

Client Name: _____ Group Name: _____ Date: _____
District: _____ Sub-County: _____ Parish: _____ Village: _____

Report: _____ Baseline _____ Annual 1 _____ Endline _____ Follow-up

GENERAL

Does the client own a house? _____ 0. No _____ 1. Yes
If yes, what type? _____ 1. Hut _____ 2. Semi-permanent _____ 3. Permanent
How many rooms does the dwelling have? _____ #

What is the main drinking water source for the household?
_____ 1. Tap _____ 2. Borehole _____ 3. Protected Well _____ 4. Un-protected Well _____ 5. River
Do you have problems with drinking water? _____ 0. No _____ 1. Yes
If yes, please explain:

LAND AND AGRICULTURE

Do you have access to farmland? _____ 0. No _____ 1. Yes
If yes, what is the ownership status? _____ 1. Communal _____ 2. Personal _____ 3. Rental _____ 4. Clan _____ 5. Other: _____
How many acres do you have access to? _____ #
How many acres did you open up last year? _____ #

Did you face any of the following challenges with your farming activities?
Lack of capital for seeds, land clearing, etc: _____ 0. No _____ 1. Yes
Lack of farming tools and equipment: _____ 0. No _____ 1. Yes
Lack of storage space: _____ 0. No _____ 1. Yes
Lack of market for products: _____ 0. No _____ 1. Yes
Lack of farming skills and knowledge: _____ 0. No _____ 1. Yes
Which of the above is the most pressing need? _____

Do you sell your farm produce via the following means?
Home sales: _____ 0. No _____ 1. Yes
Produce Store: _____ 0. No _____ 1. Yes
Cooperative/groups: _____ 0. No _____ 1. Yes
Middlemen: _____ 0. No _____ 1. Yes
Others: _____ 0. No _____ 1. Yes

Where do you store the majority of your farm produce?
_____ 1. Hut _____ 2. Communal Store _____ 3. Personal Store _____ 4. Rented Store _____ 5. Other: _____

Have you received any farm extension services in the past 12 months? _____ 0. No _____ 1. Yes
Service org 1: _____ Type of service: _____ Duration: _____ (mnths) Conclusion Date: _____
Service org 2: _____ Type of service: _____ Duration: _____ (mnths) Conclusion Date: _____
Service org 3: _____ Type of service: _____ Duration: _____ (mnths) Conclusion Date: _____

HOUSEHOLD COMPOSITION

Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes
Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes
Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes
Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes
Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes
Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes
Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes
Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes
Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes
Name: _____ Age: _____ Education level: _____ Currently enrolled in school: _____ 0. No _____ 1. Yes

Education level coding

1. P1 2. P2 3. P3 4. P4 5. P5 6. P6 7. P7 8. S1 9. S2 10. S3 11. S4 12. S5 13. S6 14. U1 15. U2 16. U3 17. U4 18. U5
19. Other 20. None

EDUCATION

Which type of school do your children attend? _____ 1. Public _____ 2. Private _____ 3. Combination

If any of your children are not in school, why?

_____ 1. Finances _____ 2. Interest _____ 3. Distance _____ 4. Disability _____ 5. Other _____ 6. N/A

Are you satisfied with this education facility?

WEALTH

What is the value of your savings?

Capable products: _____ #

Non-Capable savings groups: _____ #

Financial Institution: _____ #

How many of the following assets do you have?

Cows: _____ #

Goats: _____ #

Chickens: _____ #

Pigs: _____ #

Other: _____ #

Do you own any of the following?

Motorbike: _____ 0. No _____ 1. Yes _____ #

Ox plow: _____ 0. No _____ 1. Yes _____ #

Bicycle: _____ 0. No _____ 1. Yes _____ #

Other: _____ 0. No _____ 1. Yes _____ #

Are you servicing a loan?

_____ 0. No _____ 1. Yes

If yes, how much?

_____ #

If yes, for what purpose?

_____ 1. Business _____ 2. Asset purchase _____ 3. School Fees _____ 4. Medical Care _____ 5. Building

_____ 6. Agribusiness _____ 7. Home Improvement _____ 8. Other: _____ _____ 9. N/A

Do you have access to credit if you need it?

