

Uganda Bureau of Statistics



THE UGANDA NATIONALPANEL 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:HOUSE	HOLD ID	ENTIF	ICATI	ION PA	ARTICU	JLARS			
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</i> =1; <i>Other Urban</i> =2	2; Rural =	=3)							
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 (Yes=1; No=2)									
15_1. Household selected for salt sample	(Yes= 1;	No = 2	2)						
15_2. Household selected for MRDR testi	ng (1=Wo	oman d	nly; 2	2=Child	only; 3	B= Both	; 4 = N	o)	
16. Type of interview (Full=1; Half=2									
17. Visit type: (first visit= 1; second visit =	2)								
18. Wave created									

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

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SECTION 1B: STAFF DETAILS AND SURVEY TIME		
	CODE	
1. NAME OF INTERVIEWER:		
DD MM YYYY		
2. DATE OF INTERVIEW:		
3. NAME OF SUPERVISOR:		
DD MM YYYY		
4. DATE OF CHECKING:		
5. STARTING TIME:		
6a. RESPONSE CODE: 1 ST VISIT 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	6b. REASON]
4. Not done at all >>ask 6B		1
7a. RESPONSE CODE: 2 ND VISIT 1. Completed full interview	7b. REASON	
 Completed Roster UPDATE – Only section required this visit Partially completed sections required for this visit>>ask 7B Not done at all>>ask 7B 		
CODES FOR 6b & 7b GIVE REASON IF THE HOUSEHOLD IS NOT ABLE TO PARTICIPATE IN OR COMPLETE THE SURVEY	·	
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		
9. GPS COORDINATES:		
N=1 $S=2$ M		
LAT]	
LONG]	
9_2: Consent obtained from household head to collect food samples and measure anthrohousehold members (Yes=1; No=2) 10. REMARKS:	opometry on	
a)		
b)		
c)		
11a. Key respondent 1 st Visit		
11b. Key respondent 2 nd Visit		

Section 2: Household Roster

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

	We would like to make a	Sex	What is the relationship of [NAME] to the	During the	If [NAM	What is the residential status of [NAME]?	How old is [NAME]			e date of AME]?	For persons 10 years and	Eligible for selection	Selected for	s	ECOND VISI	Γ
ршкоОх — D	complete list of household members in the last 12 months including guests who slept here last night and those that left the household permanentl y. ASK IF ALL MEMBERS ARE LISTED	1= M 2= F Preload for all previous househo Id member s	livame to the head of the household? 1= Head 2= Spouse 3= Son/daughter of head or spouse 4= Grand child 5= Parent of head or spouse 6= Sister/Brother of head or spouse 7= Nephew/Niec e 8= Other relatives 10= Nonrelative	many months did [NAME] live here? WRITE 12 IF ALWAYS PRESENT OR IF AWAY LESS THAN A MONTH WRITE 00 IF PRESENT FOR LESS THAN A MONTH (IF '12 months', >>7)	E] has not stayed for 12 month s, what is the main reason for absen ce?	1=Usual member present 2= Usual member absent 3=Regular member present 4=Regular member absent 4=Regular member absent 5=Guest (>> NEXT PERSON) 6=Usual member who left hh more than 6 months ago (>> NEXT PERSON) 7=Left permanently (>> NEXT PERSON) INTERVIEWER: FOR RESPONSES 1-4, WRITE NAME ON FLAP AT SAME ID NUMBER	in comple ted years? IF LESS THAN ONE YEAR, WRITE 0	IF Y UNI MAI Sho prei prev hou mer DOE chai	UNKN MARK EAR IS (NOW) RK '99 uld be loaded vious sehold nbers 3 does nge	IOWN, '98'. S N, 98'. I for all	above What is the present marital status of [NAME]? 1= Married monogamously 2= Married polygamous 3=Divorced /Separated 4= Widow/ Widower 5= Never Married	1= Yes 2= No (Woman 15-49 and child 6 to 23 months or 6 months to 5 years; use date of birth for children under 1 year) Preload selected eligible women/children	interview 1= Yes 2= No (use the KISH GRID) Preload all selected persons	Is [NAME] still a member of your household ? 1= Yes (>> NEXT PERSON) 2= No	Why did [NAME] leave the household? USE THE SAME CODE AS 6	Where did [NAME] go? USE DISTRIC T CODE And region
1	2	3	4	5	6	7	8	9A	9B	9C	10	14	15	11	12	13
01																
02																
03																
04																
05																
06																
07																
80																
09																
10																

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

		b. Donnesiid															
P	ID CODE	Did [NAME]	Did	What	How	What was		Did	How		give me a	breakdowr	of [NAME'S] total	al expenditure	on his/her m	nost recent	domestic
E	OF	make a	[NAM]	mode	many	purpose o [NAME'S]		[NAME	muc	trip?							
R S	PERS	domestic	E]	of	night	[INAIVIE 5]	ııh.] travel	h did								
0	ON RESP	trip	travel	transp	s did	1 = Leisure, r	ecreation	indepe	[NA								
N	ONDI	travelling to	alone	ort	[NAM	and holidays	ecreation	ndently	ME]								
	NG	a place	or as	was	E]	2 = Business	and	or	spen				Ug	յ. Shs			
I	FOR	outside their	а	used?	spen	professional		he/she	d in								
D	[NAM	usual	family		d on	3 = Spiritual, visit / pilgrima		booked	total								
	E]	environment	group	1=	this	tourism	ige / Ouiturai	а	for								
		in the past 3	or	Road	trip?	4 = Meetings		packag	his/h								
		months?	other	2=		and Conferer 5 = Medical 7		e tour?	er								
			group	Water	IF SAME	6 = Visiting fr			trip?								
		1=Yes	?	3= Air	DAY	relatives											
		2=No (>> Next Person)	1=Alo		TRIP	96= Other (sp	ecify)	1= Independ									
		Next Ferson)	ne 2=Fa		WRITE ZERO	RECORD U	IP TO 2	ently 2=									
		IF MORE	mily		ZERU	PURPOSE		Package									
		THAN ONE	group			Main	Seconda	tour		Expen	Expens	Expense	Expense on	Expenses	Expense	Other	Total
		TRIP WAS UNDERTAKEN	3=Oth				ry			se on	e on	s on	transport	on sports &	on travel	Expense	expense
		, CONSIDER	er							accom	food	passeng	equipment,	recreational	agencies	s	
		THE MOST	group)							modati	and	er	rental services	activities	and other	(specify)	
		RECENT TRIP								on	beverag	transport	eg vehicle hire		reservatio		
											es		and boat hire etc		n services		
(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	(,	(-)	(0)	_	(',	(ou)	(02)	(0)	(14)	(1.5.)	(122)	(150_1)	\ - /	(1.2.)	\ - /	(1.50)	(= /
01																	
02																	
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04																	
05																	
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08																	
09																	
10																	
<u> </u>		l	l	I	I.					i		L		L	L	L	i

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

					ular)				
PHRSON LD	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]?	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)	(4.4)	(0)	(0)	3.1	3.2	(0)	(0)		4=No, never 8
(1)	(1.1)	<mark>(2)</mark>	(3)	3.1	3.2	(4)	<mark>(6)</mark>	(7)	•
01									
02									
02									
02									
02 03 04									
02 03 04 05									
02 03 04 05 06									
02 03 04 05 06 07									

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.

	INTERVIE	WER:	Can	IF YES,	Has	APPLICATION	Why has [NAME]	What	What was the main	What	What	Name of	INTER	Who	What
PERSON ID	IS [NAME] ANSWERI NG FOR HIMSELF OR HERSELF? (FOR CHILDRE N UNDER THE AGE OF 7, THE GUARDIA N SHOULD RESPON D FOR THEM) 1= Yes (>>4) 2= No	WHAT IS THE ID CODE OF THE PERSO N RESPO NDING FOR [NAME] ?	[NAM E] read and write with unders tandin g in any langua ge? 1= Unable to read and write 2= Able to read only 4= Able to read and write 5=Uses Braille	SHOW LITERA CY CARD	[NAME] ever attended dany formal school? 1= Never attended 2= Attended school in the past (>> 7) 3= Currently attending school (>> 9)	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	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]	was the highes t grade/ class that [NAM E] compl eted?	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]	grade/ class was [NAME] attending in (THE LAST COMPL ETED SCHOO L YEAR)? SEE CODE BOOK.	grade/class is [NAME] currently attending? SEE CODE BOOK.	School If name is a previous household member preload name of the school	INTERVE R: Is the name of the school reporte d the same as last year 1= Yes >>7_1a 2=No	manage s the school [NAME] attends ? 1= Governm ent 2= Private 3= NGO 4= Religious organizat ion (Faith-based) 96= Other (specify)	type of school is [NAM E] curren tly attendi ng? 1= Day (>>13) 2= Boardin g (>> 15) 3= Day and Boardin g
1	2	3	4	4_1	5		6	7	8	9	10	10b	10bb	11	12
01															
02															
03															
04															
05															
06															
07															
80															
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

	ONLY certifi h2q8>	FOR CO cate, de =14	DDESie gree etc IN	diploma, I COL 7 &		If q12 = 3 Enum	ENUMER ATOR:	Dista nce to	,	e to school		ch has	this h						months on		Is [NAME] currently receiving a	Main source Funding	For day schol
Р Ш К В О 2	What duratic [NAMI course mme?] For the curren attend school	on of ES'] e/progra ose otly ling	Current YEAR [NAME] is attending? 1= YEAR 1 2= YEAR 2 3= YEAR 3	Full name programm For those currently attending aswell as that attenthe past a a diploma/de and degabove	school those ded in and have	erator: Is [NAM E] curre ntly Boar ding at scho ol?	Is the househol d still in the same location? 1= Yes>>15H 2=No	the scho ol in km? ONLY FOR DAY SCHO LAR S	TIME IN	MODE OF TRANSP ORT 1=Walk/fo ot 2 = Taxi(car) 3 = Pickup /truck 4=Bus/Min ibus 5=Bodabo	IF THE RI THE REL	ESPON	DENT	CAN (ONLY G	IVE A			, WRITE '1' IN COLUMN 15G		scholarship or subsidy given by the government / any organizatio n or school (including UPE/USE) to support [NAME]'s education?	1= Govt 2= NGO 3= Religiou s organiza tion 4=School 96=Other (specify) 9= Don't Know APPLN CHECK	Does [NAM E] get meals at schoo !?
N I D	Numb er	1=Year s 2= Months 7.3.1 3=Wee ks>>7.3	4= YEAR 4 5= YEAR 5 For those currently attending school and if 7_1b==1	Descripti on of the program	SEE CODE BOOK	Boardi ng Section (>> 15H) 2= Day Section	TION CHECK If Yes and q10bb== 1 then Preload q13, 14 & 14B		MIN UTE S	da (bicycle) 6=Bodabo da (motorc ycle) 7 = Own motorcy cle 8=Own Bicycle 9= Own car 96 = other (specify)	School fees (includin g contributi on to school develop ment fund)	Regi strati on fees	Exa m fees	Boa rdin g fee s	Unifo rms and sport cloth es	Book s and scho ol suppl ies	Tran sport to and from scho ol	Expens es in day care facility APPLN: activate only for col10==1	Other educational expenses (e.g. swimming, sports, school trips, pocket money, coaching etc)	Tota I exp ens es	2= No (>>18) APPLN CHECK Preload if q5=3 & q10bb=1 and name is a previous household member	Preload if q5==3 & q10bb==1 and name is a previous househol d member	Yes, provid ed free 2= Yes, parent s pay/ contri bute 3= No
1	7_1 a	7_1b	7_2	7.3.1	7_3	12_1		13	14	14B	15H	15I	15J	15E	15B	15C	15D	15K	15F	15 G	16	17	18
01																							
02																							
03																							
04																							
05																							
06																							
07																							
80																							

