

NAME OF COUNTRY: UGANDA
NAME OF ORGANIZATION: UBOS

IDENTIFICATION																									
VILLAGE/ PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																								
NAME OF HOUSEHOLD HEAD _____																									
CLUSTER NUMBER																									
CENSUS 2002 HOUSEHOLD NUMBER																									
REGION/DISTRICT																									
URBAN/RURAL (URBAN=1, RURAL=2)																									
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE																									
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																									

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD TOTAL ELIGIBLE RESPONDENTS AGE 12-19 LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE	
LANGUAGE OF QUESTIONNAIRE: ENGLISH	7
LANGUAGE USED IN INTERVIEW	
RESPONDENT'S LOCAL LANGUAGE	
TRANSLATOR USED (YES=1; NO=2)	
LANGUAGE: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH 2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER 3 LUGBARA 6 RUNYORO-RUTORO	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

HOUSEHOLD SCHEDULE

We would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	EDUCATION	
					IF AGE 5 YEARS OR OLDER	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. PROBE: Any other person?	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)? RECORD IN COMPLETED YEARS.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? ** What is the highest class (NAME) completed at that level? **
(1)	(2)	(3)	(4)	(5)	(6)	(7)
			M F	IN YEARS	YES NO	LEVEL CLASS
01		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
02		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
03		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
04		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
05		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
06		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
07		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
08		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>

* CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED
11 = FOSTERED
12 = STEPCHILD
13 = HOUSEHELP
14 = NOT RELATED
98 = DON'T KNOW

**CODES FOR Q.7
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = TERTIARY
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1
YEAR COMPLETED
98 = DON'T KNOW

IF AGE 12-19					
CIRCLE LINE NUMBER OF ALL MALES AND FEMALES AGE 12-19 STAR * LINE NO. OF THE PERSON SELECTED FOR SEC.12 QUESTIONS	Does (NAME) usually live here?		Did (NAME) stay here last night?	PLACE STAYED AT LAST NIGHT	
	YES	NO	YES	NO	
(8)	(9)		(10)		(11)
01	1	2	1 ↳ NEXT LINE	2	<input type="checkbox"/> <hr/> (SPECIFY)
02	1	2	1 ↳ NEXT LINE	2	<input type="checkbox"/> <hr/> (SPECIFY)
03	1	2	1 ↳ NEXT LINE	2	<input type="checkbox"/> <hr/> (SPECIFY)
04	1	2	1 ↳ NEXT LINE	2	<input type="checkbox"/> <hr/> (SPECIFY)
05	1	2	1 ↳ NEXT LINE	2	<input type="checkbox"/> <hr/> (SPECIFY)
06	1	2	1 ↳ NEXT LINE	2	<input type="checkbox"/> <hr/> (SPECIFY)
07	1	2	1 ↳ NEXT LINE	2	<input type="checkbox"/> <hr/> (SPECIFY)
08	1	2	1 ↳ NEXT LINE	2	<input type="checkbox"/> <hr/> (SPECIFY)

++ CODES FOR Q. 11
PLACE:
1 = BOARDING SCHOOL/
UNIVERSITY
2 = MILITARY
BARRACKS
3 = HOSPITAL
4 = PRISON/JAIL
5 = STAYING IN ANOTHER
HOUSE
6 = OTHER (SPECIFY)
8 = DON'T KNOW

Just to make sure that I have a complete listing:

1. Are there any other persons such as small children or infants that are not listed?

YES → ENTER EACH IN TABLE

NO

2. In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES → ENTER EACH IN TABLE

NO

3. Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?

YES → ENTER EACH IN TABLE

NO

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	EDUCATION	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. PROBE: Any other person?	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)? RECORD IN COMPLETED YEARS.	IF AGE 5 YEARS OR OLDER	
					Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?** What is the highest class (NAME) completed at that level?***
(1)	(2)	(3)	(4)	(5)	(6)	(7)
			M F 1 2	IN YEARS	YES NO 1 2 NEXT LINE ↙ ↘	LEVEL GRADE
09		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/>
10		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/>
11		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/>
12		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/>
13		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/>
14		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/>
15		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/>
16		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/>

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IF AGE 12-19				
CIRCLE LINE NUMBER OF ALL MALES AND FEMALES AGE 12-19 STAR * LINE NO. OF THE PERSON SELECTED FOR SEC.12 QUESTIONS	Does (NAME) usually live here?		Did (NAME) stay here last night?	PLACE STAYED AT LAST NIGHT
				Where did (NAME) stay last night?++
(8)	(9)		(10)	(11)
09	YES 1	NO 2	YES 1 ↳NEXT LINE	NO 2 <input type="checkbox"/> _____ (SPECIFY)
10	1	2	1 ↳NEXT LINE	<input type="checkbox"/> _____ (SPECIFY)
11	1	2	1 ↳NEXT LINE	<input type="checkbox"/> _____ (SPECIFY)
12	1	2	1 ↳NEXT LINE	<input type="checkbox"/> _____ (SPECIFY)
13	1	2	1 ↳NEXT LINE	<input type="checkbox"/> _____ (SPECIFY)
14	1	2	1 ↳NEXT LINE	<input type="checkbox"/> _____ (SPECIFY)
15	1	2	1 ↳NEXT LINE	<input type="checkbox"/> _____ (SPECIFY)
16	1	2	1 ↳NEXT LINE	<input type="checkbox"/> _____ (SPECIFY)