_____ 0. No _____ 1. Yes

INCOME

Tell us about your income last year:

Wages and salaries: _____ # (annual)

Income from business sources (non-farm): _____ # (annual)

Rentals (land, house, machinery, boda): _____ # (annual)

Pension: _____ # (annual)

NGO assistance or remittances _____ # (annual)

Government: _____ # (annual)

Does your household employ anyone (including farm workers)?

_____ 0. No _____ 1. Yes

Employee 1's annual salary: _____ #

Employee 2's annual salary: _____ #

Employee 3's annual salary: _____ #

Tell us about your farming income last year:

Produce 1 type: _____ # of sacks: _____ Annual harvest value (including in storage): _____

Produce 2 type: _____ # of sacks: _____ Annual harvest value (including in storage): _____

Produce 3 type: _____ # of sacks: _____ Annual harvest value (including in storage): _____

Produce 4 type: _____ # of sacks: _____ Annual harvest value (including in storage): _____

Produce 5 type: _____ # of sacks: _____ Annual harvest value (including in storage): _____

HEALTH

Does anyone in your household have a chronic/permanent health problem? _____ 0. No _____ 1. Yes

Has anyone in your household suffer from a contagious disease in the last 12 months? _____ 0. No _____ 1. Yes

Did they suffer from:

Skin rash: _____ 0. No _____ 1. Yes

Hepatitis A or B: _____ 0. No _____ 1. Yes

Measles: _____ 0. No _____ 1. Yes

Has anyone in your household suffer from a waterborne disease in the last 12 months? _____ 0. No _____ 1. Yes

Did they suffer from:

Dysentery: _____ 0. No _____ 1. Yes

Typhoid: _____ 0. No _____ 1. Yes

Cholera: _____ 0. No _____ 1. Yes

Worms: _____ 0. No _____ 1. Yes

When you experience a health problem, where do you primarily go?

_____ 1. Private _____ 2. Government _____ 3. Traditional _____ 4. None

Are you satisfied with the health facility in your area? _____ 0. No _____ 1. Yes

Please explain why or why not you are satisfied with your healthcare facility?

SHORT FORM 8

Overall, how would you rate your health during the last 4 weeks?

_____ 1. Good _____ 2. Fair _____ 3. Poor

During the last 4 weeks, how much did physical health problems limit your daily activities?

_____ 1. Not at all _____ 2. Very little _____ 3. Somewhat _____ 4. Quite a lot _____ 5. Could not do daily activities

During the last 4 weeks, how much difficulty did you have doing your daily work, both at home and away, because of your health?

_____ 1. Not at all _____ 2. Very little _____ 3. Somewhat _____ 4. Quite a lot _____ 5. Could not do daily work

How much bodily pain have you had in the last 4 weeks?

_____ 1. None _____ 2. Very mild _____ 3. Mild _____ 4. Moderate _____ 5. Severe _____ 6. Very severe

During the past 4 weeks, how much energy did you have?

_____ 1. Very much _____ 2. Quite a lot _____ 3. Some _____ 4. A little _____ 5. None

During the last 4 weeks, how much did physical health or emotional problems limit your social activities with family or friends?

_____ 1. Not at all _____ 2. Very little _____ 3. Somewhat _____ 4. Quite a lot _____ 5. Could not do social activities

During the last 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed, irritable)?

_____ 1. Not at all _____ 2. Slightly _____ 3. Moderately _____ 4. Quite a lot _____ 5. Extremely

During the last 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or daily activities?

_____ 1. Not at all _____ 2. Very little _____ 3. Somewhat _____ 4. Quite a lot _____ 5. Could not do daily activities

ROSENBERG SELF-ESTEEM SCALE

On the whole I'm satisfied with myself.

_____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

At times I think I'm no good at all.

_____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

I feel that I have a number of good qualities.

_____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

I am able to do things as well as most people.

_____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

I feel I do not have much to be proud of.

_____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

I certainly feel useless at times.

_____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

I feel that I'm a person of worth, at least on an equal playing field as others.

_____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

I wish I could have more respect for myself.

_____ 1. Strongly Agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly Disagree

All in all, I'm inclined to feel that I'm a failure.

_____ 1. Strongly Agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly Disagree

I take a positive attitude towards myself.

_____ 1. Strongly Agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly Disagree

Imagine you had a harvest of 2 million Uganda shillings in profit. What would you do with that money?

STRUCTURAL SOCIAL CAPITAL (WORLD BANK)

Are you currently a member, participant, or interact/volunteer with any type of group?