09												
10												

Section 5: Health

	INTERVIEWER:		During the past 30	For how many	For how many days	Can you describe the		Was anyone	Why was no one consulted
PERSOZ - D	IS [NAME] ANSWERING FOR HIMSELF OR HERSELF? 1= Yes (>>4) 2= No	WHAT IS THE ID CODE OF THE PERSON RESPONDING FOR [NAME]?	days, did [NAME] suffer from any illness or injury? 1= Yes 2= No (>> NEXT PERSON)	days did [NAME] suffer due to illness or injury during the past 30 days? DAYS	did [NAME] have to stop doing his/her usual activities due to illness or injury during the past 30 days? DAYS SHOULD BE LESS THAN OR EQUAL TO COL 5.	[NAME] primarily suffice major illness or injury days? RECORD UP TO 2 S 1= Diarrhoea (acute) 2= Diarrhoea (chronic) 3= Weight loss (major) 4= Fever (acute) 5= Fever (recurring) 6= Wound 7= Skin rash 8= Weakness 9= Severe headache 10= Fainting 11= Chills (feeling hot) 12= Vomiting 13= Cough 14= Productive cough 15= Coughing blood 16= Pain on passing of 17= Genital sores 18= Mental disorder 19= Abdominal pain 20= Sore throat 21= Difficulty breathin 22= Burn 23= Fracture 40= Nothing else 96= Other (specify)	ered due to the during the past 30 EYMPTOM CODES I, 1 month or more) and cold)	consulted (e.g. a doctor, nurse, pharmacist or traditional healer) for the major illness/ injury [NAME] sulfered during the past 30 days? 1= Yes (>> 10) 2= No	for the major illness? 1= Illness mild 2= Facility too far 3= Hard to get to facility 4= Too dangerous to go 5= Available facilities are too costly 6= No qualified staff present 7= Staff attitude not good 8= Too busy / long waiting time 9= Facility is inaccessible 10= Facility is closed 11= Facility is destroyed 12= Drugs not available 96= Other (specify) [>>NEXT PERSON]
1	2	3	4	5	6	7A	7B	8	9
01									
03									
04									
05									
06									
07									
08									
09									
10									

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

P E R S O N I D	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	Was [NAME] an outpatient or an inpatient? 1= Outpatient 2= In patient	Distance to the place where this treatment was sought for in km?	IF NOTHING WA	S SPENT, WRITE	0.	e last 30 days on [NAN	•		
	11= Religious Institution 12= Friend/ Relative >>11 13= Traditional Healer 96= Other (specify)>>11			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										
04										
05										
06										
07										
08										
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	d Members			Visi	tors	
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	How	In what	At I	home	Away fr	om home	Out of producti		Receiv kind		Marke	Farm	Was		a scale of 1 to	,
		you r	many days	unit can you					ehold en		Kina	/tree	t Price	gate /produ	[ITEM/ PRODUC		d 1 least) pleas owing paramete	
		НН	was	best					sto				Value	cer	T]		oming paramet	,,,
		con	[ITEM]	quantify	How	How	How	How	How	What	How	What	per	price	consume	Quality	Safety	Identity
		su	consu	. /	many	much did	many	much did	many	would	many	would	[CEB	per	d	Did the	Did the	Was
		me	med	describ	[CEB0	the	[CEB0	the	[CEB03	be the	[CEB03	be the	03C] of	[CEB 03C]	substand ard?	[ITEM/PR	[ITEM/PRO	[ITEM/PR
		[IT EM	out of the	e the amount	3C] of [ITEM]	househol d spend	3C] of [ITEM]	househol d spend	C]of [ITEM]	total value	C] of [ITEM]	total value of	[ITEM	of	aiu?	ODUCT] perform	DUCT] cause any	ODUCT] genuine
]	last 7	of	did	in total	did	in total	did	of	did your	these	1	[ITEM	1= Yes	well, was	harm to	or
		1=	days?	[ITEM]	your	on these	your	on these	your	these	househol	CEB10]	_]	2=No (>>	it	you or your	deceptive
		Ye		consum	househ	[CEB04]	househ	[CEB06]	househ	[CE08]	d	[CEB03			Next	enjoyable	household	in nature,
		S		ed?	old	[CEB03	old	[CEB03	old	[CEB0	received	C] of			item)	or fancy?	members?	packagin
		2= No		CODES	consu	C] of	consu	C] of	consu	3C of	in-	[ITEM] if						g or
		>>		CODES	meout of	[ITEM] during	me out of	[ITEM] during	med out of	[ITEM] if you	kind/free for	you were to						labeling?
		NE			purcha	the last 7	purcha	the last 7	home	were	consump	sell						
		XT			ses at	days for	ses	days? for	product	to sell	tion	them in						
		ITE			home	consump	away	consump	ion	them	during	the						
		M			during	tion at	from	tion	during	at the	the last 7	market?						
					the last	home? UGX	home	away	the last	farm	days?	UGX						
					7 days?	UGX	during the last	from home	7 days?	gate UGX								
					uays:		7	UGX	uays:	OOX								
							days?											
CEB01	CEB02	CE	CEB03	CEB03	CEB04	CEB05	CEB06	CEB07	CEB08	CEB0	CEB10	CEB11	CEB1	CEB1	CEB16	CEB17	CEB18	CEB19
		B0	В	С						9			2A	3				
	404	3																
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	Но	In what	State in	At I	Home	Away fr	om home	Out o	f home		ived in-	Mar	Farm	Was	IF YES, On	a scale of 1 to	where (5 is
		your	w	unit	which						tion/hous	kind	l/Free	ket	gate	[ITEM/	Most and 1 le	east) please rate	the following
		HH	ma	can	food						nterprise			Pric	/produ	PRODU		parameters	
		cons	ny	you	was	Harri		11	l 11=		ock	Harri	10//4	e Val	cer	CT]	0	0-4-4	Lata analisa a
		ume [ITE	day s	best quantif	mainly consum	How many	How much	How many	How much did	How many	What would	How many	What would	ue	price per	consume d	Quality Did the	Safety Did the	Identity Was
		M]	wa	y/	ed in	[CEB0	did the	[CEB03	the	[CEB0	be the	[CEB0	be the	per	[CEB0	substand	[ITEM/PRO	[ITEM/PRO	ITEM/PRO
		1=	s	describ	the last	3C] of	househ	C] of	househol	3C] of	total	3C] of	total	[CE	3C] of	ard?	DUCT	DUCT	DUCT]
		Yes	[IT	e the	7 days	[ITEM]	old	[ITEM]	d spend	[ITEM]	value of	[ITEM]	value of	B03	[ITEM]		perform	cause any	genuine or
		2=N	EM	amount	1=Bake	did	spend in	did your	in total	did	these	did	these	C]		1= Yes	well, was it	harm to you	deceptive in
		0>>]	of	d	your	total on	househ	on these	your	[CE08]	your	CEB10]	of		2=No	enjoyable or	or your	nature,
		NEX	con	[ITEM]	2=Boile	house	these	old	[CEB06]	house	[CEB03	house	[CEB03	[IT		(>> Next	fancy?	household	packaging
		ITE	su	consu med?	d 3=Fried	hold	[CEB04]	consum	[CEB03C	hold	C of	hold	C] of	EM]		item)		members?	or labeling?
		M	me d	mear	4=Raw/f	consu me out	[CEB03 C] of	e out of purchas] of [ITEM]	consu med	[ITEM] if you	receiv ed in-	[ITEM] if you						
		"	out	CODE	resh	of	[ITEM]	es away	during	out of	were to	kind/fr	were to						
			of	S	5=Roast	purcha	during	from	the last 7	home	sell	ee for	sell						
			the		ed	ses at	the last	home	days? for	produ	them at	consu	them in						
			las		6=Stea	home	7 days	during	consump	ction	the	mptio	the						
			t 7		med	during	for	the last	tion away	during	farm	n	market						
			da		7=None	the	consum	7 days?	from	the	gate	during	?						
			ys ?			last 7	ption at		home	last 7	UGX	the	UGX						
			ſ			days?	home? UGX		UGX	days?		last 7 days?							
							OOX					uays:							
CEB01	CEB02	CEB	CE	CEB03	CEB03	CEB0	CEB05	CEB06	CEB07	CEB0	CEB09	CEB1	CEB11	CE	CEB1	CEB16	CEB17	CEB18	CEB19
		03	В0	С	D	4				8		0		B12	3				
			3B											Α					
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	Но	In	At H	ome	Away fro	om home	Out o	f home	Recei	ived in-	Market	Farm	Was	IF YES, On	a scale of 1 to	5 where (5 is
'		your	w	what					producti	ion/house	kind	d/Free	Price	gate	[ITEM/	Most and	1 least) please	e rate the
		HH	ma	unit						nterprise			Value	/produ	PRODUC	follo	owing parame	ters
		con	ny	can						ock			per	cer	T]		,	
		sum	day	you	How	How	How	How	How	What	How	What	[CEB0	price	consume	Quality	Safety	Identity
		е	S	best quantif	many	much did the	many	much did	many	would	many	would be	3C] of [ITEM]	per [CEB0	d	Did the [ITEM/PR	Did the	Was [ITEM/P
		[ITE	wa s	y/	[CEB03 C] of	househol	[CEB03 C] of	the househol	[CEB0 3C] of	be the total	[CEB03 Cl of	the total value of	[III EIVI]	3C] of	substand	ODUCT]	[ITEM/P RODUC	RODUC
		M]	[IT	descri	[ITEM]	d spend	[ITEM]	d spend	[ITEM]	value of	[ITEM]	these		[ITEM]	ard?	perform	T] cause	T]
		1=	EM	be the	did your	in total	did your	in total	did	these	did your	CEB10]		[]	ara.	well, was	any harm	genuine
		Yes]	amou	househol	on these	househo	on these	your	[CE08]	househol	[CEB03C			1= Yes	it	to you or	or
		2=N	con	nt of	d	[CEB04]	ld	[CEB06]	househ	[CEB03	d] of			2=No (>>	enjoyable	your	deceptiv
		0>>	su	[ITEM]	consume	[CEB03	consum	[CEB03	old	C of	received	[ITEM] if			Next	or fancy?	househol	e in
		NEXT	me	consu	out of	C] of	e out of	C] of	consu	[ITEM] if	in-	you were			item)		d	nature,
		ITEM	d	med?	purchas	[ITEM]	purchas	[ITEM]	med	you	kind/free	to sell			iteiii)		members	packagin
			out of	CODE	es at home	during the last 7	es away from	during the last 7	out of home	were to sell	for consump	them in the					?	g or labeling?
			the	S	during	days for	home	days? for	product	them at	tion	market?						labeling?
			las		the last 7	consump	during	consump	ion	the farm	during	UGX						
			t 7		days?	tion at	the last	tion	during	gate	the last 7							
			da		,	home?	7 days?	away	the last	ÜGX	days?							
			ys			UGX		from	7									
			?					home	days?									
05004	055	055	0.5	0500	05004	OFDOE	05500	UGX	05500	05500	05040	05514	0504	0504	05540	05545	05540	05540
CEB01	CEB 02	CEB 03	CE B0	CEB0 3C	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB1 2A	CEB1 3	CEB16	CEB17	CEB18	CEB19
	02	03	3B	30										"				
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	How	In what		ome	Away fr	om home	Out of	home	Receiv	ed in-	Marke	Farm	Was	IF YES,	On a scale	of 1 to 5
'		н́н	many	unit can			•		producti	ion/hous	kind/l	Free	t	gate	[ITEM/		is Most and	
		consume	days	you					ehold er	nterprise			Price	/produ	PRODUC	please	rate the fol	owing
		[ITEM]	was	best						ock			Value	cer	T]		parameters	
		1= Yes	[ITEM]	quantify	How	How	How	How much	How	What	How	What	per	price	consume	Quality	Safety	Identity
		2=No>> N	consu	/	many	much did	many	did the	many	would	many	would	[CEB	per	d	Did the	Did the	Was
		EXT ITEM	med out of	describ e the	[CEB03	the	[CEB03	household	[CEB0	be the	[CEB03	be the	03C] of	[CEB0 3C] of	substand ard?	[ITEM/P RODUC	[ITEM/ PROD	[ITEM/ PROD
		I I L L WI	the	amount	C] of [ITEM]	househol d spend	C] of [ITEM]	spend in total on	3C] of [ITEM]	total value	C] of [ITEM]	total value of	[ITEM	[ITEM]	aiu?	T]	UCTI	UCTI
			last 7	of	did your	in total	did your	these	did	of	did your	these]	[]	1= Yes	perform	cause	genuin
			days?	[ITEM]	househol	on these	househol	[CEB06]	your	these	househol	CEB10]	•		2=No (>>	well,	any	e or
				consum	d	[CEB04]	d	[CEB03C]	househ	[CE08]	d	[CEB03			Next	was it	harm to	decepti
				ed?	consume	[CEB03	consume	of [ITEM]	old	[CEB0	received	C] of			item)	enjoyabl	you or	ve in
					out of	C] of	out of	during the	consu	3C of	in-	[ITEM]				e or	your	nature,
				CODES	purchase	[ITEM]	purchase	last 7	med	[ITEM]	kind/free	if you				fancy?	househ	packag
					s at	during	s away	days? for	out of	if you	for	were to					old	ing or
					home	the last 7	from	consumpti	home	were to	consump	sell					membe	labelin
					during the last 7	days for consump	home during	on away from	product ion	sell them	tion during	them in the					rs?	g?
					days?	tion at	the last 7	home	during	at the	the last 7	market						
					uujo.	home?	days?	UGX	the last	farm	days?	?						
						UGX			7	gate	, .	UGX						
									days?	UGX								
CEB01	CEB02	CEB03	CEB03	CEB03	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB1	CEB1	CEB16	CEB17	CEB18	CEB19
			В	С									2A	3				
Other Meat (eg duck,	120																	
rabbit etc)	.20																	
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)

