



Household ID

--	--	--	--

CLUSTER NUMBER

--	--	--	--

HH NUMBER

## HOUSEHOLD QUESTIONNAIRE

### KENYA NATIONAL MICRONUTRIENTS SURVEY 2011

IDENTIFICATION			
HH01. CLUSTER (EA) NAME:.....		HH02. CLUSTER NUMBER: _____	
HH03. HOUSEHOLD NUMBER: _____		HH04. PROVINCE : .....	
HH05. DISTRICT : .....			
HH06. RESIDENCE (Rural = 1, Urban = 2,):____			
HH07. RESPONDENT NAME: .....		HH08. HOUSEHOLD HEAD NAME:.....	
HH09. INTERVIEWER NAME : _____ CODE _____		HH09. TEAM LEADER NAME : _____ CODE _____	
_____ / _____ / _____ DD MM YY		_____ / _____ / _____ DD MM YY	
HH10. SUPERVISOR NAME : _____ CODE _____			
_____ / _____ / _____ DD MM YY			
INTERVIEWER VISITS			
VISIT 1		VISIT 2	
DATE _____ / _____ / _____ DD MM YY		DATE _____ / _____ / _____ DD MM YY	
TIME: START: ____:____ STOP: ____:____		TIME: START: ____:____ STOP: ____:____	
**RESULT ..... _____		**RESULT ..... _____	
NEXT VISIT DATE: _____ / _____ / _____ DDMMYY		NEXT VISIT DATE: _____ / _____ / _____ DDMMYY	
TIME: ____: ____		TIME: ____: ____	
<b>**Result Of HH Interview:</b>  1. COMPLETED 2. NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME 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		TOTAL NO. OF VISITS: _____  HH11: FINAL INTERVIEW RESULT: _____	
HH12. TOTAL HOUSEHOLD MEMBERS: _____		HH13. TOTAL ELIGIBLE YOUNG CHILDREN 6-59 MO: _____ HH14. TOTAL ELIGIBLE PREGNANT WOMEN: _____ HH15. TOTAL ELIGIBLE WOMEN: _____	
		HH16. TOTAL ELIGIBLE CHILDREN 5-14 YR: _____  HH17. TOTAL ELIGIBLE MEN: _____	
HH18. MORE THAN 8 HOUSEHOLD MEMBERS (Mark yes/no) _____			
FOR OFFICE USE			
<i>The following section will be filled in office during data entry:</i>			
DATA MANAGER: _____ NAME CODE		DATA KEYED BY: _____ NAME CODE	
_____ / _____ / _____ DD MM YY		_____ / _____ / _____ DD MM YY	

## SOCIO DEMOGRAPHIC CHARACTERISTICS

Now we would like some information about the people who usually live in your household

					If <5 years of age			IF 15 YRS OR OLDER						IF AGE 3 YEARS OR OLDER												
LINE NO	USUAL RESIDENT	RELATIONSHIP TO HH HEAD	SEX	AGE	Date of Birth (DOB)	AGE in Months	Source of DOB	MARITAL STATUS	ELIGIBILITY					EVER ATTENDED SCHOOL												
	Please give me the names of the persons who usually live in your household, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?  M=1 F=2	How old is (NAME)?  (if >97, write 97)	Write Day / Month / Year	Write Age in months among 0-59 month children	Where did you obtain the DOB information?  1 Clinic card/book 2. Baptismal card 3 Birth certificate 4 Recall 5 Other Specify	What is (NAME'S) current marital status?  SEE CODES BELOW.	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 6-59 MONTHS	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 5 - 14	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL PREGNANT WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 - 54	Has (NAME) ever attended school?  Yes=1 No =0 (0→SKIP H16 , H17)	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.	What is the highest grade of school (NAME) has completed?  SEE CODES BELOW.										
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12	HL13	HL14	HL15	HL16	HL17										
01				IN YEARS	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>											IN MONTHS			01	01	01	01	01		LEVEL	GRADE
02				IN YEARS	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>											IN MONTHS			02	02	02	02	02		LEVEL	GRADE

### CODE QUESTION HL3

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

### CODE QUESTION HL9

1= SINGLE/NEVER MARRIED  
 2=MARRIED / LIVING TOGETHER MONOGAMOUS  
 3=MARRIED / LIVING TOGETHER POLYGAMOUS  
 4=DIVORCED / SEPARATED  
 5= WIDOWED

### CODE QUESTION HL16

0 = Preschool  
 1 = Primary  
 2= Post primary/Vocational  
 3=Secondary, A Level  
 4=College (Middle Level)  
 5= University  
 7=Other  
 8= Don't know

