

**UGANDA CHILD WELL-BEING SURVEY (UCWS): HOUSEHOLD QUESTIONNAIRE**

|                     | HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD: YES <input type="checkbox"/> NO <input type="checkbox"/>   |   |            |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
|---------------------|--|---|------------|-----|----|------------|----------------|---|---|----|------------------|---|---|----|----------|---|---|----|---------------|---|---|----|---------------------|---|---|----|-------------|---|---|----|-----------------|---|---|----|--|
| H1                  | RECORD THE TIME THE INTERVIEW BEGAN (00:00):   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |            |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| H2                  | RECORD THE SEX OF THE HEAD OF HOUSEHOLD:<br>MALE OR FEMALE   | MALE..... 1<br>FEMALE..... 2  |            |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| H3                  | How old are you?   | YEARS OLD: <input type="text"/> <input type="text"/><br>DON'T KNOW/DECLINED..... 99   |            |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| H4                  | What is the <u>main source</u> of drinking water for members of your household?  | PIPED WATER..... 1<br>TUBE WELL/BOREHOLE..... 2<br>PROTECTED WELL..... 3<br>UNPROTECTED WELL..... 4<br>WATER FROM SPRING..... 5<br>RAINWATER..... 6<br>TANKER WATER..... 7<br>CART WITH SMALL TANK..... 8<br>SURFACE WATER<br>(RIVER/DAM/LAKE/POND/STREAM) ..... 9<br>BOTTLED WATER..... 10<br>OTHER (SPECIFY)..... 88<br>DON'T KNOW/DECLINED..... 99   |            |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| H5                  | What kind of toilet facility do members of your household usually use?   | FLUSH TOILET ..... 1<br>PIT LATRINE VENTILATED..... 2<br>PIT LATRINE WITH SLAB ..... 3<br>PIT LATRINE WITHOUT SLAB/OPEN PIT..... 4<br>COMPOSITING TOILET/ECOSAN..... 5<br>BUCKET TOILET ..... 6<br>HANGING TOILET/ HANGING LATRINE..... 7<br>NO FACILITY/BUSH/FIELD..... 8 → H7<br>OTHER (SPECIFY) ..... 88<br>DON'T KNOW/DECLINED..... 99 → H7   |            |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| H6                  | Do you share this facility with other households?  | YES..... 1<br>NO..... 2<br>DON'T KNOW/DECLINED..... 99  |            |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| H7                  | Does your household have:<br><br>A. Electricity<br>B. A paraffin lamp<br>C. Radio<br>D. Television<br>E. Mobile telephone<br>F. Non-Mobile Telephone (landline)<br>G. Refrigerator<br><br><b>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH G.</b> | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/<br/>DTA</th> </tr> </thead> <tbody> <tr> <td>A. ELECTRICITY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. PARAFFIN LAMP</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. RADIO</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. TELEVISION</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. MOBILE TELEPHONE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. LANDLINE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>G. REFRIGERATOR</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table> |            | YES | NO | DK/<br>DTA | A. ELECTRICITY | 1 | 2 | 99 | B. PARAFFIN LAMP | 1 | 2 | 99 | C. RADIO | 1 | 2 | 99 | D. TELEVISION | 1 | 2 | 99 | E. MOBILE TELEPHONE | 1 | 2 | 99 | F. LANDLINE | 1 | 2 | 99 | G. REFRIGERATOR | 1 | 2 | 99 |  |
|                     | YES  | NO  | DK/<br>DTA |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| A. ELECTRICITY      | 1  | 2   | 99         |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| B. PARAFFIN LAMP    | 1  | 2   | 99         |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| C. RADIO            | 1  | 2   | 99         |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| D. TELEVISION       | 1  | 2   | 99         |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| E. MOBILE TELEPHONE | 1  | 2   | 99         |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| F. LANDLINE         | 1  | 2   | 99         |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |
| G. REFRIGERATOR     | 1  | 2   | 99         |     |    |            |                |   |   |    |                  |   |   |    |          |   |   |    |               |   |   |    |                     |   |   |    |             |   |   |    |                 |   |   |    |  |