Branch Description Code	Item Description	Code	Did	How	In what		Home	Away fr	rom home	Out o	of home	Receiv	ed in-	Market	Farm	Was	IF YES	On a scale	of 1 to 5
Fig. 141	item bescription	Oodc				7.0		, may n											
CEB01 CEB02 CEB03 CEB03 CEB03 CEB04 CEB03 CEB04 CEB03 CEB04 CEB05 CEB04 CEB05 CEB05 CEB05 CEB04 CEB05 CEB0				-						•							,		,
ITEM 1 1 1 1 1 1 1 1 1			consu	1						•				per		UCT]			
1- Yes Company Compa			me	[ITE	quantify	How	How much	How	How	How	What	How	What	[CEB03	per	_	Quality	Safety	Identit
Second S			[ITEM]	M]	/	many	did the		much did		would be	many	would	C] of		med	Did the	Did the	у
Milk Poudsroid Fresh Fresh Milk Fresh Fresh Milk Fresh Mil				cons	describ	[CEB03C	household		the	[CEB03C	the total	[CEB03C	be the	[ITEM]					1
TEM					e the	-	spend in			-	value of	-	total		[ITEM]			_	
																?		_	1
CEB01 CEB02 CEB03 CEB03 CEB03 CEB04 CEB04 CEB05 CONSUMD of Inflicted by Consum of Inflicted by C			ITEM					_											
CEB02 CEB02 CEB03 CEB03 CEB03 CEB04 CEB05 CEB05 CEB05 CEB05 CEB07 CEB0																		-	
Code						-				-		-							
COBB Such and Such a last 7 days Such and Such a last 7 days Such and Such and Such a last 7 days Such and Suc					ear		-		-		-		_					-	
Second S				ſ	CODES													-	
CEB01 CEB02 CEB03 CEB CEB03 CEB CEB04 CEB05 CEB04 CEB05 CEB06 CEB07 CEB06 CEB07 CEB08 CEB09 CEB10 CEB11 CEB12 CEB13 CEB13 CEB14 CEB15					CODES		-										lancy?		Hature
The last 7 days 2 days 2									_							1.0111,			nacka
CEB01 CEB02 CEB03 CEB CEB03 CEB CEB04 CEB05 CEB04 CEB05						_		-		_									1 '
CEB01 CEB02 CEB03 CEB CEB03 CEB CEB04 CEB05 CEB06 CEB07 CEB07 CEB08 CEB09 CEB10 CEB11 CEB12 CEB13 CEB13 CEB14 CEB15 CEB14 CEB15											00/1								
CEB01 CEB02 CEB03 CEB CEB03 CEB CEB04 CEB05 CEB06 CEB07 CEB08 CEB09 CEB10 CEB12 CEB12 CEB13 CEB13 CEB14 SEB14 CEB15										,.									1
CEB01 CEB02 CEB03 CEB CEB03 CEB04 CEB05 CEB06 CEB07 CEB08 CEB09 CEB10 CEB11 CEB12 CEB13 CEB13 CEB13 CEB14 CEB15 CEB14 CEB15 CEB15								_	-			days?	UGX						
CEB01 CEB02 CEB03 CEB CEB04 CEB04 CEB05 CEB06 CEB07 CEB08 CEB09 CEB10 CEB11 CEB13 CEB13 CEB16 CEB17 CEB18 CEB19 CEB19 CEB10								7 days?	home										
Eggs 124																			
Fresh Milk 125	CEB01	CEB02	CEB03			CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11		CEB13		CEB17	CEB18	1
Fresh Milk 125	Eggs	124																	
Fermented milk (Bondo)		125																	
Bondo 125	Milk Powdered	125_1																	
Continue	Fermented milk	125.2																	
Ce-cream 125_3																			
Infant Formula Foods 126																			
Cooking oil refined 127_1 Image: Cooking oil unrefined oil cooking oil cookin	Ice-cream																		
Cooking oil unrefined 127_2 Second of the cooking of t	Infant Formula Foods	126																	
Cheese 128	Cooking oil refined	127_1																	
Cheese 128_1 Image: Cheese of the property of the pro	Cooking oil unrefined																		
Margarine 129	Ghee																		
Butter 129_1	Cheese	128_1																	
Honey	Margarine	129																	
Jam/ Marmalade 147_2	Butter	129_1																	
Passion Fruits 130 Sweet Bananas-Ndiizi 131_1 Sweet Bananas- Ba	Honey																		
Sweet Bananas-Ndiizi 131_1 Sweet Bananas- 131_2 Bogova 9 Plantain 131_3	Jam/ Marmalade	147_2																	
Sweet Bananas- 131_2	Passion Fruits																		
Bogova 131_3 Plantain 131_3	Sweet Bananas-Ndiizi	131_1																	
Plantain 131_3		131_2																	
		131 3																	
											1								

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

Item Description	Code	Did your HH	How many days	In what unit	· ·	Home	Away fr	om home	product	of home ion/house nterprise		ved in- /Free	Mark et Price	Farm gate /prod	Was [ITEM/ PRODU	where (5	On a scale is Most and rate the following	d 1 least)
		consume [ITEM]	was	can you						tock			Valu	ucer	CT]		parameters	ŭ
		1= Yes	[ITEM]	best	How	How much	How	How much	How	What	How	What	e per	price	consum	Quality	Safety	Identity
		2=No>> NEXT	consu med	quantif y/	many [CEB03	did the household	many [CEB03	did the household	many [CEB0	would be the total	many [CEB03	would be the total	[CEB 03C]	per [CEB	ed substan	Did the [ITEM/	Did the [ITEM/	Was [ITEM/
		ITEM	out of	describ	C] of	spend in total on	C] of [ITEM]	spend in total on	3C]of [ITEM]	value of these	C] of [ITEM]	value of these	of	03C]	dard?	PROD	PROD	PROD
			the last 7	e the amount	[ITEM] did your	these	did your	these	did	[CE08]	did your	CEB10]	[ITE M1	of [ITEM	1= Yes	UCT] perfor	UCT] cause	UCT] genuin
			days?	of	househo Id	[CEB04]	househo Id	[CEB06] [CEB03C]	your househ	[CEB03 C of	househo Id	[CEB03 C] of		1	2=No	m well,	any	e or
				[ITEM]	consum	of [ITEM]	consum	of [ITEM]	old	[ITEM] if	received	[ITEM] if			(>>	was it	harm to	decepti
				consu med?	e out of purchas	during the last 7	e out of purchas	during the last 7	consu med	you were to sell	in- kind/free	you were to sell			Next item)	enjoya ble or	you or your	ve in nature,
					es at	days for	es away	days? for	out of	them at	for	them in			,	fancy?	househ	packag
				CODE S	<u>home</u>	consumpti	from	consumpti	home	the farm	consum	the					old membe	ing or labelin
				0	during the last	on at home?	home during	on away from home	produc tion	gate UGX	ption during	market? UGX					rs?	g?
					7 days?		the last	UGX	during		the last							
						UGX	7 days?		the last		7 days?							
									days?									07710
CEB01	CEB02	CEB03	CEB0 3B	CEB03	CEB04	CEB05	CEB06	CEB07	CEB0 8	CEB09	CEB10	CEB11	CEB 12A	CEB1 3	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/gyobyo/Mal akwang	138																	

