

2022 KENYA DEMOGRAPHIC AND HEALTH SURVEY (KDHS)  
HOUSEHOLD QUESTIONNAIRE - LONG VERSION

KENYA  
KENYA NATIONAL BUREAU OF STATISTICS

**LONG**

IDENTIFICATION												
COUNTY	<input style="width: 90%;" type="text"/>											
SUB COUNTY	<input style="width: 90%;" type="text"/>											
LOCATION	<input style="width: 90%;" type="text"/>											
SUB LOCATION	<input style="width: 90%;" type="text"/>											
KDHS CLUSTER NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											
HOUSEHOLD NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											
NAME OF HOUSEHOLD HEAD	<input style="width: 90%;" type="text"/>											
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)				1								
HOUSEHOLD SELECTED FOR WOMAN'S DV MODULE? (1=YES, 2=NO)												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
				MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
INTERVIEWER'S NAME	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	YEAR INT. NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px; text-align: center;">2</td><td style="width: 25px; height: 25px; text-align: center;">0</td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>	2	0						
2	0											
RESULT*	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	RESULT* <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
NEXT VISIT: DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER <input style="width: 150%;" type="text"/> (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>  TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>  TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
LANGUAGE OF QUESTIONNAIRE**	0 2	LANGUAGE OF INTERVIEW**	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>			NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td></tr> </table>						
LANGUAGE OF QUESTIONNAIRE**	<b>KISWAHILI</b>											
**LANGUAGE CODES: 01 ENGLISH   06 KAMBA   11 LUO   16 SOMALI 02 KISWAHILI   07 KIKUYU   12 MAASAI   17 TURKANA 03 BORANA   08 KISII   13 MERU   96 OTHER 04 EMBU   09 LUHYA   14 MIJIKENDA 05 KALENJIN   10 MARAGOLI   15 POKOT   SPECIFY <input style="width: 100px;" type="text"/>												
TEAM	TEAM SUPERVISOR											
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table> NUMBER			NAME <input style="width: 100px;" type="text"/> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table> NUMBER									

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## INTRODUCTION AND CONSENT

Hujambo. Jina langu ni \_\_\_\_\_. na ninafanya kazi na shirika la Kitaifa la Takwimu nchini Kenya. Tunafanya utafiti wa mambo ya afya kote nchini Kenya. Habari tutakazopata zitaisaidia serikali kupanga huduma za afya. Nyumba yako imechaguliwa kwa utafiti huu. Ningependa kukuuliza maswali kuhusu hapa nyumbani. Maswali yatachukua kadiri ya dakika 30 hadi 60. Majibu yako yote yatawekwa siri na hayatatolewa kwa mtu yeyote isipokuwa watafiti wetu. Sio lazima ushiriki katika utafiti huu lakini tunataraji utajibu maswali hayo kwa sababu maoni yako ni muhimu. Nikikuuliza swali lolote ambalo hutaki kujibu, niambie na nitaliwacha na kwenda kwa swali litakalofuata. Unaweza kusimamisha mahojiano haya wakati wowote. Ikiwa una swali lolote kuhusu utafiti huu unaweza kuwasiliana na mtu aliyetajwa katika kadi hii.

GIVE CARD WITH CONTACT INFORMATION

Una swali lolote?

Ninaweza kuanza mahojiano sasa?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE  
TO BE INTERVIEWED .. 2 → END



100	RECORD THE TIME.	HOURS .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				8	9		10	11		
1	2	3	4	5	6	7	8	9	10	11
	Tafadhali nipatie majina ya watu ambao kwa kawaida wanaishi hapa nyumbani na wageni waliolala hapa usiku wa kuamukia leo, ukianza na kiongozi wa nyumba.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	Je, (NAME) ana uhusiano gani na kiongozi wa nyumba?  SEE CODES BELOW.	Je, (NAME) ni mume ama ni mke?	Je, kwa kawaida (NAME) anaishi hapa?	Je, (NAME) alilala hapa usiku wa kuamukia leo?	(NAME) ana umri gani?  IF 95 OR MORE, RECORD '95'.	Hali ya ndoa ya (NAME) ni gani?  1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED 3 = SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49  CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY  CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS [ ][ ]	[ ]	01	01	01
02			1 2	1 2	1 2	[ ][ ]	[ ]	02	02	02
03			1 2	1 2	1 2	[ ][ ]	[ ]	03	03	03
04			1 2	1 2	1 2	[ ][ ]	[ ]	04	04	04
05			1 2	1 2	1 2	[ ][ ]	[ ]	05	05	05
06			1 2	1 2	1 2	[ ][ ]	[ ]	06	06	06
07			1 2	1 2	1 2	[ ][ ]	[ ]	07	07	07
08			1 2	1 2	1 2	[ ][ ]	[ ]	08	08	08
09			1 2	1 2	1 2	[ ][ ]	[ ]	09	09	09
10			1 2	1 2	1 2	[ ][ ]	[ ]	10	10	10

7A) Ili nihakikishe kuwa nina orodha kamili: je, kuna watu wengine wowote kama watoto wadogo ama wachanga ambao hatukuwaandika/hatukuwaorodhesha?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
7B) Je, kuna watu wengine wowote ambao si wa familia yako, kama vile wafanyikazi wa nyumbani, ama marafiki ambao kwa kawaida wanaishi hapa?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
7C) Kuna wageni wowote wa muda wanaoishi hapa, ama mtu mwingine yeyote aliyelala hapa jana usiku, ambaye hajaandikishwa/hajaorodheshwa?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>

## CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	07 = PARENT-IN-LAW
02 = WIFE OR HUSBAND	08 = BROTHER OR SISTER
03 = SON OR DAUGHTER	09 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	10 = ADOPTED/FOSTER/STEPCHILD
05 = GRANDCHILD	11 = NOT RELATED
06 = PARENT	98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL	
	12	13	14	15	16	17
	Mama mzazi wa (NAME) yuko hai?	Je, mama mzazi wa (NAME) kwa kawaida anaishi hapa nyumbani ama alikuwa mgeni aliyelala hapa usiku wa kuamukia leo?  IF YES: Jina lake ni nani?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Baba mzazi wa (NAME) yuko hai?	Je, baba mzazi wa (NAME) kwa kawaida anaishi hapa nyumbani ama alikuwa mgeni aliyelala hapa usiku wa kuamukia leo?  IF YES: Jina lake ni nani?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Je, (NAME) amewahi kwenda shule ama chuo chochote cha mafundisho ?	Ni kiwango gani cha shule cha juu ambacho (NAME) aliwahi kufika?  Katika kiwango hicho, (NAME) alimaliza (darasa/kidato/miaka) (gani/mingapi)?  SEE CODES BELOW.
01	Y N DK 1 2 8 ↓ GO TO 14		Y N DK 1 2 8 ↓ GO TO 16		Y N 1 2 ↓ GO TO 20	LEVEL GRADE 
02	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20	
03	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20	
04	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20	
05	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20	
06	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20	
07	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20	
08	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20	
09	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20	
10	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 20	

LEVEL	GRADE
0 = PRE-PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.)
2 = SECONDARY/"A" LEVEL	THIS CODE IS NOT ALLOWED
3 = MIDDLE LEVEL COLLEGE (CERTIFICATE/DIPLOMA)	FOR Q. 17B OR 19)
4 = UNIVERSITY	98 = DON'T KNOW
5 = VOCATIONAL	
6 = INFORMAL EDUCATION (MADRASA/ADULT BASIC)	
8 = DON'T KNOW	

## HOUSEHOLD SCHEDULE

	IF AGE 3-24 YEARS					IF AGE 0-4 YEARS
LINE NO.	PREVIOUS SCHOOL ATTENDANCE		CURRENT/RECENT SCHOOL ATTENDANCE		REASON NOT CURRENTLY ATTENDING	BIRTH REGISTRATION
	17A	17B	18	19	19A	20
	Je, (NAME) alikwenda shule au taasisi yoyote ya mafunzo wakati wowote katika mwaka wa shule wa 2020 (Januari 2020-Julai 2021)?	Katika mwaka wa shule wa 2020 (Januari 2020-Julai 2021), Je, (NAME) alihudhuria kiwango na (darasa/kidato/miaka) (gani/mingapi)?  SEE CODES BELOW.	Je, (NAME) aliwahi kwenda shule wakati wowote katika mwaka wa shule wa 2021 (Julai 2021- Aprili 2022)?	Katika mwaka wa shule wa 2021 (Julai 2021- Aprili 2022), alihudhuria kiwango na (darasa/kidato/miaka) (gani/mingapi)?  SEE CODES BELOW.	IF Q. 17A = YES  Ni kwa sababu gani (NAME) aliwacha kwenda shule au taasisi ya mafunzo?  SEE CODES BELOW.	Je( NAME) ana cheti za kuzaliwa?  IF NO, PROBE: Je, kuzaliwa kwa (NAME) iliwahi kuandikishwa na mamlaka yoyote ya serikali?  1=YES REGISTERED WITH BIRTH CERTIFICATE 2 = YES REGISTERED WITHOUT BIRTH CERTIFICATE 3=NOT REGISTERED 8 = DON'T KNOW
01	Y N 1 2 ↓ GO TO 18	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 19A	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
02	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
03	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
04	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
05	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
06	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
07	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
08	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
09	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
10	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

## CODES FOR Q. 19A: REASON FOR STOP ATTENDANCE

- |                                |                            |
|--------------------------------|----------------------------|
| 1 = TOO YOUNG TO ATTEND        | 9 = ORPHANHOOD             |
| 2 = COMPLETED SCHOOL           | 10 = SOCIO-CULTURAL/       |
| 3 = MARRIAGE                   | RELIGIOUS PRESSURE         |
| 4 = PREGNANCY                  | 11 = COVID-19 RELATED      |
| 5 = DISABILITY                 | PROBLEM                    |
| 6 = INSECURITY                 | 12 = ILLNESS (OWN/FAMILY)  |
| 7 = WORKING/LOOKING FOR WORK   | 13 = FAMILY RESPONSIBILITY |
| 8 = SCHOOL LEVIES/ OTHER COSTS | 96 = OTHER (SPECIFY)       |
|                                | 98 = DON'T KNOW            |

## HOUSEHOLD SCHEDULE

	IF AGE 5 OR OLDER					
LINE NO.	DISABILITY					
	21	22	23	24	25	26
	<p>Ningependa kujua ikiwa (NAME) ana matatizo ya kuona hata wakati umevalia miwani? Unaweza kusema (NAME) hana matatizo ya kuona kabisa, ana matatizo madogo, ana matatizo mengi, ama haoni kabisa?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>Ningependa kujua ikiwa (NAME) ana matatizo ya Kusikia hata wakati uko na vifaa vya kukusaidia kusikia? Unaweza kusema (NAME) hana matatizo ya kusikia kabisa, ana matatizo madogo, ana matatizo mengi, ama hawezi kusikia kabisa?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>	<p>Ningependa kujua ikiwa (NAME) ana matatizo ya kuwasiliana akitumia lugha yake ya kawaida? Unaweza kusema (NAME) hana changamoto kuelewa au kueleweka, changamoto kiasi, changamoto kubwa ama hawezi kuwasiliana kabisa?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>Ningependa kujua ikiwa (NAME) ana matatizo kukumbuka mambo au kuwa makini kwa jambo lolote? Unaweza kusema (NAME) hana matatizi ya kukumbuka mambo au kuwa makini kwa jambo lolote, ana matatizo madogo, ana matatizo mengi, ama kukumbuka mambo au kuwa makini kwa jambo lolote?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>Ningependa kujua ikiwa (NAME) ana matatizo ya kutembea au kupanda ngazi? Unaweza kusema (NAME) hana matatizo ya kutembea au kupanda ngazi kabisa, ana matatizo madogo, ana matatizo mengi, ama hawezi kutembea au kupanda ngazi kabisa?</p> <p>1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW</p>	<p>Ningependa kujua ikiwa (NAME) ana matatizo ya kujilinda kwa usafi kwa mfano kujiogesha mwili wote au kujivalisha mavazi? Unaweza kusema hana matatizo yoyote, ana matatizo kiasi, ana matatizo mengi, ama hawezi kujiogesha mwili wote au kujivalisha mavazi?</p> <p>1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW</p>
01	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
02	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
03	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
04	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
05	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
06	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
07	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
08	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
09	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

