

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

KENYA
 KENYA NATIONAL BUREAU OF STATISTICS

SHORT

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)				2								
HOUSEHOLD SELECTED FOR WOMAN'S DV MODULE? (1=YES, 2=NO)				1								
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 <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*	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	INT. 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></tr> </table>								
NEXT VISIT: DATE	<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>								
TIME	<input style="width: 50%;" type="text"/>	<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: 150px;" 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 1	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><td style="width: 25px; height: 25px;"></td></tr> </table>						
LANGUAGE OF QUESTIONNAIRE**	ENGLISH											
**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			<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> NAME <input style="width: 100px;" type="text"/> NUMBER									

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Kenya National Bureau of Statistics. We are conducting a survey about health and other topics all over Kenya. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

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
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>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.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED 3 = SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVE</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-54</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
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) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

7B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE NO ☐

7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

HOUSEHOLD SCHEDULE

	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
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or any learning institutions?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>

CODES FOR Qs. 17, 17B, AND 19: EDUCATION**LEVEL**

0 = PRE-PRIMARY

1 = PRIMARY

2 = SECONDARY/"A" LEVEL

3 = MIDDLE LEVEL COLLEGE
(CERTIFICATE/DIPLOMA)

4 = UNIVERSITY

5 = VOCATIONAL

6 = INFORMAL EDUCATION (MADRASA/ADULT BASIC)

8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED

(USE '00' FOR Q. 17 ONLY.

THIS CODE IS NOT ALLOWED

FOR Q. 17B OR 19)

98 = 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
	Did (NAME) attend school or any learning institutions at any time during the 2020 school year (January 2020-July 2021)?	During the 2020 school year (January 2020- July 2021), what level and grade did (NAME) attend? SEE CODES BELOW.	Did (NAME) attend school or any learning institutions at any time during the 2021 school year (July 2021-April 2022)?	During the 2021 school year (July 2021-April 2022), what level and grade is/was (NAME) attending? SEE CODES BELOW.	IF Q.17A = YES What is the main reason (NAME) stopped attending school or learning institutions? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 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 | 13 = FAMILY RESPONSIBILITY |
| FOR WORK | 96 = OTHER (SPECIFY) _____ |
| 8 = SCHOOL LEVIES/ | 98 = DON'T KNOW |
| OTHER COSTS | |