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

Item Description	Code	Did	How	In what	At H		Away fr	om home	Out of	home	Receiv	/ed in-	Marke	Farm	Was	IF YES, 0	On a scale o	of 1 to 5
		your	many	unit can					•	on/house	kind	Free	t Price	gate	[ITEM		is Most and	
		HH	days	you						terprise			Value	/produ	/		rate the foll	owing
		consu me	was [ITE	best quantify	How	How	How	How much	How	ock What	How	What	per [CEB	cer price	PRO DUC	Quality	Safety	Identit
		[ITEM]	M]	quantily /	many	much did	many	did the	many	would	many	would	03C]	per	T]	Did the	Did the	у
		1=	cons	describ	[CEB03C	the	[CEB03C	household	[CEB03	be the	[CEB03C	be the	of	[CEB0	consu	[ITEM/P	[ITEM/P	Was
		Yes	umed	e the] of	househol] of	spend in	C] of	total] of	total	[ITEM	3C] of	med	RODUC	RODU	[ITEM/
		2=No>	out of	amount	[ITEM]	d spend	[ITEM]	total on	[ITEM]	value of	[ITEM]	value of]	[ITEM]	subst	T]	CT]	PROD
		>NEX T	the	of [ITEM]	did your	in total	did your	these	did your	these	did your	these			andar d?	perform	cause	UCT]
		ITEM	last 7	consum	househol d	on these [CEB04]	househol d	[CEB06] [CEB03C]	househ old	[CE08] [CEB03	househol d	CEB10] [CEB03			u?	well, was it	any harm to	genuin e or
			days	ed?	consume	[CEB03C	consume	of [ITEM]	consum	C of	received	C] of			1=	enjoyabl	you or	decept
			?		out of] of	out of	during the	ed out	[ITEM]	in-	[ITEM] if			Yes	e or	your	ive in
				CODES	purchase	[ITEM]	purchase	last 7	of home	if you	kind/free	you			2=No	fancy?	househ	nature
					s at	during	s away	days? for	producti	were to	for	were to			(>>		old	,
					home	the last 7	from	consumptio	on	sell	consump	sell			Next		membe	packa
					during the last 7	days for consump	home during	n away from home	during the last	them at the farm	tion during	them in the			item)		rs?	ging or labelin
					days?	tion at	the last 7	UGX	7 days?	gate	the last 7	market?						g?
					uajo.	home?	days?	00%	. aayo.	UGX	days?	UGX						9.
						UGX	,				,							
CEB01	CEB02	CEB03	CEB	CEB03	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB1	CEB1	CEB1	CEB17	CEB18	CEB1
Green Pepper	164		03B	С									2A	3	6			9
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	How	In what		ome	Away fr	om home	Out o	f home	Receiv	/ed in-	Marke	Farm	Was	IF YES.	On a scale	of 1 to 5
		HH	many	unit can						n/househol		/Free	t Price	gate	[ITEM/		is Most and	
		consume	days	you best					d enterp	rise stock			Value	/produ	PROD	please	e rate the fol	lowing
		[ITEM]	was	quantify/									per	cer	UCT]		parameters	
		1= Yes	[ITEM]	describe	How	How	How	How much	How	What	How	What	[CEB	price	consu	Quality	Safety	Identity
		2=No>>N EXT	consu	the	many	much did	many	did the	many	would be	many	would be	03C]	per [CEB0	med	Did the	Did the	Was
		ITEM	med out of	amount of	[CEB03 C] of	the househol	[CEB03 C] of	household spend in	[CEB03 C] of	the total value of	[CEB03 C] of	the total value of	of [ITEM	3C] of	substa ndard	[ITEM/ PROD	[ITEM/P RODUC	[ITEM/ PROD
		11.2.0	the	[ITEM]	[ITEM]	d spend	[ITEM]	total on	[ITEM]	these	[ITEM]	these]	[ITEM]	?	UCT	T] cause	UCT
			last 7	consum	did your	in total	did your	these	did your	[CE08]	did your	CEB10]		[]		perfor	any	genuin
			days?	ed?	househol	on these	househol	[CEB06]	househo	[CEB03C	househol	[CEB03			1=	m well,	harm to	e or
					d	[CEB04]	d	[CEB03C]	ld	of [ITEM]	d	C] of			Yes	was it	you or	decepti
				CODES	consume	[CEB03C	consume	of [ITEM]	consum	if you	received	[ITEM] if			2=No	enjoya	your	ve in
					out of] of	out of	during the	ed out of	were to	in-	you			(>>	ble or	househo	nature,
					purchase	[ITEM]	purchase	last 7	home	sell them	kind/free	were to sell them			Next item)	fancy?	ld	packag
					s at home	during the last 7	s away from	days? for consumptio	producti on	at the farm gate	for consump	in the			iteiii)		member s?	ing or labelin
					during	days for	home	n away	during	UGX	tion	market?					3:	g?
					the last 7	consump	during	from home	the last	00/1	during	UGX						9.
					days?	tion at	the last 7	UGX	7 days?		the last 7							
						home?	days?				days?							
						UGX												
CEB01	CEB02	CEB03	CEB03	CEB03	CEB04	CEB05	CEB06	CEB07	CEB08	CEB09	CEB10	CEB11	CEB1 2A	CEB1 3	CEB1 6	CEB1 7	CEB18	CEB19
Ground nuts (in	142		-	C									24	3		,		
shell)																		
Ground nuts	143																	
(shelled)																		
Ground nuts	144																	
(pounded)	400																	
Ground nuts	163																	
(paste) Peas(fresh)	145																	
Peas(fresh)	162												-					
Simsim	146_1																	
Simsim paste	146_1		1															
Sugar	147																	
Coffee	148																	
Tea leaves	149_1		 										 					
Tea bags	149_2																	
Salt	150																	
Soda Ash	150_4																	
Soda*	151																	
Beer*	152																	
Water	175																	
	l .	ı	1	1	l	l	1	l			ı	ı	1		I		ı	I

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

Item Description	Code	Did your	How	In what	State in	At H	lome	Away fr	rom home	Out o	f home	Receiv	/ed in-	Marke	Farm	Was	IF YES	, On a scale	of 1 to 5
nom Boompaon	Codo	HH	many	unit can	which	7		7			on/house	kind		t	gate	[ITEM	where (5 is Most an	d 1 least)
		consume	days	you best	food was						nterprise			Price	/produ	/	pleas	e rate the fo	
		[ITEM]	was	quantify/	mainly						ock		1 100	Value	cer	PROD	0 ":	parameters	
		1= Yes 2=No>> N	[ITEM] consu	describe the	consume d in the	How many	How much did	How many	How much did the	How many	What would	How many	What would	per [CEB	price per	UCT] consu	Qualit	Safety Did the	Identity Was
		EXT	med	amount	last 7	[CEB03	the	[CEB03	household	[CEB0	be the	[CEB03	be the	03C]	[CEB0	med	y Did	[ITEM/P	ITEM/
		ITEM	out of	of	days	C] of	househol	C] of	spend in	3C] of	total	C] of	total	of	3C] of	subst	the	RODUC	PROD
			the last	[ITEM]	1=Baked	[ITEM]	d spend	[ITEM]	total on	[ITEM]	value of	[ITEM]	value of	[ITEM	[ITEM]	andar	[ITEM/	T]	UCT]
			7	consum	2=Boiled	did your	in total	did your	these	did	these	did your	these]		d?	PROD	cause	genuin
			days?	ed?	3=Fried 4=Raw/fr	househol d	on these [CEB04]	househol d	[CEB06] [CEB03C]	your househ	[CE08] [CEB03	househol d	CEB10] [CEB03			1=	UCT] perfor	any harm to	e or decepti
				CODES	esh	consume	[CEB04]	consume	of [ITEM]	old	C of	received	C] of			Yes	m	you or	ve in
					5=Roast	out of] of	out of	during the	consu	[ITEM]	in-	[ITEM] if			2=No	well,	your	nature,
					ed	purchase	[ITEM]	purchase	last 7	med	if you	kind/free	you			(>>	was it	househ	packag
					6=Steam	s at	during	s away	days? for	out of	were to	for	were to			Next	enjoya	old	ing or
					ed 7=None	home during	the last 7 days for	from home	consumpti on away	home product	sell them at	consump tion	sell them in			item)	ble or fancy?	member s?	labelin g?
					7=110110	the last 7	consump	during	from home	ion	the	during	the				laticy:	5:	g:
						days?	tion at	the last 7	UGX	during	farm	the last 7	market?						
							home?	days?		the last	gate	days?	UGX						
							UGX			7	UGX								
CEB01	CEB02	CEB03	CEB03	CEB03	CEB03D	CEB04	CEB05	CEB06	CEB07	days?	CEB09	CEB10	CEB11	CEB1	CEB1	CEB1	CEB1	CEB18	CEB19
		02300	В	C	023003	02201	02500	02200	0250.	02200	02200	02210	OLD!!	2A	3	6	7	025.0	025.0
Other juice	160_1																		
fresh	400.0																		
Other juice packed	160_2																		
Other Alcoholic	153																		
drinks	.00																		
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																		
			l	l															

^{*} 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	e of food collected?
			= Yes
		2= No>:	NEXT ITEM
		IF MORE THAN ONE BRAND/TYPE OF FOOD AVAILABLE, ASK FOR S	AMPLE OF BRAND/TYPE MOST COMMONLY CONSUMED
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	Did the HH	In what unit can		chases	Home produ	ced/Household rise stock	Receive	d in-kind/Free	Unit Price	Was [ITEM/	Most and 1	a scale of 1 to least) please ra	
	D E	consum e [ITEM] 1=Yes 2=No>> NEXT ITEM	you best quantify/d escribe the amount of [ITEM] consume d? CODES	How many [CECO 3] of [ITEM] did your household purchased 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?	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	Value per [CECO 3] of [ITEM]U nit Price	PROD UCT] consu med substa ndard? 1= Yes 2=No (>> Next item)	following pa Quality Did the [ITEM/P RODUCT] perform well, was it enjoyable or fancy?	Safety Did the [ITEM/PRO DUCT] cause any harm to you or your household members?	Identity Was [ITEM/PRO DUCT] 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
Rent of rented house/Fuel/power	I													
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													
Non-durable and Personal Goods														
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	In what		chases	•	ced/Household		in-kind/Free	Unit Price	Was	IE VEC (On a scale of	1 to E whore
item Description	Code	the	unit can	Fui	Cilases	-	ise stock	Received	III-KIIIU/FIEE	Value per	ITEM/	-	st and 1 least)	
		HH	you			enterpr	ise stock			[CECO3] of	PRODU		following para	
		cons	best	How	How much did	How many	What would be	How many	What would be	[ITEM]	CTI	Quality	Safety	Identity
		ume	quantify	many	the household	[CECO3c] of	the total value	[CECO3] of	the total value	ENSURE	consum	Did the	Did the	Was
		ITE	/describ	[CECO3]	spent in total	[ITEM] did	of these [Q8]	[ITEM] did	of these [Q8]	THAT	ed	[ITEM/	[ITEM/PR	[ITEM/PR
		M]	e the	of [ITEM]	on these	your	CECO 3] of	your	[CECO3] of	NUMBERING	substan	PROD	ODUCT]	ODUCT]
		-	amount	did your	[CECO4]	household	[ITEM] if you	household	[ITEM]	IS	dard?	UCT	cause any	genuine
		1=Ye	of	household	[CECO3] of	consumed	were to sell	received in	received in	CONSISTENT		perform	harm to	or
		S	[ITEM]	purchase	[ITEM] during	out of home	them at the	kind or for	kind or for free	WITH THE	1= Yes	well,	you or	deceptive
		2=N	consum	d during	the last 30	production	farm gate	free during	if you were to	QUESTION	2=No	was it	your	in nature,
		0>>	ed?	the last 30	days?	during the	UGX during	the last 30	sell them in	NUMBER	(>>	enjoyab	household	packaging
		NEX	CODES	days?	UGX	last 30	the last 30	days?	the market?		Next	le or	members	or
		T				days?	days?		UGX		item)	fancy?	?	labeling?
		ITE					UGX							
ECECO 1	CECO 2	M	CECO3	CECO4	CECO 5	CECO 6	CECO 7	CECO 8	CECO 9	CECO 10	CECO1	CECO1	CECO13	CECO14
ECECO I	CECO 2	02.1	CECUS	CECU4	CECO 5	CECO	CECO /	CECO	CECO 9	CECO 10	1	2	CECOIS	CECU14
Transport and	I	U									•	_		
Tyres, tubes, spares,brakepads etc	461													
Lubricants (, engine oil, grease, coolant	462_1													
etc)														
Petrol	462_2													
Diesel	462_3													
Maintenance and repair of vehicles,	465_1													
motorcycles and bicycles														
Communication														
Postal Services	466_1													
Stamps, envelops, etc.	466													
Expenditure on phone calls for phones not	468													
owned														
Internet fees	450_1													
Mobile money charges	451_1													
Others	469													
Health and Medical Care														
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													
Other services														
Sports, theaters, etc	601													
Dry Cleaning and Laundry	602													
Houseboys/ girls, Shamba boys etc	603													
Barber and Beauty Shops	604													
Expenses in hotels, lodging, etc	605													
Security fees (guard, LC defense,	606_1													
community security)														

