

STRICTLY CONFIDENTIAL

F-20-39-23



COUNTY NAME

QUESTIONNAIRE SERIAL NO.

CLUSTER NO:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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QUESTIONNAIRE

_____ of _____

KENYA INTEGRATED HOUSEHOLD BUDGET SURVEY (KIHBS) 2015/16

QUESTIONNAIRE 1A - HOUSEHOLD MEMBERS INFORMATION

THIS SURVEY IS BEING CONDUCTED BY THE KENYA NATIONAL BUREAU OF STATISTICS AS MANDATED BY THE STATISTICS ACT 2006 OF THE LAWS OF KENYA

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

“MEASURING WELL-BEING FOR SUSTAINABLE DEVELOPMENT”

SECTION A-1: HOUSEHOLD IDENTIFICATION

A01. COUNTY
 A02. SUB COUNTY (DISTRICT)
 A03. DIVISION
 A04. LOCATION
 A05. SUB LOCATION
 A06. ENUMERATION AREA (E.A)
 A07. CONSTITUENCY
 A08. WARD

A09. CLUSTER NUMBER

--	--	--	--

 A10. HOUSEHOLD NUMBER

--	--	--	--

 A11. NAME OF HOUSEHOLD HEAD:
 A12. TOTAL PERSONS IN HOUSEHOLD

--	--

INTERVIEWER VISITS

VISIT	1	2	3	4	5	FINAL STATUS																								
A13. DATE	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__																								
A14. SECTIONS	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					X X X X X X X X X X				
A15. RESULT	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
A16. NEXT VISIT : DATE	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>																								
A17. TIME	__:__	__:__	__:__	__:__	__:__																									

RESULTS CODES:

- 01 - COMPLETED
- 02 - PARTIALLY COMPLETE (INCOMPLETE)
- 03 - NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
- 04 - ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
- 05 - POSTPONED
- 06 - REFUSED

- 07 - DWELLING VACANT OR STRUCTURE NOT A DWELLING
- 08 - DWELLING DESTROYED
- 09 - DWELLING NOT FOUND
- 96 - OTHER _____(SPECIFY)

SECTION A-4 : COMMENTS ON THE QUESTIONNAIRE

SECTION A5: INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

Greetings! My name is I am a research assistant working for the Kenya National Bureau of Statistics (KNBS). The Bureau is conducting a National Household Budget Survey in all the 47 counties.

A total of 24,000 households have been randomly selected to participate in the survey. Your household is one of those selected in this area. The information obtained from the survey will be used for planning at both the national and county level. The information provided by your household will be treated in strict confidence as provided by the law.

I therefore would like to ask you some questions as a responsible member of this household. I would also need you to assist me obtain measurements and obtain some further information from other members of your household. These questions will take some time to complete and therefore I will appreciate your patience.

Do you have any questions you would like me to respond to before we proceed with the interview?

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SECTION B: HOUSEHOLD MEMBER ROSTER

IN ORDER TO MAKE A COMPREHENSIVE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:

First, give me the names of all the members of your immediate (nuclear) family who usually live and eat their meals together here.

WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD (B02 to B04). LIST HOUSEHOLD HEAD ON LINE 1.

Then, give me the names of any other persons related to you or other household members who usually live and eat their meals together here.

FILL IN B02 to B04.

Are there any other persons not here now who usually live and eat their meals here? For example, household members studying elsewhere or traveling.

FILL IN B02 to B04.

Then, give me the names of any other persons not related to you or other household members, but who usually live and eat their meals together here, such as live-in servants.

B01	B02	B03	B04	B05	
L I N E N U M B E R	NAME MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO USUALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON PAGE 1.)	What is [NAME]'s relationship to the household head? HEAD01 SPOUSE02 SON/DAUGHTER03 GRANDCHILD04 SISTER/BROTHER05 FATHER/MOTHER06 NEPHEW/NIECE.....07 IN-LAW08 GRANDPARENT09 OTHER RELATIVE (SPECIFY) .10 NON-RELATIVE11	Sex of [NAME]? MALE... 1 FEMALE. 2	How old is [NAME]? 1 IF 60 MONTHS OR OLDER, GIVE YEARS ONLY. 2 IF LESS THAN 60 MONTHS IN AGE, GIVE YEARS AND MONTHS. CODE 95 YEARS AND OVER. 95 AGE IS NOT KNOWN... 98 NOT STATED..... 99	
				Years	Months
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					

ORPHANHOOD : 'ASK B08 TO B11 TO PERSONS 30 YEARS AND BELOW '

B01	B06	B07	B08	B08a	B09	B10	B11	B12	B13	B14
L I N E N U M B E R	What is [NAME]'s date of birth? (IF NOT KNOWN, CODE 98, IF NOT STATED, CODE 99)	WHICH HOUSEHOLD MEMBER PROVIDED INFORMATION OF THE INDIVIDUAL? WRITE ID CODE	CHECK: IS [NAME] 30 YEARS OR BELOW ? YES..... 1 NO..... 2 (IF '2' »B12)	Is [NAME]'s biological father living in this household? IF YES, COPY ROSTER LINE NUMBER IF NO, ASK WHETHER LIVING OUTSIDE THIS HOUSEHOLD 95 DECEASED97 DON'T KNOW..... 98 (IF YES , 95 OR '98' »B10)	What was [NAME]'s age when father died? (AGE IN COMPLETED YEARS) UNDER 1YEAR..... 00 DK..... 98 NS..... 99	Is [NAME]'s biological Mother living in this household? IF YES, COPY ROSTER LINE NUMBER IF NO, ASK WHETHER LIVING OUTSIDE THIS HOUSEHOLD 95 DECEASED97 DON'T KNOW..... 98 (IF YES , 95 OR '98' »B12)	What was [NAME]'s age when mother died? (AGE IN COMPLETED YEARS) UNDER 1YEAR..... 00 DK..... 98 NS..... 99	CHECK: IS [NAME] 10 YEARS OR OLDER ? YES..... 1 NO..... 2 (IF '2' »B14)	What is [NAME]'s marital status? MARRIED MONOGAMOUS.... 1 MARRIED POLYGAMOUS..... 2 LIVING TOGETHER 3 SEPARATED..... 4 DIVORCED..... 5 WIDOW OR WIDOWER..... 6 NEVER MARRIED..7	What is [NAME]'s religion? CATHOLIC..... 01 PROTESTANT..... 02 OTHER CHRISTIAN..... 03 MUSLIM..... 04 HINDU..... 05 TRADITIONALIST..... 06 OTHER RELIGION..... 07 NO RELIGION..... 08 DON'T KNOW..... 98 (»NEXT PERSON)
	Day Month Year									
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

