

STRICTLY CONFIDENTIAL

F-20-39-23



COUNTY NAME

QUESTIONNAIRE SERIAL NO.

CLUSTER NO: 

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QUESTIONNAIRE 

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# 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	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
A15	RESULT	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
A16	NEXT VISIT :      DATE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	TOTAL NUMBER OF VISITS <div></div>
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-2: SURVEY STAFF DETAILS**

A18	NAME OF INTERVIEWER:	.....	CODE:	<table><tr><td></td><td></td><td></td></tr></table>			
A19	NAME OF SUPERVISOR:	.....	CODE:	<table><tr><td></td><td></td><td></td></tr></table>			
A20	NAME OF FIELD EDITOR:	.....	CODE:	<table><tr><td></td><td></td><td></td></tr></table>			
A21	NAME OF FIELD DATA ENTRY:	.....	CODE:	<table><tr><td></td><td></td><td></td></tr></table>			

**SECTION A-3: DATA ENTRY**

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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	
LINE NUMBER MEMBER	NAME	What is [NAME]'s relationship to the household head?	Sex of [NAME]?	How old is [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.)	HEAD .....01	MALE... 1	IF 60 MONTHS OR OLDER,	
		SPOUSE .....02	FEMALE. 2	GIVE YEARS ONLY.	
		SON/DAUGHTER .....03			
		GRANDCHILD .....04		IF LESS THAN 60	
		SISTER/BROTHER .....05		MONTHS IN AGE, GIVE	
		FATHER/MOTHER .....06		YEARS AND MONTHS.	
		NEPHEW/NIECE.....07			
		IN-LAW .....08		CODE	
		GRANDPARENT .....09		95 YEARS AND OVER. 95	
		OTHER RELATIVE (SPECIFY) . 10		AGE IS NOT KNOWN... 98	
		NON-RELATIVE .....11		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										
LINE NUMBER	What is [NAME]'s date of birth?	WHICH HOUSEHOLD MEMBER PROVIDED INFORMATION OF THE INDIVIDUAL?	CHECK: IS [NAME] 30 YEARS OR BELOW ?	Is [NAME]'s biological father living in this household?	What was [NAME]'s age when father died?	Is [NAME]'s biological Mother living in this household?	What was [NAME]'s age when mother died?	CHECK: IS [NAME] 10 YEARS OR OLDER ?	What is [NAME]'s marital status?	What is [NAME]'s religion?										
	(IF NOT KNOWN, CODE 98, IF NOT STATED, CODE 99)	WRITE ID CODE	YES..... 1 NO..... 2  (IF '2' »B12)	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)	(AGE IN COMPLETED YEARS)  UNDER 1YEAR..... 00 DK..... 98 NS..... 99	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)	(AGE IN COMPLETED YEARS)  UNDER 1YEAR..... 00 DK..... 98 NS..... 99	YES..... 1 NO..... 2  (IF '2' »B14)	MARRIED MONOGAMOUS.... 1 MARRIED POLYGAMOUS..... 2 LIVING TOGETHER ..... 3 SEPARATED..... 4 DIVORCED..... 5 WIDOW OR WIDOWER..... 6 NEVER MARRIED..7	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)										

				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?			WHICH HOUSEHOLD MEMBER PROVIDED INFORMATION OF THE INDIVIDUAL?	CHECK: IS [NAME] 30 YEARS OR BELOW ?	Is [NAME]'s biological father living in this household?	What was [NAME]'s age when father died?	Is [NAME]'s biological Mother living in this household?	What was [NAME]'s age when mother died?	CHECK: IS [NAME] 10 YEARS OR OLDER ?	What is [NAME]'s marital status?	What is [NAME]'s religion?
	(IF NOT KNOWN, CODE 98, IF NOT STATED, CODE 99)			WRITE ID CODE								
	Day	Month	Year									
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												

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

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[illegible]



B01	C13 Contr...								
L I N E  N U M B E R	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		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 Contrn...		C14	C15				
LINE NUMBER	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?  YES..... 1 NO ..... 2 (IF '2' » C16)	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		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	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _

			<b>LITERACY</b>		
			<b>ASK THOSE WITH "PRIMARY EDUCATION LEVEL AND BELOW"</b>		
B01	C15 Contr...		C16	C17	C18
L I N E  N U M B E R	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?		What type of school/ institution does [NAME] attend?	Can [NAME] read in any language?	Can [NAME] write in any language?
	IF NOTHING WAS RECEIVED, CODE '0000000'.				
	F	G			
	Other	Total			
	Kshs	Kshs			
01	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
02	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
03	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
04	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
05	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
06	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
07	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
08	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
09	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
10	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
11	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _
12	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _	_ _ _