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

Item Description	Code	Did	In what	Pur	chases		ced/Household		in-kind/Free	Unit Price	Was	IF YES. 0	On a scale of	1 to 5 where
		the	unit can				rise stock			Value per	[ITEM/	,	st and 1 least)	
		НН	you			•				[CECO3] of	PRODU		following para	
		cons	best	How	How much did	How many	What would be	How many	What would be	[ITEM]	CT]	Quality	Safety	Identity
		ume	quantify	many	the household	[CECO3c] of	the total value	[CECO3] of	the total value	ENSURE	consum	Did the	Did the	Was
		[ITE	/describ	[CECO3]	spent in total	[ITEM] did	of these [Q8]	[ITEM] did	of these [Q8]	THAT	ed	[ITEM/	[ITEM/PR	[ITEM/PR
		M]	e the	of [ITEM]	on these	your	CECO 3] of	your	[CECO3] of	NUMBERING	substan	PROD	ODUCT]	ODUCT]
			amount	did your	[CECO4]	household	[ITEM] if you	household	[ITEM]	IS	dard?	UCT]	cause any	genuine
		1=Ye	of	household	[CECO3] of	consumed	were to sell	received in	received in	CONSISTENT		perform	harm to	or
		S	[ITEM]	purchase	[ITEM] during	out of home	them at the	kind or for	kind or for free	WITH THE	1= Yes	well,	you or	deceptive
		2=No	consum	d during	the last 30	production	farm gate	free during	if you were to	QUESTION	2=No	was it	your	in nature,
		>>	ed?	the last 30	days?	during the	UGX during	the last 30	sell them in	NUMBER	(>>	enjoyab	household	packaging
		NEX	CODES	days?	UGX	last 30	the last 30	days?	the market?		Next	le or	members	or
		ITEM				days?	days?		UGX		item)	fancy?	?	labeling?
				07001			UGX		2722	2722.12	2=221	0=001		0=0011
ECECO 1	CECO	CEC 02.1	CECO3	CECO4	CECO 5	CECO 6	CECO 7	CECO 8	CECO 9	CECO 10	CECO1	CECO1	CECO13	CECO14
Ohamaal	2	02.1									1	2		
Charcoal	309													
Paraffin or kerosene	308 310													
Firewood														
Cigarettes	155													
Other Tobacco	156													
Candles Matches	311_1													
	311_2													
Newspapers and Magazines	458													
Public transport – Bodaboda-Bicycle	465													
Public transport – Bodaboda Motorcycle	465_1 463													
Public transport - Taxi/Minibus Public transport - Bus	108													
Public transport – Others (Truck,)	109													
Air time for mobile phones	467_2													1
Air time for fixed phones	467_1													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	How much did the	How much did the household spent in total	What would be the total value of these	Was [ITEM/		of 1 to 5 where (5 is Mo	, · ·
		consum e [ITEM] 1=Yes 2=No>> NEXT ITEM	household spent in total on the [ITEM] during the last 365 days? UGX	on these [Q4] [CECO3] of [ITEM] during the last 365 days? UGX Consumption out of household /enterprise stock Value	of [ITEM] received in kind or for free if you were to sell them in the market? UGX Value	PRODUC T] consumed substanda rd? 1= Yes 2=No (>> Next item)	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?
CED01	CED0	CED02.	CED03	CED04	CED05	CED06	CED07	CED08	CED09
Clathing and Footunes	2	1							
Clothing and Footwear	004								
Men's clothing- new	201	1							
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								
Furniture, Carpet, Furnishing etc									
Furniture Items	301								
Carpets, mats, etc	302								
Curtains, etc	303								
Bed sheets	303_1								
Bedding Mattresses	304								
Blankets	305								
Others and Repairs	306								
Household Appliances and Equipment									
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	İ							

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

Item Description	Code	Did the	How much did	How much did the	What would be	Was	IF YES On a so	cale of 1 to 5 where (5	s Most and 1 least)
non Besonption	Oodo	HH	the household	household spent in	the total value of	[ITEM/		e rate the following pa	
		consum	spent in total	total on these [Q4]	these of [ITEM]	PRODUC	Quality	Safety	Identity
		e [ITEM]	on the [ITEM]	[CECO3] of [ITEM]	received in kind	T]	Did the	Did the	Was
		1=Yes	during the last	during the last 365	or for free if you	consumed	[ITEM/PRODU	[ITEM/PRODUCT]	[ITEM/PRODUC
		2=No>>	365 days?	days?	were to sell them	substanda	CT] perform	cause any harm to	T] genuine or
		NEXT	UGX	UGX Consumption out	in the market?	rd?	well, was it	you or your	deceptive in
		ITEM	UUX	of household	UGX	iu:	enjoyable or	household	nature,
		11.5.00		/enterprise stock	OOX	1= Yes	fancy?	members?	packaging or
				/enterprise stock		2=No (>>	rancy?	members:	labeling?
			Value	Value	Value	Next item)			labeling?
CED01	CED02	CED02.1	CED03	CED04	CED05	CED06	CED07	CED08	CED09
Radio	405								
Motors, Pick-ups, etc	406								
Motor cycles	407								
Computers for household use (desktops, laptops,	408								
notebooks, software etc)									
Phone Handsets fixed	409_1								
Phone Handsets mobile	409-2								
Other equipment and repairs	410								
Jewelry, Watches, clocks etc	411								
Glass/ Table were, Utensils, etc									
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	How much did the	How much did the household spent in	What would be the total value of	Was [ITEM/ PRODUCT]		1 to 5 where (5 is Most a	and 1 least) please rate
		[ITEM] 1=Yes 2=No>> NEXT ITEM	household spent in total on the [ITEM] during the last 365 days? UGX	total on these of [ITEM] during the last 365days? UGX Consumption out of household /enterprise stock	these of [ITEM] received in kind or for free if you were to sell them in the market?	consumed substandard? 1= Yes 2=No (>> Next item)	Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?	the following parameters	Quality Did the [ITEM/PRODUCT] perform well, was it enjoyable or fancy?
			Value	Value	Value				
CED01	CED02	CED02.1	CED03	CED04	CED05	CED06	CED07	CED08	CED09
Education									
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								
Services Not elsewhere Specified									
Expenditure on household functions	701								
Insurance Premiums									
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]	How much did the household spent in
		1=Yes	total on these of [ITEM] during the last
		2=No>> NEXT ITEM	365days?
			Value (During the last 365 days)
CEE01	CEE02	CEE02.1	CEE03
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,	803_1		
deposit/withdrawal charges, cell phone money transfer charges)			
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)

					IDENTIFICAT	ΓΙΟΝ							
PERSOZ -	IS [NAME] ANSWERI NG FOR HIMSELF OR HERSELF ? 1= Yes (>>4) 2= No	WHAT IS THE ID CODE OF THE PERSON RESPON DING 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? 1 = Yes 2 = No	In the last 7 days, did [NAME] run a business of any size for himself/her self or another household member, even if it was for only one hour? 1 = Yes 2 = No	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? 1 = Yes 2 = No	In the last 7 days, was [NAME] an apprentice? INCLUDE APPRENTICE -SHIPS THAT ARE PAID CASH, PAID IN KIND, UNPAID, OR FOR WHICH THE APPRENTICE PAYS TO PARTICIPAT E 1 = Yes	In the last 7 days, did [NAME] work on this household's farm? EXAMPLE : TENDING CROPS, FEEDING ANIMALS, ETC. 1 = Yes 2 = No	AMONG THE ANSWERS TO 4, 6, 8, 10 AND 12, IS THERE A "YES" (CODE 1)? 1=Yes (>>19A) 2=No	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 7days, did [NAME] have a job or business they will definitely return to? 1 = Yes (>>19A) 2 = No	In the last four weeks, was [NAME] looking for any kind of job? 1 = Yes 2 = No(>>17)	recruitme (either puinstitution Internet) 2= Replie advertise newspap or interne 3= Inquir persons	tered with a ant agency ublic, private or on ed to ments in ers, posters at ing from with public e sector job (Specify)	In the last four weeks, was [NAME] trying to start any kind of business? 1=Yes(>>101A) 2=No
D 1	2	3	4	6	8	2 = No	12	14	15	16	17a)	17b)	17
01	L	3	7	0	<u> </u>	10	12	17	13	10	,	1101	.,
02													
03													
04													
05													
06													
07													
08													
09													
10													

<u> 5e</u>	ction 8 Cont'd	: Labour Fo	rce St		nouse	enoia member	s 10 years and	u above)							
	What best describes			MAIN JOB						[NAME] this employment or agreement duration					
PEROOZ -	Inschibes [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]	What kind of work [NAME] usually do (main) job/busines [NAME] had durin last 7 days? DESCRIBE THE OCCUPATION AN MAIN TASKS OR DUTIES IN AT LE WORDS. [PLEASE INCLUI DESCRIPTION IN APPLN]	o in the ss that g the ND SEAST 2	What are the main goods/services prat [NAME]'s place or its main function DESCRIBE THE INDUSTRY E.G. restaurant, primar school, appliance real estate office. [PLEASE INCLUIDESCRIPTION IN APPLN]	roduced e of work on? ry factory,	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					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	
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															

360	FOR EMPI				USENOIA MEMBERS 10 IT WORKERS AND CONTRIB		,	ERSONS (MAIN JOB)	ALL WORKING
	(MAIN		POR EMPLOTE		WORKERS AND CONTRIB	OTING PAWILT	ALL WORKING PI	ERSONS (MAIN JOB)	PERSONS
PERSON ID	During the last months for homoths did [NAME] visible?	st 12 now many work in this	business (or household business where	Is [NAME]'s business (or household business where [NAME] works) registered for income tax? 1=Yes 2=No 8=Don't know	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)
1	30		32	33	70	71	35	72	37
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

