Date: 20 July 2025

2025 KENYA MINI DEMOGRAPHIC AND HEALTH SURVEY (KMDHS)
HOUSEHOLD QUESTIONNAIRE

KENYA NATIONAL BUREAU OF STATISTICS

IDENTIFICATION

COUNTY _____

SUB COUNTY _____

LOCATION _____

SUB LOCATION _____

NAME OF HOUSEHOLD HEAD _____

KDHS CLUSTER NUMBER . . . . . [ ][ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ][ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY [ ][ ]
				MONTH [ ][ ]
				YEAR 2025
INTERVIEWER'S NAME				INT. NO. [ ][ ][ ][ ]
RESULT*				RESULT* [ ]
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS [ ]
TIME				

*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 _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD [ ][ ]

TOTAL ELIGIBLE WOMEN [ ][ ]

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [ ][ ]

LANGUAGE OF QUESTIONNAIRE** 01 | LANGUAGE OF INTERVIEW** [ ][ ] | NATIVE LANGUAGE OF RESPONDENT** [ ][ ] | TRANSLATOR USED (YES = 1, NO = 2) [ ]

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 _____ (SPECIFY)
04 EMBU	09 LUHYA	14 MIJIKENDA	
05 KALENJIN	10 MARAGOLI	15 POKOT	

TEAM NUMBER [ ][ ]

TEAM SUPERVISOR NAME _____ 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 . . . . . ☐☐ MINUTES . . . . . ☐☐

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MORE PEOPLE
1	**2**	**3**	**4**	**5**	**6**	**7**	**7-1**
	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. RECORD THE FIRST NAME OF THE HEAD OF THE HOUSEHOLD AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	What is the relationship of {FULL NAME} to the head of the household? SEE CODES BELOW.	Is {FULL NAME} male or female?	Does {FULL NAME} usually live here?	Did {FULL NAME} stay here last night?	How old is {FULL NAME}? IF 95 OR MORE, RECORD '95'	Are there any other persons living in this household?
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	Y N 1 → GO TO NEXT LINE 2 GO TO 7A ←
02			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A ←
03			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A ←
04			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A ←
05			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A ←

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: RELATIONS

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT

HOUSEHOLD SCHEDULE

IF AGE 15 OR OLDER			IF AGE 3 YEARS OR OLDER			IF AGE 0-4 YEARS	IF USUAL HOUSEHOLD MEMBER			
MARITAL STATUS	ELIGIBILITY	LINE NO.	EVER ATTENDED SCHOOL			BIRTH REGISTRATION	HEALTH INSURANCE			
8	**9**		**16**	**17A**	**17B**	**20**	**27**	**28**	**29**	**30**
What is {FIRST NAME}'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED 3=SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		Has {FIRST NAME} ever attended school or any early childhood education program?	What is the highest level of school {FIRST NAME} has attended? SEE CODES BELOW.	What is the highest grade {FIRST NAME} completed at that level? SEE CODES BELOW.	Does {FIRST NAME} have a birth certificate? IF NO, PROBE: Has {FIRST 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	CHECK 7: IF 18+: Is {FIRST NAME} registered under the Social Health Authority (SHA)? CHECK 7: IF LESS THAN 18: Is {FIRST NAME} registered under the Social Health Authority (SHA) or a dependent of a registered adult? IF YES, PROBE: Are they registered in their own right or as a dependent? 1 = YES, REGISTERED IN THEIR OWN RIGHT 2 = DEPENDENT 3 = NOT REGISTERED 8 = DON'T KNOW	Has {FIRST NAME's} premiums been paid for the current month for Social Health Insurance Fund (SHIF)? 1 = YES 2 = NO 8 = DON'T KNOW	Is {FIRST NAME} covered by any other health insurance? 1 = YES 2 = NO 8 = DON'T KNOW	What type of health insurance is {FIRST NAME} covered by? A=PRIVATE MEDICAL INSURANCE B = COMMUNITY BASED HEALTH INSURANCE C = COUNTY INSURANCE SCHEME D=EMPLOYER MANAGED INSURANCE SCHEME X = OTHER Z = DON'T KNOW
	01	01	Y N 1 2 ↓ GO TO 20	LEVEL	GRADE		Y D N DK 1 2 3 8 ↓ GO TO 29	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 101	A B C D X Z
	02	02	1 2 ↓ GO TO 20				1 2 3 8 ↓ GO TO 29	1 2 8	1 2 8 ↓ GO TO 101	A B C D X Z
	03	03	1 2 ↓ GO TO 20				1 2 3 8 ↓ GO TO 29	1 2 8	1 2 8 ↓ GO TO 101	A B C D X Z
	04	04	1 2 ↓ GO TO 20				1 2 3 8 ↓ GO TO 29	1 2 8	1 2 8 ↓ GO TO 101	A B C D X Z
	05	05	1 2 ↓ GO TO 20				1 2 3 8 ↓ GO TO 29	1 2 8	1 2 8 ↓ GO TO 101	A B C D X Z