ORPHANHOOD : 'ASK B08 TO B11 TO PERSONS 30 YEARS AND BELOW '												
B01	B06			B07	B08	B08a	B09	B10	B11	B12	B13	B14
L I N E N U M B E R	What is [NAME]'s date of birth? (IF NOT KNOWN, CODE 98, IF NOT STATED, CODE 99)			WHICH HOUSEHOLD MEMBER PROVIDED INFORMATION OF THE INDIVIDUAL? WRITE ID CODE	CHECK: IS [NAME] 30 YEARS OR BELOW ? YES..... 1 NO..... 2 (IF '2' »B12)	Is [NAME]'s biological father living in this household? IF YES, COPY ROSTER LINE NUMBER IF NO, ASK WHETHER LIVING OUTSIDE THIS HOUSEHOLD 95 DECEASED 97 DON'T KNOW..... 98 (IF YES , 95 OR '98' »B10)	What was [NAME]'s age when father died? (AGE IN COMPLETED YEARS) UNDER 1YEAR..... 00 DK..... 98 NS..... 99	Is [NAME]'s biological Mother living in this household? IF YES, COPY ROSTER LINE NUMBER IF NO, ASK WHETHER LIVING OUTSIDE THIS HOUSEHOLD 95 DECEASED 97 DON'T KNOW..... 98 (IF YES , 95 OR '98' »B12)	What was [NAME]'s age when mother died? (AGE IN COMPLETED YEARS) UNDER 1YEAR..... 00 DK..... 98 NS..... 99	CHECK: IS [NAME] 10 YEARS OR OLDER ? YES..... 1 NO..... 2 (IF '2' »B14)	What is [NAME]'s marital status? MARRIED MONOGAMOUS.... 1 MARRIED POLYGAMOUS..... 2 LIVING TOGETHER 3 SEPARATED..... 4 DIVORCED..... 5 WIDOW OR WIDOWER..... 6 NEVER MARRIED.. 7	What is [NAME]'s religion? CATHOLIC..... 01 PROTESTANT..... 02 OTHER CHRISTIAN..... 03 MUSLIM..... 04 HINDU..... 05 TRADITIONALIST..... 06 OTHER RELIGION..... 07 NO RELIGION..... 08 DON'T KNOW..... 98 (»NEXT PERSON)
	Day	Month	Year									
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												

SECTION C: EDUCATION

TO BE ASKED FOR ALL PERSONS 3 YEARS AND ABOVE [PARENTS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS]

B01	C01	C02	C03	C04	C05	C06	C07	C08	C09	
L I N E N U M B E R	PUT CODE '1' FOR ALL INDIVIDUALS WHO ARE 3 YEARS AND ABOVE THEN ADMINISTER QUESTIONS OTHERWISE CODE '2' AND MOVE TO THE NEXT HH PERSON (IF '2'» NEXT HH MEMBER)	Has [NAME] ever attended school? YES..... 1 NO..... 2 (IF '2'» C09)	Is [NAME] currently attending School/ Academic institution? IF SCHOOL IS NOT IN SESSION NOW, ASK: Did [NAME] attend school in the session just completed and plan to attend next session? YES..... 1 NO..... 2 (IF '2' » C07)	How far is [NAME]'s school from home if in day school? (IN KILOMETRES) LESS THAN 1 KM... 1 1-3 KM.....2 >3 & <5 KM..... 3 5 KM & ABOVE.... 4 N/A (BOARDERS).. 5	Does the school [NAME] is attending have a school feeding programme? YES..... 1 NO..... 2	Which level and grade is [NAME] currently attending? LEVEL PRE-PRIMARY..... 01 PRIMARY..... 02 POST-PRIMARY, VOCATIONAL..... 03 SECONDARY..... 04 COLLEGE (MIDDLE- LEVEL)..... 05 UNIVERSITY UNDERGRADUATE..... 06 UNIVERSITY POSTGRADUATE..... 07 MADRASSA/DUKSI.....08 OTHER..... 96	Did [NAME] attend School/ Academic institution during the last school/ academic year? YES..... 1 NO..... 2 (IF '2' » C09)	Which level and grade was [NAME] attending during the last School/Academic year? LEVEL PRE-PRIMARY..... 01 PRIMARY..... 02 POST-PRIMARY, VOCATIONAL..... 03 SECONDARY..... 04 COLLEGE (MIDDLE- LEVEL)..... 05 UNIVERSITY UNDERGRADUATE 06 UNIVERSITY POSTGRADUATE... 07 MADRASSA/DUKSI... 08 OTHER..... 96 (CHECK IF C03='1'»C10)	Why did [NAME] stop or never attend school? RECORD AT MOST TWO MAIN REASONS STILL TOO YOUNG TO ATTEND SCHOOL.....(» C12) A PREGNANCY..... R SCHOOL COSTS..... B SCHOOL DID NOT ADMIT ME.... S POOR QUALITY OF SCHOOL..... C SOCIAL OR RELIGIOUS OWN ILLNESS..... D PRESSURE..... T OWN DISABILITY E ORPHANED..... U FAMILY ILLNESS F TOO OLD TO ATTEND FAMILY DISABILITY..... G SCHOOL (»C17)..... V NOT INTERESTED..... H OTHER..... X PARENTS DID NOT LET ME..... I HAD TO WORK OR HELP AT HOME..... J SCHOOL TOO FAR FROM HOME..... K LACK OF SANITARY TOWELS..... L SCHOOL CONFLICTS WITH BELIEFS..... M INSECURITY..... N COMPLETED SCHOOL..... O MARRIAGE..... P NO FEMALE/MALE TEACHERS..... Q	
									Distance	Level
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

B01	C10		C11	C12	C13					
L I N E N U M B E R	What is the highest educational level did [NAME] reached and grade completed		What is the highest educational qualification [NAME] has acquired?	CHECK: (IF C03 is '1' OR C07 IS '1') THEN RECORD '1' AND CONTINUE INTERVIEW OTHERWISE RECORD '2' »C17)	How much was spent on [NAME]'s education in the last 12 months? On: IF NOTHING WAS SPENT, CODE '0000000'.					
	LEVEL PRE-PRIMARY..... 01 PRIMARY..... 02 POST-PRIMARY, VOCATIONAL..... 03 SECONDARY..... 04 COLLEGE (MIDDLE-LEVEL)..... 05 UNIVERSITY UNDERGRADUATE..... 06 UNIVERSITY POSTGRADUATE..... 07 MADRASSA/DUKSI..... 08 OTHER..... 96		NONE..... 01 CPE/KCPE..... 02 KAPE..... 03 KJSE..... 04 EACE/KCE/KCSE..... 05 KACE/EAACE..... 06 CERTIFICATE..... 07 DIPLOMA..... 08 DEGREE..... 09 POSTGRADUATE..... 10 BASIC/POST LITERACY CERTIFICATE..... 11 OTHER..... 96	A	B	C	D	E	F	
Level		Grade			Tuition fee	Text Books	Exercise Books & other Stationery/ Equipment	Uniform (includes other clothing)	Boarding	Transport (Fares, Payment for School Transport e.t.c)
					Kshs	Kshs	Kshs	Kshs	Kshs	Kshs
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

LINE NUMBER
 How much was spent on [NAME]'s education in the last 12 months? On:
 IF NOTHING WAS SPENT, CODE '0000000'.