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

100	<p>ONLY ONE INDIVIDUAL (ONE WOMAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS</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"/> → 101 </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>EXAMPLE: 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>																																																																																																												
LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center; padding: 5px;">TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9</th> </tr> <tr> <th style="width: 11.11%; text-align: center; padding: 5px;">1</th> <th style="width: 11.11%; text-align: center; padding: 5px;">2</th> <th style="width: 11.11%; text-align: center; padding: 5px;">3</th> <th style="width: 11.11%; text-align: center; padding: 5px;">4</th> <th style="width: 11.11%; text-align: center; padding: 5px;">5</th> <th style="width: 11.11%; text-align: center; padding: 5px;">6</th> <th style="width: 11.11%; text-align: center; padding: 5px;">7</th> <th style="width: 11.11%; text-align: center; padding: 5px;">8+</th> </tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td style="text-align: center;">3</td><td style="text-align: center;">6</td><td style="text-align: center;">5</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td><td style="text-align: center;">1</td><td style="text-align: center;">6</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">5</td><td style="text-align: center;">2</td><td style="text-align: center;">7</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td><td style="text-align: center;">5</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td style="text-align: center;">6</td><td style="text-align: center;">4</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">5</td><td style="text-align: center;">1</td><td style="text-align: center;">5</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">6</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">7</td><td style="text-align: center;">5</td></tr> </table>	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9									1	2	3	4	5	6	7	8+	0	1	2	2	4	3	6	5	4	1	1	1	3	1	4	1	6	5	2	1	2	1	2	5	2	7	6	3	1	1	2	3	1	3	1	7	4	1	2	3	4	2	4	2	8	5	1	1	1	1	3	5	3	1	6	1	2	2	2	4	6	4	2	7	1	1	3	3	5	1	5	3	8	1	2	1	4	1	2	6	4	9	1	1	2	1	2	3	7	5
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 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)	<div style="position: relative; height: 100px;"> → 106 → 103 → 103 </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 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)	<div style="position: relative; height: 100px;"> → 106 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 100px;"> → 106 </div>
104	How long does it take to go there, get water, and come back?	MINUTES <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> DON'T KNOW998	
105	Who usually goes to this source to collect the water for your household? 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 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES 1 NO 2 DON'T KNOW 8			
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109		
108	What do you usually do to make the water safer to drink? Anything else? 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	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET 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 PIT LATRINE 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	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td></td></tr></table> IF LESS THAN 10 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	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	Has your (septic tank/pit latrine/composting toilet) ever been emptied?	YES 1 NO 2 DON'T KNOW 8	→ 117		
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?	YES 1 NO 2 DON'T KNOW 8			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Where were the contents emptied to?	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	In your household, what type of cooking device (cookstove) is mainly used for cooking?	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	Does the stove have a chimney?	YES 1 NO 2 DON'T KNOW 8	
119	Does the stove have a fan?	YES 1 NO 2 DON'T KNOW 8	
120	What type of fuel or energy source is used in this cookstove?	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	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	 → 123
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	What does this household use to heat the home when needed?	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 <div style="text-align: right;">(SPECIFY)</div>	 → 125 → 125 → 126 → 125
124	Does it have a chimney?	YES 1 NO 2 DON'T KNOW 8	
125	What type of fuel or energy source is used in this heater?	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 <div style="text-align: right;">(SPECIFY)</div>	
126	At night, what does your household mainly use to light the home?	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 <div style="text-align: right;">(SPECIFY)</div>	
127	How many rooms in this household are used for sleeping?	ROOMS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
127A	Does your household own this structure (house, flat, shack), do you pay rent, or do you live here without paying rent?	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	Does your household own the land on which the structure (house, flat, shack) sits?	OWNS 1 PAYS RENT/LEASE 2 NO RENT WITH CONSENT OF OWNER 3 NO RENT, SQUATTING 4	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 130
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Local cattle (indigenous)? b) Exotic/grade cattle? c) Horses, donkeys, or camels? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs?	a) LOCAL CATTLE (INDIGENOUS) b) EXOTIC/GRADE CATTLE/ CROSSBREED c) HORSES/DONKEYS/CAMELS d) GOATS e) SHEEP f) CHICKEN/OTHER POULTRY g) PIGS	
130	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 131A
131	How many acres or hectares of agricultural land do members of this household own? 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> HECTARES 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> PLOT SIZE (SQ FT) 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> DON'T KNOW 999998	
131A	Does any member of this household own any non-agricultural land?	YES 1 NO 2	→ 132
131B	How many acres or hectares of non-agricultural land do members of this household own? 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> HECTARES 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> PLOT SIZE (SQ FT) 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> DON'T KNOW 999998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
132	Does your household have:	YES NO		