HOUSEHOLD SCHEDULE

LINE NO.	HEALTH INSURANCE		INPATIENT		OUTPATIENT		
	27	28	29	30	31	32	33
	Je, (NAME) ana bima yoyote ya afya?  1 = YES 2 = NO 8 = DON'T KNOW	Je, anatumia/analinda na bima ya afya ya aina gani?  A = NHIF B = PRIVATE/COMMERCIAL C = COMMUNITY-BASED X = OTHER	Je, kwa miezi kumi na miwili iliyopita, (NAME) aliwahi kulazwa usiku kucha kwenye kituo cha afya?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE.  CHECK COLUMN 29: CODE '1' 'YES' CIRCLED.	Kwa majuma manne yaliyopita, Je, (NAME) alipokea huduma kutoka kwa mhadumu wa afya, duka la dawa, mganga wa kienyeji bila kulazwa?	Wakati wa mwisho (NAME) alipokea huduma, Je, malipo yeyote yalifanyika kupitia pesa taasimu, njia badala, bima ya afya au njia yeyote ingine ya malipo?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE.  CHECK COLUMN 32: CODE '1' 'YES' CIRCLED.
01	Y N DK 1 2 8 ↓ GO TO 29	A B C X	Y N DK 1 2 8 ↓ GO TO 31	01	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE	01
02	1 2 8 ↓ GO TO 29	A B C X	1 2 8 ↓ GO TO 31	02	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	02
03	1 2 8 ↓ GO TO 29	A B C X	1 2 8 ↓ GO TO 31	03	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	03
04	1 2 8 ↓ GO TO 29	A B C X	1 2 8 ↓ GO TO 31	04	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	04
05	1 2 8 ↓ GO TO 29	A B C X	1 2 8 ↓ GO TO 31	05	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	05
06	1 2 8 ↓ GO TO 29	A B C X	1 2 8 ↓ GO TO 31	06	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	06
07	1 2 8 ↓ GO TO 29	A B C X	1 2 8 ↓ GO TO 31	07	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	07
08	1 2 8 ↓ GO TO 29	A B C X	1 2 8 ↓ GO TO 31	08	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	08
09	1 2 8 ↓ GO TO 29	A B C X	1 2 8 ↓ GO TO 31	09	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	09
10	1 2 8 ↓ GO TO 29	A B C X	1 2 8 ↓ GO TO 31	10	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	10



SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)

100	<p><b>ONLY ONE INDIVIDUAL (ONE WOMAN <u>OR</u> ONE MAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS</b></p> <p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR WOMAN'S DV MODULE?</p> <p style="text-align: center;">             YES <input type="checkbox"/>                      NO <input type="checkbox"/> <span style="float: right;">→ 100B</span> </p>																																																																																																											
<p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.</p> <p><b>EXAMPLE:</b> THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.</p>																																																																																																												
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SELECTION OF MAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)