### CODE QUESTION HL17

PRESCHOOL = 00

#### PRIMARY SCHOOL:

01 = STD 1  
 02 = STD 2  
 03= STD 3  
 04 = STD 4  
 05 = STD 5  
 06 = STD 6  
 07 = STD 7  
 08 = STD 8

#### SECONDARY SCHOOL:

09= FORM 1  
 10= FORM 2  
 11= FORM 3  
 12 = FORM 4  
 13= FORM 5  
 14 = FORM 6

#### UNIVERSITY:

15 = UNIV 1  
 16 = UNIV 2  
 17 = UNIV 3  
 18 = UNIV 4  
 19 = UNIV 5 & ABOVE  
 20 = VOCATIONAL TRAINING

Household ID

   
  

CLUSTER NUMBER

HH NUMBER

					If <5 years of age			IF 15 YRS OR OLDER						IF AGE 3 YEARS OR OLDER		
LINE NO	USUAL RESIDENT	RELATIONSHIP TO HH HEAD	SEX	AGE	Date of Birth (DOB)	AGE in Months	Source of DOB	MARITAL STATUS	ELIGIBILITY					EVER ATTENDED SCHOOL		
	Please give me the names of the persons who usually live in your household, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?  M=1 F=2	How old is (NAME)?  (if >97, write 97)	Write Day / Month / Year	Write Age in months among 0-59 month children	Where did you obtain the DOB information?  1 Clinic card/book 2. Baptismal card 3 Birth certificate 4 Recall 5 Other Specify	What is (NAME'S) current marital status?  SEE CODES BELOW.	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 6-59 MONTHS	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 5 - 14	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL PREGNANT WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 - 54	Has (NAME) ever attended school?  Yes=1 No =0 (0→SKIP H16 , H17)	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.	What is the highest grade of school (NAME) has completed?  SEE CODES BELOW.
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12	HL13	HL14	HL15	HL16	HL17
03				IN YEARS	DAY MO YR	IN MONTHS			03	03	03	03	03		LEVEL	GRADE
04				IN YEARS	DAY MO YR	IN MONTHS			04	04	04	04	04		LEVEL	GRADE

## CODE QUESTION HL3

01 = HEAD  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER  
04 = SON OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT  
07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER  
09 = NIECE /NEPHEW BY BLOOD  
10 = NIECE/ /NEPHEW BY MARRIAGE  
11 = OTHER RELATIVE  
12 = ADOPTED /FOSTER/STEPCHILD  
13 = NOT RELATED

## CODE QUESTION HL9

1= SINGLE/NEVER MARRIED  
2=MARRIED / LIVING TOGETHER MONOGAMOUS  
3=MARRIED / LIVING TOGETHER POLYGAMOUS  
4=DIVORCED / SEPARATED  
5= WIDOWED

## CODE QUESTION HL16

0 = Preschool  
1 = Primary  
2= Post primary/Vocational  
3=Secondary, A Level  
4=College (Middle Level)  
5= University  
7=Other  
8= Don't know

## CODE QUESTION HL17

PRESCHOOL = 00  
  
PRIMARY SCHOOL:  
01 = STD 1  
02 = STD 2  
03= STD 3  
04 = STD 4  
05 = STD 5  
06 = STD 6  
07 = STD 7  
08 = STD 8

SECONDARY SCHOOL:  
09= FORM 1  
10= FORM 2  
11= FORM 3  
12 = FORM 4  
13= FORM 5  
14 = FORM 6

UNIVERSITY:  
15 = UNIV 1  
16 = UNIV 2  
17 = UNIV 3  
18 = UNIV 4  
19 = UNIV 5 & ABOVE  
  
20 = VOCATIONAL TRAINING

					If <5 years of age			IF 15 YRS OR OLDER							IF AGE 3 YEARS OR OLDER		
LINE NO	USUAL RESIDENT	RELATIONSHIP TO HH HEAD	SEX	AGE	Date of Birth (DOB)	AGE in Months	Source of DOB	MARITAL STATUS	ELIGIBILITY					EVER ATTENDED SCHOOL			
	Please give me the names of the persons who usually live in your household, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?  M=1 F=2	How old is (NAME)?  (if >97, write 97)	Write Day / Month / Year	Write Age in months among 0-59 month children	Where did you obtain the DOB information?  1 Clinic card/book 2 Baptismal card 3 Birth certificate 4 Recall 5 Other Specify	What is (NAME'S) current marital status?  SEE CODES BELOW.		CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 6-59 MONTHS	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 5 - 14	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL PREGNANT WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 - 54	Has (NAME) ever attended school?  Yes=1 No =0 (0→SKIP H16 , H17)	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.	What is the highest grade of school (NAME) has completed?  SEE CODES BELOW.
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12	HL13	HL14	HL15	HL16	HL17	
05				IN YEARS	DAY	IN MONTHS			05	05	05	05	05		LEVEL	GRADE	
					MO												
					YR												
06				IN YEARS	DAY	IN MONTHS			06	06	06	06	06		LEVEL	GRADE	
					MO												
					YR												