_____ 0. No _____ 1. Yes

Do you have a leadership role in this group?

_____ 0. No _____ 1. Yes

Do you consider yourself to be active in this group such as by attending meetings?

_____ 1. Not active _____ 2. Somewhat active _____ 3. Very active

How many groups are you a member of?

_____ #

How many groups are you a leader of?

_____ #

Now I'm going to ask you a few questions about the group that is most important to you:

Are group members mostly of the same extended family or clan?

_____ 0. No _____ 1. Yes _____ 2. Not applicable

Are members mostly of the same religion?

_____ 0. No _____ 1. Yes _____ 2. Not applicable

Are members mostly of the same gender?

_____ 0. No _____ 1. Yes _____ 2. Not applicable

Do members mostly have the same occupation?

_____ 0. No _____ 1. Yes _____ 2. Not applicable

Are members mostly from the same age group?

_____ 0. No _____ 1. Yes _____ 2. Not applicable

Do members mostly have the same education level?

_____ 0. No _____ 1. Yes _____ 2. Not applicable

How does the group usually make decisions?

_____ 1. The leader decides and informs other group members.

_____ 2. The leader asks group members what they think and then decides.

_____ 3. The group members hold a discussion and decide together.

_____ 4. Other.

_____ 5. Not applicable.

Overall, how effective is the group's leadership?

_____ 1. Very effective _____ 2. Somewhat effective _____ 3. Not effective at all _____ 4. Not applicable

By belonging to this group have you acquired new skills or learned something valuable?

_____ 0. No _____ 1. Yes

If the primary school of your village went without a teacher for a long time, say 6 months or more, which people in your village do you think would get together and take some action about it?

_____ 1. No one in your village would get together

_____ 2. Local or municipal government

_____ 3. Village association

_____ 4. Parents of the school children

_____ 5. The entire village

_____ 6. Other

Differences often exist between people living in the same village. To what extent do differences such as the following divide people in your village?

Differences in education: _____ 1. Not at all _____ 2. Somewhat _____ 3. Very much

Differences in wealth or material possessions: _____ 1. Not at all _____ 2. Somewhat _____ 3. Very much

Differences in landholdings: _____ 1. Not at all _____ 2. Somewhat _____ 3. Very much

Differences in social status: _____ 1. Not at all _____ 2. Somewhat _____ 3. Very much

Differences between men and women: _____ 1. Not at all _____ 2. Somewhat _____ 3. Very much

Differences between younger and older generations: _____ 1. Not at all _____ 2. Somewhat _____ 3. Very much

Differences between longtime inhabitants and new settlers: _____ 1. Not at all _____ 2. Somewhat _____ 3. Very much

Differences in political party affiliations: _____ 1. Not at all _____ 2. Somewhat _____ 3. Very much

Differences in ethnic background: _____ 1. Not at all _____ 2. Somewhat _____ 3. Very much

Do these differences cause problems in your village? _____ 0. No _____ 1. Yes
 Do such problems ever lead to violence? _____ 0. No _____ 1. Yes
 How are these problems usually solved?
 People work it out between themselves: _____ 0. No _____ 1. Yes
 Family members usually intervene: _____ 0. No _____ 1. Yes
 Neighbors usually intervene: _____ 0. No _____ 1. Yes
 Community leaders mediate: _____ 0. No _____ 1. Yes
 Religious leaders mediate: _____ 0. No _____ 1. Yes
 Judicial leaders mediate: _____ 0. No _____ 1. Yes

Are there any services where you or your family members are occasionally denied service or have limited opportunity to use?

Education or schools: _____ 0. No _____ 1. Yes
 Health services: _____ 0. No _____ 1. Yes
 Job training or employment: _____ 0. No _____ 1. Yes
 Credit or finance: _____ 0. No _____ 1. Yes
 Transportation: _____ 0. No _____ 1. Yes
 Water distribution: _____ 0. No _____ 1. Yes
 Sanitation services: _____ 0. No _____ 1. Yes
 Justice or conflict resolution: _____ 0. No _____ 1. Yes
 Security or police services: _____ 0. No _____ 1. Yes

Do you think that there are other households in your community that are excluding from accessing services I just listed?

_____ 0. No _____ 1. Yes

What are the reasons some people are excluded from these services?

