8	CECO 9	CECO 10	CECO 11	CECO 12	CECO 13	CECO 14
<b>Rent of rented house/Fuel/power</b>														
Rent of rented house	301													
Imputed rent of owned house	302													
Imputed rent of free house	303													
Maintenance and repair expenses	304													
Water NWSC	305_1													
Water Other sources	305_2													
Electricity	306													
Generators/lawn mower fuels	307													
Refuse collection	312_1													
Others	311													
<b>Non-durable and Personal Goods</b>														
Washing soap	452													
Detergent	452_1													
Bathing soap	453													
Diapers	460													
Sanitary Towels	470													
Tooth paste	454													
Tooth brush	454_1													
Toilet Paper	454_2													
Cosmetics (body lotion, deodorant etc)	455													
Handbags, travel bags etc	456													
Batteries (Dry cells)	457													
Toys, games etc	459_1													
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 >> <b>NEXT ITEM</b>	In what unit can you best quantify/describe the amount of [ITEM] consumed? CODES	Purchases		Home produced/Household enterprise stock		Received in-kind/Free		Unit Price Value per [CECO3] of [ITEM] ENSURE THAT NUMBERING IS CONSISTENT WITH THE QUESTION NUMBER	Was [ITEM/PRODUCT] consumed standard?  1= Yes 2=No (>> <b>Next item</b> )	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
				How many [CECO3] of [ITEM] did your household purchase during the last 30 days?	How much did the household spent in total on these [CECO4] of [ITEM] during the last 30 days? UGX	How many [CECO3c] of [ITEM] did your household consumed out of home production during the last 30 days?	What would be the total value of these [Q8] CECO 3] of [ITEM] if you were to sell them at the farm gate UGX during the last 30 days? UGX	How many [CECO3] of [ITEM] did your household received in kind or for free during the last 30 days?	What would be the total value of these [Q8] [CECO3] of [ITEM] received in kind or for free if you were to sell them in the market? UGX			Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRODUCT] cause any harm to you or your household members ?	Identity Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?
ECECO 1	CECO 2	CEC O2.1	CECO3	CECO4	CECO 5	CECO 6	CECO 7	CECO 8	CECO 9	CECO 10	CECO1 1	CECO1 2	CECO13	CECO14
<b>Transport and</b>														
Tyres, tubes, spares,brakepads etc	461													
Lubricants (, engine oil, grease, coolant etc)	462_1													
Petrol	462_2													
Diesel	462_3													
Maintenance and repair of vehicles, motorcycles and bicycles	465_1													
<b>Communication</b>														
Postal Services	466_1													
Stamps, envelops, etc.	466													
Expenditure on phone calls for phones not owned	468													
Internet fees	450_1													
Mobile money charges	451_1													
Others	469													
<b>Health and Medical Care</b>														
Consultation Fees	501													
Medicines etc	502													
Hospital/ clinic charges	503													
Traditional Doctors fees/ medicines	504													
Transport to and From health facility	504_1													
Others	505													
Total expenditure on health	506													
<b>Other services</b>														
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													
Security fees (guard, LC defense, community security)	606_1													

**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 >> <b>NEXT ITEM</b>	In what unit can you best quantify/describe the amount of [ITEM] consumed? CODES	Purchases		Home produced/Household enterprise stock		Received in-kind/Free		Unit Price Value per [CECO3] of [ITEM] ENSURE THAT NUMBERING IS CONSISTENT WITH THE QUESTION NUMBER	Was [ITEM/PRODUCT] consumed standard?  1= Yes 2=No (>> <b>Next item</b> )	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
				How many [CECO3] of [ITEM] did your household purchase during the last 30 days? CECO4	How much did the household spent in total on these [CECO4] of [ITEM] during the last 30 days? UGX CECO 5	How many [CECO3c] of [ITEM] did your household consumed out of home production during the last 30 days? CECO 6	What would be the total value of these [Q8] CECO 3] of [ITEM] if you were to sell them at the farm gate UGX during the last 30 days? UGX CECO 7	How many [CECO3] of [ITEM] did your household received in kind or for free during the last 30 days? CECO 8	What would be the total value of these [Q8] [CECO3] of [ITEM] received in kind or for free if you were to sell them in the market? UGX CECO 9			Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy? CECO1 2	Safety Did the [ITEM/PRODUCT] cause any harm to you or your household members? CECO13	Identity Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling? CECO14
ECECO 1	CECO 2	CECO 02.1	CECO3	CECO4	CECO 5	CECO 6	CECO 7	CECO 8	CECO 9	CECO 10	CECO1 1	CECO1 2	CECO13	CECO14
Charcoal	309													
Paraffin or kerosene	308													
Firewood	310													
Cigarettes	155													
Other Tobacco	156													
Candles	311_1													
Matches	311_2													
Newspapers and Magazines	458													
Public transport – Bodaboda-Bicycle	465													
Public transport – Bodaboda Motorcycle	465_1													
Public transport - Taxi/Minibus	463													
Public transport – Bus	108													
Public transport – Others (Truck,)	109													
Air time for mobile phones	467_2													
Air time for fixed phones	467_1													
Internet/ data fees	450_1													
Mobile Money charges/fees	451_1													

**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>> <b>NEXT ITEM</b>	How much did the household spent in total on the [ITEM] during the last 365 days? UGX	How much did the household spent in total on these [Q4] [CECO3] of [ITEM] during the last 365 days? UGX Consumption out of household /enterprise stock	What would be the total value of these of [ITEM] received in kind or for free if you were to sell them in the market? UGX	Was [ITEM/PRODUCT] consumed substandard?	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
			Value	Value	Value	1= Yes 2=No (>> <b>Next item</b> )	<b>Quality</b> Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	<b>Safety</b> Did the [ITEM/PRODUCT] cause any harm to you or your household members?	<b>Identity</b> Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?
<b>CED01</b>	<b>CED02</b>	<b>CED02.1</b>	<b>CED03</b>	<b>CED04</b>	<b>CED05</b>	<b>CED06</b>	<b>CED07</b>	<b>CED08</b>	<b>CED09</b>
<b>Clothing and Footwear</b>									
Men's clothing- new	201								
Women's clothing –new	202								
Children's clothing (excluding school uniforms)-new	203								
Men's clothing- second hand	201_1								
Women's clothing –second hand	202_1								
Children's clothing (excluding school uniforms)- Second hand	203_1								
Other clothing and clothing materials/hiring of clothing materials	204_1								
Tailoring and Materials	205								
Men's Footwear	206								
Women's Footwear	207								
Children's Footwear	208								
Other Footwear and repairs	209								
<b>Furniture, Carpet, Furnishing etc</b>									
Furniture Items	301								
Carpets, mats, etc	302								
Curtains, etc	303								
Bed sheets	303_1								
Bedding Mattresses	304								
Blankets	305								
Others and Repairs	306								
<b>Household Appliances and Equipment</b>									
Appliances: Electric iron, / Kettles, Refrigerator etc	401								
Home theatres, DVDs, Decks CD players	401_2								
Charcoal and Kerosene Stoves	402								
Electric/Gas cooker	402_1								
Electronic Equipment (TV, radio cassette, car radios, headphones, earphones, speakers etc)	403								
Flash disks, CDs	403_1								
Bicycles	404								