G	H	I	J	K	L	M	N	O
Development fund (for Building, Buses ,construction, e.t.c) and maintenance	Extra Tuition -Remedial	PTA, B.O.G & other related fees	Pocket Money & Shopping	Caution Money	Medical fee	Activity fee	Exam Fees	Feeding Programme
Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs

01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

B01	C13 Contn...		C14	C15				
	How much was spent on [NAME]'s education in the last 12 months? On:		Did any persons/ organization outside your household provide assistance/ loan for [NAME]'s education expenses in the last 12 months?	What was the amount of assistance/ loan received by source for [NAME]'s education expenses including value of assistance in-kind in the last 12 months?				
	IF NOTHING WAS SPENT, '0000000'.			IF NOTHING WAS RECEIVED, CODE '0000000'.				
	P	Q	(IF '2' » C16)	A	B	C	D	E
	Other charges	Total		Individuals (Friends,Relatives, Fund raising)	NGO's/Non-Profit organisations/FBO	Government Institution- Higher Education Loans Board (HELB), CDF, Jomo Kenyatta Foundation etc	Corporate Institutions e.g.BANKS, SACCOs	Outside Kenya
	Kshs	Kshs		Kshs	Kshs	Kshs	Kshs	Kshs
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

SECTION D : LABOUR

[ASK ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND OLDER]

PART A1: ENGAGED IN AN ECONOMIC ACTIVITY DURING THE LAST 7 DAYS								PART A2: HELD A JOB DURING THE LAST 7 DAYS					
B01	D01	D02_1	D02_2	D02_3	D02_4	D02_5	D02_6	D03	D04			D05	D06
L I N E N U M B E R	In the last 7 days, has [NAME].....							CHECK: THE ANSWERS FOR D02_1 TO D02_6. (IF WORKED IN LAST 7 DAYS) Any Yes .. 1 All No 2 (IF '1' » D08)	Even though [NAME] did not do any of these activities in the last 7 days, does he/she have that he/she would definitely return to?			Why was [NAME] absent from work during the last 7 days? VACATION, HOLIDAYS 01 ANNUAL LEAVE..... 02 ILLNESS, INJURY, TEMPORARY DISABILITY.... 03 MATERNITY, PATERNITY LEAVE 04 TEMPORARY SLACK WORK FOR TECHNICAL OR ECONOMIC REASONS..... 05 STRIKE OR LABOUR DISPUTE..... 06 OFF-SEASON..... 07 LACK OF TRANSPORT..... 08 EDUCATION OR TRAINING 09 FAMILY/COMMUNITY RESPONSIBILITIES 10 TEMPORARY CLOSURE 11 AWAITING TO ATTEND INTERVIEW..... 12 OTHER (SPECIFY) 96	Do you have an agreement or contract to return to the same job after this absence, or if it is your own/family business, is the business still operational ? YES..... 1 NO..... 2
	FOR ALL INDIVIDUALS WHO ARE AGED 5 YEARS AND ABOVE..... 1 OTHERWISE 2 (IF '2' » NEXT HH MEMBER)	worked (at least one hour) as an employee for wage, salary, commission or any payment in kind; including doing paid domestic work or farm work? YES..... 1 NO..... 2	worked (at least one hour) on your own account or as an employer in a business enterprise, for example, as a trader, shopkeeper, barber, dressmaker, carpenter, taxi driver, car wash, etc.? YES..... 1 NO..... 2	worked (at least one hour) on your own account or as an employer on a farm owned or rented, whether in cultivating crops or in other farm maintenance tasks, or have you cared for livestock belonging to you or a member of your household? YES..... 1 NO..... 2	helped (for at least one hour) in a business enterprise /agricultural activity or cared for livestock belonging or run by this household? YES..... 1 NO..... 2	worked (at least one hour) as an intern or an apprentice? YES..... 1 NO..... 2	worked (at least one hour) as a volunteer? YES..... 1 NO..... 2		1 st 2 nd 3 rd				
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													

PART A2: CONTN...		PART A3: IDENTIFICATION OF PRIMARY AND SECONDARY JOB				PART B: UNEMPLOYED AND PERSONS NOT IN THE LABOURFORCE				
B01	D07	D08	D09	D10		D11			D12a	D12b
L I N E N U M B E R	After how long will [NAME] return to work?	How many economic activities did [NAME] engage in the last 7 days?	How many hours does [NAME] usually work per week in all these activities?	What is the status of NAME's primary and secondary activity in terms of time?		In the past 4 weeks what actions has [NAME] taken to look for any kind of work or start any kind of business/income generating activity? RANK THE 3 MAIN ONES			What was [NAME]'s main status a year ago?	How long has [NAME] been looking for a job or trying to start a business?
	LESS THAN 1 MONTH..... 1 1 MONTH TO LESS THAN 3 MONTHS..... 2 3 MONTHS AND ABOVE 3 NOT SURE WHEN TO RETURN 4 NOT RETURNING..... 5 (IF '4 or 5' » Part B-D11)	[FOR THOSE WHO HELD A JOB, GIVE NUMBER OF USUAL INCOME EARNING ACTIVITIES]		PAID EMPLOYEE (OUTSIDE HH) 01 PAID EMPLOYEE (WITHIN HH)..... 02 WORKING EMPLOYER..... 03 OWN-ACCOUNT WORKER..... 04 MEMBERS OF PRODUCERS' COOPERATIVES* 05 CONTRIBUTING FAMILY APPRENTICE..... 06 VOLUNTEER..... 08 OTHER (SPECIFY)..... 96			REGISTERED OR WAITED AT EMPLOYMENT AGENCY..... A REGISTERED A DISPUTE..... B PLACED OR ANSWERED JOB ADVERTISEMENTS..... C ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS..... D SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS..... E WAITED AT THE STREET SIDE OR OTHER PLACE WHERE CASUAL WORKERS ARE FOUND..... F CONTACTED SCHOOL OR UNIVERSITY EMPLOYMENT CENTER..... G APPLIED FOR PERMIT TO START BUSINESS..... H APPLIED FOR A LOAN FROM A BANK..... I SOUGHT FINANCIAL ASSISTANCE FROM FRIENDS OR FAMILY MEMBERS..... J SOUGHT A LOAN FROM A CHURCH OR MOSQUE..... K PURCHASED LAND, A BUILDING, OR EQUIPMENT..... L LOOKED AT JOB ADVERTISEMENTS..... M LOOKED FOR LAND, A BUILDING, OR EQUIPMENT..... N OTHER ACTIVE (SPECIFY) O OTHER PASSIVE (SPECIFY)..... P NONE Q	EMPLOYED (WORKING FOR PAY OR PROFIT)..... 1 UNEMPLOYED (SEEKING EMPLOYMENT) 2 FULL TIME STUDENT/ PUPIL..... 3 HOUSEWIFE/FAMILY RESPONSIBILITIES..... 4 RETIRED/INCOME RECIPIENT..... 5 OTHER (SPECIFY)..... 6	[GIVE DURATION IN MONTHS FROM WHEN SEARCH BEGAN]	
		Number	Hours Per Week	PRIMARY	SECONDARY	First	Second	Third		Months
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