Income level: _____ 0. No _____ 1. Yes
 Occupation: _____ 0. No _____ 1. Yes
 Social Status: _____ 0. No _____ 1. Yes
 Age: _____ 0. No _____ 1. Yes
 Gender: _____ 0. No _____ 1. Yes
 Tribe: _____ 0. No _____ 1. Yes
 Language: _____ 0. No _____ 1. Yes
 Religious beliefs: _____ 0. No _____ 1. Yes
 Political affiliations: _____ 0. No _____ 1. Yes
 Lack of education: _____ 0. No _____ 1. Yes
 Returnee status: _____ 0. No _____ 1. Yes

How much influence do you think people like yourself can have in making your village a better place to live?

_____ 1. A lot of influence _____ 2. Some influence _____ 3. Little influence _____ 4. No influence

COGNITIVE SOCIAL CAPITAL

Please tell me in general whether you agree or disagree with the following statements:

Most people in your village are basically honest and can be trusted.
 _____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree
 People are always interested only in their own welfare.
 _____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree
 Members of your village are more trustworthy than others.
 _____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree
 In your village, one has to be alert or one can easily be taken advantage of.
 _____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree
 If you have a problem, there is always someone to help you.
 _____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree
 You do not pay attention to the opinions of other villagers.
 _____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree
 Most people in your village are willing to help if you need it.
 _____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

Your village has prospered in the last 5 years.

_____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

You feel accepted as a member of your village.

_____ 1. Strongly agree _____ 2. Agree _____ 3. Disagree _____ 4. Strongly disagree

In your opinion, is your village generally peaceful or conflictive? _____ 1. Peaceful _____ 2. Conflictive

Compared with other villages is there more or less conflict? _____ 1. More _____ 2. The same _____ 3. Less

Do people in your village contribute time and money towards common development goals?

_____ 1. They contribute some or a lot

_____ 2. They contribute very little or nothing

Compared with other villages, to what extent do people in your village contribute time and money towards common development goals?

_____ 1. They contribute less than other villages

_____ 2. They contribute about the same as other villages

_____ 3. They contribute more than other villages

Are the relationships in your community generally harmonious or disagreeable?

_____ 1. Harmonious

_____ 2. Disagreeable

Compared to other villages, relationship in your village are:

_____ 1. More harmonious

_____ 2. The same

_____ 3. Less harmonious

Suppose two people in your village had a fairly serious dispute with each other. Who do you think would primarily help to solve this dispute?

_____ 1. No one (themselves)

_____ 2. Family members

_____ 3. Neighbors

_____ 4. Community leaders

_____ 5. Religious leaders

_____ 6. Judicial leaders

A. Food and Beverage Consumption									
Type of good [food]		In the last <u>WEEK</u> has anyone in the HH eaten [food] at home or outside?	In the last <u>WEEK</u> how many meals eaten by HH members contained [food]	What quantity of [food] did the hh consume in the last WEEK?	Unit		How much does a [unit] of [food] cost in your nearest market	Did the HH purchase, produce, or receive [food] (in kind or free)?	Did you or anyone else in the HH eat [food] yesterday during either the day or night?
Coding		0 - No 1 - Yes	99 - unknown	99 - unknown	1 - Piece 9 - Heap 2 - Whole 10 - Basin 3 - Kilogram 11 - Pack 4 - Gram 12 - Sacket 5 - Litre 13 - Tray 6 - Sacks 14 - Cup 7 - Bunch 15 - Handful 8 - Teaspoon 00 - Other		99 - unknown	1 - Purchased 2 - Produced 3 - Received	0 - No 1 - Yes
	1	Rice							
	2	Maize flour							
	3	Maize cobs, roasted							
	4	Millet							
	5	Sorghum							
	6	Matooke							
	7	Irish potatoes							
	8	Sweet potatoes							
9	Cassava								
10	Yams								

	Type of good [food]	<u>In the last WEEK</u> has anyone in the HH eaten [food] at home or outside?	<u>In the last WEEK</u> how many meals eaten by HH members contained [food]	What quantity of [food] did the hh consume in the last WEEK?	Unit	How much does a [unit] of [food] cost in your nearest market	Did the HH purchase, produce, or receive [food] (in kind or free)?	Did you or anyone else in the HH eat [food] yesterday during either the day or night?
12	Pumpkin							
13	Carrots							
14	Cabbage							
15	Sukuma, kale, other local greens							
16	Tomatoes							
17	Onions							
18	Mango							
19	Paw-paw							
20	Jackfruit							
21	Avocado							
22	Sweet bananas							
23	Other fruit/vegetable:							
24	Liver, kidney, or organ meats							
25	Beef, pork, chicken, other meat							
26	Fresh or dried fish							
27	Eggs							
28	Milk, yogurt, cream, etc.							
29	Groundnuts or simsim							