SHIP TO HEAD OF HOUSEHOLD

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/

11 = NOT RELATED
98 = DON'T KNOW

CODES FOR Q17 : EDUCATION

LEVEL

0 = PRE-PRIMARY
1 = PRIMARY
2 = JUNIOR
3 = POST-PRIMARY VOCATIONAL
4 = SECONDARY/"A" LEVEL/SENIOR SCHOOL
5 = MIDDLE LEVEL COLLEGE/TVET (CERTIFICATE/DIPLOMA)
6 = UNIVERSITY
7 = SNE (STAGE BASED)
8 = INFORMAL EDUCATION (MADRASA/ADULT BASIC)
9 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
98 = DON'T KNOW

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)	→ 109 → 103 → 103
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)	→ 109
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ 109
104	How long does it take to go there, get water, and come back?	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 IF LESS THAN 10 . . . . . 0 [ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
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, 22, 23, OR 31 CIRCLED ↓ □ OTHER □		→ 117
114	CHECK 109: CODE 12 ↓ □ / CODE 13, 21, 22, OR 23 ↓ □ / CODE 31 ↓ □ a) Has your septic tank ever been emptied? b) Has your pit latrine ever been emptied? c) Has your composting toilet ever been emptied?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 117
115	CHECK 109: CODE 12 ↓ □ / CODE 13, 21, 22, OR 23 ↓ □ / CODE 31 ↓ □ a) The last time the septic tank was emptied, was it emptied by a service b) The last time the pit latrine was emptied, was it emptied by a service provider? c) The last time the composting toilet was emptied, was it emptied by a service provider?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

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 or cookstove is mainly used for cooking?	ELECTRIC STOVE . . . . . 01 SOLAR COOKER . . . . . 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE . . . . . 03 PIPED NATURAL GAS STOV . . . . . 04 BIOGAS STOVE . . . . . 05 LIQUID FUEL STOVE . . . . . 06 MANUFACTURED SOLID FUEL STOVE (JIKC . . 07 TRADITIONAL SOLID FUEL STOVE . . . . . 08 THREE STONE STOVE/OPEN FIRE . . . . . 09 NO FOOD COOKED IN HOUSEHOL . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 121 → 120 → 120 → 123 → 120
118	Does the stove have a chimney?	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	What does this household use to heat the home when needed? IF THE RESPONDENT SAYS ELECTRICITY OR GAS, ASK: What type of heater is the (electricity/gas) used in?	CENTRAL HEATING ..... 01 MANUFACTURED SPACE HEATER ..... 02 TRADITIONAL SPACE HEATER ..... 03 MANUFACTURED COOKSTOVE ..... 04 TRADITIONAL COOKSTOVE ..... 05 THREE STONE STOVE/OPEN FIRE ..... 06 FIRE PLACE ..... 07 NO HEATING IN HOUSEHOLD/NO NEED ..... 95 OTHER _____ 96 (SPECIFY)	→ 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 CROI ..... 13 ANIMAL DUNG/WASTE ..... 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 15 GARBAGE/PLASTIC ..... 16 SAWDUST ..... 17 OTHER _____ 96 (SPECIFY)	
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 CROI ..... 11 ANIMAL DUNG/WASTE ..... 12 OIL LAMP ..... 13 CANDLE ..... 14 NO LIGHTING IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS ..... [ ][ ]	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO 2	 → 130

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF MORE THAN 95, 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? h) Rabbits	a) LOCAL CATTLE (INDIGENOUS) . . [ ][ ] b) EXOTIC/GRADE CATTLE/ CROSSBREED . . . . . [ ][ ] c) HORSES/DONKEYS/MULES . . . . [ ][ ] d) GOATS . . . . . [ ][ ] e) SHEEP . . . . . [ ][ ] f) CHICKENS/POULTRY . . . . . [ ][ ] g) PIGS . . . . . [ ][ ] h) RABBITS . . . . . [ ][ ]	
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 [ ][ ][ ].[ ] HECTARES . . . . 2 [ ][ ][ ].[ ] SQ FT 3 [ ][ ][ ][ ][ ].[ ] 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 [ ][ ][ ].[ ] HECTARES . . . . 2 [ ][ ][ ].[ ] SQ FT 3 [ ][ ][ ][ ][ ].[ ] DON'T KNOW 999998	

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 PLAYER 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	
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	
136	How often does anyone smoke 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 . . . . . ☐	