**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>> <b>NEXT ITEM</b>	How much did the household spent in total on the [ITEM] during the last 365 days? UGX	How much did the household spent in total on these [Q4] [CECO3] of [ITEM] during the last 365 days? UGX Consumption out of household /enterprise stock	What would be the total value of these of [ITEM] received in kind or for free if you were to sell them in the market? UGX	Was [ITEM/PRODUCT] consumed substantially?  1= Yes 2=No (>> <b>Next item)</b>	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
			Value	Value	Value	<b>Quality</b> Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	<b>Safety</b> Did the [ITEM/PRODUCT] cause any harm to you or your household members?	<b>Identity</b> Was [ITEM/PRODUCT] genuine or deceptive in nature, packaging or labeling?	
<b>CED01</b>	<b>CED02</b>	<b>CED02.1</b>	<b>CED03</b>	<b>CED04</b>	<b>CED05</b>	<b>CED06</b>	<b>CED07</b>	<b>CED08</b>	<b>CED09</b>
Radio	405								
Motors, Pick-ups, etc	406								
Motor cycles	407								
Computers for household use (desktops, laptops, notebooks, software etc)	408								
Phone Handsets fixed	409_1								
Phone Handsets mobile	409-2								
Other equipment and repairs	410								
Jewelry, Watches, clocks etc	411								
<b>Glass/ Table were, Utensils, etc</b>									
Plastic basins	501								
Plastic plates/ tumblers	502								
Jerry cans and plastic buckets	503								
Enamel and metallic utensils	504								
Spoons/Knives/Forks	504_1								
Saucepan/cook-pot/pressure cooker/thermal cooker etc	504_2								
Switches, plugs, cables, etc	505								
Others and repairs	506								

**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>> <b>NEXT ITEM</b>	How much did the household spent in total on the [ITEM] during the last 365 days? UGX	How much did the household spent in total on these of [ITEM] during the last 365days? UGX Consumption out of household /enterprise stock	What would be the total value of these of [ITEM] received in kind or for free if you were to sell them in the market?	Was [ITEM/PRODUCT] consumed substandard?  1= Yes 2=No (>> <b>Next item</b> )	IF YES, On a scale of 1 to 5 where (5 is Most and 1 least) please rate the following parameters		
			Value	Value	Value		Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?		Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?
<b>CED01</b>	<b>CED02</b>	<b>CED02.1</b>	<b>CED03</b>	<b>CED04</b>	<b>CED05</b>	<b>CED06</b>	<b>CED07</b>	<b>CED08</b>	<b>CED09</b>
<b>Education</b>									
School fees	601_1								
Registration fees	601_2								
Exam fees	601_3								
Boarding and Lodging	602								
School uniform	603								
Books and supplies	604								
Costs to and from school	607								
Other educational expenses	605_1								
Expenses in day care facility	605_2								
Total education expenses	606								
<b>Services Not elsewhere Specified</b>									
Expenditure on household functions	701								
<b>Insurance Premiums</b>									
Insurance connected to health	702_1								
Third party insurance	702_2								
Education insurance	702_3								
Funeral insurance	702_4								
Other services N.E.S.	703								

**Part E: Non-consumption Expenditure**

Item description	Code	Did the HH consume [ITEM] 1=Yes 2=No>> <b>NEXT ITEM</b>	How much did the household spent in total on these of [ITEM] during the last 365days? Value (During the last 365 days)
<b>CEE01</b>	<b>CEE02</b>	<b>CEE02.1</b>	<b>CEE03</b>
Income tax	801		
Property rates (taxes)	802		
User fees and charges (passport, legal, photocopying service of marriage)	803		
Other financial services fees (credit card fees, overdraft charges, bankers cheque charges, deposit/withdrawal charges, cell phone money transfer charges)	803_1		
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?	In the last 7 days, did [NAME] run a business of any size for himself/herself or another household member, even if it was for only one hour?	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?	In the last 7 days, was [NAME] an apprentice?  <i>INCLUDE APPRENTICE -SHIPS THAT ARE PAID CASH, PAID IN KIND, UNPAID, OR FOR WHICH THE APPRENTICE PAYS TO PARTICIPATE</i>	In the last 7 days, did [NAME] work on this household's farm?  <i>EXAMPLE : TENDING CROPS, FEEDING ANIMALS, ETC.</i>	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?	In the last four weeks, was [NAME] looking for any kind of job?	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 96=Other (Specify)  [>>101A]		In the last four weeks, was [NAME] trying to start any kind of business?	
	1	2	3	4	6	8	10	12	14	15	16	17a)	17b)	17
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)**