100B	<p><b>ONLY ONE INDIVIDUAL (ONE WOMAN <u>OR</u> ONE MAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS</b></p> <p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR WOMAN'S DV MODULE?</p> <p align="center">             NO <input type="checkbox"/>                      YES <input type="checkbox"/> → 101           </p>																																																																																																											
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Kwa kawaida maji ya kunywa ya watu wa hapa nyumbani yanatoka wapi?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42  RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER ..... 96 (SPECIFY)	→ 106   → 103  → 103
102	Kwa kawaida maji ya matumizi mengine kama kupika na kuosha mikono ya watu wa hapa nyumbani yanatoka wapi?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42  RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81  OTHER ..... 96 (SPECIFY)	→ 106
103	Mahali mnapotoa hayo maji ni wapi?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 106
104	Inachukua muda gani kwenda huko, kuchota maji, na kurudi nyumbani?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .....998	
105	Ni nani ambaye kwa kawaida huenda hapo kuchota maji kwa matumizi ya hapa nyumbani?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	NAME .....  LINE NUMBER ..... <input type="text"/> <input type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	Kwa mwezi moja umepita, je kumekuwa na wakati ambapo watu wa nyumbahii hawakupata maji ya kunywa ya kutosha walipokuwa wanahitaji?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
107	Je, unafanya chochote kwa maji hayo kuyafanya kuwa salama zaidi kwa kunywa?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 109		
108	Je, kwa kawaida unafanya nini ili kuyafanya maji hayo kuwa salama kwa kunywa?  Na nini kingine?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F COVER THE WATER CONTAINER ..... G OTHER ..... X (SPECIFY) DON'T KNOW ..... Z			
109	Je, watu wa hapa nyumbani, kwa kawaida hutumia choo cha aina gani?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE .... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23  COMPOSTING TOILET ..... 31 BIODIGESTER ..... 32 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61 OTHER ..... 96 (SPECIFY)	→ 117		
110	Je, mnatumia choo hiki pamoja na watu wa nyumba nyingine?	YES ..... 1 NO ..... 2	→ 112		
111	Pamoja na nyumba yako, ni watu wa nyumba ngapi wanaotumia choo hiki?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td></td></tr></table>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0		
0					
112	Choo hiki kiko wapi?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3			
113	CHECK 109:  CODES 12, 13, 21, <input type="checkbox"/> 22, 23, OR 31 CIRCLED ↓  OTHER <input type="checkbox"/> _____		→ 117		
114	Je, uchafu/kinyesi cha (tank ya septic/ choo cha shimo/choo cha mbolea) kimewahi kuondolewa?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 117		
115	Mara ya mwisho uchafu/kinyesi cha (tank ya septic/ choo cha shimo/choo cha mbolea) kuondolewa, je iliondolewa na mtoa huduma?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Huo uchafu ulitupwa wapi?	A TREATMENT PLANT ..... 1 BURIED IN A COVERED PIT ..... 2 UNCOVERED PIT/BUSH/FIELD/ OPEN GROUND ..... 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 4  OTHER ..... 6 (SPECIFY)  DON'T KNOW ..... 8	
117	Ni meko ya aina gani mu/unayotumia zaidi kupikia hapa nyumbani?	ELECTRIC STOVE ..... 01 SOLAR COOKER ..... 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE ..... 03 PIPED NATURAL GAS STOVE ..... 04 BIOGAS STOVE ..... 05 LIQUID FUEL STOVE ..... 06 MANUFACTURED SOLID FUEL STOVE (JIKO) .. 07 TRADITIONAL SOLID FUEL STOVE ..... 08 THREE STONE STOVE/OPEN FIRE ..... 09  NO FOOD COOKED IN HOUSEHOLD ..... 95  OTHER ..... 96 (SPECIFY)	 → 121  → 120  → 120  → 123  → 120
118	Je, hiyo meko iko na sehemu ya kuondoa moshi?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
119	Je, hiyo meko iko na feni?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
120	Ni moto/kawi ya aina gani inatumika kwenye meko hii?	ALCOHOL/ETHANOL ..... 01 GASOLINE/DIESEL ..... 02 KEROSENE/PARAFFIN ..... 03 COAL/LIGNITE ..... 04 CHARCOAL ..... 05 WOOD ..... 06 STRAW/SHRUBS/GRASS ..... 07 AGRICULTURAL CROP ..... 08 ANIMAL DUNG/WASTE ..... 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 10 GARBAGE/PLASTIC ..... 11 SAWDUST ..... 12  OTHER ..... 96 (SPECIFY)	
121	Je, kwa kawaida unapika chakula ndani ya nyumba, nyumba nyingine ama nje?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3  OTHER ..... 6 (SPECIFY)	 → 123
122	Je, una chumba cha kando kinachotumiwa kwa kupikia/jiko?	YES ..... 1 NO ..... 2	

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
123	Ni nini mnamumia kuweka joto katika hii nyumba wakati inahitajika?	MANUFACTURED SPACE HEATER ..... 01 TRADITIONAL SPACE HEATER ..... 02 MANUFACTURED COOKSTOVE (JIKO) ..... 03 TRADITIONAL COOKSTOVE ..... 04 THREE STONE STOVE/OPEN FIRE ..... 05 FIREPLACE ..... 06  CENTRAL HEATING ..... 07  NO HEATING IN HOUSEHOLD ..... 95  OTHER ..... 96 (SPECIFY)	→ 125  → 125 → 126 → 125		
124	Je, iko na sehemu ya kuondoa moshi?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
125	Ni kawi ya aina gani inatumika kwenye hicho kifaa?	ELECTRICITY ..... 01 PIPED NATURAL GAS ..... 02 SOLAR AIR HEATER ..... 03 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS ..... 04 BIOGAS ..... 05 ALCOHOL/ETHANOL ..... 06 GASOLINE/DIESEL ..... 07 KEROSENE/PARAFFIN ..... 08 COAL/LIGNITE ..... 09 CHARCOAL ..... 10 WOOD ..... 11 STRAW/SHRUBS/GRASS ..... 12 AGRICULTURAL CROP ..... 13 ANIMAL DUNG/WASTE ..... 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 15 GARBAGE/PLASTIC ..... 16 SAWDUST ..... 17  OTHER ..... 96 (SPECIFY)			
126	Ni nini mnamumia kuleta mwangaza usiku wakati wa giza?	ELECTRICITY ..... 01 SOLAR LANTERN ..... 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN ..... 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN ..... 04 BIOGAS LAMP ..... 05 GASOLINE LAMP ..... 06 KEROSENE OR PARAFFIN LAMP ..... 07 CHARCOAL ..... 08 WOOD ..... 09 STRAW/SHRUBS/GRASS ..... 10 AGRICULTURAL CROP ..... 11 ANIMAL DUNG/WASTE ..... 12 OIL LAMP ..... 13 CANDLE ..... 14  NO LIGHTING IN HOUSEHOLD ..... 95  OTHER ..... 96 (SPECIFY)			
127	Ni vyumba vingapi hapa nyumbani vinavyotumika kwa kulala?	ROOMS ..... <table><tr><td></td><td></td></tr></table>			
127A	Je, mnamiliki nyumba hii, mnalipa kodi ama mnaishi hapa bila kulipa kodi?	OWNS ..... 1 PAYS RENT/LEASE ..... 2 NO RENT WITH CONSENT OF OWNER ..... 3 NO RENT, SQUATTING ..... 4			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																	
127B	Je, mnamiliki ardhi kwenye hii nyumba iko?	OWNS ..... 1 PAYS RENT/LEASE ..... 2 NO RENT WITH CONSENT OF OWNER ..... 3 NO RENT, SQUATTING ..... 4																		
128	Je, watu wa nyumba hii wanamiliki mifugo yoyote, ng'ombe, wanyama wengine wa shamba, au kuku?	YES ..... 1 NO ..... 2	→ 130																	
129	Je, hapa nyumbani mnamiliki idadi gani ya wanyama wafuatao? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Ng'ombe wa kienyeji? b) Ng'ombe wa kigeni/gredi? c) Farasi, punda na ngamia? d) Mbuzi? e) Kondoo? f) Kuku na aina nyingine ya ndege za kufugwa? g) Nguruwe?	a) LOCAL CATTLE (INDIGENOUS) .... b) EXOTIC/GRADE CATTLE/ CROSSBREED ..... c) HORSES/DONKEYS/CAMELS ..... d) GOATS ..... e) SHEEP ..... f) CHICKEN/OTHER POULTRY ..... g) PIGS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		
130	Je, kuna mtu yeyote wa hapa nyumbani anayemiliki ardhi ya kufanya kilimo?	YES ..... 1 NO ..... 2	→ 131A																	
131	Je, watu wa nyumba hii wanamiliki kiasi gani cha ardhi ya kilimo?  ACRES/HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX.  PLOT SIZE (SQ FT): IF 999995 OR MORE, RECORD '999995.0' IN APPROPRIATE BOX	ACRES ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> HECTARES ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> PLOT SIZE (SQ FT) 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DON'T KNOW ..... 999998																		
131A	Je, kuna mtu yeyote wa hapa nyumbani anayemiliki ardhi ambayo si ya kufanya kilimo?	YES ..... 1 NO ..... 2	→ 132																	
131B	Je, watu wa nyumba hii wanamiliki kiasi gani cha ardhi ambayo si ya kufanya kilimo?  ACRES/HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX.  PLOT SIZE (SQ FT): IF 999995 OR MORE, RECORD '999995.0' IN APPROPRIATE BOX	ACRES ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> HECTARES ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> PLOT SIZE (SQ FT) 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DON'T KNOW ..... 999998																		

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
132	Je, nyumba hii iko na:  a) Nguvu za umeme? b) Redio? c) Runinga/televisheni? d) Simu isiyokuwa ya rununu/mkononi? e) Tarakilishi/kompyuta? f) Jokofu? g) Paneli ya kawi kutoka kwa miale ya jua? h) Meza? i) Kiti? j) Sofa? k) Kitanda? l) Kabati? m) Saa ya ukuta? n) Tanuri ya microwave? o) Mtambo wa DVD? p) Mtambo wa kuchezea kaseti au CD?	YES  a) ELECTRICITY ..... 1 b) RADIO ..... 1 c) TELEVISION ..... 1 d) NON-MOBILE TELEPHONE .. 1 e) COMPUTER ..... 1 f) REFRIGERATOR ..... 1 g) SOLAR PANEL ..... 1 h) TABLE ..... 1 i) CHAIR ..... 1 j) SOFA ..... 1 k) BED ..... 1 l) CUPBOARD ..... 1 m) CLOCK ..... 1 n) MICROWAVE OVEN ..... 1 o) DVD PLAYER ..... 1 p) CASSETTE/CD PLAYE..... 1	NO  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
133	Kuna mtu yeyote hapa nyumbani anayemiliki:  a) Saa ya mkononi? b) Simu ya rununu/mkononi? c) Baiskeli? d) Pikipiki ama skuta? e) Mkokoteni inayovutwa na wanyama? f) Motokaa ama lori? g) Boti iliyo na mashini?	YES  a) WATCH ..... 1 b) MOBILE PHONE ..... 1 c) BICYCLE ..... 1 d) MOTORCYCLE/SCOOTER .... 1 e) ANIMAL-DRAWN CART ..... 1 f) CAR/TRUCK ..... 1 g) BOAT WITH MOTOR ..... 1	NO  2 2 2 2 2 2 2	
134	Je, kuna mtu yeyote wa nyumba hii aliye na akaunti kwa benki ama kwa mashirika mengine ya fedha?	YES ..... 1 NO ..... 2		
134A	Je, mnapokea msaada wa fedha ama msaada wowote kutoka kwa wafwatao:  a) Serikali kuu? b) Serikali ya kaunti? c) Shirika lisilokuwa la serikali, shirika la kijamii ama shirika la kupeana msaada? d) Kanisa, msikiti ama shirika lolote la kidini? e) Marafiki, jamaa na majirani?	YES  a) NATIONAL GOVERNMENT ..... 1 b) COUNTY GOVERNMENT ..... 1 c) NGOS/CBOS/OTHER CHARITABLE ORGANIZATIONS.. 1 d) CHURCH/MOSQUE/ OTHER RELIGIOUS ORGANIZATION.... 1 e) FRIENDS/RELATIVES/NEIGHBORS.. 1	NO  2 2 2 2 2	
134B	CHECK 134A: ANY YES?  AT LEAST 1 <input type="checkbox"/> YES ↓  ALL NO <input type="checkbox"/> → 134D			
134C	Ni kwa sababu gani mnapokea msaada wa kifedha ama msaada wowote?  Kuna sababu nyingine?  RECORD ALL MENTIONED.	ORPHANED CHILDREN 18 YEARS OR YOUNGE... A ELDERLY PERSON ..... B PERSON WITH SEVERE DISABILITY ..... C URBAN FOOD SUBSIDY ..... D FOOD AID FOR PERSONS IN ARID AND SEMI-ARID LANDS ..... E HEALTH VOUCHER ..... F FOOD/CASH FOR WORK ..... G SCHOOL FEEDING ..... H HUNGER SAFETY NET PROGRAMME..... I COVID-19 RELIEF ..... J OTHER ..... X  (SPECIFY)		
134D	Je, kuna yeyote kwa hii nyumba amejandikisha kwa Mpesa, Airtel money, na kadhalika?	YES ..... 1 NO ..... 2		
135	Je, kuna yeyote kwa hii nyumba anayetumia simu ya mkono/rununu kufanya shughuli za kifedha kwa mfano kutuma au kupokea pesa, kulipa gharama/bili, kununua bidhaa na huduma, ama kupokea mshahara?	YES ..... 1 NO ..... 2		



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
135A	Sasa ningependa kukuuliza kuhusu ajali za barabarani ambazo mtu yeyote kwa nyumba hii anaweza kuwa amehusika.  Kwa miezi kumi na miwili iliyopita, kuna yeyote wa nyumba yako amepoteza maisha kutokana na ajali ya barabarani?	YES ..... 1 NO ..... 2	→ 135C
135B	Kwa miezi kumi na miwili iliyopita, ni watu uwangapi wa nyumba yako wamepoteza maisha kutokana na ajali za barabarani?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135C	Kwa miezi kumi na miwili iliyopita, kuna yeyote wa nyumba yako ameumia kwenye ajali ya barabarani, na kupata majeraha kiasi ambacho hangeveza kufanya kazi/shughuli zake za kawaida kwa angalau siku moja?	YES ..... 1 NO ..... 2	→ 135E
135D	Kwa miezi kumi na miwili iliyopita, watu wangapi wa nyumba yako a/waliumia kwenye ajali ya barabarani, na kupata majeraha kiasi ambacho hawangeveza kufanya kazi/shughuli zake/zao za kawaida kwa angalau siku moja?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135E	Je, kuna yeyote wa hii nyumba amewahi kupimwa ugonjwa wa COVID-19?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 135I
135F	Ukijumlisha na wewe mwenyewe, ni watu wangapi wa hii nyumba wamewahi kupimwa ugonjwa wa COVID-19?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135G	Je, kuna yeyote wa hii nyumba amewahi kupatikana na ugonjwa wa COVID-19?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 135I
135H	Ukijumlisha na wewe mwenyewe, ni watu wangapi wa hii nyumba wamewahi kupata ugonjwa wa COVID-19?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135I	Je, kuna mtu yeyote wa hii nyumba ameaga kutokana na makali ya ugonjwa wa COVID-19?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 135K
135J	Ni watu wangapi wa hii nyumba wameaga kutokana na makali ya ugonjwa wa COVID-19?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135K	Je, kuna yeyote wa hii nyumba amepokea/amepata chanjo dhidi ya ugonjwa wa COVID-19?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 136
135L	Ni watu wangapi wa hii nyumba wamepokea/wamepata chanjo dhidi ya ugonjwa wa COVID-19?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
136	Je, ni mara ngapi mtu yeyote huvuta tumbaku/sigara ndani ya nyumba yako? Je, unaweza sema ni kila siku, kila wiki/juma, kila mwezi, chini ya mara moja kwa mwezi, ama hawavutii nyumbani kamwe?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS OFTEN THAN ONCE A MONTH ..... 4 NEVER ..... 5	
137	Je kuna neti ya mbu kwa hii nyumba?	YES ..... 1 NO ..... 2	→ 148A
138	Je, mko na neti ngapi hapa nyumbani?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
139	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE. <div style="float: right;">             NET NUMBER ..... <input type="text"/> <input type="text"/> </div>		
140	WAS THIS NET OBSERVED? <div style="float: right;">             OBSERVED ..... 1              NOT OBSERVED ..... 2           </div>		
141	Je, ni miezi mingapi tangu mpate/mnunue hii neti?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	<div style="float: right;">             MONTHS AGO ..... <input type="text"/> <input type="text"/>               MORE THAN 36 MONTHS AGO ..... 95              NOT SURE ..... 98           </div>	
142	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> OLYSET (SUPANET EXTRA) ..... 11 PERMANET (SUPANET EXTRA) ..... 12 NETPROTECT ..... 13 YORKKOL ..... 14 DAWA PLUS ..... 15 DURANET ..... 16 MAGNET ..... 17 OTHER/DON'T KNOW BRAND (LLIN) ..... 18  OTHER TYPE (NOT LLIN) ..... 96 DON'T KNOW TYPE ..... 98	
143	Je mlipata hii neti kupitia kliniki ya mama kabla ya kujifungua, ama wakati wa kupata chanjo?	YES, MASS DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, CHILD WELFARE VISIT ..... 3  NO ..... 4	→ 145
144	Je, ulipata neti wapi?	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	
145	Je, kuna yeyote aliyelala ndani ya hii neti usiku wa jana?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	→ 147 → 148

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
146	<p>Nani alilala ndani ya neti hii usiku wa jana?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<div>NAME _____</div> <div>LINE NUMBER ..... <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NUMBER ..... <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NUMBER ..... <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NUMBER ..... <input type="text"/> <input type="text"/></div>	<div>→ 148</div>
147	Ni sababu gani kuu iliyosababisha neti kutotumika?	<p>TOO HOT ..... 01</p> <p>DON'T LIKE NET SHAPE/COLOR/SIZE ..... 02</p> <p>DON'T LIKE SMELL ..... 03</p> <p>UNABLE TO HANG NET ..... 04</p> <p>SLEPT OUTDOORS ..... 05</p> <p>USUAL USER DIDN'T SLEEP HERE</p> <p>    LAST NIGHT ..... 06</p> <p>NO MOSQUITOES/NO MALARIA ..... 07</p> <p>EXTRA NET/SAVING FOR LATER ..... 08</p> <p>NET TOO SMALL/SHORT ..... 09</p> <p>NET BROUGHT BEDBUGS ..... 10</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
148	GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 148A.		