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.	NET NUMBER	
140	I would like to take a look at the nets. Can you show me the first net? RECORD IF THE NET WAS OBSERVED OR NOT OBSERVED.	OBSERVED . . . . . 1 NOT OBSERVED 2	
141	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . . . MORE THAN 36 MONTHS AGO . . . . . 95 NOT SURE 98	
142	OBSERVE OR ASK THE 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 YORKOOL . . . . . 14 DAWA PLUS . . . . . 15 DURANET . . . . . 16 MAGNET . . . . . 17 VEERALIN . . . . . 18 MIRANET . . . . . 19 OTHER/DON'T KNOW BRAND (LLI . . . . . 21 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 / IMMUNIZATION 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	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NUMBER . . . . . [ ][ ] NAME _____ LINE NUMBER . . . . . [ ][ ] NAME _____ LINE NUMBER . . . . . [ ][ ] NAME _____ LINE NUMBER . . . . . [ ][ ]	→ 148
147	What was the main reason this net was not used last night?	TOO HOT . . . . . 01 DON'T LIKE NET SHAPE/COLOR/SIZE . . . . . 02 DON'T LIKE SMELL . . . . . 03 UNABLE TO HANG NET . . . . . 04 SLEPT OUTDOORS . . . . . 05 USUAL USER DIDN'T SLEEP HERE LAST NIGHT 06 NO MOSQUITOES/NO MALARIA . . . . . 07 EXTRA NET/SAVING FOR LATE . . . . . 08 NET TOO SMALL/SHORT . . . . . 09 NET BROUGHT BEDBUGS . . . . . 10 NET TOO OLD/ TORN/DAMAGE . . . . . 11 NET IS TOO DIRTY . . . . . 12 NO PLACE TO HANG NET . . . . . 13 OTHER _____ 96 (SPECIFY)	
148	GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149.		

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/PL 3 NOT OBSERVED, NO PERMISSION TO S . . . . 4 NOT OBSERVED, OTHER REASON 5	→ 152
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 OF 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 WOO . . . . . 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)	
154	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	**NATURAL WALLS** NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DIRT . . . . . 13 **RUDIMENTARY WALLS** BAMBOO WITH MUD . . . . . 21 STONE WITH MUD . . . . . 22 UNCOVERED ADOBE . . . . . 23 PLYWOOD . . . . . 24 CARDBOARD . . . . . 25 REUSED WOOD . . . . . 26 IRON SHEETS . . . . . 27 **FINISHED WALLS** CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 COVERED ADOBE . . . . . 35 WOOD PLANKS/SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	

HOUSEHOLD ENTERPRISES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
154A	Now, I would like to ask about non-agricultural income-generating enterprise operated or owned by members of this household.		
154B	Over the past one month, has anyone in this household operated or owned any non-agricultural income generating enterprise? e.g shop, tailoring, carpentry shops, posho mill, jua kali business, water kiosks/vendor, solid waste collection, etc.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 160
154C	Which income-generating activities does/did individuals in the household operate over the past one month and in which county did the activity take place? LIST ALL ESTABLISHMENTS/ENTERPRISES AND COUNTY OF OPERATION BEFORE COLLECTING INFORMATION ON EACH.	NAME OF ENTERPRISE _____ COUNTY CODE [ ][ ]	
154D	Now I would like to ask you some additional details about the businesses that members of your household operate or own. Please remember that your answers are completely confidential and will not be linked to your name or identity.		
154E	Who in the household operates or owns [ENTERPRISE]?	NAME _____ LINE NUMBER [ ][ ] NAME _____ LINE NUMBER [ ][ ]	
154F	What is the main economic activity of [ENTERPRISE]?	MANUFACTURING . . . . . 1 SERVICES 2	
154G	Is/was [ENTERPRISE] registered or licensed with any of the following? a) Business Registration Service (BRS) formerly Registrar of Companies b) County Government c) Micro and Small Enterprise Authority (MSEA) d) Professional Bodies e) Social Development Department f) Others (SPECIFY)	YES NO DK a) BUSINESS REGISTRATION SERVICE (BRS) FORMERLY REGISTRAR OF COMPANIES 1 2 8 b) COUNTY GOVERNMENT 1 2 8 c) MICRO AND SMALL ENTERPRISE AUTHORITY (MSEA) 1 2 8 d) PROFESSIONAL BODIES 1 2 8 e) SOCIAL DEVELOPMENT DEPARTMENT 1 2 8 f) OTHER (SPECIFY) 1 2 8	
154H	How many persons are/were engaged in this income generating activity [ENTERPRISE]? IF THE ENTERPRISE IS OPERATED OR OWNED BY THE RESPONDENT, HE/SHE SHOULD BE INCLUDED IN THE COUNT	NUMBER OF PERSONS ENGAGED [ ][ ]	

HOUSEHOLD ENTERPRISES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
154I	What is the total revenue from sales generated by [ENTERPRISE] during the [last month/last period of operation]? IF THE RESPONDENT IS ONLY ABLE TO PROVIDE THE DAILY SALES, PROBE TO ESTABLISH THE AVERAGE NUMBER OF DAYS WORKED IN A MONTH AND MULTIPLY WITH THE DAILY SALES TO OBTAIN THE MONTHLY VALUES	TOTAL REVENUE FROM SALES FOR A MONTH (KSh) ☐☐☐☐☐☐	
154J	GO BACK TO 154E FOR ADDITIONAL HOUSEHOLD ENTERPRISES OWNED OR OPERATED; OR, IF NO MORE ENTERPRISES, GO TO 160.		