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							
LINE NUMBER	FOR ALL INDIVIDUALS WHO ARE AGED 5 YEARS AND ABOVE..... 1 OTHERWISE ..... 2 (IF '2'» NEXT HH MEMBER)	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?  MULTIPLE A paid job ..... A A business ..... B An own /family farming activity ..... C An unpaid job ..... D Apprentice/Intern... E Volunteer..... F No Activity..... G  (IF 'G' » Part B - D11)			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							
		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?	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.?	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?	helped (for at least one hour) in a business enterprise /agricultural activity or cared for livestock belonging or run by this household?	worked (at least one hour) as an intern or an apprentice?	worked (at least one hour) as a volunteer?													
		YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2													
		1 <sup>st</sup>			2 <sup>nd</sup>									3 <sup>rd</sup>						
		01																		
		02																		
		03																		
		04																		
		05																		
		06																		
		07																		
		08																		
09																				
10																				
11																				
12																				

[illegible]

		PART B: CONTN...		PART C : CHARACTERISTICS OF THE PRIMARY JOB, FOR D08 > 0			
B01	D13	D14		D15		D16	
LINE NUMBER	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		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)			
		UNABLE TO FIND WORK REQUIRING HIS/HER SKILLS..... 03					
		<= 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						
				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									
	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										
		Hours per Week	Days per Week	Hours per Week	Months			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		
L I N E  N U M B E R	How much does [NAME] usually receive in Total Allowances that were not included in the salary [NAME] just reported last one month?	Is [NAME] a member of a trade / labour union or a similar employee association? <input type="checkbox"/>	Does [NAME]'s employer contribute/provide the following benefits?				Is [NAME] employed on the basis of ...	In which County/Country does [NAME] work?		What mode of transport does [NAME] usually use to and from work?	On average how much does [NAME] pay for transport to work ?	Approximately how far in KM is [NAME]'s workplace?		
	ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED	YES..... 1 NO..... 2	YES..... 1 NO..... 2 DK..... 8				A WRITTEN CONTRACT... 1 VERBAL AGREEMENT..... 2 IMPLIED CONTRACT..... 3 NO CONTRACT..... 4	SEE CODES PROVIDED IN THE MANUAL		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.	(ONE WAY)			
				A	B	C	D							
	KSh		NSSF	NHIF	Paid leave or payment for leave not taken	Medical benefits from employer		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										
		DESCRIPTION	KNOCS CODE	Description	ISIC CODE			Hours per week	Days per Week	Hours per week	Number				
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

PART D: SECONDARY JOB			PART E: DOMESTIC SERVANTS			
B01	D43	D44	D45		D46	
L I N E  N U M B E R	What was the total income last month from the second job/ activity?	How long have you been on this second job/ activity?  (IN MONTHS)	ASK HOUSEHOLD HEAD.....How many domestic servants does the household employ?		How much were their total salaries last month?	
	KSh	Months	Live-in	Live elsewhere	Live-in	Live elsewhere
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

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

[illegible]

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/prev entive 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?	How much in total did [NAME] spend in the last 12 months for in-patient services?						
	YES..... 1 NO.....2  (IF '2' » E17)							
		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							
LINE  NUMBER	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								





[illegible]

B01	E31						E32				E33	
LINE  NUMBER	Indicate the death order, date and Age at Death						Cause of Death				Where did death(s) occur ?	
	Order	Male..... 1 Female..... 2	Month	Year	Years	Months						
01	Last											
02	2 <sup>nd</sup> Last											
03	3 <sup>rd</sup> Last											
04	4 <sup>th</sup> Last											
05	5 <sup>th</sup> Last											
06	6 <sup>th</sup> Last											
07	7 <sup>th</sup> Last											
08	8 <sup>th</sup> Last											
09	9 <sup>th</sup> Last											
10	10 <sup>th</sup> Last											
11	11 <sup>th</sup> Last											
12	12 <sup>th</sup> 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
LINE NUMBER	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	DOCTOR..... 1	YES..... 1	IF "IMMEDIATELY" RECORD '00' UNDER NUMBER		YES..... 1		
			HEALTH CENTRE.....2	MIDWIFE/NURSE.....2	NO..... 2	IF LESS THAN 1 HOUR RECORD '00' HOURS UNDER NUMBER		NO..... 2		
			CLINIC/ DISPENSARY..... 3	TBA ..... 3	DK..... 8	(IF '2' & '8' »F12)		(IF '1' » F09)	DK..... 98	DK..... 98
			MATERNITY HOME..... 4	TTBA..... 4		IF LESS THAN 24 HOURS & ≥ 1 HOUR RECORD 'HOURS' UNDER NUMBER OTHERWISE RECORD 'DAYS'				
			AT HOME ..... 5	SELF..... 5		UNIT CODE: IMMEDIATELY...1 HOURS .....2 DAYS .....3				
			OTHER(SPECIFY)..... 6	OTHER(SPECIFY)..... 6		DK .....8DK.....98				
			DK..... 8	DK..... 8		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	EGGS..... L	COOKED BANANA..... P	YOGHURT, SOUR MILK..... E		
OTHER..... 96	WHITE POTATOES, WHITE YAMS, MANIOC/CASSAVA e.t.c E		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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
01							
02							
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12							