## CODE QUESTION HL3

01 = HEAD  
 02 = WIFE OR HUSBAND  
 03 = SON OR DAUGHTER  
 04 = SON OR DAUGHTER-IN-LAW  
 05 = GRANDCHILD  
 06 = PARENT  
 07 = PARENT-IN-LAW  
 08 = BROTHER OR SISTER  
 09 = NIECE /NEPHEW BY BLOOD  
 10 = NIECE/ /NEPHEW BY MARRIAGE  
 11 = OTHER RELATIVE  
 12 = ADOPTED /FOSTER/STEPCHILD  
 13 = NOT RELATED

## CODE QUESTION HL9

1=SINGLE/NEVER MARRIED  
 2=MARRIED / LIVING TOGETHER MONOGAMOUS  
 3=MARRIED / LIVING TOGETHER POLYGAMOUS  
 4=DIVORCED / SEPARATED  
 5= WIDOWED

## CODE QUESTION HL16

0 = Preschool  
 1 = Primary  
 2= Post primary/Vocational  
 3=Secondary, A Level  
 4=College (Middle Level)  
 5= University  
 7=Other  
 8= Don't know

## CODE QUESTION HL17

PRESCHOOL = 00  
  
 PRIMARY SCHOOL:  
 01 = STD 1  
 02 = STD 2  
 03= STD 3  
 04 = STD 4  
 05 = STD 5  
 06 = STD 6  
 07 = STD 7  
 08 = STD 8

SECONDARY SCHOOL:  
 09= FORM 1  
 10= FORM 2  
 11= FORM 3  
 12 = FORM 4  
 13= FORM 5  
 14 = FORM 6

UNIVERSITY:  
 15 = UNIV 1  
 16 = UNIV 2  
 17 = UNIV 3  
 18 = UNIV 4  
 19 = UNIV 5 & ABOVE  
  
 20 = VOCATIONAL TRAINING

88 = DON'T KNOW

Household ID

--	--	--	--

CLUSTER NUMBER

--	--	--

HH NUMBER

					If <5 years of age			IF 15 YRS OR OLDER							IF AGE 3 YEARS OR OLDER											
LINE NO	USUAL RESIDENT	RELATIONSHIP TO HH HEAD	SEX	AGE	Date of Birth (DOB)	AGE in Months	Source of DOB	MARITAL STATUS	ELIGIBILITY						EVER ATTENDED SCHOOL											
	Please give me the names of the persons who usually live in your household, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?  M=1 F=2	How old is (NAME)?  (if >97, write 97)	Write Day / Month / Year	Write Age in months among 0-59 month children	Where did you obtain the DOB information?  1 Clinic card/book 2. Baptismal card 3 Birth certificate 4 Recall 5 Other Specify	What is (NAME'S) current marital status?  SEE CODES BELOW.	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 6-59 MONTHS	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 5 - 14	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL PREGNANT WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 - 54	Has (NAME) ever attended school?  Yes=1 No =0 (0→SKIP H16 , H17)	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.	What is the highest grade of school (NAME) has completed?  SEE CODES BELOW.										
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12	HL13	HL14	HL15	HL16	HL17										
07				IN YEARS	DAY <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MO <table border="1"><tr><td></td><td></td></tr></table> YR <table border="1"><tr><td></td><td></td></tr></table>											IN MONTHS			07	07	07	07	07		LEVEL	GRADE
08				IN YEARS	DAY <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MO <table border="1"><tr><td></td><td></td></tr></table> YR <table border="1"><tr><td></td><td></td></tr></table>											IN MONTHS			08	08	08	08	08		LEVEL	GRADE

**CODE QUESTION HL3**

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

2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed?