PERSON ID	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 96=Other (specify)  [>>100D]	MAIN JOB				FOR EMPLOYEES (MAIN JOB)									
		What kind of work does [NAME] usually do in the (main) job/business that [NAME] had during the last 7 days?  <b>DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.</b>  [PLEASE INCLUDE THE DESCRIPTION IN APPLN]		What are the main goods/services produced at [NAME]'s place of work or its main function?  <b>DESCRIBE THE INDUSTRY E.G. restaurant, primary school, appliance factory, real estate office.</b>  [PLEASE INCLUDE THE DESCRIPTION IN APPLN]		In this (main) job/business that [NAME] had during the last 7 days, was [NAME]  1=Working for someone else for pay?>> 23 2=An employer? >>32 3=An own-account worker? >>32 4=Helping without pay in a household business? >>32 5=An apprentice? >>35 6=Working on the household farm or with household livestock?>>22_1	In general, are the products obtained from this land for sale/barter or mainly for your own family consumption?  1= only for sale/barter >>72 2=Mainly for sale/barter but partly for own or family use>>72 3= Mainly for own or family use but partly for sale/barter>>100A 4=Only for own or family use>>100A	Does this employer contribute to any pension/retirement fund (e.g. NSSF) for [NAME]?  1 = Yes 2= No	Is [NAME] entitled to any paid leave from this employer?  1 = Yes 2= No	Is [NAME] entitled to paid sick leave from this employer?  1 = Yes 2= No	Does this employer deduct or pay income tax (PAYE) from [NAME]'s salary/wage?  1 = Yes 2 = No	Is [NAME]'s employment agreement written or verbal?  1 = Written 2= Verbal	Is your contract or agreement of unlimited or limited duration?  1=Unlimited duration(>>30A) 2=Limited duration	What is the duration of [NAME]'s employment agreement?  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	
		DESCRIPTION	CODE	DESCRIPTION	CODE										
1	18	19A	19B	20A	20B	22	22_1	23	24	68	26	27	69	29	
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	FOR EMPLOYEES (MAIN JOB)		FOR EMPLOYERS, OWN ACCOUNT WORKERS AND CONTRIBUTING FAMILY WORKERS				ALL WORKING PERSONS (MAIN JOB)		ALL WORKING PERSONS
	During the last 12 months for how many		Is [NAME]'s business (or household business where [NAME] works) registered for VAT?	Is [NAME]'s business (or household business where [NAME] works) registered for income tax?	What is the type of ownership of your business/farm?  1=Individual owner (or with other household members) 2=Partnership with members of other households 3=Incorporated enterprise (Private Limited Co., Public Limited Co. Inc.) 96=Other (specify):_____	Does your business/farm keep a complete record of accounts (assets and expenditures)?  1=Yes 2=No 8=Don't know	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	Where is your usual place of work located?  1=In your home 2=Structure attached to your home 3=At the client's or employer's home 4=Enterprise, plant, factory, office, shop, workshop etc. (separate from house) 5=On a farm or agricultural plot 6=Construction site 7=Fixed stall in the market/street 8=Without fixed location/mobile/open space 96=Other (specify): _____	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 (>>36A)
	months did [NAME] work in this job?  [>>35]	Months							
1	30		32	33	70	71	35	72	37
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	SECOND JOB						HOURS OF WORK – MAIN JOB							
	What kind of work do [NAME] usually do in the secondary job/business that you had during the <b>last 7 days</b> ?		What are the main goods/services produced at [NAME]'s second place of work or its main function?		In this (second ) job/business that [NAME] had during the <b>last 7 days</b> , was [NAME]	Is [NAME]'s employer/business (at [NAME]'s second job)	Where is your usual place of work located?	During the last 7 days, how many hours did [NAME] work on each day?						
	<b>DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. (E.g. vegetable farmer, primary school teacher, computer programmer.)</b>  <b>[PLEASE INCLUDE THE DESCRIPTION IN CWEST]</b>		<b>DESCRIBE THE INDUSTRY E.G. restaurant, primary school, appliance factory, real estate office.</b>  <b>[PLEASE INCLUDE THE DESCRIPTION IN CWEST]</b>		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?	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	1=In your home 2=Structure attached to your home 3=At the client's or employer's home 4=Enterprise, plant, factory, office, shop, workshop etc. (separate from house) 5=On a farm or agricultural plot 6=Construction site 7=Fixed stall in the market/street 8=Without fixed location/mobile/open space 96=Other (specify): _____	<b>ACTUAL NUMBER OF HOURS WORKED STARTING FROM THE PREVIOUS DAY AND GOING BACKWARDS ON MAIN JOB.</b>  <b>IF 37=2, SKIP TO 46 AFTER COMPLETING THIS QUESTION</b>						
DESCRIPTION	CODE	DESCRIPTION	CODE				Sun	Mon	Tue	Wed	Thu	Fri	Sat	
<b>1</b>	<b>38A</b>	<b>38B</b>	<b>39A</b>	<b>39B</b>	<b>41</b>	<b>42</b>	<b>73</b>	<b>36A</b>	<b>36B</b>	<b>36C</b>	<b>36D</b>	<b>36E</b>	<b>36F</b>	<b>36G</b>
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	HOURS OF WORK – OTHER JOBS							Time related underemployment, job satisfaction and future prospects	EARNINGS -MAIN JOB (IF 22=1)					
	During the last 7 days, how many hours did [NAME] work on each day?  <b>ACTUAL NUMBER OF HOURS WORKED STARTING FROM THE PREVIOUS DAY AND GOING BACKWARDS ON OTHER JOBS.</b>								Last 7 days, 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 8=Don't know	On your (main) job, are you paid [...]?  <b>Read out</b> 1 =a set rate 2 = both a set rate and on the commission basis of sales 3 = commission on the basis of sales 4 = in kind only 96 =some other way, specify	What is the set rate you are paid?  <b><i>This should be the pay rate before taxes or other deductions are taken out.</i></b>  <b>ENTER AMOUNT IN SHILLINGS</b>	What is the periodicity of this?  1= Hour 2= Day 3=Week 4= Month 96=Other (specify)	In the last month, how much did you earn?  <b><i>This should be earnings before taxes or other deductions are taken out.</i></b> <b>ENTER AMOUNT IN SHILLINGS</b>	Who in the household controls/decide s on the use of cash/in-kind payments from the main job during the last 7 days?  <b>[RECORD UP TO TWO PIDS]</b>
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	1st						2nd
1	43A	43B	43C	43D	43E	43F	43G	46	77	31A	31C	78	31D1	31D2
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)**

PERSON ID	EARNINGS -SECOND JOB (IF 41=1)					UNEMPLOYED AND PERSONS NOT IN THE LABOUR FORCE					
	On your (second) job, are you paid [...]?  1 = a set rate 2 = both a set rate and on the commission basis of sales 3 = commission on the basis of sales 4 = in kind only 96=some other way, specify	What is the set rate you are paid?  <i>This should be the pay rate before taxes or other deductions are taken out.</i>  <b>ENTER AMOUNT IN SHILLINGS</b>	What is the periodicity of this?  1= Hour 2= Day 3=Week 4=Month 96=Other (specify)	In the last month, how much did you earn?  <i>This should be earnings before taxes or other deductions are taken out.</i>  <b>ENTER AMOUNT IN SHILLINGS</b>	Who in the household controls/decides on the use of cash/in-kind payments from the secondary job during the last 7 days?  <b>[RECORD UP TO TWO PIDS]</b>	In the last four weeks, were you looking for a job?  1=Yes >>100C 2=No	In the last four weeks, were you trying to start a business?  1=Yes 2=No>> 100D	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 96=Other (Specify)	If Yes, which occupations are you targeting? (List up to two)  <b>RECORD UP TO TWO OCCUPATIONS</b>  <b>[&lt;&lt;NEXT PERSON]</b>	Description	ISCO code
1	79	45B	45C	80	45D	100A	100B	100C	101A	101B	100D
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.