HOUSEHOLD MEMBER DEATH REGISTRATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
160	Now, I would like to ask about recent deaths of your hourshold members. Since January 2020, has this household experienced the loss of any usual member, whether due to natural causes or other circumstances? Please do not include any pregnancy losses (including stillbirths or miscarriages).	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 177A
161	How many usual members of this household have died between 2020-2025?	NUMBER OF HOUSEHOLD MEMBERS WHO DIED IN 2020-2025 . . . . . [ ]	
162	Now I would like to record the names of members of this households who died between 2020-2025, starting with the member who died most recently. LIST ALL USUAL HOUSEHOLD MEMBERS WHO DIED SINCE JANUARY 2020 STARTING FROM THE MOST RECENT. ASK Q163 TO QH175 FOR EACH DEATH ONE BY ONE.		
163	What is the name of the member of this household who died (most recently/previously)?	NAME _____	
164	Was {NAME IN QH163} male or female?	MALE . . . . . 1 FEMALE 2	
164A	What is the relationship of {NAME IN QH163} to the head of the household? SEE CODES ON PAGE 1	[ ][ ]	
165	In what month and year did {NAME IN QH163} die?	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
166	IF MALE ↓ a) How old was {NAME IN QH163} when he died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS IF FEMALE ↓ b) How old was {NAME IN QH163} when she died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS	AGE AT DEATH IN COMPLETED YEARS . . . . . [ ][ ]	
167	Where did {NAME IN QH163} die?	IN A HEALTH FACILITY . . . . . 1 IN THE COMMUNITY . . . . . 2 DON'T KNOW 98	
167A	Was a death certificate issued for {NAME IN QH163} death? SHOW PICTURE	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 98	→ 177 → 168
167B	What was the main reason why the death certificate was not obtained for {NAME IN QH163}?	CULTURAL AND SOCIAL REASONS . . . . . 1 ACCESS AND GEOGRAPHICAL ISSUE . . . . . 2 COST . . . . . 3 PERCEIVED LACK OF BENEFIT . . . . . 4 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

HOUSEHOLD MEMBER DEATH REGISTRATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
168	Was a burial permit issued when {NAME IN QH163} died?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 98	→ 177 → 177
169	What was the main reason why a burial permit was not issued for {NAME IN QH163}?	CULTURAL AND SOCIAL REASONS . . . . . 1 ACCESS AND GEOGRAPHICAL ISSUE . . . . . 2 COST . . . . . 3 PERCEIVED LACK OF BENEFIT . . . . . 4 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
177	GO BACK TO 162 FOR PREVIOUS DEATH THAT OCCURRED IN 2020-2025; OR, IF NO MORE DEATHS, GO TO 200.		

PERCEPTIONS OF HARM AGAINST WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
177A	Now I'd like to ask you a few questions about how people in your community think and feel, so we can better understand the experiences of women and girls and whether they may face harm or violence.		
177AA	Are there specific groups of women or girls in your community who are at higher risk of violence? (e.g., indigenous women , migrants, etc.)	YES . . . . . 1 NO 2	
177AB	How safe do you think women or girls are in your community? Would you say very safe, safe, somewhat safe, not very safe?	VERY SAFE . . . . . 1 SAFE . . . . . 2 SOMEWHAT SAFE . . . . . 3 NOT VERY SAFE 4	
177AC	How do you think people in your community would react if they suspected a woman or a girl was at risk of being killed by her husband, partner or other family member or anyone else ? PROBE: Anything else?	MOBILIZE COMMUNITY RESCU . . . . . A REPORT TO POLICE . . . . . B REPORT TO NGAO (CHIEF, VILLAGE LEADER OR OTHER COMMUNITY . . . . . C TALK TO FAMILY . . . . . D DO NOTHING . . . . . E OTHER _____ X (SPECIFY)	
177AD	In your community, are there social, cultural or religious beliefs that justify violence against women or girls ?	YES . . . . . 1 NO 2	
177AE	Have you heard people blame women or girls for the violence they experience?	YES . . . . . 1 NO 2	
177AF	Do you think domestic violence is a private matter that should be handled within the family?	YES . . . . . 1 NO 2	
205	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS