

1) DATE: \_\_\_\_\_/\_\_\_\_\_/2009

2) Surveyor: \_\_\_\_\_

3) HHID: \_\_\_\_\_

# D E M O G R A P H I C S U R V E Y

<b>Name of person surveyed</b> <i>(Last, First):</i> _____		<b>Participant ID:</b> -
<b>Ethnic Group:</b> <input type="checkbox"/> Bahima <input type="checkbox"/> Bairu <input type="checkbox"/> Buganda <input type="checkbox"/> Other _____		
<b>Education Level of mother:</b> <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Some Secondary <input type="checkbox"/> Finished secondary <input type="checkbox"/> Post-secondary <input type="checkbox"/> DK <input type="checkbox"/> NA		
<b>Education Level of father:</b> <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Some Secondary <input type="checkbox"/> Finished secondary <input type="checkbox"/> Post-secondary <input type="checkbox"/> DK <input type="checkbox"/> NA		
<b>Primary source of livelihood:</b> <input type="checkbox"/> none <input type="checkbox"/> Cultivation <input type="checkbox"/> Cattle <input type="checkbox"/> Business <input type="checkbox"/> Civil servant <input type="checkbox"/> Servant <input type="checkbox"/> Fishing <input type="checkbox"/> Other _____		
<b>H O U S I N G</b>		
<b>Type of house</b>	Roof: <input type="checkbox"/> Thatch <input type="checkbox"/> Iron sheet Floor: <input type="checkbox"/> Mud <input type="checkbox"/> Cement Walls: <input type="checkbox"/> Mud <input type="checkbox"/> Brick <input type="checkbox"/> Other _____	
<b>Do you own your house?</b>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> DK <input type="checkbox"/> NA	
<b>Number of houses on compound?</b>	_____	
<b>L A N D</b>		
<b>Do you access land (graze, farm, live)?</b>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> DK <input type="checkbox"/> NA	
<b>If YES, how would you classify the ownership of that land?</b>	<input type="checkbox"/> Private with title <input type="checkbox"/> Ranch <input type="checkbox"/> Private without title <input type="checkbox"/> Communal <input type="checkbox"/> Leasehold <input type="checkbox"/> Other _____	
<b>If YES, what was/is the size?</b>	_____ <input type="checkbox"/> acres <input type="checkbox"/> fields	
<b>If YES, size used for grazing? crops? unused?</b>	_____ <input type="checkbox"/> acres <input type="checkbox"/> fields _____ <input type="checkbox"/> acres <input type="checkbox"/> fields _____ <input type="checkbox"/> acres <input type="checkbox"/> fields	
<b>IF YES CROPS GROWN, do you grow? (Check all that apply)</b>	<input type="checkbox"/> Banana <input type="checkbox"/> Millet <input type="checkbox"/> Maize <input type="checkbox"/> Beans <input type="checkbox"/> Cassava <input type="checkbox"/> Irish	
<b>If YES, is the quality of plot compared to your neighbors?</b>	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> None at all <input type="checkbox"/> DK	
<b>If YES, how did you acquire that land? (Check up to 3 that apply)</b>	<input type="checkbox"/> Inherited <input type="checkbox"/> Bought <input type="checkbox"/> Government <input type="checkbox"/> DK <input type="checkbox"/> Am servant <input type="checkbox"/> Other _____	
<b>W A T E R</b>		
<b>What is your level of access to water for HOME USE compared to your neighbors?</b>	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> None at all <input type="checkbox"/> DK	
<b>If YES ACCESS, who owned/owns that water?</b>	<input type="checkbox"/> Personal <input type="checkbox"/> Shared <input type="checkbox"/> Boss <input type="checkbox"/> LMNP <input type="checkbox"/> Public <input type="checkbox"/> Other _____	
<b>If YES, is it?</b>	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> DK	
<b>If YES, how many minutes does it take to get there, queue and return by foot?</b>	<input type="checkbox"/> <10 <input type="checkbox"/> 11-29 <input type="checkbox"/> 30-45 <input type="checkbox"/> 46+	
<b>If YES, PRIMARY WET SEASON source for HOME WATER?</b>	Name: _____ <input type="checkbox"/> Borehole <input type="checkbox"/> Farm pond/dam <input type="checkbox"/> Rainwater <input type="checkbox"/> Valley tank <input type="checkbox"/> NA <input type="checkbox"/> Government dam <input type="checkbox"/> Other _____	
<b>If YES, in the past 2 weeks has the water at this source been unavailable for 1 whole day?</b>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> DK <input type="checkbox"/> NA	
<b>If YES, PRIMARY DRY SEASON source for HOME WATER?</b>	Name: _____ <input type="checkbox"/> Borehole <input type="checkbox"/> Farm pond/dam <input type="checkbox"/> Rainwater <input type="checkbox"/> Valley tank <input type="checkbox"/> NA <input type="checkbox"/> Government dam <input type="checkbox"/> Other _____	
<b>If NONE AT ALL or IN TIMES OF DROUGHT, how do you COPE with HOME WATER SCARCITY? (Check up to 3 that apply)</b>	<input type="checkbox"/> Buy water <input type="checkbox"/> Trade for water <input type="checkbox"/> Migrate <input type="checkbox"/> Lk Kakyera <input type="checkbox"/> Neighbor sneak <input type="checkbox"/> Neighbor permis <input type="checkbox"/> Lk Mburo sneak <input type="checkbox"/> Lk Mburo permis <input type="checkbox"/> Other _____ <input type="checkbox"/> NA	
<b>What is your level of access to water for LIVESTOCK compared to your neighbors?</b>	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> None at all <input type="checkbox"/> DK <input type="checkbox"/> NA	