			-		SECOND JOB				Н	OURS O	F WORK	(– MAII	N JOB	
P E R S O N I D	What kind of work [NAME] usually do secondary job/bus you had during the days? DESCRIBE THE OCCUPATION AI MAIN TASKS OF IN AT LEAST 2 (E.g. vegetable primary school computer prograf	ND R DUTIES WORDS. farmer, teacher, mmmer.)	What are the magoods/services produced at [NA second place of or its main funct INDUSTRY E.G. restaurant, prim school, applianc factory, real esta office. [PLEASE INCL THE DESCRIPT CWEST]	ME]'s work ion? E ary ce ate	In this (second) job/business that [NAME] had during the last 7 days, was [NAME] 1=Working for someone else for pay? 2=An employer? 3=An own-account worker? 4=Helping without pay in a household business? 5=An apprentice? 6=Working on the household livestock?	Is [NAME]'s employer/business (at [NAME]'s second 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	ACTL FROM ON M	on each JAL NUMI M THE PR JAIN JOB.	day? BER OF I EVIOUS	, how ma	ORKED GOING	STARTI BACKW	ING
	DESCRIPTION	CODE	DESCRIPTION	CODE			space 96=Other (specify):	Sun	Mon Tue		Wed	Thu	Fri	Sat
1	38A	38B	39A	39B	41	42	73	36A	36B	36C	36D	36E	36F	36G
01														
02														
03														
04														
05														
06														
07														
80														
09														
10														

		HOUI	RS OF W	ORK – OT	HER JO	BS		Time related underemployment, job satisfaction and future prospects			IINGS -MAIN JO	B (IF 22=1)			
PERSON ID	each d	the last 7 lay?	OF HOUF	RS WORKE	D STARTI	NG FROM	1 THE	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 []? Read out 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? This should be the pay rate before taxes or other deductions are taken out. ENTER AMOUNT IN SHILLINGS	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? This should be earnings before taxes or other deductions are taken out. ENTER AMOUNT IN SHILLINGS	household controls/decide son the use of cash/in-kind payments from the main job during the last 7 days? [RECORD UP TO TWO PIDS]		
	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															
80															
09															
10															

				ND JOB (IF 41=1)	senoia members 10	years c			PERSONS N	OT IN TH	E LABOUR FORCE
PERSON .	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			<u> </u>	Who in the household controls/decides on the use of cash/in-kind payments from the secondary job during the last 7 days? [RECORD UP TO TWO PIDS]	In the last four weeks, were you looking for a job? 1=Yes >>100C			If Yes, which occupations targeting? (List up to two second up occupation)	are you vo)	What was the main reason why you did not seek work or try to start a business in the last four weeks? 10=Was waiting for results of a vacancy competition or an interview 11=Awaiting the season for work 12=Attended school or training courses 13=Family responsibilities or housework
D	sales 4 = in kind only 96=some other way, specify	SHILLINGS		SHILLINGS		2=No		advertisements in newspapers, posters or internet 3= Inquiring from persons with public or private sector job contacts 96=Other (Specify)	Description ISCO code		14=Pregnancy 15=Illness, injury or disability 16=Does not know how and where to look for work 17=Unable to find work for his/her skills 18=Had looked for job(s) before but had not found any 19=Too young or too old to find a job 20=No jobs available in the area/district 96=Other(specify)
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 OWN	ER OCCUP	PIED (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	What is its tenure status? 10= Owner Occupied 11=Free Public 12 = Free Private 13 = Subsidized public 14 = Subsidized private 15= Rented public	2= Hecta 3= Acres 4=Square	area of perty? re Metres res	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?	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	In which year did your househol d acquire the formal title or certificate of this property/ parcel?	owners	names a on the fo hip docu y?	ormal		Does your househol d have other documen ts (semi- formal or informal) that would provide proof of ownershi p to this property?	docume househ LIST UP 1=Inherit 2=Gift/E: 3=Sales 4=Appro Building 5=Surve 6=Gov't 7=Tax re 8=Utility	tance Letter exchange pay Receipt ved House permit y plan allocation pa	your ss? per Plan or
19 = Store 96 = Other, (specify) INTERVIEWER PLEASE USE	16= Rented private 96= Other (specify)	UNIT	AREA		YEAR		(specify) 3=No (>> 31)	YEAR	PID 1	PID 2	PID 3	PID 4	1=Yes 2=No(>> 33)	1ST	2ND	3RD
OBSERVATION 1	2	24a	24b	26	25	27	28	29	30a	30b	30c	30d	31	32a	32b	32c

33	34	35	36	37	38
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	dispute or disagreements with anyone over this parcel/property during the past 12 months? 1=Yes 2=No (>>36)	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)	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%)	concern? 1=Boundary 2=Ownership: Inheritance related 3=Ownership: Sales related 4=Ownership: Expropriation 5=Ownership: Other 6=Rental related 96=Other (specify)	of this parcel? UGX
Do female children have	Did you have any land	What was the nature of	How likely do you think that	What is the main	What is the current value

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

How many rooms does your household use for sleeping?	What is the major construction material of the roof? 10= Iron sheets 11= Tiles 12= Asbestos 13= Concrete 14= Tin 15= Thatch 96= Other (specify)	What is the major construction material of the external wall? 10 = Concrete/ Stones 11=Cement Blocks 12 = Burnt/ stabilized bricks 13 = Unburnt bricks with cement 14 = Unburnt bricks with mud	What is the major material of the floor? 10= Concrete 11= Bricks 12= Stone 13= Cement screed 14= Rammed earth 15= Wood 16= Tiles	What is the main source of water for drinking for your household? 10=Piped water into dwelling(>>11A) 11=Piped water to the yard (>>11A) 12=Public Taps 13= Borehole in yard/plot(>>11A) 14= Public borehole 15 = Protected well/spring(>>9) 16= Unprotected well/spring 17=River/Stream/Lake) 18=Vendor(>>11A) 19=Tanker Truck 20=Gravity Flow Scheme(>>9) 21=Rain Water(>>11A) 22=Bottled Water(>>11A) 96=Other	What is the main reason for not using protected water sources? 1=Long distance 2=Unreliable 3=Water does not taste good 4=Require contribution 5=Long queues 6=Open source is okay 96=Other (specify)	How long does it take to collect the drinking water from the main source? (Skip if the answer in question 7 is 10,11,13 and 21in the relevant box)		How far is the main source from your dwelling? (Skip if the answer in question 7 is 10,11,13 and 21 in the relevant box)	the main source from your dwelling? water does the household use per day? (Skip if the answer in question 7 is 10,11,13 and 21 in the relevant Peccent in		What is the purpose for payment? 1=User fees/ tariffs 2=maintenance costs 96=Other (specify)	How much money, on average, does the household pay per month for the water?
NUMBE R OF ROOMS 3	INTERVIEWER PLEASE USE OBSERVATION	15=Wood 16=Mud and pole 17= Tin/Iron sheets 96= Other (specify) INTERVIEWER PLEASE USE OBSERVATION	INTERVIEWER PLEASE USE OBSERVATION			To and From 9a	Waiting Time 9b	Distance in kilometer s	LTS 11	12	13	SHILLIN GS

IF SOURCE IN 7 IS NOT 10,11,13 or 21: 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)	record F three pe		of up to	transported? 1 = Carried by person 2 = Bicycle 3 = Motorcycle 4 = Wheel barrow 5 = Motor vehicle 96 = Other (specify)	the household use (for all purposes) per day? (Record in litres) INSTRUCTION EXCLUDE WATER USED FOR HOUSEHOLD ENTERPRISES APPLN PUT A CAP OF 100 LTRS	Are the safe water sources in your community managed by user committees? 1=Yes 2=No 8=Don't Know	What do you do to the water to make it safer for drinking? 1=Boil and filter 2=Boil only 3=Filter only 5= Water purification tablets 4=Nothing is done 96=Other (specify)	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)		With how many other households does this household share this toilet? APPLN PUT A CHECK HERE 22B CANNOT BE LESS THAN 1	Do you have a hand washing facility at the toilet? 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?	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	How much did y for electricity in t	our household pay he 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	Does this house USE a generator?		How much did your household pay for FUEL or gasoline four generator in the last month?			
2=No(>> 5C)		company 2= Provide in rent (>>6) 3= Free use/illegal connections (>>6) 4= Pay fee to neighbor (>>5A) 5= Prepaid			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	2=No(>>8)					
	HOURS	5= Prepaid (YAKA) (>> 5A) 96= Other (specify) (>>5A)	SHILLINGS		6= Satisfied with present energy source 7=No need for electricity 96=Other (specify)		SHILLINGS	QUANTITY (IN LITRES)			
1	2	3	5A		5C	6	7A_1	7B_2			

A= E B= LI C= K D= W E= E F=Cr G= C H= O X= O	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							used	by this	Which is the stove used most often by this household? 1= Electric (>>11) 2= LPG (>>11) 3= Kerosene 4= Wood / Sawdust Burning 5= Efficient Wood Burning 6=Charcoal 7= Other Biomass Burning 8= Open fire 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
Α	В	С	D	E	F	G	Н	H X Z					

10 Cont'd: Energy Use

10	To Cont a: Energy use												
FU		Does your household use [FUEL]?	Do you use the a) Cooking	his [FUEL] for:		Where do you get most of [FUEL]? 1= Purchase from shop 2= Purchase from marketplace 3= Purchase from public utility	How much did your household pay for the [FUEL] used in the last month? [>> NEXT FUEL]						
L		1=Yes 2=No (>> NEXT FUEL)	1= Yes	1= Yes	c) Heating 1= Yes 2= No	4= Purchase on the black market 5= Gather / collect from own land (>>NEXT FUEL) 6= Gather / collect from village (>>NEXT FUEL)							
I D		,	2= No	2= No			SHILLINGS	QUANTITY	UNIT OF MEASURE				
									(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.	What is the household's most important source of earnings during last 12 months?	
	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)	
CB02.	How often do you receive money from the main source of income? 1= Daily 2=Weekly 3= Monthly 4= Seasonally 5= Annually 6= Irregularly	

Type of income	Income code	Has the household received any income (in cash ∈ kind) from [] in the past	Amount received dur months. If amount was in kind estimated cash value	d, give the	Who in the household controls/decides on the use of cash/in kind payment from	Whatwere the common uses for the remittance s and	CODES FOR COL 7 1= Buy land 2= Buy livestock 3= Buy farm tools and implements
		12 months? 1= Yes 2= No (>> NEXT CATEGORY)	Cash (SHILLINGS)	In-kind (Estimated cash value) (SHILLINGS)	[]? [RECORD UP TO TWO PIDS]	assistance received?	4= Buy farm inputs such as seeds, fertilizer, pesticides 5= Purchase inputs/working capital for non-farm enterprises 6= Pay for building materials/To

2	3	4	5	6	6a	6b	7	buy house
Property Income								7= Buy consumption goods and services
Net actual rents received from building/property	21							8= Pay for education expenses 9= Pay for health expenses
Net rent received from land	22							10= Pay for ceremonial expenses 96= other (specify)
Royalties	23							
Investments								
Interest received from current account	31							
Interest from other type of account	32							
Interest from shares	33							
Dividends	34							
Payments from bonds	35							
Payments from treasury bills	36							
Current transfers and other benefits								
Pension and life insurance annuity benefits	41							
Remittances and assistance received locally (elsewhere in the country)	42							
Remittances and assistance received from abroad	43							
Income from the sale of assets excluding livestock	44							
Other income, <u>not from household</u> <u>Enterprises</u> (inheritance, alimony, scholarship, other unspecified income, etc.)	45							