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

**CODE QUESTION HL9**

- 1=SINGLE/NEVER MARRIED  
 2=MARRIED / LIVING TOGETHER MONOGAMOUS  
 3=MARRIED / LIVING TOGETHER POLYGAMOUS  
 4=DIVORCED / SEPARATED  
 5= WIDOWED

**CODE QUESTION HL16**

- 0 = Preschool  
 1 = Primary  
 2= Post primary/Vocational  
 3=Secondary, A Level  
 4=College (Middle Level)  
 5= University  
 7=Other  
 8= Don't know

**CODE QUESTION HL17**

- PRIMARY SCHOOL:**  
 01 = STD 1  
 02 = STD 2  
 03= STD 3  
 04 = STD 4  
 05 = STD 5  
 06 = STD 6  
 07 = STD 7  
 08 = STD 8

- SECONDARY SCHOOL:**  
 09= FORM 1  
 10= FORM 2  
 11= FORM 3  
 12 = FORM 4  
 13= FORM 5  
 14 = FORM 6

- UNIVERSITY:**  
 15 = UNIV 1  
 16 = UNIV 2  
 17 = UNIV 3  
 18 = UNIV 4  
 19 = UNIV 5 & ABOVE  
 20 = VOCATIONAL TRAINING

Household ID

--	--	--	--

--	--	--

CLUSTER NUMBER

HH NUMBER

## SOCIO-ECONOMIC CHARACTERISTICS

NO	QUESTION	CODING CATEGORIES	Skip			
H1	What is the main source of drinking water for members of your household?	<u>Piped water</u> Piped into dwelling..... 01 Piped to compound/plot..... 02 Public tap/standpipe..... 03 Tube well or borehole..... 04  <u>Dug well</u> protected well..... 05 unprotected well..... 06  <u>Water from spring</u> protected spring..... 07 unprotected spring..... 08 Rainwater..... 09 Tanker truck..... 10 Cart with small tank..... 11  <u>Surface water</u> (river/dam/lake/pond/stream/canal/irrigation channel) Bottled water..... 12 Other ..... 13 ..... (specify) 77	01→ H6 02→ H6			
H2	What is the main source of water used by your household for other purposes such as cooking and hand washing?	<u>Piped water</u> Piped into dwelling..... 01 Piped to compound/plot..... 02 Public tap/standpipe..... 03 Tube well or borehole..... 04  <u>Dug well</u> protected well..... 05 unprotected well..... 06  <u>Water from spring</u> protected spring..... 07 unprotected spring..... 08 Rainwater..... 09 Tanker truck..... 10 Cart with small tank..... 11  <u>Surface water</u> (river/dam/lake/pond/stream/canal/irrigation channel) Other ..... 12 ..... (specify) 77	01→ H6 02→ H6       09→ H6			
H3	Where is that water source located?	In own dwelling..... 1 In own yard/plot..... 2 Elsewhere..... 3	1→ H6			
H4	How long does it take to go there, get water, and come back?	Minutes..... <table border="1"><tr><td></td><td></td><td></td></tr></table>				
H5	Who usually goes to this source to fetch the water for your household?  (CIRCLE ALL THAT APPLY)	Adult woman..... 1 Adult man..... 2 Female child under 15 years old..... 3 Male child under 15 years old..... 4 Other (specify)..... 7				
H6	Do you do anything to the water to make it safer to drink?	No ..... 0 Yes ..... 1	0→ H8			

<b>H7</b>	What do you usually do to make the water safer to drink?	Boil.....	01	
		Waterguard.....	02	
		Pur.....	03	
	Anything else?	Aquatabs.....	04	
		Chlorine dispenser.....	05	
		Aquaguard.....	06	
	RECORD ALL MENTIONED.	Other bleach/chlorine .....	07	
		Strain through a cloth.....	08	
		Chujio ceramic filter.....	09	
		Lifestraw filter.....	10	
		Biosand filter.....	11	
		Other Ceramic filter .....	12	
		Solar disinfection .....	13	
		Aluminium sulfate (alum).....	14	
		Let it stand and settle .....	15	
		Filter.....	16	
		Other _____	77	
		(specify)		
		Don't know .....	88	