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<b>If YES ACCESS, who own that water?</b>	<input type="checkbox"/> Personal <input type="checkbox"/> Shared <input type="checkbox"/> Boss <input type="checkbox"/> Public <input type="checkbox"/> National Park <input type="checkbox"/> King <input type="checkbox"/> Other _____
<b>If YES, how many minutes does it take to get there, queue and return by foot?</b>	<input type="checkbox"/> <10 <input type="checkbox"/> 11-29 <input type="checkbox"/> 30-45 <input type="checkbox"/> 46+
<b>If YES, PRIMARY WET SEASON source for LIVESTOCK WATER?</b>	Name: _____ <input type="checkbox"/> NA <input type="checkbox"/> Farm pond/dam <input type="checkbox"/> Rain <input type="checkbox"/> Lk Kakyera <input type="checkbox"/> Valley tank <input type="checkbox"/> Govt dam <input type="checkbox"/> Lk Mburo
<b>If YES, PRIMARY DRY SEASON source for LIVESTOCK WATER?</b>	Name: _____ <input type="checkbox"/> Borehole <input type="checkbox"/> Farm pond/dam <input type="checkbox"/> NA <input type="checkbox"/> Rainwater <input type="checkbox"/> Valley tank <input type="checkbox"/> Govt dam <input type="checkbox"/> Lake Mburo <input type="checkbox"/> Lake Kakyera
<b>If NONE AT ALL or IN TIMES OF DROUGHT, how do you COPE with LIVESTOCK WATER SCARCITY? (Check up to 3 that apply)</b>	<input type="checkbox"/> Buy water <input type="checkbox"/> Trade for water <input type="checkbox"/> Migrate <input type="checkbox"/> Lk Kakyera <input type="checkbox"/> Neighbor sneak <input type="checkbox"/> Neighbor permis <input type="checkbox"/> Lk Mburo sneak <input type="checkbox"/> Lk Mburo permis <input type="checkbox"/> Other _____ <input type="checkbox"/> NA
<b>F O O D</b>	
<b>What is your level of FOOD SCARCITY compared to your neighbors?</b>	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> None at all <input type="checkbox"/> DK
<b>If YES SCARCITY, how do you COPE with FOOD SCARCITY? (Check up to 3 that apply)</b>	<input type="checkbox"/> Buy food <input type="checkbox"/> Trade <input type="checkbox"/> New crops <input type="checkbox"/> Exotic cows <input type="checkbox"/> Migrate <input type="checkbox"/> Fence land <input type="checkbox"/> Gov't asst. <input type="checkbox"/> Help: family in comm. <input type="checkbox"/> Help: family outside <input type="checkbox"/> Help: neighbor <input type="checkbox"/> Kill cow <input type="checkbox"/> Remain <input type="checkbox"/> Other _____
<b>If YES, reasons for food insecurity? (Check up to 3 that apply)</b>	<input type="checkbox"/> Lack of land <input type="checkbox"/> Drought <input type="checkbox"/> Theft <input type="checkbox"/> Wild animals <input type="checkbox"/> Wandering <input type="checkbox"/> Animal diseases <input type="checkbox"/> Crop diseases Other _____
<b>Number of typical meals/meals yesterday?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> DK
<b>E C O N O M I C S</b>	