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												
I am going to read out a number of descriptions people	Which mechan	isms are y	ou using t	o save?								
have given to define saving, which of these descriptions most closely matches your own definition of saving? Saving is?	Read out stateme	nts										
(Read out statements) 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	A=At home/Secret B=With a commerc C=With a Microfina D=With a SACCO E=With a Microfina F=With a VSLA G= With a ROSCA H= Mobile Money I= By buying anima J= By buying other X= Other (specify) Z= DONOT SAVE	ial bank nce Deposit- nce Institutio / merry-go-ro lls assets	n Dund	tion (MDI)								
CB 05						CB 06						
	Α	В	С	D	E	F	G	Н	ı	J	Х	Z

SECTION 7: CTD.....LOANS, CREDIT AND BORROWING (FOR PERSONS 16 YEARS AND ABOVE& ONLY SELF REPORTING)

Р	Is (NAME)	Have you	Have you	Have you beer	n paying	Whic	ch of th	ne follo	owing o	do you	curre	ntly ha	ave fro	m any	finan	cial				IF	ANY	YES I	N CB015
E R S O	present and available for interview?	borrowed or got money in the last 12	borrowed or got goods on credit in the	back money or during the last months?		instit		group	or org	anizat	ion?									e sour in /cre		our/	What was your main reason for seeking the loan/credit?
N I D	1= Yes 2= No (>> NEXT SECTION)	months to be paid back later? 1= Yes 2= No	last 12 months? 1= Yes 2= No	1= Yes 2= No Money	Goods	(RECOPTI A= PG B=Cr. C=O\D= A E=Hin F=Se G=GG H=MG I=MOI J=MOI K=MG	ORD 1	I loan rd t age or L hase obtained wed to I wed fan wed to f	_ease ed on crea on crea Money nily mer	edit for dit e.g. lenders mbers	e.g. sc from sl	chool, h	ro vet,	wholes				2= Sa 3= Cr 4= RC 5= MI 6= W 7= SA 8= In 9= NC 10= E 11= A 12= N 14= N 97= N 96= C OPTI A= PC B=Cr C-C D= A	ommer avings redit In: OSCAs DI elfare In ACCOs vestme GOs Burial s ASCAs Mobile one Others ONS ONS ersona edit ca verdrafi	stitution fund sent club ocieties money (specify I loan rd t age or l	ns s		01= Buy land 02= Buy livestock 03= Buy farm tools and implements 04= Buy farm inputs 05= Purchase inputs/ working capital for non-farm enterprises 06= Pay for building materials (To buy house) 07= Buy consumption goods and services 08= To pay educ. Expenses 09= Pay for health expenses 10= Pay for ceremonial expenses 96= Other (specify)
R00	CB12.1	CB12	CB13	CB14a	CB14b							315								CB16			CB17
						Α	В	С	D	Е	F	G	Н	ı	J	K	Х	Α	В	С	D	Е	

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

	_												
P E R S O N	READ A=Cas B=Cas C=Cas D=Sch E=Utili F=Puro G=Wei H=Mot I=Payn	OUT h withdra h deposit h Transfe ool Fees ty payme chase of a stern Unio	wals is Payment nts (Wate air time on ng	t er, Powei	r, TV)	o you co	nduct fo	or yours	elf norm	ally at tl	ne Mobil	le mone	y point?
		eive mon											
	M=Red	eiving wa	ages/sala	ries									
	X=Oth	ers (Spec	cify)										
i													
	RECO	RD 1 FO	R YES A	ND 2 FO	R NO								
R001	RECO	RD 1 FOI	R YES A	ND 2 FO	R NO		CB 2	4					
R001	RECO	RD 1 FO	C YES A	ND 2 FO	R NO E	F	CB 2	4 H	ı	J	K	М	X
R001		ı	ı		ı	F			ı	J	К	М	X
R001		ı	ı		ı	F			I	J	К	M	X
R001		ı	ı		ı	F			ı	J	К	M	X
R001		ı	ı		ı	F			I	J	К	M	X
R001		ı	ı		ı	F			I	J	К	M	x
R001		ı	ı		ı	F			1	J	К	M	X
R001		ı	ı		ı	F			1	J	К	M	X
R001		ı	ı		ı	F			1	J	К	M	X
R001		ı	ı		ı	F			1	J	К	M	X
R001		ı	ı		ı	F			1	J	К	M	X
R001		ı	ı		ı	F			1	J	К	M	X

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

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

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 >> NO1 NO...2

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

E Description of N enterprise main activity				Who i	
T activity code de prise (yyyy) acquired? the [BUSINESS has this primary	erprise/act	activity	12	hausa	
			<i>i</i> :	nouse	hold
ef in main literated? household source				decide	es on
E of in main] located? household source				the us	se of
R 1=Manufac See pe opera Skip for 1=Founded source used any of				earnin	ngs
P turing, code rs tion previous 2=Purchased of 1=Home funding to funding WRITE ID CODE	ES FROM	OM RC	OSTER	from t	-
R mining & s.in on today enterprises 3=Inherited money inside the finance used?				enterp	
quarrying Anne res ? after for residence expansion See				01.101.p	
S the death of a setting 2=Home and capital code				LIST	UP TO
Gervices of noil laminy member outside the limproveme helevy				2 PID	
1-Yes 1-Yes 1-Yes				CODE	
Bars & man ble restaurants ual restaurants ual family busine 3=Industrial nts or to face				CODE	_3
5=Agricultu enterp member enterp member and morpoted					
rise GC Other See Market expenses					
(Specify) code at 101 tills					
98=Don't Know below District shop BUSINESS A B C	СП	D	Е	PID	PID
6=Roadside]?	Ŭ .	_	_	1	2
7=Other				'	_
Fixed place 1=Yes					
8=Mobile 2=No (>>					
98=Don't N08a)					
know					
N00 N01 N01_1 N02 N0 N04 N16 N05 N15 N06_1 N07_1 N08 N08 N	N08 N	N08	N08e	N19a	N19b
		d	NUOE	NISa	NISD
				+	
				1	
					1

Codes for Col N05	Codes for Col N07_1	08= Local group
01= Didn't need any money	01= Formal Banks (Commercial/Development	09= Relative
02= Own/household's savings	02= Deposit Taking Micro-Finance Institutions	10= Friend
03= Commercial/Development Bank	03= SACCO	11= Local money lender
04= Deposit Taking Microfinance institutions	04= NGO	12= Own/household's savings
05= SACCO	05= Credit Union	96= Other (specify)
06= Local group	06= Landlord	
07= NGO	07= Employer	
96= Other (specify)		

SECTION 12: NON CROP FARMING HOUSEHOLD ENTERPRISES/ACTIVITIES ctd...

E N T E R P R I S E I D	IF N09<12 MONTHS: In the past 12 months, how many months did the [BUSINES S] operate?		What is/was the average monthly gross revenues during the months when the [BUSINES S] is/was operating ? UGX	[BUS hire of month the enterprise] is/was operated	e does INESS] Juring a In when prise	What is/was the average expenditur e of [BUSINES S] on wages during that month?	What is/was the average expenditur e of [BUSINES S] on raw materials during that month?	Other operatin g expens es such as fuel, kerosen e, electricit y etc during that month?	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 [INTERVIEW ER: IF THE BUSINESS IS LESS THAN	## the A=lab A=lab	size size ack or ack or cost or cost or cost or cegal Poor or ack of igh co Econ Corrup ack or buther Don't	of the office of	he [E mand duts ance every element of the manual of the ma	ds nforma nershi	y and yees aployd attion ip of certain the esired	phon phon land nty (e	the	desii	red s	ize?	ctual						Is the enterpri se register ed for VAT? 1=Yes 2=No 8=Refus ed 9=Don't Know Donot ask for enterpris es that already reported that they were registere d	Is the enterpri se register ed for income tax? 1=Yes 2=No 8=Refus ed 9=Don't Know Donot ask for enterpris es that already reported that they were registere
	N09	N2 0	N10	PAI D N11 A	UNPAI D N11B	N12	N13	N14	3 YRS OLD ASK ACCORDING TO THE DURATION OF OPERATION] N17	A	В	С	D	E	F	G I	н	N18	к	L	м	N	0	Р	Q	x	N21	previousl y

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 ow [ASSET List up to codes]?	How many [] household own Number		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?
1	2	3	3A	3B	4	5	6	7	8
Household Assets									
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								

<u>COI</u>

1.= \$ 2.= 7 3.= 7

4.= *i* 5.= *i*

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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 (>>	When did first occur 1=Jan 2=Feb 3=Mar 4=Apr 5=May 6=Jun	the [SHOCK] ? 7=July 8=Aug 9=Sept 10=Oct 11=Nov 12=Dec	How long did the shock last? (RECORD NUMBER OF MONTHS) IF LESS THAN 1 MONTH RECORD '00'	As a result of the [SHOCK], was there a decline in your household's []? 1 = Yes 2 = No				with [SH:	SWERS FOR CK CED.	
		NEXT SHOCK)	MM	YYYY		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)										ı	
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, 4 C

- 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 nonagricultural)
- 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	FOR HOUSEHOLD WITH CHILDREN UNDER AGE 5 (IF NONE, WRITE '12'): What did your children below 5 years old (0-4 years) have for breakfast yesterday? 01=Tea/drink with sugar 02=Milk/milk tea with sugar 03=Solid food only 04=Tea/drink with solid food 05=Tea/drink without sugar with solid food 06=Porridge with solid food 07=Porridge with sugar 08=Porridge with milk 09=Porridge without sugar 11=Nothing 12=No under 5s in the household 96=Other (Specify)	FOR HOUSEHOLD WITH CHILDREN 5-13 (IF NONE, WRITE '12'): What did your children between 5 to 13 years old have for breakfast yesterday? 01=Tea/drink with sugar 02=Milk/milk tea with sugar 03=Solid food only 04=Tea/drink with solid food 05=Tea/drink without sugar with solid food 06=Porridge with solid food 07=Porridge with sugar 08=Porridge with milk 09=Porridge without sugar 11=Nothing 12=No 5-13 in the household 96=Other (Specify)	Have you been faced with a situation when you did not have enough food to feed the household in the last 12 months? 1=Yes 2=No(>> Next Section)
1	2	3	4	5	6	7	8	9

10 When did you experience this situation?	11. Why?
	INTERVIEWER: DO NOT READ OUT THE ANSWERS, CIRCLE ALL THAT APPLY.
INTERVIEWER: 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
A. January	crop
B. February	C. Inadequate household food stocks because of pest damage to crop
C. March	D. Inadequate household food stocks because we did not plant enough
D. April	E. We did not have enough money to buy food from the market
E. May	F. Food in the market was very expensive
F. June	G. No one was willing to offer us some food
G. July	H. We could not cook because we had no fuel wood
H. August	I. There was no food distribution
I. September	J. Bread winner/head of household died or moved away
J. October	K. We were not able to reach the market because of distance or insecurity or lack of transport
K. November	L. There was no food in the market
L. December	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)