Household ID

--	--	--	--

--	--	--

CLUSTER NUMBER

HH NUMBER

<b>H8</b>	What kind of latrine/toilet facility do members of your household usually use?	<u>Flush or pour flush toilet</u> Flush to piped sewer system..... 01 Flush to septic tank..... 02 Flush to pit latrine ..... 03 Flush to somewhere else ..... 04 Flush, don't know where..... 05 ..... 06 <u>Pit latrine</u> Ventilated improved pit latrine..... 07 Pit latrine with slab..... 08 Pit latrine without slab/open pit ..... 09 Composting toilet ..... 10 Bucket toilet ..... 11 Hanging toilet/hanging latrine..... 12 No facility/bush/field ..... 13 Other ..... 77 (specify)	13→H11	
<b>H9</b>	Do you share this toilet facility with other households?	No ..... 0 Yes ..... 1	0→H11	
<b>H10</b>	How many households use this toilet facility?	Number of households if less than 10: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> Ten or more households..... 10 Don't know..... 88		
<b>H11</b>	Main material of the floor:  RECORD OBSERVATION.	<u>Natural floor</u> Earth/sand..... 01 Dung..... 02 <u>Rudimentary floor</u> Wood planks..... 03 Palm/bamboo ..... 04 <u>Finished floor</u> Parquet or polished wood..... 05 Vinyl or asphalt strips ..... 06 Ceramic tiles..... 07 Cement..... 08 Carpet ..... 09 Other ..... 77 (specify)		
<b>H12</b>	Main material of the roof of the house:  RECORD OBSERVATION.	<u>Natural roofing</u> Grass / thatch / makuti..... 01 Dung / mud ..... 02 <u>Rudimentary roofing</u> Corrugated iron (mabati) ..... 03 Tin cans ..... 04 <u>Finished roofing</u> Asbestos sheet ..... 05 Concrete..... 06 Tiles..... 07 Other ..... 77 (specify)		

<b>H13</b>	Main material of the (inside) walls of the house:  RECORD OBSERVATION.	<u>Natural walls</u> No walls..... 01 Cane/palm/trunks..... 02 Dirt/Mud/Dung ..... 03 Bamboo with mud..... 04 <u>Rudimentary walls</u> Stone with mud..... 05 Uncovered adobe..... 06 Plywood..... 07 Cardboard..... 08 Reused wood..... 09 <u>Finished walls</u> Cement..... 10 Stone with lime/cement..... 11 Bricks..... 12 Cement blocks..... 13 Covered adobe..... 14 Wood planks/shingles..... 15 Other..... 77 (specify)			
<b>H14</b>	Does your household have:	Clock/watch ..... No Yes 0 1 Electricity ..... 0 1 Radio ..... 0 1 Television ..... 0 1 Mobile telephone ..... 0 1 Fixed telephone ..... 0 1 Refrigerator ..... 0 1 Solar panel..... 0 1			
<b>H15</b>	What type of fuel does your household <b>mainly</b> use for cooking?	Electricity. .... 01 LPG/natural gas..... 02 Biogas..... 03 Kerosene..... 04 Coal, lignite..... 05 Charcoal..... 06 Wood..... 07 Straw/shrubs/grass. .... 08 Agricultural crop (Biomass)..... 09 Animal dung..... 10 No food cooked in household..... 11 Other..... 77 (specify)	11→ H18		
<b>H16</b>	Is the cooking usually done in the house, in a separate building, or outdoors?	In the house..... 01 In a separate building..... 02 Outdoors..... 03 Other..... 07 (specify)	02→H18 03→H18 07→ H18		
<b>H17</b>	Do you have a separate room which is used as a kitchen?	No ..... 0 Yes ..... 1			
<b>H18</b>	How many rooms in this household are used for sleeping?	Rooms <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
<b>H19</b>	Does any member of this household own:	Bicycle..... No Yes 0 1 Motorcycle/scooter..... 0 1 Animal-drawn cart..... 0 1 Car/truck..... 0 1 Boat with motor..... 0 1			

Household ID

--	--	--	--

--	--	--

CLUSTER NUMBER HH NUMBER

<b>H20</b>	Does your household own this structure (house, flat, shack), do you rent it, or do you live here without pay?	Owns..... 1 Pays rent/lease..... 2 No rent, w. Consent of owner..... 3 No rent, squatting..... 4																												
<b>H21</b>	Does your household own the land on which the structure (house, flat, stands, shack) sits?	Owns..... 1 Pays rent/lease..... 2 No rent, w. Consent of owner..... 3 No rent, squatting..... 4																												
<b>H22</b>	Does any member of this household own any agricultural land?	No ..... 0 Yes ..... 1	<b>0→H24</b>																											
<b>H23</b>	How many acres of land (altogether) are owned by the members of this family?  IF MORE THAN 99, WRITE '100'. IF UNKNOWN, WRITE 888.	Less than 1 acre.....0 Number of acres ..... <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Unknown .....888																												
<b>H24</b>	Does this household own any livestock, herds, other farm animals, or poultry?	No ..... 0 Yes ..... 1	<b>0→H26</b>																											
<b>H25</b>	If yes to H24, which animals?  IF NONE, WRITE 000, IF MORE THAN 1,000, WRITE 999	Number of animals  1 Local cattle (Indigenous) <table border="1"><tr><td></td><td></td><td></td></tr></table> 2 Milk cows or bulls <table border="1"><tr><td></td><td></td><td></td></tr></table> 3 Horse/donkey/mule <table border="1"><tr><td></td><td></td><td></td></tr></table> 4 Goats <table border="1"><tr><td></td><td></td><td></td></tr></table> 5 Sheep <table border="1"><tr><td></td><td></td><td></td></tr></table> 6 Poultry <table border="1"><tr><td></td><td></td><td></td></tr></table> 7 Camels <table border="1"><tr><td></td><td></td><td></td></tr></table> 8 Pigs <table border="1"><tr><td></td><td></td><td></td></tr></table> 9 Rabbits <table border="1"><tr><td></td><td></td><td></td></tr></table>																												
<b>H26</b>	At any time in the past 12 months, has anyone come into your house to spray the inside walls against mosquitoes?	No ..... 0 Yes ..... 1 Don't know ..... 8	<b>0→H28</b> <b>8→H28</b>																											
<b>H27</b>	How many months ago was the house sprayed?	Months ago..... <table border="1"><tr><td></td><td></td></tr></table> IF LESS THAN ONE MONTH, WRITE '00'																												
<b>H28</b>	Does your household have any mosquito nets that can be used while sleeping?	No ..... 0 Yes ..... 1	<b>0→H31</b>																											
<b>H29</b>	Did anyone sleep under these mosquito net(s) last night?	No ..... 0 → <b>H31</b> Yes ..... 1 Don't know.....8 → <b>H31</b>																												

<b>H30</b>	Who slept under this mosquito net last night?	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
	RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
<b>H30z</b>		GO BACK TO H29 FOR NEXT NET; OR, IF NO MORE NETS GO TO H31.	GO BACK TO H29 FOR NEXT NET; OR, IF NO MORE NETS GO TO H31.	GO TO H31.

## FOOD FORTIFICATION

THANK YOU FOR YOUR RESPONSE NOW I WANT TO ASK YOU QUESTIONS RELATED TO FOOD				
MAIZE FLOUR FORTIFICATION				SKIP
<b>H31</b>	What type of maize flour do you use?	Do not use maize flour..... 0 Locally Milled (with husk - Grade 2)..... 1 Locally Milled (dehusked – Grade 1) ..... 2 Processed/refined flour..... 3 Both (Milled and processed/refined)..... 4 Other (specify)..... 7		<b>0→ H39</b>
<b>H32</b>	How many Kg of maize flour does your household use daily? (on an average)  (READ THE CATEGORIES ALOUD)	Less than 1 KG..... 0 1 to less than 2 KG..... 1 2 to less than 3 KG..... 2 3 to less than 4 KG..... 3 More than 4 KG..... 4		
<b>H33</b>	What brand of maize flour do you purchase most often?	No one purchases flour (from own production).... 0 No one purchases flour (other source)..... 1 Brand (specify) ..... 2 Brandless maize flour..... 3 Don't know.....		<b>0→H39 1→H35</b>
<b>H34</b>	Where do you purchase your maize flour?	From the supermarket..... 1 From Kiosk/retail seller/posho mills..... 2 Other (specify)..... 7		
<b>H35</b>	Does the maize flour you use have added iron and other vitamins and minerals?	No ..... 0 Yes ..... 1 Don't know..... 8		
<b>INTERVIEWER: Ask to see the maize flour</b>				
<b>H36</b>	[Does the package of maize flour state that the maize flour is fortified?]	No, there is no label on the maize flour..... 0 Yes..... 1 No, has a label, but it does not say fortified..... 2 There is no maize flour in the household..... 3		<b>3→ H39</b>
<b>H37</b>	[What is the brand of maize flour in the house?]	Brand (specify)..... 1 Brandless flour..... 2 Other labeled type (specify)..... 7 Don't know..... 8		
<b>CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING</b>				

Household ID

--	--	--	--

--	--	--

CLUSTER NUMBER

HH NUMBER

**INTERVIEWER: "We Would Like To Take A Sample Of Your Maize Flour For Testing For Added Vitamins In Our Laboratory". Collect a 15g sample (NO MIXED FLOURS)**

<b>H38</b>	[Was a sample collected?]  [AFFIX LABEL ON SAMPLE COLLECTED]	No, no maize flour in household.....	0	
		No, only mixed maize flour in household.....	1	
		Yes.....	2	
		No, refused to give sample.....	9	