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 4 = PRISON/JAIL
 5 = STAYING IN ANOTHER
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TICK HERE IF CONTINUATION SHEET USED



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
12	CHECK 08 ONE OR MORE 12-19 YEAR OLDS IN HOUSEHOLD <input type="checkbox"/>	NO 12-19 YEAR OLDS IN HOUSEHOLD <input type="checkbox"/>	END
13	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 PURCHASED FROM VENDOR/KIOSK 14 WATER FROM OPEN WELL OPEN WELL IN YARD/PLOT 21 OPEN PUBLIC WELL 22 WATER FROM COVERED WELL PROTECTED WELL IN YARD/PLOT 31 PROTECTED PUBLIC WELL 32 WATER FROM BOREHOLE BOREHOLE IN YARD/PLOT 33 BOREHOLE PUBLIC 34 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAINWATER 51 TANKER TRUCK 61 BOTTLED WATER 71 GRAVITY FLOW SCHEME 81 OTHER _____ 96 (SPECIFY)	15 15 15 15 15 15
14	How long does it take you to go there, get water and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996	
15	What kind of toilet facilities does your household have?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER _____ 96 (SPECIFY)	17
16	Do you share these facilities with other households?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
17	<p>Does your household have:</p> <p>a. Electricity? b. A radio? c. A television? d. A telephone? e. A refrigerator? f. A lantern? g. A cupboard?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>LANTERN</td> <td>1</td> <td>2</td> </tr> <tr> <td>CUPBOARD</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	LANTERN	1	2	CUPBOARD	1	2	
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18	<p>What type of fuel does your household mainly use for cooking?</p>	<table> <tbody> <tr> <td>ELECTRICITY</td> <td>01</td> </tr> <tr> <td>LPG/NATURAL GAS</td> <td>02</td> </tr> <tr> <td>BIOGAS</td> <td>03</td> </tr> <tr> <td>KEROSENE</td> <td>04</td> </tr> <tr> <td>CHARCOAL</td> <td>05</td> </tr> <tr> <td>FIREWOOD, STRAW</td> <td>06</td> </tr> <tr> <td>DUNG</td> <td>07</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	ELECTRICITY	01	LPG/NATURAL GAS	02	BIOGAS	03	KEROSENE	04	CHARCOAL	05	FIREWOOD, STRAW	06	DUNG	07	OTHER _____	96	(SPECIFY)								
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19	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<table> <tbody> <tr> <td>NATURAL FLOOR</td> <td></td> </tr> <tr> <td> EARTH/SAND</td> <td>11</td> </tr> <tr> <td> DUNG</td> <td>12</td> </tr> <tr> <td>FINISHED FLOOR</td> <td></td> </tr> <tr> <td> PARQUET OR POLISHED</td> <td></td> </tr> <tr> <td> WOOD</td> <td>31</td> </tr> <tr> <td> LINOLEUM</td> <td>32</td> </tr> <tr> <td> CERAMIC TILES</td> <td>33</td> </tr> <tr> <td> CEMENT</td> <td>34</td> </tr> <tr> <td> OTHER _____</td> <td>96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	NATURAL FLOOR		EARTH/SAND	11	DUNG	12	FINISHED FLOOR		PARQUET OR POLISHED		WOOD	31	LINOLEUM	32	CERAMIC TILES	33	CEMENT	34	OTHER _____	96	(SPECIFY)				
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20	<p>How many rooms does the household occupy in this dwelling? (Include bedrooms, living rooms, kitchens, lounges and dining rooms. Exclude bathrooms, toilets, and passages.)</p>	<p>NUMBER <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p>																									
21	<p>Does any member of your household own:</p> <p>a. A bicycle? b. A motorcycle or motor scooter? c. A car or truck? d. A plough? e. An oxcart?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>PLOUGH</td> <td>1</td> <td>2</td> </tr> <tr> <td>OXCART</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	PLOUGH	1	2	OXCART	1	2							
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22	<p>Does your household own this house or any other house?</p>	<table> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2																					
YES	1																										
NO	2																										
23	<p>Do any member of this household own any land?</p>	<table> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8																			
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TABLE FOR SELECTION OF RESPONDENTS FOR SECTION 12 QUESTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE ROW YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE RESPONDENTS ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD GO TO. FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE 12-19 YEAR OLD WHO WILL BE ASKED THE SENSITIVE QUESTIONS. THEN, GO TO COLUMN 8 IN THE HOUSEHOLD SCHEDULE AND PUT A STAR * NEXT TO THE LINE NUMBER OF THE ELIGIBLE 12-19 YEAR OLD.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '6716', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE 12-19 YEAR OLDS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE BOX ('2'). SUPPOSE THE LINE NUMBERS OF THE THREE PEOPLE ARE '02', '03', AND '07', THEN THE ELIGIBLE PERSON FOR SENSITIVE QUESTIONS IS THE SECOND ONE, I.E., THE ONE ON LINE '03'.

QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE 12-19 YEAR OLDS IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5