9.1: INTERVIEWER: Is this the exact same dwelling as the last time this household was visited? 1 = Yes 2=No

APPLN CHECK: If q9.1==1 then Preload col 1

IF OWNER OCCUPIED (CODE 10 IN Q.2)																
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)  INTERVIEWER PLEASE USE OBSERVATION	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)	What is the parcel area of this property?  1= Square Metres 2= Hectares 3= Acres 4=Square feet 96=Other (specify)		How did your household acquire this property/parcel ?  1=Purchased 2=Inherited 3=Gift/Donation	In what year did your household first acquire this property/ parcel?  YEAR	What type of ownership rights (tenure type) does your household have to the parcel of this property?  1=Customary 2=Freehold 3=Leasehold 4=Mailo 5=Permit 96=Other (specify)	Does your household have a formal ownership document for this property? (What legal (formal) title or ownership certificate does your household have for this property?)  1=Yes, Title Deed 2=Yes, Certificate 96=Yes, Other (specify) 3=No (>>31)	In which year did your household acquire the formal title or certificate of this property/ parcel?  YEAR	Whose names are listed as owners on the formal ownership document for this property?				Does your household have other documents (semi-formal or informal) that would provide proof of ownership to this property?  1=Yes 2=No(>>33)	What type of informal documents does your household possess?  <b>LIST UPTO 3</b>  1=Inheritance Letter 2=Gift/Exchange paper 3=Sales Receipt 4=Approved House Plan or Building permit 5=Survey plan 6=Gov't allocation paper 7=Tax receipt 8=Utility Bill 96=Other (specify)		
		UNIT	AREA						PID 1	PID 2	PID 3	PID 4		1ST	2ND	3RD
1	2	24a	24b	26	25	27	28	29	30a	30b	30c	30d	31	32a	32b	32c

Do female children have the right to inherit this property?  1=Yes: Equally as male children 2=Yes: But less than male children 3=Yes: But more than male children 4=Yes: But no male children 5=No female children 6=Not at all	Did you have any land dispute or disagreements with anyone over this parcel/property during the past 12 months?  1=Yes 2=No (>>36)	What was the nature of the main dispute or disagreement?  1=Boundary 2=Ownership: Inheritance related 3=Ownership: Sales related 4=Ownership: Expropriation 5=Ownership: Other 6=Rental related 96=Other (specify)	How likely do you think that there would be disagreement over the ownership rights to this parcel/property in the next 5 years with a private party (excluding expropriation by the government)?  1=Not at all (0%)(>> 38) 2=Somewhat likely (25%) 3=Likely (50%) 4=Very likely (75%) 5=Certainly, for sure (100%)	What is the main concern?  1=Boundary 2=Ownership: Inheritance related 3=Ownership: Sales related 4=Ownership: Expropriation 5=Ownership: Other 6=Rental related 96=Other (specify)	What is the current value of this parcel?  UGX
33	34	35	36	37	38

**Section 9: Housing Conditions, Water and Sanitation Cont'd.....**

How many rooms does your household use for sleeping?	What is the <b>major</b> construction material of the roof?	What is the <b>major</b> construction material of the external wall?	What is the <b>major</b> material of the floor?	What is the <b>main</b> source of water for drinking for your household?	What is the <b>main</b> reason for not using protected water sources?	How long does it take to collect the drinking water from the <b>main</b> source?	How far is the <b>main</b> source from your dwelling?	How much DRINKING water does the household use per day?	Is the water used by the household paid for?	What is the purpose for payment?	How much money, on average, does the household pay per month for the water?	
	10= Iron sheets 11= Tiles 12= Asbestos 13= Concrete 14= Tin 15= Thatch 96= Other (specify)	10 = Concrete/ Stones 11=Cement Blocks 12 = Burnt/ stabilized bricks 13 = Unburnt bricks with cement 14 = Unburnt bricks with mud 15=Wood 16=Mud and pole 17= Tin/Iron sheets 96= Other (specify)	10= Concrete 11= Bricks 12= Stone 13= Cement screed 14= Rammed earth 15= Wood 16= Tiles	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	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)	(Skip if the answer in question 7 is 10,11,13 and 21in the relevant box )	(Skip if the answer in question 7 is 10,11,13 and 21 in the relevant box)	(Record in litres)	1=Yes 2=No (>>15)	1=User fees/ tariffs 2=maintenance costs 96=Other (specify)		
NUMBER OF ROOMS	INTERVIEWER PLEASE USE OBSERVATION	INTERVIEWER PLEASE USE OBSERVATION	INTERVIEWER PLEASE USE OBSERVATION			TIME IN MINUTES	Distance in kilometers	LTS			SHILLINGS	
3	4	5	6	7	8	9a	9b	10	11	12	13	14

IF SOURCE IN 7 IS NOT 10,11,13 or 21:	If household member(s), record Person IDs of up to three persons			How the drinking water is normally transported?	On average, how much water does the household use (for all purposes) per day?	Are the safe water sources in your community managed by user committees?	What do you do to the water to make it safer for drinking?	What type of toilet is <b>mainly</b> used in your household?	Does the Household share this Toilet facility with other households?	With how many other households does this household share this toilet?	Do you have a hand washing facility at the toilet?
Who normally collects the drinking water in this household?  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 96 = Other (specify)	(Record in litres)  <b>INSTRUCTION EXCLUDE WATER USED FOR HOUSEHOLD ENTERPRISES</b>  <b>APPLN PUT A CAP OF 100 LTRS</b>	1=Yes 2=No 8=Don't Know	1=Boil and filter 2=Boil only 3=Filter only 5= Water purification tablets 4=Nothing is done 96=Other (specify)	<b>Flush / Pour Flush</b> 11= Flush To Piped Sewer System 12= Flush To Septic Tank 13= Flush To Pit Latrine 14= Flush To Open Drain 18= Flush To DK Where <b>Pit Latrine</b> 21= Ventilated Improved Pit Latrine 22= Pit Latrine With Slab 23= Pit Latrine Without Slab/Open Pit 31= Composting Toilet 41= Bucket(>> 23) 51= Hanging Toilet/Hanging Latrine 95= No Facility/Bush/Field/Polythene(>> 23) 96= Other (Specify)	1 = Yes 2= No(>> 23) 3= N/A (>> 23)	APPLN PUT A CHECK HERE 22B CANNOT BE LESS THAN 1	1=No 2= Yes with water only 3=Yes with water and soap  INTERVIEWER PLEASE USE OBSERVATION
15	15.1	15.2	15.3	15.4	15.5	16	17	22	22a	22b	23

## SECTION 10: Energy Use

Does this house have GRID electricity?  1=Yes 2=No(>> 5C)	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 (>>5A) 5= Prepaid (YAKA)(>> 5A) 96= Other (specify) (>>5A)	How much did your household pay for electricity in the last month?		What is the main reason why your household does not use grid electricity?  1=Electricity is not available in area 2=Household can't afford connection fee 3=Household can't afford cost of house wiring 4=Household can't afford the monthly payment 5=Household can't afford to buy electrical equipment 6= Satisfied with present energy source 7=No need for electricity 96=Other (specify)	Does this house USE a generator?  1=Yes 2=No(>>8)	How much did your household pay for FUEL or gasoline for your generator in the last month?			
	HOURS		SHILLINGS			SHILLINGS	QUANTITY (IN LITRES)			
1	2	3	5A		5C	6	7A_1	7B_2		