HOUSEHOLD FOOD CONSUMPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
148A	kwa siku saba zilizopita, kuna wakati ulikosa kupata chakula cha kutosha ama pesa ya kutosha kununua chakula?	YES ..... 1 NO ..... 2	→ 148C
148B	Kwa siku saba zilizopita, ni kwa siku ngapi watu wa nyumba yako walilazimika:  a) Kutegemea chakula ambacho hawakutaka kutumia ama cha gharama ya chini? b) Kukopa chakula ama kutegemea usaidizi kutoka kwa jamaa na marafiki? c) Kupunguza idadi ya chakula kwa siku?  d) Kupunguza kiwango cha chakula kwa maankuli?  e) Kupunguza kiwango cha chakula cha (watu wazima/mama wa watoto wachanga)?	<div style="text-align: right;">NUMBER OF DAYS</div> <div>                         a) LESS PREFERRED FOOD ..... <input type="text"/>                          b) BORROW FOOD ..... <input type="text"/>                          c) NUMBER OF MEALS ..... <input type="text"/>                          d) PORTION SIZE OF MEALS ..... <input type="text"/>                          e) MEALS FOR ADULTS / MOTHERS ..... <input type="text"/> </div>	

## HOUSEHOLD FOOD CONSUMPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
148C	<p><b>A</b> Sasa ningependa kukuongelesha kuhusu chakula ambacho kimetumika kwa nyumba yako au na watu wa nyumba yako kwa muda wa siku saba zilizopita. Ni siku ngapi, ndani ya hizo siku saba, watu wa nyumba yako walitumia vyakula vifuatavyo, ambavyo vilitayarishwa ama kuliwa nyumbani?</p>	<p>NUMBER OF DAYS EATEN IN PAST 7 DAYS</p>	<p><b>B</b> (NAME OF FOOD ITEM) kilipatikana/kilitoka wapi?</p> <p>SEE SOURCE CODES BELOW</p>
	a) Nafaka, kwa mfano, mchele, tambu, mkate, mtama, mawele, wimbi au mahindi?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	b) Vyakula vinavyotokana na mizizi kwa mfano, viazi, mihogo, viazi tamu, ndizi za kupika?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	c) Maharagwe ama chakula chochote kilichotokana na kunde, mbaazi, ama kokwa?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	d) Mboga za rangi ya machungwa, kwa mfano, karoti, pilipili nyekundu, tango, viazi vitamu ambazo ndani ni rangi ya machungwa?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	e) Mboga za kijani kwa mfano, sukuma wiki, spinachi, brokoli, mchicha, matawi ya mihogo, na mboga zinginezo za kijani?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	f) Mboga za aina zingine, kwa mfano, vitunguu, nyanya, kabichi, tango (cucumber), ndizi za kupika, maharage ya kijani, mbaazi za kijani, lettuce?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	g) Matunda ya rangi ya machungwa, kwa mfano, maembe, paipai, nyanya ya miti?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	h) Matunda mengine, kwa mfano, ndizi za kuiva, tufaha (apple), ndimu?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	i) Nyama, kwa mfano, ya mbuzi, ng'ombe, kuku, nguruwe? (Nyama kiasi/kiwango kikubwa wala sio cha kuongezea tu kwa mapishi)	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	j) Ini, figo, moyo na viungo vingine vya nyama?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	k) Samaki mbichi ama samakigamba, kwa mfano, samaki wa kukaushwa, wa mkebe, au vyakula vingine vya baharini? (Vyakula vya baharini vya kiwango/kiasi kikubwa wala sio cha kuongezea tu kwa mapishi).	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	l) Mayai?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	m) Maziwa na bidhaa vya maziwa kwa mfano maziwa ganda au jibini?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	n) Mafuta au siagi?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	o) Sukari au vitu vitamu kama asali, keki, peremende, biskuti, na vinywaji vya sukari?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>
	p) Vikoleo ama viungo kwa mfano majani chai, kahawa, kakao, chumvi, Kitunguu saumu, iliki, sauce ya nyanya, nyama au samaki kwa kiwango cha kutiwa kama vikoleo?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO (GO TO 149)	<input type="text"/> <input type="text"/>
	<p><b>CODES FOR Q. 148CB SOURCE OF FOOD</b></p> <p>21 = OWN PRODUCTION (CROPS, ANIMAL) 24 = PURCHASED 27 = GIFT FROM FAMILY, FRIENDS</p> <p>22 = FISHING, HUNTING, GATHERING 25 = BEGGED 28 = FOOD AID FROM CIVIL SOCIETY, NGO, GOVERNMENT</p> <p>23 = LOANED, BORROWED 26 = EXCHANGED FOR LABOR 96 = OTHER</p>		

**ADDITIONAL HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	Tungependa kujua kuhusu sehemu ambapo watu huosha mikono yao. Je, unaweza kunionyesha pahali watu wa hii nyumba wanaoshea mikono kwa mara nyingi?	OBSERVED, FIXED PLACE ..... 1 OBSERVED, MOBILE ..... 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 3 NOT OBSERVED, NO PERMISSION TO SEE .. 4 NOT OBSERVED, OTHER REASON ..... 5	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> → 152 </div>
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B  NONE ..... Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/GRASS/MAKUTI ..... 12 SOD/MUD/DUNG ..... 13 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 TIN CANS ..... 25 <b>FINISHED ROOFING</b> IRON SHEETS/METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 ASBESTOS SHEET ..... 37  OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
154	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>BAMBOO WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>UNCOVERED ADOBE ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD ..... 25</p> <p>REUSED WOOD ..... 26</p> <p>IRON SHEETS ..... 27</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>COVERED ADOBE ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	

INPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
201	<p>CHECK COLUMN 30 IN HOUSEHOLD SCHEDULE:</p> <p align="center"> ONE OR MORE <input type="checkbox"/>  INPATIENTS </p>	<p align="center"> NO <input type="checkbox"/>  INPATIENTS </p>	<p align="center">→ 301</p>	
202	<p>Sasa ningependa kukuuliza maswali kuhusu watu wa hii nyumba waliolazwa usiku kucha kwenye kituo cha afya ndani ya miezi kumi na miwili iliyopita.</p>			
203	<p>CHECK COLUMN 30 IN HOUSEHOLD SCHEDULE: ENTER THE NAME FROM COLUMN 2 AND LINE NUMBER FROM COLUMN 1 OF ALL HOUSEHOLD MEMBERS WHO WERE INPATIENTS, STARTING WITH THE FIRST ONE.</p> <p>INPATIENT NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/></p>			
204	<p>Ni kiasi gani cha pesa kilitumika kwa matibabu na huduma wakati (NAME) alipolazwa? Tungependa kujua gharama zote za wakati huo wa kulazwa, ukijumlisha zilizolipwa kwa pesa taslimu, kwa bima, au kwa malipo mbadala kwa vipimo vya mahabara, dawa na vitu vingine.</p>	<p>COST .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NO COST/FREE ..... 000000</p> <p>DON'T KNOW ..... 999998</p>	<p align="center">→ 206</p>	
205	<p>Ni kiasi gani cha gharama kililipwa:</p> <p>a) Kwa pesa taslimu?</p> <p>b) Bima ya serikali ya afya?</p> <p>c) Bima ya kibinafsi?</p> <p>d) Malipo mbadala?</p> <p>e) Na njia nyingine? _____ (SPECIFY)</p> <p>IF THE RESPONDENT CANNOT ESTIMATE, RECORD 99998 FOR DON'T KNOW.</p>	<p>a) CASH... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) NHIF ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PRIVATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) INSUR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) IN KIND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) OTHER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NO COST/FREE ..... 000000</p> <p>DON'T KNOW ..... 999998</p>		
206	<p>CHECK COLUMN 30 IN THE HOUSEHOLD SCHEDULE: ANY MORE INPATIENTS?</p> <p align="center"> MORE <input type="checkbox"/>  INPATIENTS </p> <p align="center"> NO MORE <input type="checkbox"/>  INPATIENTS </p> <p align="center">(GO TO 203 FOR NEXT INPATIENT) ←</p>			<p align="center">→ 301</p>



OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p>CHECK COLUMN 32 IN HOUSEHOLD SCHEDULE:</p> <p align="center"> ONE OR MORE <input type="checkbox"/>  OUTPATIENTS </p> <p align="center"> NO <input type="checkbox"/>  OUTPATIENTS </p>		→ 306A
302	Sasa ningependa kukuuliza maswali kuhusu wale watu wa hii nyumba waliopokea huduma kutoka kwa mhudumu wa afya, duka la dawa, mganga wa kienyeji bila kulazwa kwa majuma manne yaliyopita?		
303	<p>CHECK COLUMN 32 IN HOUSEHOLD SCHEDULE: ENTER THE NAME FROM COLUMN 2 AND LINE NUMBER FROM COLUMN 1 OF ALL HOUSEHOLD MEMBERS WHO WERE INPATIENTS, STARTING WITH THE FIRST ONE.</p> <p>OUTPATIENT NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/></p>		
304	<p>Ni kiasi gani cha pesa kilitumika kwa matibabu na huduma wakati (NAME) alitembelea kituo cha afya bila kulazwa? Tungependa kujua gharama zote za huduma hiyo, ukijumlisha zilizolipwa na pesa taslimu, kwa bima, au kwa malipo mbadala kwa vipimo vya mahabara, dawa na vitu vingine.</p>	<p>COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NO COST/FREE .....000000</p> <p>DON'T KNOW .....999998</p>	→ 306
305	<p>Ni kiasi gani cha gharama kililipwa:</p> <p>a) Kwa pesa taslimu?</p> <p>b) Bima ya serikali ya afya?</p> <p>c) Bima ya kibinafsi?</p> <p>d) Malipo mbadala?</p> <p>e) Na njia nyingine? _____ (SPECIFY)</p> <p>IF THE RESPONDENT CANNOT ESTIMATE, RECORD 99998 FOR DON'T KNOW.</p>	<p>a) CASH ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) NHIF ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PRIVATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) INSUR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) IN KIND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) OTHER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NO COST/FREE .....000000</p> <p>DON'T KNOW .....999998</p>	
306	<p>CHECK COLUMN 33 IN THE HOUSEHOLD SCHEDULE: ANY MORE OUTPATIENTS?</p> <p align="center"> MORE <input type="checkbox"/>  OUTPATIENTS </p> <p align="center">(GO TO 303 FOR NEXT OUTPATIENT) ←</p> <p align="center"> NO MORE <input type="checkbox"/>  OUTPATIENTS </p> <p align="center">↓</p>		
306A	<p>Ningependa kuangalia ikiwa chumvi inayotumika kwa hii nyumba iko na madini ya iodine. Tafadhali naomba unipe kiasi kidogo cha chumvi inayotumika kwa kupika chakula kwa hii nyumba.</p> <p>TEST SALT FOR IODINE.</p>	<p><b>SALT TESTED</b></p> <p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p><b>SALT NOT TESTED</b></p> <p>HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD ..... 3</p> <p>HOUSEHOLD DOES NOT USE SALT ..... 4</p> <p>SALT NOT TESTED ..... 6 (SPECIFY REASON)</p>	

FOLLOW-ON STUDY CONSENT

400 Katika siku zijazo, timu nyengine kutoka kwa Shirika la Takwimu la Kenya, wangependa kutembelea nyumba yako kukuuliza maswali zaidi kuhusu afya na huduma za afya. Habari hizi zitatumika na Serikali ya Kenya kuweka mikakati na mipango kwa lengo la kuboresha afya na huduma za afya kwa jamii yako. Kwa niaba ya nyumba yako, idhini yako ni kwa hiari na unaweza kuondoa idhini hii wakati wowote. Hata hivyo tunatumai kwamba utakubali.

Je, una maswali yoyote?

Unakubali kutembelewa tena na timu kutoka Shirika la Kitaifa la Takwimu Kenya?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE REVISITED ... 1



RESPONDENT DOES NOT AGREE  
TO BE REVISITED ... 2



401	RECORD THE TIME.	HOURS .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
MINUTES .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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