<b>Primary sources of expenditure: (Check up to 3 that apply)</b>	<input type="checkbox"/> Health <input type="checkbox"/> Servnts <input type="checkbox"/> Clthes <input type="checkbox"/> Tranprt <input type="checkbox"/> Animals <input type="checkbox"/> Taxes <input type="checkbox"/> Leisure <input type="checkbox"/> DK <input type="checkbox"/> House items <input type="checkbox"/> Alcohol <input type="checkbox"/> Cosmetics <input type="checkbox"/> Other _____ <input type="checkbox"/> Food
<b>Do you own livestock?</b>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> DK <input type="checkbox"/> NA
<b>Number of children currently in school?</b>	_____
<b>How wealthy were/are you compared to your neighbors?</b>	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> None at all <input type="checkbox"/> DK
<b>P O L I T I C A L / S O C I A L P A R T I C I P A T I O N</b>	
<b>Asked help from non-family last yr?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> DK
<b>Asked help from family last yr?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> DK
<b>Level of attendance of LC1 meetings by your hh?</b>	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> None at all <input type="checkbox"/> DK
<b>Someone from hh in a position of leadership?</b>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> DK <input type="checkbox"/> NA
<b>Where is most of your family? (Check most precise geography)</b>	<input type="checkbox"/> District <input type="checkbox"/> Out of Dist. <input type="checkbox"/> Out of UG <input type="checkbox"/> NA <input type="checkbox"/> DK
<b>How is your level of peace?</b>	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> None at all <input type="checkbox"/> DK
<b>Method of drinking water treatment:</b> <input type="checkbox"/> Chlorine <input type="checkbox"/> Boil <input type="checkbox"/> Iodine <input type="checkbox"/> Filter <input type="checkbox"/> NA <input type="checkbox"/> Other _____	<b>Cleaned water container in last week?</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Daily <input type="checkbox"/> None <input type="checkbox"/> NA
<b>Amount of water collected between today and yesterday?</b> _____ <input type="checkbox"/> Small <input type="checkbox"/> Large <b>JERRYCANS</b>	
<b>Type of fuel used for cooking:</b> <input type="checkbox"/> Kerosene <input type="checkbox"/> Electricity <input type="checkbox"/> Charcoal <input type="checkbox"/> Wood <input type="checkbox"/> Dung <input type="checkbox"/> NA <input type="checkbox"/> Other _____	
<b>Location of cooking:</b> <input type="checkbox"/> Room for sleeping <input type="checkbox"/> Other room in house <input type="checkbox"/> Detached building <input type="checkbox"/> Outdoors <input type="checkbox"/> NA	
<b>Type of toilet:</b> <input type="checkbox"/> Pit latrine <input type="checkbox"/> Open defecation <input type="checkbox"/> Other _____	<b>Location of toilet:</b> <input type="checkbox"/> Within property <input type="checkbox"/> Outside property <input type="checkbox"/> NA

**N o t e s :**