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 X= Other (specify) Z=None (>> 14)  RECORD 1 FOR YES OR 2 FOR NO										Which is the stove used <b>most often</b> 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 96= 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?  (Hours)	Where is the [MAIN STOVE] located?  1= In a separate kitchen 2= In a room in the dwelling not devoted to cooking 3= In an outdoor space
8										9	10	11	12
A	B	C	D	E	F	G	H	X	Z				

### 10 Cont'd: Energy Use

FUEL ID		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	b) Lighting	c) Heating		SHILLINGS	QUANTITY	UNIT OF MEASURE
			1= Yes 2= No	1= Yes 2= No	1= Yes 2= No				(SEE CODES BELOW)
13	13.1	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								
9	Torches								

#### UNIT OF MEASURE

1= Kg  
2= Liter  
3= Bundle  
4= Akendo (Big)  
5= Akendo (Medium)  
6= Akendo (Small)  
7= Bottle (300mls)  
8= Sadolin tin (3lts)

9= Sack (120kg)  
10= Sack (100kg)  
11= Sack (80kg)  
12= Sack (50kg)  
13= Tin (20lts)  
14= Tin (5lts)  
15= Plastic basin (15lts)  
16= Heap (Big)

17= Heap (medium)  
18= Heap (small)  
96= Other, specify

## Section 7: Sources of Income, Financial Decision Making, Savings, Credit, Borrowing and Banking in the past 12 months

1.	<p>What is the household's <b>most</b> important source of earnings during last 12 months?</p> <p>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)                  96=Other (specify)</p>	<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>
CB02.	<p>How often do you receive money from the <b>main</b> source of income?</p> <p>1= Daily                  2=Weekly                  3= Monthly                  4= Seasonally                  5= Annually                  6= Irregularly</p>	<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>

Type of income	Income code	Has the household received any income ( <i>in cash &amp; in kind</i> ) from [...] <b>in the past 12 months?</b>  1= Yes 2= No (>> <b>NEXT CATEGORY</b> )	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?	<b>CODES FOR COL 7</b> 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
			Cash (SHILLINGS)	In-kind (Estimated cash value) (SHILLINGS)			

2	3	4	5	6	6a	6b	7
<b>Property Income</b>							
Net actual rents received from building/property	21						
Net rent received from land	22						
Royalties	23						
<b>Investments</b>							
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						
<b>Current transfers and other benefits</b>							
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, <b>not from household Enterprises</b> (inheritance, alimony, scholarship, other unspecified income, etc.)	45						

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 7: Sources of Income, Financial Decision Making, Savings, Credit, Borrowing and Banking in the past 12 months**

## SECTION 7: CTD.....

### Now we are going to talk about investing

FINANCIAL SAVINGS												
<p>I am going to read out a number of descriptions people have given to define saving, which of these descriptions most closely matches your own definition of saving? Saving is.....?</p> <p><b>(Read out statements)</b></p> <p>1= Putting money in a special place or account for the money to be safe            2= Putting money aside to stop it being spent immediately            3= Planning spending so that money lasts through the week or month            4= Putting money in an activity or somewhere so that it can yield profits or returns</p>	<p>Which mechanisms are you using to save?</p> <p><b>Read out statements</b></p> <p>A=At home/Secret Place            B=With a commercial bank            C=With a Microfinance Deposit-taking Institution (MDI)            D=With a SACCO            E=With a Microfinance Institution            F=With a VSLA            G= With a ROSCA / merry-go-round            H= Mobile Money            I= By buying animals            J= By buying other assets            X= Other (specify)            Z= DONOT SAVE</p> <p><b>Record 1 for Yes and 2 for No</b></p>											
<b>CB 05</b>	<b>CB 06</b>											
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>X</b>	<b>Z</b>



**SECTION 7: CTD..... (FOR PERSONS 16 YEARS AND ABOVE)**

<b>P E R S O N I D</b>	Which of the following transactions do you conduct for yourself normally at the Mobile money point?  <b>READ OUT</b> A=Cash withdrawals B=Cash deposits C=Cash Transfer D=School Fees Payment E=Utility payments (Water, Power, TV) F=Purchase of air time G=Western Union H=Mobile Banking I=Payment for goods and services J=To send money K=Receive money M=Receiving wages/salaries X=Others (Specify)												
	<b>RECORD 1 FOR YES AND 2 FOR NO</b>												
<b>R001</b>	<b>CB 24</b>												
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>M</b>	<b>X</b>

**SECTION 12: NON CROP FARMING HOUSEHOLD ENTERPRISES/ACTIVITIES**

**Application check: Check if the household operated an enterprise in the previous wave if yes then skip the screener questions and upload the list of enterprises and skip to N15**

PID of respondent	Does any member of your household...							
	... own a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?  1= Yes 2= No	... process and sell any agricultural by-products, including flour, starch, juice, beer, jam, oil, seed, bran, etc., but excluding livestock by-products, fresh/processed fish?  1= Yes 2= No	... own a trading business on a street or in a market?  1= Yes 2= No	... offer any service or sold anything on a street or in a market, including firewood, home-made charcoal, curios, construction timber, woodpoles, traditional medicine, mats, bricks, cane furniture, weave baskets, thatch grass etc.?  1= Yes 2= No	... own a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc?  1= Yes 2= No	... drive a household-owned taxi or pick-up truck to provide transportation or moving services?  1= Yes 2= No	... own a bar or restaurant?  1= Yes 2= No	...own any other non-agricultural business, even if it is a small business run from home or on a street?  1= Yes 2= No
<b>NA0</b>	<b>NA1a</b>	<b>NA1b</b>	<b>NA1c</b>	<b>NA1d</b>	<b>NA1e</b>	<b>NA1f</b>	<b>NA1g</b>	<b>NA1h</b>

**B. ENUMERATOR: IS THERE A "1" FOR ANY OF THE QUESTIONS N01 THROUGH NA1a – NA1h? YES..1 NO...2 >>NEXT MODULE**

**Apart from the previously listed enterprises; does any member of the household have a new enterprise? YES..1 >>N01 NO...2**

**SECTION 12: NON CROP FARMING HOUSEHOLD ENTERPRISES/ACTIVITIES ctd... (ONLY IF THERE IS ANY CODE 1 IN Q.NA1a – NA1h)**

E N T E R P R I S E  I D	Description of enterprise	Sector of main activity  1=Manufacturing, mining & quarrying 2=Trade & Services 3=Hotels, Bars & restaurants 4=Forestry 5=Agriculture	Industry code  <b>See code s in Annex 10 of manual</b>	ID code of respondents responsible	Is the enterprise in operation today?  1=Yes 2=No > Next enterprise	Year started (yyyy)  <b>Skip for previous enterprises</b>	How was this [BUSINESS] acquired?  1=Founded 2=Purchased 3=Inherited after the death of a family member 4=Allocated by family 5=Gift from non-household member 96=Other (Specify) 98=Don't Know	What was the main source of money for setting up the business?  <b>See code below</b>	Where is this [BUSINESS] located?  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 98=Don't know	In the last 12 months, has this household used any funding to finance expansion and capital improvements or to face unexpected expenses for this [BUSINESS]?  1=Yes 2=No (>> N08a)	What was the primary source of funding used?  <b>See code below</b>	Which people in the household work in this enterprise/activity?					Who in this household decides on the use of earnings from this enterprise?	
												<b>WRITE ID CODES FROM ROSTER</b>	A	B	C	D	E	PID 1
N00	N01	N01_1	N02	N03	N04		N16	N05	N15	N06_1	N07_1	N08a	N08b	N08c	N08d	N08e	N19a	N19b

<p><b>Codes for Col N05</b></p> <p>01= Didn't need any money                  02= Own/household's savings                  03= Commercial/Development Bank                  04= Deposit Taking Microfinance institutions                  05= SACCO                  06= Local group                  07= NGO                  96= Other (specify)</p>	<p><b>Codes for Col N07_1</b></p> <p>01= Formal Banks (Commercial/Development                  02= Deposit Taking Micro-Finance Institutions                  03= SACCO                  04= NGO                  05= Credit Union                  06= Landlord                  07= Employer</p>	<p>08= Local group                  09= Relative                  10= Friend                  11= Local money lender                  12= Own/household's savings                  96= Other (specify)</p>
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**SECTION 12: NON CROP FARMING HOUSEHOLD ENTERPRISES/ACTIVITIES ctd...**

E N T E R P R I S E  I D	<b>IF N09&lt;12 MONTHS:</b> In the past 12 months, how many months did the [BUSINESS] operate?		What is/was the average monthly gross revenues during the months when the [BUSINESS] is/was operating?  <b>UGX</b>	How many people does [BUSINESS] hire during a month when the enterprise is/was operating?  <b>If none, write '0' and go to N13</b>	What is/was the average expenditure of [BUSINESS] on wages during that month?  <b>UGX</b>	What is/was the average expenditure of [BUSINESS] on raw materials during that month?  <b>UGX</b>	Other operating expenses such as fuel, kerosene, electricity etc during that month?  <b>UGX</b>	Over the past three years, has the [BUSINESS]' revenues (sales, turnover) increased, decreased or remained the same?  1=increased(>> N21) 2=decreased 3=remained The same 98=don't know  <b>[INTERVIEWER: IF THE BUSINESS IS LESS THAN 3 YRS OLD ASK ACCORDING TO THE DURATION OF OPERATION]</b>	What factors have constrained the business owner's ability to increase the size of the [BUSINESS] to the desired size?  A=lack of demand B=lack of inputs C=lack of finance D=poor quality electricity and phone E=lack of trained employees F=Cost of hiring new employees G=Legal regulations H=Poor quality roads I=Lack of market information J=high tax rates K=lack of clear ownership of land L=high crime rates M= Economic policy uncertainty (e.g. exchange rate fluctuation & interest rates) N=Corruption O=lack of time to work on the business P=the business is the desired size X=Other (specify) Q=Don't know  <b>RECORD 1 FOR ALL MENTIONED ELSE RECORD 2</b>	Is the enterprise registered for VAT?  1=Yes 2=No 8=Refused 9=Don't Know  Donot ask for enterprises that already reported that they were registered previously	Is the enterprise registered for income tax?  1=Yes 2=No 8=Refused 9=Don't Know  Donot ask for enterprises that already reported that they were registered previously																		
	<b>N09</b>	<b>N20</b>	<b>N10</b>	<b>N11A</b>	<b>N11B</b>	<b>N12</b>	<b>N13</b>	<b>N14</b>	<b>N17</b>	<b>N18</b>											<b>N21</b>	<b>N22</b>							
										<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>	<b>O</b>	<b>P</b>	<b>Q</b>	<b>X</b>		

## 14: 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, individually 4=Yes, jointly with hh members 5=Yes, jointly with non hh member 2=No (>> NEXT ASSET)	Who owns [ASSET]?		How many [...] do your household own at present?		Why do you have less [...] than last year?  If= 1 -5>> Next section If =6>>Next item	Why do you have more [...] than last year?	What should have been the number last time?
			List up to two ID codes	3A	3B	Number			
1	2	3	3A	3B	4	5	6	7	8
<b>Household Assets</b>									
Owner Occupied House	01								
Other Buildings	02								
Non-Agricultural Land	03								
Furniture/Furnishings	04								
Household Appliances e.g. Kettle, Flat iron, Blender, Toaster etc.	05								
Cooker	23								
Refrigerator	24								
Washing machine/Driers	25								
Television	06								
Radio	26								
Home theater/ music system	27								
Cassette /DVD/CD	07								
Generators	08								
Solar panel/electric inverters	09								
Bicycle	10								
Motor cycle	11								
Motor vehicle	12								
Boat Canoe	13								

**COD**

1.= S

2.= A

3.= A

4.= A

5.= A

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Other Transport equipment	14								
Jewelry and Watches	15								
Fixed Phone	28								
Mobile phone	16								
Computer -Desktop/Laptop/Tablets/iPad	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								

**16: SHOCKS AND 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?  <i>(RECORD NUMBER OF MONTHS) IF LESS THAN 1 MONTH RECORD '00'</i>	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		Income	Assets	Food Production	Food Purchases	1st	2nd	3rd
	A1	1	2A	2Y	2B	3A	3B	3C	3D	4A	4B	4C
1011	Drought											
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

ID CODE OF 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	<b>FOR HOUSEHOLD WITH CHILDREN UNDER AGE 5 (IF NONE, WRITE '12'):</b>  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)	<b>FOR HOUSEHOLD WITH CHILDREN 5-13 (IF NONE, WRITE '12'):</b>  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(>> <b>Next Section</b> )
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
- X. Other (Specify)

**Section 6: Child Health and Nutrition (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	Age of Child (IN MONTHS)	IS CHILD LESS THAN 24 MONTHS OLD?	Has [NAME] ever been breastfed in his/her life?	How long after birth did [NAME] start breast-feeding?	In the first three days after delivery, was [NAME] given anything to drink other than breast milk?	What was [NAME] given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED	Was [NAME] breast-fed yesterday during the day or at night?	Did [NAME] drink anything from a bottle with a nipple yesterday or last night?												
			MONTHS																			
1	2	3	4	5_1	6	7_1	7_2	7_3	13	14												
									A	B	C	D	E	F	G	H	I	J	X			
01																						
02																						
03																						
04																						
05																						
06																						
07																						
08																						
09																						
10																						

PERSON ID	ID CODE OF RESPONDENT	RELATIONSHIP OF RESPONDENT TO CHILD 1=Mother 2=Father 3=Other Caregiver	Did [NAME] take [.....] yesterday during the day or at night?  A=Plain water B=Infant formula C=Milk D=Juice E=Clear broth or other kind of soup F=Yogurt or sour milk G=Thin porridge H=Black tea/Coffee I=Alcoholic drink J=Herbal Liquid K=Any other liquid  1 = Yes 2 = No 98 = Don't Know											If CODE 1 FOR B C OR F  Since this time yesterday, how many times was [.....] consumed?  <b>RECORD "98" for "Don't Know"</b>
			12											
1	2	3	A	B	C	D	E	F	G	H	I	J	K	
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)

CHILD'S DIETARY DIVERSITY (ASK FOR CHILDREN 6 to 23 MONTHS)		
<p>Now I would like you to tell me if (NAME OF CHILD/CHILDREN) ate any of the following foods or group of foods yesterday during the day or night. This includes foods prepared in your home or outside of your home and foods the child consumed from your home or outside your home.</p> <p><b>INSTRUCTION: ASK THE MOTHERS TO DESCRIBE THE PREVIOUS DAY'S MEALS AND SNACKS STARTING WITH WHEN THE CHILD WOKE UP, THROUGHOUT THE DAY, UNTIL THE CHILD FINALLY GOES TO SLEEP FOR THE NIGHT. RECORD 1 FOR EACH ROW THAT CONTAINS A FOOD MENTIONED. WHEN SHE IS DONE, GO BACK AND READ THE LIST OF FOODS FOR ROWS NOT MENTIONED ONE BY ONE UNTIL LIST IS COMPLETE AND CONFIRM WHETHER CHILD ATE FROM THIS ROW.</b></p>		
<b>A</b>		<b>B. Was any item from this group consumed yesterday?</b>
	FOOD ITEM OR FOOD GROUP	1= Yes 2= No 98= Don't Know
T2-A	Millet, sorghum, maize, rice, posho, bread, chapatti, pasta/macaroni, noodles, or other foods made from maize, or other grains such as mandazi, doughnut, pancakes, weatabix, cornflakes, etc?	
T2-B	Pumpkin, squash, orange flesh sweet potatoes (SHOW PHOTO), carrots, or other orange-coloured vegetable	
T2-C	Irish potatoes, other sweet potatoes, white yams, cassava, or any other foods made from these roots	
T2-D	Any dark green leafy vegetables like eboo, amaranth, cowpea leaves, pumpkin leaves etc	
T2-E	Fruits with an orange flesh such as ripe papaya, ripe mango, etc	
T2-F	Any other vegetables or fruit (unripe mango, unripe papaya, ripe or unripe bananas, oranges, tamarind etc)	
T2-G	Liver, kidney, heart, or other organ meats	
T2-H	Flesh of any meat such as beef, pork, lamb, goat, chicken, or duck (probe if meat taken in soup)	
T2-I	Eggs of chicken, ducks, quail, other birds	
T2-J	<del>Fresh or dried fish, shellfish, or seafood (could be more country specific)</del> Fresh or dried fish, tilapia, Nile perch or seafood	
T2-K	Any foods made from beans, peas, lentils, groundnuts, soya, other nuts, sesame or other seeds	
T2-L	Cheese, yoghurt, sourmilk or other milk products	
T2-M	Any oil, fats, ghee, or butter, or foods made with any of these	
T2-M1	Foods prepared with Shea nut fat and other locally processed fats	
T2-N	Any sugary foods such as chocolate, sweets, candies, pastries, cakes or biscuits	
T2-O	Condiments for flavor, such as chilies, spices, herbs or fish powder	
T2-P	White ants, termites, snails, grubs or grasshoppers	
T2-Q	Foods made from red palm oil, red palm nut or red palm nut pulp sauce	
T2-R	Tea made from powder or leaves	
T2-U	Soda Ash(magadi) ,(i.e. used for making foods like boo or malakwang)	
T2-S	Now I want to ask you if (NAME OF CHILD) consumed Dirt, earth or clay from any source e.g. walls of mud houses, the yard, purchased at market	
	<b>REVIEW RESONSES FOR ALL ROWS OF T2A – T2Q. IF CHILD DID NOT EAT FOODS FROM ANY ROWS, THEN ASK QUESTION T2-T. OTHERWISE PROCEED TO T3.</b>	
T2-T	Did (Name) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid, or soft foods did (Name) eat? AND mark the appropriate box in Table 2.	
T3	How many times did (NAME OF CHILD) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? PROBE TO HELP PARTICIPANT REMEMBER – IN THE MORNING, AFTERNOON, EVENING, DJURING THE NIGHT	Times: <input type="text"/>

**Section 6 cont'd: Infant and Young Child Feeding counseling by CHW and Health Facility Staff (0 to 59 months)**

Has any of the CHW in your village ever talked to you about how to feed [CHILD'S NAME]  1 = Yes 2 = No (>> T3-3) 98 = Don't know (>> T3-3)	When the CHW talked to you about how to feed [CHILD'S NAME], did they do it in a group setting or one on one?  1=Individually 2=In group 3=Both individually and group	Have any health center staff ever talked to you about how to feed [CHILD'S NAME]?  1 = Yes 2 = No (>> T3-5) 98 = Don't know(>>T3-5)	When the health center staff talked to you about how to feed [CHILD'S NAME], did they do it in a group setting or one on one?  1=Individually 2=In group 3=Both individually and group	For children 6 to 59 months was [NAME OF CHILD] given a box of 30 micronutrient powders in the last 2 months  (SHOW SAMPLE)  1= Yes 2= No >>30 98 = Don't Know >> 30	How many micronutrient powder sachets did [NAME OF CHILD] consume in the last 7 days?  Number of sachets
T3-1	T3-2	T3-3	T3-4	T3-5	T3-6

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

P R E S O N  I D	Did the child consume orange flesh sweet potato (SHOW PHOTO) During the last 7 days?  1= Yes 2= No	Has [NAME] received a Vitamin A capsule in the last 6 months?  <b>SHOW THE BLUE AND RED CAPSULES FOR DIFFERENT DOSES.</b>  1=Yes, recorded on card 2=Yes, no card present 3=Not recorded on card (>>33) 4=No, card not present (>>33) 98=Don't know (>>33)	Where did the Vitamin A capsule come from?  A= On routine visit to health facility B=Sick child visit to health facility C=Child Health Days X=Other (specify) Z=Don't know	FOR CHILDREN 12-59 MONTHS During the most recent CHILD HEALTH DAY was [NAME] given DRUGS for intestinal worms like this?  <b>SHOW SAMPLE YOU CARRY</b>  1=Yes 2=No 98=Don't know	Has [NAME] had diarrhea in the last 2 weeks?  <b>DIARRHOEA IS 3 OR MORE LOOSE OR WATERY STOOLS PER DAY</b>  1=Yes 2=No (>>21) 98=Don't know (>>21)	If [NAME] had diarrhea, was there blood in it?  <b>BLOODY DIARRHOEA IS 3 OR MORE LOOSE OR WATERY STOOLS WITH BLOOD PER DAY</b>  1=Yes 2=No 98=Don't know	During the last episode of diarrhea, did [NAME] take any of the following as treatment?			During [NAME]'s last episode of diarrhea, did he/she <b>eat</b> less, about the same or more than usual?  1=Much less or None 2=About the Same or Somewhat Less 3=More 98=Don't Know	During [NAME]'s last episode of diarrhea, did he/ she <b>eat</b> less, about the same, or more food than usual?  <b>IF "LESS", PROBE MUCH LESS OR A LITTLE LESS?</b>  1=None 2=Much less 3=Somewhat less 4=About the same 5=More 98=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 98=Don't Know
							ORS sachet with zinc	Recommended homemade	Other			
1	30	14	15	33	16	17	18a	18b	18c	19	20	21
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)**

PERSON ID	Has [NAME] had fever in the last two weeks?  1=Yes 2=No 98=Don't Know  <b>IF 21 AND 22 ARE BOTH NO/DON'T KNOW, &gt;&gt;24</b>	From where did you seek care for [NAME]?  PUBLIC SECTOR A= Government hospital B= Government health centre L= Outreach M = Government Community Based Distributor  PRIVATE SECTOR N= Private hospital H= Pharmacy/ drug shop O= Private Doctor/Nurse/Midwife/Clinic P= Outreach Q= NGO Community Based Distributor  OTHER SOURCE R= Shop S= Religious Institution F= Friend/ Relative G= Traditional Healer X= Other (specify)  K=No care was sought	Do you have EASY access to malaria testing for [CHILD'S NAME] in terms of distance and/or affordability  1=Yes 2=No 98=Don't Know	Do you have EASY access to malaria treatment for [CHILD'S NAME] in terms of distance and/or affordability  1=Yes 2=No 98=Don't Know		Has [NAME] received a measles vaccination?  <b>SHOW VACCINATION SPOT- UPPER LEFT ARM</b>  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 98=Don't know  (Andrew control for age ie chn below 6mnts CANNOT RECEIVE THIS DOSAGE COULD INCLUDE IT AS A WARNING MAYBE)	Has [NAME] received a DPT3 vaccination?  <b>SHOW VACCINATION SPOT- LEFT THIGH</b>  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 98=Don't know  (Confirm the reference age and how qx is being answered)	Did (CHILD'S NAME) sleep under a mosquito net last night? (Should be similar to the malaria survey)  1=Yes, net observed hanging in the room 4 = Yes, net observed but not hanging in the room i.e. seen on floor or kept in wadrobe 2=yes, net not observed 3=No 98=Don't know	
	1	22	23	31_1	31A	31B	24	25	32
01									
02									
03									
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05									
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09									
10									

**Section 6 Cont'd: Anthropometry (For all household members)**

	34.A Code for anthropometrist: _____	34.C Code for scale: _____ 34.D Code for stadiometer: _____	34.E Code for tape measure: _____ 34.F Code for sagittometer: _____	34.G Code for BP Machine: _____				
	34.B Code for assistant: _____							
PERSON ID	<b>WEIGHT OF</b>	<b>WEIGHT RESULT</b>	<b>How will height be measured</b>	<b>RECORD HEIGHT / LENGTH ONLY ONCE (change to ATLEAST TWICE) PER CHILD DEPENDING ON SIZE</b>			<b>HEIGHT RESULT</b>	
	<b>CHILD-HOUSEHOLD MEMBER</b>  <b>INCLUDE TWO PLACES AFTER DECIMAL</b>	1=Measured	1= Lying down 2=Standing up	<b>LENGTH (CM) LYING</b>		<b>HEIGHT (CM)</b>		1=Measured 2=Not present 3=Refused 5=measured but unreliable because of disability 6= measured but unreliable because of hair do 7=Not measured 96=Other (specify)
		2=Not present 3=Refused 96=Other (specify)		<b>DOWN</b> <b>CHILD &lt;24 MONTHS OR (≤ 85 CM)</b>	<b>STANDING UP</b> <b>CHILD &gt;24 MONTHS OR (≥ 85 CM) &amp; OTHER HOUSEHOLD MEMBERS</b>			
			<b>1<sup>st</sup> measurement</b>	<b>2<sup>nd</sup> measurement</b>	<b>1<sup>st</sup> measurement</b>	<b>2<sup>nd</sup> measurement</b>		
1	27A_1	29_1	28_1	28A		28B	29	
01	_ _ . _ _  Kg			_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	
02	_ _ . _ _  Kg			_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	
03	_ _ . _ _  Kg			_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	
04	_ _ . _ _  Kg			_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	
05	_ _ . _ _  Kg			_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	_ _ . _  cm	

**Section 6 Cont'd: Anthropometry (For all household members)**

Pers on ID	Waist circumference (ALL MEN AND WOMEN 15	Waist circumference (ALL MEN AND WOMEN 15	WCResult 1= Yes 2= Not Present 3=	Sagittal abdominal diameter (ALL MEN AND	Sagittal abdominal diameter (ALL MEN AND	SAD Result 1= Yes 2=	Blood pressure (ALL MEN AND WOMEN 15 years and older)			Was referral for hypertens	BP Result 1= Yes 2= Not
							Blood pressure	Blood pressure	Blood pressure		

	years and older)	years and older)	Refused	WOMEN 15 years and older)	WOMEN 15 years and older)	Not Present 3= Refused	1	2	3	ion given?	Present 3= Refused
							Systolic/diastolic	Systolic/diastolic	Systolic/diastolic	1= Yes 2= No	d
	33	33_1	29_3	39	39_1	29_4	34	35	36	36_1	29_8
01	_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg		
02	_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg		
03	_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg		
04	_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg		
05	_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ .  _  cm	_ _ _ .  _  cm		_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg	_ _ _ ./ _ _  _ _  mm/Hg		

If blood pressure #2 or #3 measurement has a systolic blood pressure  $\geq 140$ mm/Hg and/or diastolic BP  $\geq 90$  mm/Hg then a referral for follow up assessment for hypertension must be given. (INSTRUCTION FOR QUESTION 36\_1)

Person ID	<p>In the past 2 weeks have you taken any drugs [medication] for diabetes [or high blood sugar] prescribed by a doctor or other health worker?</p> <p>1=yes</p> <p>2=no</p> <p>98= don't know</p>	<p>In the past 2 weeks have you taken any drugs [medication] for raised blood pressure prescribed by a doctor or other health worker?</p> <p>1=yes</p> <p>2=no</p> <p>98= don't know</p>
	37	38
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**Section 19: Link with the Agriculture Questionnaire**

1. During the second cropping season 2017 (**2<sup>nd</sup> Season of 2017 July – Dec.2017**), and the first cropping season (**1<sup>st</sup> Season of 2018: Jan. – June 2018**) and 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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