		PART B: CONTN...		PART C : CHARACTERISTICS OF THE PRIMARY JOB, FOR D08 > 0			
B01	D13	D14		D15		D16	
L I N E N U M B E R	If [NAME] was offered a job how soon would he/she be available to start work?	FOR D11= 'Q'	What is the main reason [NAME] was not working or not looking for work during the last 4 weeks?	What kind of work does [NAME] usually do in the primary job/business (last 7 days)?	What kind of economic activity is [NAME]'s primary job connected with, i.e. TYPE OF INDUSTRY? (Give Description)		
		NO JOBS AVAILABLE IN THE AREA.....	01	For those who did not work during the last 7 days but worked during last 12 months give occupation for the last main job held.	(E.g.. CARGO HANDLING, EVENT CATERING, BOOK PUBLISHING, RAISING OF POULTRY, MIXED FARMING, WEAVING OF TEXTILE, CONSTRUCTION OF BUILDING, SALE OF MOTOR VEHICLES, RETAIL SALE OF BOOKS IN A SPECIALIZED STORE, HOSPITAL ACTIVITIES, FOREIGN AFFAIRS, GENERAL CLEANING ACTIVITIES, TOUR OPERATOR, HAIR DRESSING ETC)		
		UNABLE TO WORK (INCAPACITATED).....	02				
		UNABLE TO FIND WORK REQUIRING HIS/HER SKILLS.....	03	DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST TWO WORDS (e.g.. PRIMARY SCHOOL TEACHER, GENERAL SHOPKEEPER, VEGETABLE VENDOR, UNIVERSITY LECTURER, COMPUTER PROGRAMMER ETC)			
	<= 1 WEEK	1	HOME MAKER (HOUSEWIFE/FAMILY RESPONSIBILITIES)	04			
	> 1 WEEK & <= 2 WEEKS..	2	DISCOURAGED WORKER.....	05			
	> 2 WEEKS <= 4 WEEKS...	3	CHILD CARE PROBLEMS.....	06			
	> 4 WEEKS	4	EMPLOYERS THINK TOO OLD/TOO YOUNG TO WORK	07			
	NOT AVAILABLE.....	5					
	DON'T KNOW.....	8	FULL TIME STUDENT / PUPIL	08			
			AWAITING THE SEASON FOR WORK.....	09			
			WAITING TO BE RECALLED TO FORMER JOB.....	10			
		HAVE ALREADY FOUND A JOB WHICH WILL START LATER.....	11				
		TRANSPORTATION PROBLEMS.....	12				
		PREGNANCY	13				
		SICKNESS/INJURY.....	14				
		DON'T NEED WORK.....	15				
		BUSINESS CLOSED.....	16				
		RETIRED	17				
		WAITING TO ATTEND AN INTERVIEW.....	18				
		OTHER (SPECIFY).....	96				
				DESCRIPTION	CODES BY SUPERVISOR KNOCS CODE	DESCRIPTION	CODES BY SUPERVISOR ISIC CODE
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

PART C : CHARACTERISTICS OF THE PRIMARY JOB, FOR D08>0

B01	D17	D18	D19	D20	D21	D22	D23	D24	D25	D26
L I N E N U M B E R	Who was [NAME]'s main employer for primary job / business?	How many hours does [NAME] usually work per week (In the primary/main job) ?	How many days did [NAME] work in the last 7 days?	How many hours did [NAME] actually work in the last 7 days?	For how many COMPLETE D months did [NAME] do this work during last 12 months?	During the last 7 days, would [NAME] have wanted to work for pay / profit more hours than he/she actually worked (in this primary/main job)?	What is [NAME]'s working pattern in the primary/main activity ?	For how many days in total did [NAME] do casual labour over the past 1 month?	What was the average daily wage [NAME] received during the days worked at casual labour over the past 1 month?	How much was [NAME]'s payment for wages and salary last one month (basic salary)?
	NATIONAL GOVERNMENT									
	CIVIL SERVICE MINISTRIES..... 01									
	JUDICIARY..... 02									
	PARLIAMENT..... 03									
	COMMISSIONS..... 04									
	STATE OWNED ENTRPRISE/INSTITUTION..... 05				IF DID NOT DO TASK, WRITE 000.0; LESS THAN 1/2 HOUR, WRITE '000.5'; OTHERWISE, ROUND TO NEAREST HOUR.					
	TEACHERS SERVICE COMMISSION (TSC).... 06									
	COUNTY GOVERNMENT..... 07									
	PRIVATE SECTOR ENTERPRISE..... 08									
	INTERNATIONAL ORGANIZATIONS/NGO 09									
	LOCAL NGO/CBO..... 10						YES..... 1			
	FAITH BASED ORGANIZATION..... 11						NO..... 2			
	SELF EMPLOYED- MODERN..... 12									
	INFORMAL SECTOR 'JUA KALI' (EMPLOYED)... 13									
	SELF EMPLOYED - INFORMAL 14									
	SMALL SCALE AGRICULTURE (EMPLOYED).... 15									
	SELF SMALL SCALE AGRICULTURE 16									
	PASTORALIST ACTIVITIES (EMPLOYED)..... 17									
SELF PASTORALIST ACTIVITIES..... 18										
INDIVIDUAL/PRIVATE HOUSEHOLD..... 19										
SCHOOL BOARDS (BOM) EMPLOYEES..... 20										
OTHER (SPECIFY) 96										
		Hours per week	Days per Week	Hours per week	Months		REGULAR WORKERS FULL TIME..... 1 PART TIME..... 2 SEASONAL..... 3 CASUAL WORKER..... 4 OTHERS (SPECIFY).... 6 (IF '1','2','3' OR '6' »D26)	Days	KSh	KSh
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