Type of good [food]	In the last WEEK has anyone in the HH eaten [food] at home or outside?	In the last WEEK how many meals eaten by HH members contained [food]	What quantity of [food] did the hh consume in the last WEEK?	Unit	How much does a [unit] of [food] cost in your nearest market	Did the HH purchase, produce, or receive [food] (in kind or free)?	Did you or anyone else in the HH eat [food] yesterday during either the day or night?
30 Beans, cowpeas or peas							
31 Cooking oil							
32 Sugar							
33 Salt							
34 Royco/curry powder							
35 Tea, coffee							
36 Alcohol/local brew							
37 Other:							

B. Recurrent Expenses			
Types of good or service		In the last <u>MONTH</u> has anyone in the HH spent money on [good or service]?	How much did your HH spend on [good or service] in the last <u>MONTH</u> (cash or in kind)?
		0 - No 1 - Yes	99 - unknown
1	Milling grains and staple crops into flour		
2	Water: bottled, piped, or from a tank		
3	Electricity		
4	Charcoal or firewood		
5	Other fuel, such as paraffin, kerosene, etc.		
6	Household operation products: laundry soap, toilet paper, bar soap, dish washing paste, broom, matches, etc.		
7	Cosmetics and personal toiletries: tooth paste, lotion, hair products, etc.		
8	Hair dressing, beauty, barber or salon		
9	Petrol or diesel		
10	Repairs/spare parts for machinery, bikes, boda, etc.		
11	Transportation fares		
12	Mobile air time and charging		
13	Recreation and entertainment: entry fees, photography, music, magazines, etc.		
14	Hotel, lodging (not including home rental)		
15	Other services (including household help), specify:		

C. Infrequent Expenses			
Types of good or service		In the last <u>YEAR</u> has anyone in the HH spent money on [good or service]?	How much did your HH spend on [good or service] in the last <u>YEAR</u> (cash or in kind)?
1	Men's clothing		
2	Women's clothing		
3	Children's clothing (excluding school uniforms)		
4	Men's footwear		
5	Women's footwear		
6	Children's footwear		

7	Other clothing material, tailoring and sewing tools (thread, needles, buttons, etc.)		
8	Furniture, mattresses, etc.		
9	Textiles: bed sheets, blankets, etc.		
10	Household glassware, tableware and utensils		
11	Household appliances: jiko, kerosene stove, hot pot, kettle, etc.		
12	Medicines: anti-worming, cold tablets (piritin), vaccines, bandages, contraceptives, malarial medication, pain killers (paracetamol), etc.		
13	Doctor's consultation fees		
14	Hospital/clinic charges		
15	Other health expenditures, specify:		
16	School fees including PTA		
17	Boarding and lodging (for schooling children)		
18	School uniforms		
19	Books and supplies		
20	Other educational expenses, specify:		
21	Ceremonial expenses: wedding, funeral, etc.		
22	Fees, taxes, premiums, etc.		
23	Other, specify:		

D. Household Hunger Scale		
1	In the past [4 weeks/30 days], was there ever no food to eat of any kind in your house because of lack of resources to get food?	0 = No (Skip to Q2) 1 = Yes
1a	How often did this happen in the past [4 weeks/30 days]?	1 = Rarely (1–2 times) 2 = Sometimes (3–10 times) 3 = Often (more than 10 times)
2	In the past [4 weeks/30 days], did you or any household member go to sleep at night hungry because there was not enough food?	0 = No (Skip to Q3) 1 = Yes
2a	How often did this happen in the past [4 weeks/30 days]?	1 = Rarely (1–2 times) 2 = Sometimes (3–10 times) 3 = Often (more than 10 times)
3	In the past [4 weeks/30 days], did you or any household member go a whole day and night without eating anything at all because there was not enough food?	0 = No (End) 1 = Yes
3a	How often did this happen in the past [4 weeks/30 days]?	1 = Rarely (1–2 times) 2 = Sometimes (3–10 times) 3 = Often (more than 10 times)