**WHEAT FLOUR FORTIFICATION****SKIP**

<b>H39</b>	What type of wheat flour do you use?	Do not use wheat flour.....	0	<b>0→H47</b>
		Whole wheat flour (unhusked).....	1	
		White wheat flour.....	2	
		Both (Milled and processed/refined).....	3	
		Other (specify) _____	7	
<b>H40</b>	How many Kg of wheat flour does your household use monthly? (on an average)  (READ THE CATEGORIES ALOUD)	Less than 1/2 KG.....	0	
		1/2 to less than 1 KG.....	1	
		1 to less than 2 KG.....	2	
		2 to less than 3 KG.....	3	
		More than 3 KG.....	4	
<b>H41</b>	What brand of wheat flour do you purchase most often?	No one purchases flour (from own production)....	0	<b>0→H47 1→H43</b>
		No one purchases flour (from other source).....	1	
		Brand (specify) _____	2	
		Brandless wheat flour.....	3	
		Don't know.....	8	
<b>H42</b>	Where do you purchase your wheat flour?	From the supermarket.....	1	
		From Kiosk/retail seller.....	2	
		Other (specify) _____	7	
<b>H43</b>	Does the wheat flour you use have added iron and other vitamins and minerals?	No .....	0	
		Yes.....	1	
		Don't know.....	8	

**INTERVIEWER: Ask to see the wheat flour**

<b>H44</b>	[Does the package of wheat flour state that the wheat flour is fortified?]	No, there is no label on the wheat flour.....	0	<b>3→H47</b>
		Yes.....	1	
		No, has a label, but it does not say fortified.....	2	
		There is no wheat flour in the household.....	3	
<b>H45</b>	[What is the brand of wheat flour in the house?]	Brand (specify) _____	1	
		Brandless flour.....	2	
		Other labeled type (specify) _____	7	
		Don't know.....	8	

**CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING**

**INTERVIEWER: "We would like to take a sample of your wheat flour for testing for added vitamins in our laboratory". Collect a 15g sample. (NO MIXED FLOURS)**

<b>H46</b>	[Was a sample collected?]  [AFFIX LABEL ON SAMPLE COLLECTED]	No, no wheat flour in household.....	0	
		Yes.....	1	
		No, refused to give sample.....	9	

**SALT FORTIFICATION****SKIP**

<b>H47</b>	Where do you purchase your household salt?	Do not use salt.....	0	<b>0→H64 1→H55 2→H52</b>
		Do not purchase salt (local natural source).....	1	
		Do not purchase salt (other source)	2	
		From a supermarket.....	3	
		From a kiosk.....	4	
		From weekly market.....	5	
		Other (specify) _____	7	

<b>H48</b>	What brand of household salt do you purchase most often?	Brand ( <i>specify</i> ) _____ 1 Brandless salt..... 2 Don't know..... 8	
<b>H49</b>	In what form do you buy salt?  (MULTIPLE RESPONSES ALLOWED)	Loose..... 1 Packaged..... 2 Other ( <i>specify</i> ) _____ 7	
<b>H50</b>	How often do you buy salt?  (READ ALL RESPONSES)	More than once a month..... 0 Once a month..... 1 Once in 2 to less than 3 months..... 2 Once in 4 to less than 6 months..... 3 Other ( <i>specify</i> ) _____ 7	
<b>H51</b>	On average, how much salt do you buy and what is the price?	Less than 100 g..... 1 a)Price_____/100g 100 up to 250 g..... 2 b)Price_____/250g More than 250g and up to 500 g..... 3 c)Price_____/500g More than 500g and up to 1kg..... 4 d)Price_____/Kg More than 1kg ..... 5 e)Price_____/Kg	
<b>H52</b>	Do you know if the salt that you use most often has added iodine?	No ..... 0 Yes ..... 1 Do not purchase salt..... 3	<b>0→H55</b> <b>3→H55</b>
<b>H53</b>	Do you look/ask for salt with iodine added (iodized salt) when you purchase it for your home?	No ..... 0 Yes ..... 1	
<b>H54</b>	When were you last unable to buy iodized salt?	Never available..... 0 Always available..... 1 Not available within last one month..... 2 Not available within last 6 months ..... 3 Not available within last 1 year..... 4 Other (Specify) _____ 7	
<b>H55</b>	Are you aware of any regulations regarding the sale of salt?	No ..... 0 Yes ..... 1	
<b>H56</b>	Where do you keep salt?	Do not use salt..... 1 In the kitchen..... 2 In the store room..... 3 Outside the house..... 4 Other (Specify) _____ 7	
<b>H57</b>	How do you store salt?  (MULTIPLE CHOICES ALLOWED)	Container with lid..... 1 Container without lid..... 2 The same bag/packet in which salt is bought.... 3 Lying on the table/floor (uncovered)..... 4 Lying on the table/floor (covered)..... 5 Other (Specify) _____ 7	
<b>H58</b>	Why do you store it the way you do?  (MULTIPLE CHOICES ALLOWED)	Easier..... 1 Don't have any other place to store..... 2 Keeps it from getting wet..... 3 Other (specify) _____ 7	
<b>H59</b>	Do you feed the same salt to livestock?	No livestock..... 0 No salt is given to livestock..... 1 Yes, HH salt same as livestock salt..... 2 Different salt is given to livestock..... 3	
<b>H60</b>	At what time do you add salt to food when cooking?	No salt added to food when cooking..... 0 When food is raw, before cooking..... 1 During cooking half way..... 2 After cooking, but before serving ..... 3	