|     |   |   |     |
|-----|---|---|-----|
| H8  | What type of fuel does your household <u>mainly</u> use for cooking?                  | ELECTRICITY..... 1<br>LIQUEFIED PETROLEUM GAS (LPG)..... 2<br>BIOGAS..... 3<br>KEROSENE..... 4<br>CHARCOAL..... 5<br>WOOD..... 6<br>STRAW/SHRUB/GRASS..... 7<br>ANIMAL DUNG..... 8<br>NO FOOD COOKED IN HOUSEHOLD..... 9<br>BRICKETS..... 10<br>OTHER (SPECIFY)..... 88<br>DON'T KNOW/DECLINED..... 99  |     |
| H9  | RECORD THE <u>MAIN</u> MATERIAL OF THE DWELLING FLOOR.<br><br><i>(Observe or ask)</i> | EARTH/SAND..... 1<br>DUNG..... 2<br>WOOD PLANKS ..... 3<br>PALM/BAMBOO ..... 4<br>BROKEN BRICKS ..... 5<br>PARQUET /POLISHED WOOD..... 6<br>VINYL/ASPHALT STRIPS..... 7<br>CERAMIC TILES..... 8<br>CEMENT..... 9<br>CARPET..... 10<br>OTHER (SPECIFY)..... 88<br>DON'T KNOW/DECLINED..... 99  |     |
| H10 | RECORD THE <u>MAIN</u> MATERIAL OF THE ROOF.<br><br><i>(Observe or ask)</i>           | NO ROOF..... 1<br>THATCH/PALM LEAF..... 2<br>PALM/BAMBOO/GRASS..... 3<br>WOOD PLANKS..... 4<br>CARDBOARD..... 5<br>IRON SHEETS..... 6<br>WOOD..... 7<br>CERAMIC TILES..... 9<br>CEMENT..... 10<br>ROOFING SHINGLES..... 11<br>OTHER (SPECIFY)..... 88<br>DON'T KNOW/DECLINED..... 99  |     |
| H11 | RECORD THE <u>MAIN</u> MATERIAL OF THE WALLS.<br><br><i>(Observe or ask)</i>          | NO WALLS..... 1<br>CANE/PALM/TRUNKS..... 2<br>DIRT/MUD WATTLE..... 3<br>BAMBOO/TREE TRUNKS WITH MUD ..... 4<br>STONE WITH MUD..... 5<br>PLYWOOD..... 6<br>CARDBOARD..... 7<br>REUSED WOOD..... 8<br>CEMENT..... 9<br>STONE WITH LIME CEMENT..... 10<br>BURNT BRICKS..... 11<br>UNBURNT BRICKS..... 12<br>CEMENT BLOCKS..... 13<br>WOOD PLANKS..... 14<br>OTHER (SPECIFY)..... 88<br>DON'T KNOW/DECLINED..... 99 | H14 |
| H12 | How many rooms are there in this household?   | NO. OF ROOMS: <input type="text"/> <input type="text"/><br>DON'T KNOW/DECLINED..... 99  |     |
| H13 | How many rooms in this household are used for sleeping?                               | NO. OF ROOMS: <input type="text"/> <input type="text"/><br>DON'T KNOW/DECLINED..... 99  |     |

|     |  |                          |    |       |                         |
|-----|--|--------------------------|----|-------|-------------------------|
| H14 | Does any member of your household own:<br><br>A. Watch<br>B. Bicycle<br>C. Motorcycle or Scooter<br>D. Oxcart<br>E. Car or Truck<br><br><b>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH E.</b>   |                          |    |       |                         |
|     |  |                          |    |       | YES    NO    DK/<br>DTA |
|     |  | A. WATCH                 | 1  | 2     | 99                      |
|     |  | B. BICYCLE               | 1  | 2     | 99                      |
|     |  | C. MOTORCYCLE OR SCOOTER | 1  | 2     | 99                      |
|     |  | D. OXCART                | 1  | 2     | 99                      |
|     | E. CAR OR TRUCK  | 1                        | 2  | 99    |                         |
| H15 | Does any member of this household own any agricultural land?   | YES.....                 | 1  |       |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |
| H16 | Does this household own any livestock, herds, other farm animals or poultry?   | YES.....                 | 1  |       |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |
| H17 | Does any member of this household have a bank account?   | YES.....                 | 1  |       |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |
| H18 | ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS<br><br>In the past year, have any of the adults in the household been ill for 3 or more months?  | YES.....                 | 1  |       |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |
| H19 | ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS<br><br>Have any adults in this household died in the past 12 months?   | YES.....                 | 1  |       |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |
| H20 | ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS<br><br>Did you ever cut the size of the meals of child(ren) living in your household because there was not enough food or money?   | YES.....                 | 1  |       |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |
| H21 | ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS<br><br>Did the child(ren) living in your household ever skip meals because there was not enough food or money?   | YES.....                 | 1  |       |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |
| H22 | ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS<br><br>Is the [AGE] year old [M/F] born on [DOB] currently living in this household because his/her own parent is sick or has died?   | YES.....                 | 1  | → H24 |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |
| H23 | ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS<br><br>Are/is the (other) child(ren) living in this household because their own parent is sick or has died?   | YES.....                 | 1  |       |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |
| H24 | ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS<br><br>Has the [AGE] year old [M/F] born on [DOB] lived outside of nuclear family care –with one or both biological parents in the last five years? For example an orphanage, shelter or foster care, or with other relatives/families/friends (ADAPT TO LOCAL CONTEXT) | YES.....                 | 1  | → H26 |                         |
|     |  | NO.....                  | 2  |       |                         |
|     |  | DON'T KNOW/DECLINED..... | 99 |       |                         |

|     |  |   |              |
|-----|--|---|--------------|
| H25 | <p>ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS</p> <p>Has/have the (other) child(ren) in this household lived outside of nuclear family care - with one or both biological parents - in the last five years? For example an orphanage, shelter or foster care, or with other relatives/families/friends</p> | <p>YES..... 1<br/> NO..... 2<br/> DON'T KNOW/DECLINED..... 99</p> |              |
| H26 | <p>ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS</p> <p>Has the [AGE] year old [M/F] born on [DOB] lived on the street in the last 5 years?</p>   | <p>YES..... 1<br/> NO..... 2<br/> DON'T KNOW/DECLINED..... 99</p> | <p>→ END</p> |
| H27 | <p>ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS</p> <p>Has/have the other child(ren) in this household lived on the street at any point during the last 5 years?</p>   | <p>YES..... 1<br/> NO..... 2<br/> DON'T KNOW/DECLINED..... 99</p> |              |