



**LUGAZI RURAL FINANCE DEVELOPMENT TRUST**  
P.O.BOX 101, LUGAZI - TEL: +256 704372685/+256 772697875  
E-Mail: [lugazirfdt@gmail.com](mailto:lugazirfdt@gmail.com) - WEBSITE:

<b>Vision</b>	<b>To Build a Socially and Economically Self-Sustaining Rural Community For Improved Livelihoods</b>
<b>Mission</b>	<b>To Empower Communities Through Sustainable Development Initiatives</b>

## **INDIVIDUAL STATUS ASSESSMENT FORM - ISAF**

**[The Respondent must be 18+ years]**

Date of Assessment.....

### **Individual Background Information**

1. Member Full Names.....Age.....
2. ID.No [NIN].....1<sup>st</sup>. Contact.....
3. Alternative Contact.....[Preferably of a neighbor or a relative]
4. Marital Status.....[Married, Single, Widowed, Cohabiting, Divorced]
5. If married/Cohabiting, Names of Spouse.....
6. If married/Cohabiting, Tel. Contact of spouse.....
7. School going children: 0-17Years: girls.....Boys.....18+ Girls.....Boys.....
8. Reasons for not going to school, if any: **A** – Distance, **B** – No school Fees **C**- Little Acad. Knowledge  
**D**- Lack of Scholastic Materials, **E** – He/she Doesn't want **F**- Other reasons, please specify.....

### **Individual Location Details**

1. Village LCI/Cell.....Parish.....
2. Sub-county.....District.....
3. Names of your Immediate Neighbour:.....
4. Telephone Contact/s of your Immediate Neighbor .....
5. Residential status:.....[Rented, Owned, House keeper]

## Individual Economic Status

1. What is the main source of Individual's Income.....?
2. Do you benefit from any government or non-government economic development programs?.....Y/N
3. Other Individual's sources of Income.....  
.....
4. Individual main source of food..... [A- from the garden, B- From the market, C- Given in exchange for work, D - Donated]  
.....
5. Most Individual Economic Burden: A – Food, B- Education C- Medical D – Social Interaction, E – Others, please specify.....
6. How much do you save?.....and how often do you save?.....
7. Do you have any Loans you are servicing?.....Y/N How much is that loan? (Principal).....Who is the creditor?.....  
.....

## Individual Health Status

1. Do you have a Pit Latrine.....Y/N, Rubbish pit.....Y/N, Tip tap.....Y/N?  
[Observe]
2. Do you sleep under a Mosquito Net..... Y/N? Do you boil drinking water?..... Y/N
3. Which is your nearest Hospital or Health Facility?.....
4. How many kilometers from this HH to the Hospital/Health Facility?.....
5. Do you know TB?.....Y/N, If yes How is it spread?.....  
.....
6. Do you know HIV/AIDS..... Y/N, If yes How is it spread?.....  
.....

7. Do you have any patients of TB/HIV in your HH? .....Y/N, If Yes.....HIV/AIDS..... 8. Where do these patients get treatment.....

.....

9. What other illnesses do you mostly associate with an individual?.....

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10. Do you have any children under the age of 15 Months? YES/NO (*If Yes, please provide copy of birth notification/certificate or immunization card*) *If yes, but no records, please advise and refer*

Advice and referral given:.....

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**Respondent Signature/Thumb Print:.....Date.....**

**Individual Assessor's General Comment for Enrollment or Rejection of this Individual**

**NAME OF INDIVIDUAL ASSESSOR..... DATE.....**

**SIGNATURE.....TITLE.....**

**NB: Please remember to attach copies of the following documents as may be available;**

1. National Identity card photocopy