	a) Electricity?	a) ELECTRICITY	1 2	
	b) A radio?	b) RADIO	1 2	
	c) A television?	c) TELEVISION	1 2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE ..	1 2	
	e) A computer?	e) COMPUTER	1 2	
	f) A refrigerator?	f) REFRIGERATOR	1 2	
	g) A solar panel?	g) SOLAR PANEL	1 2	
	h) A table?	h) TABLE	1 2	
	i) A chair?	i) CHAIR	1 2	
	j) A sofa?	j) SOFA ..	1 2	
	k) A bed?	k) BED	1 2	
	l) A cupboard?	l) CUPBOARD	1 2	
	m) A clock?	m) CLOCK ..	1 2	
	n) A microwave oven?	n) MICROWAVE OVEN	1 2	
	o) A DVD player?	o) DVD PLAYER	1 2	
	p) A cassette or CD player?	p) CASSETTE/CD PLAYE.....	1 2	
133	Does any member of this household own:	YES NO		
	a) A watch?	a) WATCH	1 2	
	b) A mobile phone?	b) MOBILE PHONE	1 2	
	c) A bicycle?	c) BICYCLE	1 2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER	1 2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART	1 2	
	f) A car or truck?	f) CAR/TRUCK	1 2	
	g) A boat with a motor?	g) BOAT WITH MOTOR	1 2	
134	Does any member of this household have an account in a bank or other financial institution?	YES	1	
		NO	2	
134A	Does this household receive a cash transfer or any social assistance from any of the following:	YES NO		
	a) National government?	a) NATIONAL GOVERNMENT	1 2	
	b) County government?	b) COUNTY GOVERNMENT	1 2	
	c) NGO, CBO, or other charitable organization?	c) NGOS/CBOS/OTHER CHARITABLE ORGANIZATIONS..	1 2	
	d) Church, mosque, or any other religious organization?	d) CHURCH/MOSQUE/ OTHER RELIGIOUS ORGANIZATION....	1 2	
	e) Friends, relatives, or neighbours?	e) FRIENDS/RELATIVES/NEIGHBORS..	1 2	
134B	CHECK 134A: ANY YES? <div style="text-align: right;">AT LEAST 1 <input type="checkbox"/> YES ↓</div>	ALL NO <input type="checkbox"/>		134D
134C	For what reason does the household receive a cash transfer or social assistance? Any other reason? 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 <div style="text-align: center;">(SPECIFY)</div>		
134D	Is any member of this household registered to a mobile money platform such as Mpesa, Airtel money, etc.?	YES	1	
		NO	2	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES	1	
		NO	2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
135A	Now I would like to ask you about road traffic accidents that anyone in your household may have been involved in. During the past 12 months, was anyone in your household killed in a road traffic accident?	YES 1 NO 2	→ 135C
135B	During the past 12 months, how many household members were killed in a road traffic accident?	NUMBER OF HH MEMBERS <input type="text"/>	
135C	During the past 12 months, was anyone in your household injured in a road traffic accident, with injuries severe enough that for at least one day they could not carry out their normal daily activities?	YES 1 NO 2	→ 135E
135D	During the past 12 months, how many household members were injured in a road traffic accident, with injuries severe enough that for at least one day they could not carry out their normal daily activities?	NUMBER OF HH MEMBERS <input type="text"/>	
135E	Has any member of this household ever been tested for COVID-19 disease?	YES 1 NO 2 DON'T KNOW 8	→ 135I
135F	Including yourself, how many members of this household have been tested for COVID-19 disease?	NUMBER OF HH MEMBERS <input type="text"/>	
135G	Has any member of this household ever tested positive for COVID-19 disease?	YES 1 NO 2 DON'T KNOW 8	→ 135I
135H	Including yourself, how many members of this household have tested positive for COVID-19 disease?	NUMBER OF HH MEMBERS <input type="text"/>	
135I	Has any member of this household died from COVID-19 related complications?	YES 1 NO 2 DON'T KNOW 8	→ 135K
135J	How many members of this household have died from COVID-19 related complications?	NUMBER OF HH MEMBERS <input type="text"/>	
135K	Has any member of this household ever received vaccination against COVID-19?	YES 1 NO 2 DON'T KNOW 8	→ 136
135L	How many members of this household have received vaccination against COVID-19?	NUMBER OF HH MEMBERS <input type="text"/>	
136	How often does anyone smoke tobacco inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5	
137	Does your household have any mosquito nets?	YES 1 NO 2	→ 149
138	How many mosquito nets does your household have? 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	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	<div style="float: right;"> MONTHS AGO <input type="text"/> <input type="text"/> </div> <div style="float: right;"> 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.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) 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	Did you get the net through a mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, CHILD WELFARE VISIT 3 NO 4	→ 145
144	Where did you get the net?	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	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 NOT SURE 8	→ 147 → 148

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
146	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>	<p>→ 148</p>
147	<p>What was the main reason this net was not used last night?</p>	<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>(SPECIFY)</p>	
148	<p>GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149.</p>		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	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.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR 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.	NATURAL ROOFING NO ROOF 11 THATCH/GRASS/MAKUTI 12 SOD/MUD/DUNG 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 TIN CANS 25 FINISHED ROOFING 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>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</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>FINISHED WALLS</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>	
155	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>SALT TESTED</p> <p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>SALT NOT TESTED</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</p> <p align="center">(SPECIFY REASON)</p>	

FOLLOW-ON STUDY CONSENT

400 In the coming days, another team from Kenya National Bureau of Statistics would like to visit your household to ask additional questions about health and health care services. The information will be used by the Government of Kenya to plan strategies and programs aimed at improving the health and health services in your community. On behalf of your household, your permission is completely voluntary and you can withdraw this permission at any time. However, we hope you will agree.

Do you have any questions?

Do you agree to another visit by a Kenya National Bureau of Statistics team?

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:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
