



No.	QUESTIONS AND FILTERS																					
1.	Interviewer Name and ID	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
2.	Date of Interview (day /month/year)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">d</td><td style="text-align: center;">d</td><td style="text-align: center;">m</td><td style="text-align: center;">m</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td></tr></table>											d	d	m	m	y	y	y	y	y	y
d	d	m	m	y	y	y	y	y	y													
3.	District Code	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
4.	Sub – County/ Division Name																					
5.	Parish Name	6. Village Name																				
7.	Name of the Household Head																					
8.	Name of Index Child																					
9.	Date of Birth of the Index Child (day /month/ year)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">d</td><td style="text-align: center;">d</td><td style="text-align: center;">m</td><td style="text-align: center;">m</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td></tr></table> DON'T KNOW2020											d	d	m	m	y	y	y	y	y	y
d	d	m	m	y	y	y	y	y	y													
10.	Sex of the Index Child	1. Female 2. Male																				
Did the Agency/CBO/NGO receive funding from USAID (Track I Project)? YES NO		Is the index child/household a former Track I beneficiary? YES NO																				
Section A: Protection		CODING CATEGORIES: (If yes to any of the category in the question, score 5, if no score 0)																				
11.	Has the child been involved in the following: (Ask the child/parent/guardian)	Child Labor /Street child /Child Mother																				
12.	Has the child been involved in the following forms of child abuse or neglect? (Ask and observe the child)	Psychological abuse / Physical abuse / Sexual abuse / Child Neglect																				
13.	Has the child ever been involved in alcohol/ Substance consumption/use? (Ask the child)	Drinking Alcohol/Local Brew / Smoking / Petroleum sniffing / Drugs																				
14.	Child has a chronic disease (Ask the child/parent/guardian)	HIV/AIDS / Sickle Cells / Epilepsy																				
15.	Child has a Disability (if the disability is physical/observable please don't ask)	Deaf / Blind / Physical / Mental																				
16.	Do you know anyone who can help you in case you need legal assistance for the following? If Yes, then ask them to list the places and tick the one where they go among the answers:	Child Neglect / Sexual Abuse / Property grabbing (If yes score 0 and if No score 5) Police__ , LC__ , Probation and welfare office/CDO__ , Human rights agencies__																				
Section A: Total Score																						
Section B: Food Security		CODING CATEGORIES																				
17.	What does the child <u>usually</u> eat? Usually means at least 3 times a week (Ask the parent/guardian and then a child to double check) <i>Applicable to children of all age bracket (Breast feeding children takes all the food values)</i>	Energy foods: (potatoes, banana, oils, posho, millet, rice, maize, bread, cassava) (If Yes, score 0 & if No score 4) Body building foods: (beans, meat, soya, peas, milk, eggs, chicken, fish) (If Yes, score 0 & if No score 4) Protective and regulative foods: (tomatoes, oranges, pawpaw,mangoes, pineapple) (If Yes, score 0 & if No score 4)																				
18.	How many times does the child have meals in a day? (Ask the parent/guardian and then a child to double check)	3 times a day (if yes, score 0) , Twice a day (if yes, score 3) , Once a day (if yes, score 8) , Not every day (if yes, score 10)																				
19.	Are there times when your household/child goes without meals due to failure to get food?	Yes (Score 5) No (Score 0)																				
20.	If Yes, how often does the household/child go without meals?	At all times (if yes, score 3) Irregularly (if yes, score 2) Very rarely (if yes, score 0)																				

Section B- Total Score			
Section C: Economic Strengthening			
21.	What is your household's <u>main</u> source of income?	1. Formal employment (<i>If Yes, score 0</i>) 2. Informal employment (truck driving, boda-boda, rental units, askari/guards, subsistence farming, petty trading)(<i>If Yes, score 6</i>), 3. Casual Labor(porter, builder) (<i>If Yes, score 8</i>), 4. Remittances (<i>If Yes, score 8</i>), 5. Unemployed (<i>If Yes, score 10</i>)	
22.	How many people live in your household? What is the current total monthly household income?	Number _____ Total Income _____ <i>(Divide total income by total number of people in HH, if < 30 US dollars (UGX 75000) per person/per month then score the HH 15 & if it's > 30US dollars (UGX 75000) score 0)</i>	
23.	Who is the <u>main</u> contributor to household income?	<ul style="list-style-type: none"> - Children (<i>if yes, score 5</i>) - Grand Parents (<i>if yes score 4,</i>) - Relative(s) (<i>if yes, score 3,</i>) - Mother (<i>if yes, score 2,</i>) - Father (<i>if yes, score 1,)</i> - Others (<i>if yes, score 5</i>) 	
Section C- Total Score			
Section D: Family Strengthening- Critical Services			
24.	Parenthood Status for the index child	<ul style="list-style-type: none"> - Double orphan (<i>if yes, score 6</i>) - Maternal Orphan (<i>if yes, score 5</i>) - Paternal Orphan (<i>if yes, score 4</i>) - Both Parents Absent (<i>if yes, score 3</i>) - Mother Absent (<i>if yes, score 2</i>) - Father Absent (<i>if yes, score 1</i>) - Both Parents Alive (<i>if yes, score 0</i>) 	
25.	Guardian age/Parent age	Below 18 yrs(<i>if yes, score 5</i>), Above 65 yrs(<i>if yes, score 3</i>), Between 18-65 yrs(<i>if yes, score 0</i>)	
26.	Guardians Health/Parents age	Has a disability (<i>If Yes score 2, if No 0</i>),	
		Has a chronic disease [e.g. HIV and AIDS, Diabetes, cancer etc that affects working capacity] (<i>If Yes to score 2, if No 0</i>)	
27.	What is the <u>main</u> source of <u>drinking water</u> for members of your household?	Piped/borehole/harvesting (<i>If yes, score 0</i>), Surface water (<i>If Yes score 5</i>)	
28.	Do you have Latrine facilities	Yes own (Score 0 for Yes), Shared (Score 3 for shared), No (Score 4 for No)	
29.	Does the index child go to school?	Yes (<i>if Yes, score 0</i>) No (<i>if No, score 3</i>)	
30.	If Yes, does the child absent him/herself from school for at least 1 month in a term	Yes (<i>if Yes, score 2</i>) No (<i>if No, score 0</i>)	
31.	When the index child is sick, what do you do?	1. Seek medical care/go to the Health Facility (score 0) 2. Others (<i>If doesn't seek health care, score 3</i>)	
Section D: Total Score			
Section E: Assessors General Impression			Score
32.	- Good Situation [can manage without support](<i>If Yes score 0</i>) - Fair Situation [could be considered for support] (<i>If Yes score 2</i> - Bad Situation [should be considered for support] (<i>If Yes score 8</i>) - Critical Situation [eligible for support] (<i>If Yes score 10</i>)		
Total Child Score for sections A, B, C, D & E			