B01	F12	F13	F14	F15		F16		F17							
LINE NUMBER	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	NOTHING..... 1										
				COMMERCIAL INFANT/FOOD/FORMULA/YOGHURT. 2	BREASTMILK..... 2										
				OTHER SEMI-SOLID FOOD..... 3	PORRIDGE (UJI)..... 3										
				FRUITS..... 4	WATER ALONE..... 4										
YES..... 1	YES..... 1	NO..... 2	OTHER (SPECIFY)..... 6	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	
NO..... 2	NO..... 2														
DK..... 8	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  SKIP TO F21 AFTER FILLING INFORMATION FROM THE CARD						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 LYING DOWN.. 2	NOT AT HOME DURING SURVEY PERIOD..... 1  TOO ILL..... 2 UNWILLING..... 3 OTHER..... 6						
	YES, NOT SEEN..... 2													NO..... 2				
	NO..... 3													DK..... 8				
	(IF '2' OR '3'»F20)	Measles I (9 months)			Measles II (18 months)													
		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**

[illegible]

B01	G12			G13	G14	G15	G16
LINE NUMBER	For which of the following activities did [NAME] use the internet for <b>private purpose</b> 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			TOO YOUNG..... 01			
	GETTING INFORMATION FROM ANY GOVERNMENT WEBSITE..... C			DO NOT NEED TO USE INTERNET..... 02			
	READING NEWSPAPER ONLINE..... D			LACK OF KNOWLEDGE /SKILLS TO USE THE INTERNET 03			
	INTERNET BANKING..... E			EXPENSIVE..... 04			
	TELEPHONING OVER THE INTERNET/ VOIP..... F			NO INTERNET/ NETWORK IN THE AREA..... 05			
	SELLING GOODS OR SERVICES..... G			CULTURAL/ FAITH REASONS ..... 06			
	PURCHASING OR ORDERING GOODS OR SERVICES..... H			CONTROL (PARENTAL, SCHOOL, WORK e.t.c..... 07			
	DOING A FORMAL ONLINE COURSE..... I			SECURITY/ PRIVACY CONCERNS..... 08			
RESEARCHING ON ONLINE ENCYCLOPEDIAS OR OTHER WEBSITES FOR FORMAL LEARNING PURPOSE..... J			OTHERS (SPECIFY)..... 96				
READING OTHER INFORMATIVE INFORMATION..... K							
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 <sup>ST</sup>			2 <sup>ND</sup>	3 <sup>RD</sup>	KSh	KSh	KSh

01	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
02	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
03	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
04	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
05	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
06	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
07	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
08	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
09	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
10	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
11	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
12	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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			
					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)			
					A Transport KSH.		B Food and beverages KSH.														
01																					
02																					
03																					
04																					
05																					
06																					
07																					
08																					
09																					
10																					
11																					
12																					

B01	H04 Contr...							
L I N E  N U M B E R	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.	J  Package  KSH.
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

B01	H04 Contrn...		H05		
LINE  NUMBER	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?		
			<div>[DO NOT READ OUT]</div> <div>TIME CONSTRAINT..... A</div> <div>DISLIKE TRAVELLING ..... B</div> <div>HEALTH REASONS ..... C</div> <div>TOO OLD/YOUNG TO TRAVEL ..... D</div> <div>CANNOT AFFORD TRAVEL ..... E</div> <div>INSECURITY ..... G</div> <div>INCAPACITATED ..... F</div> <div>IN SCHOOL ..... H</div> <div>NO NEED..... I</div> <div>OTHER..... X</div> <div>(ALLOW THREE MAIN REASONS)</div>		
	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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“MEASURING WELL-BEING FOR SUSTAINABLE DEVELOPMENT”