P ERSON -D	ID CODE OF RESP ONDE NT	RELATIONSHIP OF RESP ONDENT TO CHILD 1=Mother 2=Father 3=Other Caregiver	Age of Child (IN MONTHS)	IS CHILD LESS THAN 24 MONTH S OLD? 1= 0-23 months 2= 24-59 months (>>T3-1)	Has [NAME] ever been breastfed in his/her life? 1=Yes 2=No (>> 12)	How long after birth did [NAME] start breast-feeding? 1= less than or equal to 1 hour 2= more than 1 hour to 24 hrs 3= greater than 1 day 98= Don't know	In the first three days after delivery, was [NAME] given anything to drink other than breast milk? 1=yes 2=no (>>13) 98= don't' know (>>13)	What RECO A=mi B=pla C=su E=su F=fru G=in H=te I=cof J=ho	What was [NAME] given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED A=milk other than breast milk B=plain water C=sugar or glucose water D=gripe water E=sugar salt water solution F=fruit juice G=infant formula H=tea/infusions I=coffee J=honey X=other (specify)				Was [NAME] breast-fed yesterday during the day or at night? 1=Yes 2=No 98=Don't know	Did [NAME] drink anything from a bottle with a nipple yesterday or last night? 1=Yes 2=No				
1	2	3	4	5 _1	6	7_1	7_2					7_3					13	14
01								Α	ВС	D	E	F	G	Н	ı,	J X		
02			1	1	i									į,				
													+			-		
03																		
03																		
04																		
04																		
04																		
04 05 06																		
04 05 06 07																		

	ID CODE	RELATIONSHIP OF RESP ONDENT TO	Did [N	[NAME] take [] yesterday during the day or at night?										If CODE 1 FOR B C OR F
	OF RESP ONDE NT	CHILD 1=Mother 2=Father	A=Plair B=Infar C=Milk D=Juic	nt formula	a									Since this time yesterday, how many times was [] consumed?
PERSON ID		3=Other Caregiver	E=Clea F=Yogr G=Thir H=Blac I=Alcor J=Herb K=Any	ar broth or urt or sou in porridge ok tea/Cof nolic drink oal Liquid other liqu	r milk e ifee (nd of soup					RECORD "98" for "Don't Know"			
1	2	3						12						12.1
1	2	3		В	С	D	E	12 F	G	н	ı	J	К	12.1
01	2	3	A	В	С	D	E	1	G	н	I	J	к	12.1
	2	3	A	В	С	D	E	1	G	Н	I	J	K	12.1
01	2	3	A	В	С] D	E	1	G	н	I	J	К	12.1
01	2	3	A	В	С	D	E	1	G	Н	ı	J	К	12.1
01 02 03	2	3	A	В	С	D	E	1	G	Н	I	J	K	12.1
01 02 03 04	2	3	A	В	С	D	E	1	G	Н	1	J	К	12.1
01 02 03 04 05	2	3	A	В	С	D	E	1	G	Н	1	J	K	12.1
01 02 03 04 05 06	2	3	A	В	С	D	E	1	G	Н	1	J	K	
01 02 03 04 05 06 07	2	3	A	В	С	D	E	1	G	H	1	J	K	

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)

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.

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.

Α		B. Was any item from this	
FOOD ITE	M OR FOOD GROUP	group consumed yesterday?	
1 000 111		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, weetabix, 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	Fresh or dried fish, shellfish, or seafood (could be more country specific) 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		
	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.		
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	Times:	
	REMEMBER – IN THE MORNING, AFTERNOON, EVENING, DJURING THE NIGHT		

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

Р	Did the	Has [NAME] received	Where did	<u>FOR</u>	Has [NAME]	If [NAME] had	During the I	ast episode of diar	rhea, did	During	During [NAME]'s last	Has [NAME]
E	child	a Vitamin A capsule	the Vitamin A	CHILDREN	had	diarrhea, was	[NAME] take any of the following as			[NAME]'s last	episode of diarrhea,	had a cough
R	consume	in the last 6 months?	capsule	<u>12-59</u>	diarrhea in	there blood in it?	treatment?			episode of	did he/ she eat less,	during which
S	orange		come from?	MONTHS	the last 2					diarrhea, did	about the same, or	he/she
0	flesh	SHOW THE		During the	weeks?	BLOODY	a) Fluid from ORS sachet and Zinc			he/she drink	more food than	breathed faster
N	sweet	BLUE AND RED	A= On routine	most recent		DIARRHOEA IS 3		nded homemade fluid		much less,	usual?	than usual with
	potato	CAPSULES	visit to health	CHILD	DIARRHOEA	OR MORE	(sugar/salt so			about the same		short quick
١	(SHOW	FOR DIFFERENT	facility	HEALTH DAY	IS 3 OR	LOOSE OR	c) Other (spe	cify)		or more than	IF "LESS". PROBE	breaths, or had
'	PHOTO)	DOSES.	B=Sick child	was [NAME]	MORE	WATERY				usual?	MUCH LESS OR A	difficulty
D	During		visit to health	given DRUGS	LOOSE OR	STOOLS WITH	1=Yes				LITTLE LESS?	breathing in the
	the last 7	1=Yes, recorded on card	facility	for intestinal	WATERY	BLOOD PER DAY	2=No 98=Don't kno	1147		1=Much less or		last two weeks?
	days?	2=Yes, no card present	C=Child Health Days	worms like	STOOLS		90-DOITE KIIC	vv		None	1=None	
		3=Not recorded on card	X=Other	this?	PER DAY	1=Yes				2=About the Same	2=Much less	1=Yes
	1= Yes	(>>33)	(specify)			2=No				or Somewhat Less	3=Somewhat less	2=No
	2= No	4=No, card not present (>>33)	Z=Don't know	SHOW SAMPLE YOU	1=Yes	98=Don't know				3=More	4=About the same	98=Don't Know
		98=Don't know (>>33)		CARRY	2=No (>>21)					98=Don't Know	5=More	
		30-Bon (Know (> 33)		OAKKI	98=Don't						98=Don't know	
				1=Yes	know (>>21)		ORS	Recommende	Other			
				2=No			sachet	d homemade				
				98=Don't know			with zinc	u nomemade				
1	30	14	15	33	16	17	18a	18b	18c	19	20	21
01												
02												
03												
04												
05												
06												
07												
80												
09												
10												

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

			Nutrition and Health	\		,	Has [NAME] Has [NAME] received Did (CHILD'S			
1		Has [NAME]	From where did you	Do you have EASY	Do you hav		Has [NAME]	Has [NAME] received	Did (CHILD'S	
1		had fever in	seek care for [NAME]?	access to malaria	access to r		received a measles	a DPT3 vaccination?	NAME) sleep under	
İ		the last two		testing for [CHILD'S		or [CHILD'S	vaccination?		a mosquito net last	
İ		weeks?	PUBLIC SECTOR	NAME] in terms of	NAME] in t			SHOW VACCINATION	night? (Should be	
İ			A= Government hospital	distance and/or	distance ar		SHOW VACCINATION	SPOT- LEFT THIGH	similar to the malaria	
İ		1=Yes	B= Government health centre	affordability	affordability	/	SPOT- UPPER LEFT		survey)	
İ		2=No	L= Outreach		_	•	ARM	1=Yes with card		
İ	п	98=Don't Know	M = Government Community Based Distributor	1=Yes	1=Yes			2=Yes with exercise	1=Yes, net observed	
İ	P		Based Distributor	2=No	2=No		1=Yes with card	book	hanging in the room	
İ	E R	IF 21 AND 22 ARE	PRIVATE SECTOR	98=Don't Know	98=Don't Kno	w	2=Yes with exercise	3=Yes from NIDS	4 = Yes, net observed but	
İ		BOTH NO/DON'T	N= Private hospital				book	4=Yes from memory	not hanging in the room i.e. seen on floor or kept in	
İ	S O	KNOW, >>24	H= Pharmacy/ drug shop				3=Yes from NIDS	5=No with card 6=No with exercise book	wadrope	
İ	N		O= Private				4=Yes from memory 5=No with card	7=No from NIDS	2=yes, net not observed	
İ	IN		Doctor/Nurse/Midwife/Clinic				6=No with exercise book	8=No from memory	3=No	
İ			P= Outreach Q= NGO Community Based				7=No from NIDS	98=Don't know	98=Don't know	
İ	1		Distributor				8=No from memory			
İ	D		Distributor				98=Don't know	(Confirm the reference age		
İ			OTHER SOURCE		Government	Medicine		and how gx is being		
İ			R= Shop		community	vendors or		answered)		
İ			S= Religious Institution		or private	drug shops		,		
İ			F= Friend/ Relative		clinic or		(Andrew control for age ie			
İ			G= Traditional Healer		hospital		chn below 6mnths CANNOT			
İ			X= Other (specify)				RECEIVE THIS DOSAGE			
İ			K=No care was sought				COULD INCLUDE IT AS A			
			j				WARNING MAYBE)			
	1	22	23	31_1	31A	31B	24	25	32	
01										
02										
03										
04										
05										
06										
06										
07										
07										

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

	34.A Code for anthropometrist: 34.B Code for assistant:		scale:	_	34.E Code for tape meas 34.F Code for sagittome		34.G Code for BP	Machine:
PERSOZ D	WEIGHT OF CHILD-HOUSEHOLD MEMBER INCLUDE TWO PLACES AFTER DECIMAL	### Indept of the content of the con	How will height be measured 1= Lying down 2=Standing up	RECORD HEIGHT / LENG LENGTH (CM) LYING DOWN CHILD <24 MONTHS OR (≤ 85 CM)	TH ONLY ONCE (change to	ATLEAST TWICE) PER CHI HEIGHT (CM) STANDING UP CHILD >24 MONTHS OR (≥ 85 CM) & OTHER HOUS		HEIGHT RESULT 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)
1	27A_1	29_1	28_1	28A	2 measurement	28B		29
01		29_1	20_1	<u> </u>			I I I I I I I I I I I I I I I I I I I	29
02	_ . Kg			_ _ _ . cm		_ _ . _ cm	cm	
03	_ . Kg _ . Kg			cm		cm	_ _ . _ cm	
04	<u> </u>							
05	<u> </u>							

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

Pers	Waist	Waist	WCRes	Sagittal	Sagittal	SAD	Blood pressure (Was	BP		
on ID	circumfere	circumfere	ult	abdominal	abdominal	Resu		older)		referral	Res
	nce (ALL	nce (ALL	1= Yes	diameter	diameter	lt				for	ult
	MEN AND	MEN AND	2= Not	(ALL MEN	(ALL MEN	•	Blood pressure	Blood pressure	Blood pressure	hypertens	
	WOMEN 15	WOMEN 15	Present 3=	` AND	AND	Yes 2=					1= Yes 2= Not

	years and older)	years and older)	Refused	WOMEN 15 years and older)	WOMEN 15 years and older)	Not Prese nt 3= Refus ed	Systolic/diastoli	Systolic/diastoli	Systolic/diastoli	ion given? 1= Yes 2= No	Present 3= Refuse d
	33	33_1	29_3	39	39_1	29_	34	35	36	36_1	29_
		1				4					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 >= 140mm/Hg and/or diastolic BP >=90 mm/Hg then a referral for follow up assessment for hypertension must be given. (INSTRUCTION FOR QUESTION 36_1)

Person ID	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? 1=yes 2=no 98= don't know	In the past 2 weeks have you taken any drugs [medication] for raised blood pressure prescribed by a doctor or other health worker? 1=yes 2=no 98= don't know
	37	38
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

Section 19: Link with the Agriculture Questionnaire

1. During the second cropping season 2017 (2 nd Season of 2017 <u>July – Dec.2017</u>), and the first cropping season (1 st Season of 2018: <u>2018</u> 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 raise	sed livestock or poultry?			
	1= Yes 2= No				

INTERVIEWER:

- (1) IF ONLY THE ANSWER TO QUESTION 1 IS YES, THEN ONLY THECROPFARMING 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 SHOULDNOT 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		•	
		•	