PART C : CHARACTERISTICS OF THE PRIMARY JOB, FOR D08 > 0

B01	D27	D28	D29				D30	D31		D32	D33	D34
	How much does [NAME] usually receive in Total Allowances that were not included in the salary [NAME] just reported last one month? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED	Is [NAME] a member of a trade / labour union or a similar employee association? <input type="checkbox"/> YES..... 1 NO..... 2	Does [NAME]'s employer contribute/provide the following benefits?				Is [NAME] employed on the basis of ... A WRITTEN CONTRACT... 1 VERBAL AGREEMENT..... 2 IMPLIED CONTRACT..... 3 NO CONTRACT..... 4	In which County/Country does [NAME] work? SEE CODES PROVIDED IN THE MANUAL	What mode of transport does [NAME] usually use to and from work? WALK 01 BICYCLE/MOTOR BIKE(BODA BODA).... 02 OWN BICYCLE..... 03 OWN MOTOR BIKE..... 04 TUK-TUK 05 MATATU 06 BUS 07 COMMUTER TRAIN..... 08 EMPLOYER PROVIDED..... 09 PRIVATE VEHICLE 10 OTHER (SPECIFY)..... 96 NOT APPLICABLE 99. (IF N/A » D35) (IF '1' or '3' or '9' » D34)	On average how much does [NAME] pay for transport to work ? (ONE WAY)	Approximately how far in KM is [NAME]'s workplace?	
	KSh		A	B	C	D		County/Country	County/ Country Code		KSH	KM
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												

PART D: CHARACTERISTICS OF THE SECONDARY JOB											
B01	D35	D36		D37		D38		D39	D40	D41	D42
L I N E N U M B E R	IF D08 = 1, CODE 1» NEXT HOUSEHOL D MEMBER , IF D08 >1, CODE 2 AND CONTINUE INTERVIEW IF LAST HH MEMBER, THEN » TO PART 'E'	What kind of work does [NAME] usually do in the second main job / business (last 7 days)?		What kind of economic activity is [NAME]'s secondary job connected with, i.e. TYPE OF INDUSTRY? (Give Description) (E.g.. CARGO HANDLING, EVENT CATERING, BOOK PUBLISHING, RAISING OF POULTRY, MIXED FARMING, WEAVING OF TEXTILE, CONSTRUCTION OF BUILDING, SALE OF MOTOR VEHICLES, RETAIL SALE OF BOOKS IN A SPECIALIZED STORE, HOSPITAL ACTIVITIES, FOREIGN AFFAIRS, GENERAL CLEANING ACTIVITIES, TOUR OPERATOR, HAIR DRESSING ETC)		Who was [NAME]'s main employer for secondary job / business? NATIONAL GOVERNMENT CIVIL SERVICE MINISTRIES..... 01 JUDICIARY..... 02 PARLIAMENT..... 03 COMMISSIONS..... 04 STATE OWNED ENTRPRISE/INSTITUTION..... 05 TEACHERS SERVICE COMMISSION (TSC)..... 06 COUNTY GOVERNMENT..... 07 PRIVATE SECTOR ENTERPRISE..... 08 INTERNATIONAL ORGANIZATIONS/NGO 09 LOCAL NGO/CBO..... 10 FAITH BASED ORGANIZATION..... 11 SELF EMPLOYED- MODERN..... 12 INFORMAL SECTOR 'JUA KALI' (EMPLOYED)... 13 SELF EMPLOYED - INFORMAL 14 SMALL SCALE AGRICULTURE (EMPLOYED)..... 15 SELF SMALL SCALE AGRICULTURE 16 PASTORALIST ACTIVITIES (EMPLOYED)..... 17 SELF PASTORALIST ACTIVITIES..... 18 INDIVIDUAL/PRIVATE HOUSEHOLD..... 19 SCHOOL BOARDS (BOM) EMPLOYEES..... 20 OTHER (SPECIFY) 96		How many hours does [NAME] usually work per week (In the second job) ?	How many Days did [NAME] work in the last 7 days? (In the second job)	How many hours did [NAME] actually work in the last 7 days? IF DID NOT DO TASK, WRITE 000.0; LESS THAN 1/2 HOUR, WRITE '000.5'; OTHERWISE, ROUND TO NEAREST HOUR.	For how many COMPLETE D months did [NAME] do this work during last 12 months?
				CODES BY SUPERVISOR		CODES BY SUPERVISOR		Hours per week	Days per Week	Hours per week	Number
		DESCRIPTION	KNOCS CODE	Description	ISIC CODE						
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

SECTION E: HEALTH, FERTILITY AND HOUSEHOLD DEATHS

TO BE ASKED FOR ALL PERSONS IN THE HOUSEHOLD (PARENTS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS)

B01	E01	E02	E03		E04	E05	E06	E07	E08	
LINE NUMBER OF PERSON PROVIDING THE INFORMATION FOR THE INDIVIDUAL FROM ROSTER MEMBER LINE NUMBER (IF '2' » E10)	Was [NAME] sick or injured in the last 4 weeks? YES..... 1 NO..... 2	What sickness/injury did [NAME] suffer? HEART PROBLEM..... 16 FEVER, MALARIA..... 01 BLOOD PRESSURE..... 17 DIARRHOEA..... 02 PAIN WHILE PASSING URINE..... 18 STOMACH ACHE..... 03 URINE..... 18 VOMITING..... 04 DIABETES..... 19 UPPER RESPIRATORY INFECTION..... 05 MENTAL DISORDER... 20 STIs..... 21 LOWER RESPIRATORY INFECTION..... 06 BURN..... 22 FLU..... 07 FRACTURE..... 23 ASTHMA..... 08 WOUND/CUT..... 24 HEADACHE..... 09 POISONING..... 25 SKIN PROBLEM..... 10 PREGNANCY RELATED... 26 DENTAL PROBLEM..... 11 CANCER..... 27 EYE PROBLEM..... 12 OTHER LONG-TERM ILLNESS..... 28 EAR/NOSE/THROAT..... 13 ILLNESS..... 28 BACKACHE..... 14 HIV/AIDS..... 29 TB..... 15 TYPHOID..... 30 OTHER 96			Was [NAME]'s sickness/injury work or gender-based violence related? WORK-RELATED... 1 HEALTH WORKER AT HOSPITAL..... 01 GENDER-BASED VIOLENCE RELATED..... 2 HEALTH WORKER AT OTHER HEALTH FACILITY..... 02 NEITHER..... 3 TRADITIONAL HEALER..... 03 NON-HH MEMBER (NOT MEDICAL)... 04 SELF..... 05 HERBALIST..... 06 FAITH HEALER..... 07 HH MEMBER 08 OTHER 96	Who diagnosed the illness? HEALTH WORKER AT HOSPITAL..... 01 HEALTH WORKER AT OTHER HEALTH FACILITY..... 02 TRADITIONAL HEALER..... 03 NON-HH MEMBER (NOT MEDICAL)... 04 SELF..... 05 HERBALIST..... 06 FAITH HEALER..... 07 HH MEMBER 08 OTHER 96	FOR PERSONS 3 YEARS AND ABOVE How many days of work/school did [NAME] miss school/work due to illness/injury in the last 4 weeks? CODE 99, FOR ELDERLY/ RETIRED PERSONS	Did [NAME] consult a health service provider on this sickness /injury in the last 4 weeks? YES..... 1 NO..... 2 IF '2' » E10)	What kind of health facility did [NAME] visit? UP TO TWO VISITS BY ORDER OF VISIT GOVT. HOSPITAL..... A GOVT. HEALTH CENTRE..... B GOVT. DISPENSARY..... C FAITH BASED (CHURCH, MISSION) HOSPITAL/CLINIC..... D FHOK/FPAK HEALTH CENTRE/CLINIC..... E PRIVATE HOSPITAL/CLINIC..... F NURSING/MATERNITY HOME..... G MOBILE CLINIC..... H PHARMACY/CHEMIST..... I COMMUNITY HEALTH WORKER..... J SHOP/KIOSK..... K TRADITIONAL HEALER..... L FAITH HEALER..... M HERBALIST..... N OTHER (SPECIFY)..... X	
			Line Number	Sickness 1					Sickness 2	Sickness 1
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

B01	E09	E10	E11		E12	E13				
L I N E N U M B E R	How many visits did [NAME] make to the health provider(s) due to sickness/injury in the last 4 weeks?	Did [NAME] visit a health service provider for any other health related reason (promotive/preventive services) in the last 4 weeks? YES..... 1 NO..... 2 (IF '2'»E12)	What kind of health facility did [NAME] visit?		CHECK: IF(E02 IS '1' OR E10 IS '1') RECORD '1' AND THEN CONTINUE INTERVIEW OTHERWISE RECORD '2' (»E14)	How much in total did [NAME] spend in the last four weeks for outpatient services? (IN KSHS)				
	Number		Visit 1	Visit 2		A Out-Patient charges	B Over the Counter Purchases e.g drugs	C Transport Costs	D Other	E Total
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

B01	E14	E15						
L I N E N U M B E R	During the last 12 months, was [NAME] admitted or had an overnight stay(s) in a medical facility/ traditional Healer's facility? YES..... 1 NO..... 2 (IF '2' » E17)	How much in total did [NAME] spend in the last 12 months for in-patient services?						
	A In-Patient charges	B Over the counter purchases	C Transport	D Lab fees	E X-ray fees	F Other	G Total	
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

B01		E16						
L I N E N U M B E R	How much did [NAME] spend in the last 12 months for in-patient services by source?							
	In Kenya							
	A	B	C	D	E	F	G	H
	Self/HH Member	Loan without Interest	Loan with interest	Sale of Assets	Employer Medical Cover	Own Medical Cover	Fund raising/family contribution	Health Voucher
	01							
	02							
	03							
	04							
	05							
	06							
	07							
	08							
09								
10								
11								
12								

B01		E31				E32				E33		
L I N E N U M B E R	Indicate the death order, date and Age at Death						Cause of Death				Where did death(s) occur ?	
	Order	Sex Male..... 1 Female..... 2	Date of death Month Year		Age at Death Years Months							
							MALARIA..... 01	URINARY OBSTRUCTION..... 12			HOME..... 1	
							PNEUMONIA..... 02	POISONING..... 13			HEALTH FACILITY..... 2	
							HIV/AIDS..... 03	SUICIDE..... 14			OTHER(SPECIFY)..... 6	
							TETANUS..... 04	ACCIDENT..... 15				
							TUBERCULOSIS..... 05	MEASLES..... 16				
							MALNUTRITION..... 06	CARDIAC DISORDER..... 17				
							ANAEMIA..... 07	PREGNANCY RELATED..... 18				
							CHILD BIRTH RELATED..... 08	HYPERTENSION..... 19				
							SUDDEN DEATH..... 09	STROKE..... 20				
							ASTHMA..... 10	MURDER..... 21				
							CANCER..... 11	STOMACH COMPLICATIONS..... 22				
								OTHER(SPECIFY)..... 96				

01	Last										
02	2 nd Last										
03	3 rd Last										
04	4 th Last										
05	5 th Last										
06	6 th Last										
07	7 th Last										
08	8 th Last										
09	9 th Last										
10	10 th Last										
11	11 th Last										
12	12 th Last										

SECTION F: CHILD HEALTH AND ANTHROPOMETRY

[FOR CHILDREN LESS THAN 60 MONTHS. MOTHERS OR GUARDIANS TO ANSWER FOR CHILDREN]

B01	F01	F02	F03	F04	F05	F06		F07	F08	F09
L I N E N U M B E R	PUT CODE '1' FOR ALL INDIVIDUALS WHO ARE LESS THAN 60 MONTHS OTHERWISE CODE '2' AND » F21	LINE NUMBER OF THE MOTHER OF THE CHILD IN THE ABSENCE OF THE BIOLOGICAL MOTHER/INCAPACITATED, INDICATE THE LINE NUMBER OF THE GUARDIAN	Where was [NAME] delivered?	Who assisted in [NAME]'s delivery?	Has [NAME] ever breastfed?	How long after birth was [NAME] first put to breast?		Is [NAME] still breast feeding?	For how long was [NAME] breastfed?	For how many months was [NAME] exclusively breastfed?
			HOSPITAL..... 1 HEALTH CENTRE.....2 CLINIC/ DISPENSARY..... 3 MATERNITY HOME..... 4 AT HOME 5 OTHER(SPECIFY)..... 6 DK..... 8	DOCTOR..... 1 MIDWIFE/NURSE.....2 TBA 3 TTBA..... 4 SELF..... 5 OTHER(SPECIFY)..... 6 DK..... 8	YES..... 1 NO..... 2 DK..... 8 (IF '2' & '8' »F12)	IF "IMMEDIATELY" RECORD '00' UNDER NUMBER IF LESS THAN 1 HOUR RECORD '00' HOURS UNDER NUMBER IF LESS THAN 24 HOURS & ≥ 1 HOUR RECORD 'HOURS' UNDER NUMBER OTHERWISE RECORD 'DAYS' UNIT CODE: IMMEDIATELY...1 HOURS2 DAYS3 DK8	YES..... 1 NO..... 2 (IF '1' » F09)	DK..... 98	DK..... 98	Completed Months
						UNIT	Number		Completed Months	Completed Months
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

B01	F10	F11					
LINE NUMBER	What [FIRST] supplement was [NAME] given?	Did [NAME] drink or eat the following liquids or foods yesterday during the day or at night?					
	MILK OTHER THAN BREAST.. 01					LIQUIDS	
	COMMERCIAL INFANT FOOD/FORMULA..... 02	SOLIDS				PLAIN WATER..... A	
	PORRIDGE..... 03	YOGHURT..... A	OTHER FRUITS OR VEGETABLES..... H	FRESH OR DRIED FISH..... M	INFANT FORMULA..... B		
	FORTIFIED PORRIDGE..... 04	CERELAC..... B	LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS..... J	FOODS MADE FROM BEANS, PEAS, ETC..... N	JUICES..... C		
	SEMI-SOLIDS..... 05	FOODS MADE FROM GRAINS..... C	MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, e.t.c..... K	CHEESE OR OTHER FOOD MADE FROM MILK..... O	MILK (TIN, POWDER, FRESH MILK)..... D		
	WATER..... 06	PUMPKIN, CARROTS, SQUASH, e.t.c..... D	e.t.c..... K	COOKED BANANA..... P	YOGHURT, SOUR MILK..... E		
	OTHER..... 96	WHITE POTATOES, WHITE YAMS, MANIOC/CASSAVA e.t.c E	EGGS..... L	NONE..... Q	CLEAR SOUP/BROTH..... F		
	DK..... 98	DARK GREEN, LEAFY VEGETABLES..... F		OTHER SOLID, SEMI-SOLID, OR SOFT FOOD... X	PORRIDGE/GRUEL..... G		
	N/A..... 99	RIPE MANGOES..... G			TEA/COFFEE WITH MILK..... H		
						NONE..... Q	
						ANY OTHER LIQUID FOOD..... X	
		SOLIDS			LIQUIDS		
		1 st	2 nd	3 rd	1 st	2 nd	3 rd
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

B01	F12	F13	F14	F15		F16		F17
L I N E N U M B E R	Has [NAME] ever participated in any community nutrition programs?	Has [NAME] participated in the Growth Monitoring Clinic?	Has [NAME] had diarrhoea in the last 14 days?	What type of Fluid/Food was [NAME] given during diarrhoea?		How much was [NAME] given compared to normal times: more, same, or less?		What else was [NAME] given during diarrhoea?
				NOTHING..... 1 COMMERCIAL INFANT/FOOD/FORMULA/YOGHURT. 2 OTHER SEMI-SOLID FOOD..... 3 FRUITS..... 4 OTHER (SPECIFY)..... 6	NOTHING..... 1 BREASTMILK..... 2 PORRIDGE (UJI)..... 3 WATER ALONE..... 4 MILK OTHER THAN BREASTMILK... 5 OTHER (SPECIFY)..... 6	MUCH LESS..... 1 SOMEWHAT LESS... 2 ABOUT THE SAME... 3 MORE..... 4 DK..... 8	ORS/ORT/ZINC PACKET SOLUTION..... 1 SUGAR-SALT SOLUTION..... 2 OTHER HOME MADE SOLUTIONS..... 3 NONE OF THE ABOVE..... 4	
				YES..... 1 NO..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	
				Food	Fluid	Food	Fluid	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANTHROPOMETRY (TO BE ADMINISTERED TO ALL HOUSEHOLD MEMBERS AGED 6 MONTHS) AND ABOVE

B01	F18	F19						F20	F21	F22	F23	F24
L I N E N U M B E R	Is there a vaccination card/health book for [NAME]?	RECORD DATES FROM VACCINATION CARD						Has [NAME] ever been given any vaccination in the upper arm at the age of 9 months or later to prevent him/her from measles?	WEIGHT	HEIGHT	HEIGHT/LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	IF [NAME] NOT MEASURED, GIVE REASON?
	YES, SEEN..... 1	IF LESS THAN 9 MONTHS OR THERE IS NOTHING IN THE CARD, LEAVE BLANK						YES..... 1	IF LESS THAN 10 KG, PUT LEADING ZEROS (00) IN FIRST CELLS OF THIS COLUMN	IF LESS THAN 100 CMS, PUT LEADING ZERO (0) IN FIRST CELL OF THIS COLUMN	STANDING... 1	NOT AT HOME DURING SURVEY PERIOD..... 1
	YES, NOT SEEN..... 2											
	NO..... 3	SKIP TO F21 AFTER FILLING INFORMATION FROM THE CARD						NO..... 2			LYING DOWN.. 2	TOO ILL..... 2
(IF '2' OR '3'»F20)	Measles I (9 months)		Measles II (18 months)				DK..... 8				UNWILLING..... 3	OTHER..... 6
		DD	MM	YY	DD	MM	YY		Kgs	Centimetres		
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												

**SECTION G: ICT SERVICE BY HOUSEHOLD INDIVIDUAL MEMBERS
TO BE ADMINISTERED FOR THOSE AGED 3 YEARS AND ABOVE**

B01	G01	G02		G03	G04	G05	G06	G07	G08	G09	G10	G11	
LINE NUMBER	Does [NAME] have a Mobile phone? YES..... 1 NO..... 2 (IF '1' » G03)	If No, why does [NAME] not have a mobile phone (allow 2 main responses) TOO YOUNG..... A DO NOT NEED A PHONE..... B RESTRICTED BY PARENT/ GUARDIAN C NO NETWORK IN THE AREA..... D GENDER BIAS..... E NO ELECTRICITY..... F PHONE IS EXPENSIVE..... G MAINTAINING A PHONE IS EXPENSIVE... H OTHERS X		ADMINISTER TO PERSONS 18 YEARS AND ABOVE Has [NAME] subscribed to... Mobile Money Transfer platform Mobile banking platform YES..... 1 YES..... 1 NO..... 2 NO..... 2		How many active local SIM lines does [NAME] have? Number	Has [NAME] used [ITEM] in the last 3 months from any location? Television Radio Mobile Phone Computer (Desktop/ Laptop/ Tablet) Internet YES..... 1 YES.. 1 YES... 1 YES..... 1 YES..... 1 NO..... 2 NO... 2 NO..... 2 NO..... 2 NO..... 2 (IF '2' » G13)					Where did [NAME] use the internet from in the last 3 months? (ALLOW TWO MAIN RESPONSES) IN MOBILITY..... A AT WORK PLACE..... B CYBER CAFÉ..... C EDUCATION CENTRE..... D COMMUNITY CENTRE..... E ANOTHER PERSONS HOME: RELATIVE/ NEIGHBOR/ FRIEND..... F AT HOME..... G OTHER..... X	
		Response 1	Response 2									Response 1	Response 2
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													

B01	G12			G13	G14	G15	G16	
L I N E N U M B E R	For which of the following activities did [NAME] use the internet for private purpose in the last 3 months (ALLOW MULTIPLE RESPONSES)			Why did [NAME] not use Internet in the last 3 months? (FROM ANY LOCATION)	On average, how much does [NAME] spend on [SERVICE] in a week?			
	SEEKING HEALTH INFORMATION.....	A			Airtime (Talk time)	Internet	Movies and music	
	MAKING AN APPOINTMENT WITH A HEALTH PRACTITIONER VIA A WEBSITE/ EMAIL.....	B						
	GETTING INFORMATION FROM ANY GOVERNMENT WEBSITE.....	C			TOO YOUNG.....	01		
	READING NEWSPAPER ONLINE.....	D			DO NOT NEED TO USE INTERNET.....	02		
	INTERNET BANKING.....	E			LACK OF KNOWLEDGE /SKILLS TO USE THE INTERNET.....	03		
	TELEPHONING OVER THE INTERNET/ VOIP.....	F			EXPENSIVE.....	04		
	SELLING GOODS OR SERVICES.....	G			NO INTERNET/ NETWORK IN THE AREA.....	05		
	PURCHASING OR ORDERING GOODS OR SERVICES.....	H			CULTURAL/ FAITH REASONS.....	06		
	DOING A FORMAL ONLINE COURSE.....	I			CONTROL (PARENTAL, SCHOOL, WORK e.t.c.....)	07		
RESEARCHING ON ONLINE ENCYCLOPEDIAS OR OTHER WEBSITES FOR FORMAL LEARNING PURPOSES.....	J		SECURITY/ PRIVACY CONCERNS.....	08				
READING OTHER INFORMATIVE INFORMATION.....	K		OTHERS (SPECIFY).....	96				
WRITING ONLINE ARTICLES SUCH AS BLOGS, ONLINE FORUMS ETC.....	L							
PARTICIPATING IN SOCIAL NETWORKS.....	M							
WATCHING A MOVIE OR LISTENING TO MUSIC OR PLAYING GAMES VIA INTERNET.....	N							
SEARCHING FOR WORK.....	O							
OTHER (SPECIFY).....	X							
	(»G14)							
	1 ST	2 ND	3 RD		KSh	KSh	KSh	
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

SECTION H: DOMESTIC TOURISM

[ASK THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

B01	H01	H02			H03													H04			
L I N E N U M B E R	In the past 3 Months how many trips did [NAME] take inside Kenya that lasted at least one (1) night? MUST NOT HAVE BEEN FOR RELOCATION PURPOSES (SUCH AS MOVING TO ANOTHER PLACE). MUST NOT BE FOR REMUNERATION MUST BE MORE THAN 40 KMS RECORD THE TOTAL NUMBER OF DOMESTIC TRIPS TAKEN (IF '00' TRIPS »H05)	Who sponsored the MAIN trip(s)? SELF..... A EMPLOYER... B OTHER..... X			What was the total number of days [NAME] spent on each of the following in the last 3 months? TOTAL NUMBER OF DAYS PER PURPOSE													How much did [NAME] spend on the following items on all the trips taken? (FOR THOSE WHO TOOK A TRIP » NEXT PERSON)			
					A	B	C	D	E	F	G	H	I	J	K	L	M			N	A
			Trip1	Trip2	Trip3	HOLIDAY/ LEISURE	HONEYMOON	VISITING FRIENDS AND RELATIVES	SOCIAL GATHERING	BUSINESS/ PROFESSIONAL	MEETING/ CONVENTION	STUDY/ STUDENT	SPORT	CULTURAL EVENT/EXHIBITION	SHOPPING	MEDICAL/ TREATMENT	RELIGIOUS	SECOND RESIDENCE	OTHER (SPECIFY)	Transport KSH.	Food and beverages KSH.
01																					
02																					
03																					
04																					
05																					
06																					
07																					
08																					
09																					
10																					
11																					
12																					

LINE NUMBER	How much did [NAME] spend on the following items on all the trips taken? (FOR THOSE WHO TOOK A TRIP » NEXT PERSON)						
	C Accomodation KSH.	D Entertainment/ amusements	E Entry fees KSH.	F Shopping for goods for personal use KSH.	G Shopping for goods to re-Sale KSH.	H Medical KSH.	I Gifts/presents KSH.

01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

B01	H04 Contr...		H05		
L I N E N U M B E R	How much did [NAME] spend on the following items on all the trips taken?		Why did [NAME] not take any overnight trip inside Kenya in the past 3 months?		
			[DO NOT READ OUT]		
			TIME CONSTRAINT..... A DISLIKE TRAVELLING B HEALTH REASONS C TOO OLD/YOUNG TO TRAVEL D CANNOT AFFORD TRAVEL E INSECURITY G INCAPACITATED F IN SCHOOL H NO NEED..... I OTHER..... X (ALLOW THREE MAIN REASONS)		
	K other KSH.	L Total KSH.	Reason 1	Reason 2	Reason 3
01	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
02	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
03	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
04	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
05	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
06	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
07	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
08	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
09	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
10	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
11	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_
12	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_	_	_

THIS SURVEY IS BEING CONDUCTED BY THE KENYA NATIONAL BUREAU OF STATISTICS AS MANDATED BY THE STATISTICS ACT 2006 OF THE LAWS OF KENYA

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