Household ID

--	--	--	--

--	--	--

CLUSTER NUMBER

HH NUMBER

<b>INTERVIEWER: Ask to see the package of salt</b>			
<b>H61</b>	[Does the package of table food salt say "iodized"?]	No, there is no label on the salt..... 0 Yes..... 1 No, has a label, but it does not say iodized..... 2 There is no package..... 3 No salt in the household..... 4	<b>4→H64</b>
<b>H62</b>	[What is the brand of salt in the house?]	Brand (specify)..... 1 Brandless salt..... 2 Other labeled type (specify)..... 7 Don't know..... 8	
<b>CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING</b>			
<b>INTERVIEWER: "We would like to take a sample of your salt for testing for added iodine in our laboratory".</b>			
<b>Collect a 50g sample.</b>			
<b>H63</b>	[Was a sample collected?]	No, no salt in household..... 0 Yes..... 1	
	[Affix label on sample collected]	No, refused to give sample..... 9	
<b>SUGAR FORTIFICATION</b>			<b>SKIP</b>
<b>"NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE SUGAR THAT YOU USE"</b>			
<b>H64</b>	Do you use sugar in this household?	No ..... 0 Yes..... 1	<b>0→H72</b>
<b>H65</b>	How many KG of sugar does your household use monthly? (on an average)  (READ THE CATEGORIES ALOUD)	Less than 1/4 KG..... 0 1/4 to less than 1/2 KG..... 1 1/2 to less than 1 KG..... 2 1 to less than 2 KG..... 3 More than 2 KG..... 4	
<b>H66</b>	What brand of sugar do you purchase most often?	Do not purchase sugar..... 0 Brand (specify)..... 1 Brandless sugar..... 2 Don't know..... 8	<b>0→H68</b>
<b>H67</b>	Where do you purchase your sugar?	From a supermarket..... 1 From a kiosk..... 2 Other (specify)..... 7	
<b>H68</b>	Does the sugar you use have added vitamin A?	No ..... 0 Yes..... 1 Don't know..... 8	
<b>Interviewer: Ask to see the package of sugar</b>			
<b>H69</b>	[Does the package of sugar say "fortified"?]	There is no label on the sugar..... 0 Yes..... 1 No; has a label but it does not say fortified..... 2 There is no package..... 3 No sugar in the household..... 4	<b>4→H72</b>
<b>H70</b>	[What is the brand of sugar in the house?]	Brand (specify)..... 1 Brandless sugar..... 2 Other labeled type (specify)..... 7 Don't know..... 8	
<b>CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING</b>			
<b>INTERVIEWER: "We would like to take a sample of your sugar for testing for added vitamin A in our laboratory".</b>			
<b>Collect a 30g sample</b>			
<b>H71</b>	[Was a sample collected?]	No, no sugar in household..... 0 Yes..... 1	
	[AFFIX LABEL ON SAMPLE COLLECTED]	No, refused to give sample..... 9	

OILS/FATS FORTIFICATION				SKIP
<b>"NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE OIL/FAT THAT YOU USE"</b>				
H72	What type of oil/fats do you use when cooking?	Do not use oil/fat..... 0 Animal fat..... 1 Plant oil/fat..... 2 Both (animal and plant)..... 3 Other ( <i>specify</i> )..... 7		0→H80
H73	How many grams of oil/fat does your household use daily? (on average)  (READ CATEGORIES OUT LOUD)	Less than 10g..... 0 20-30g..... 1 30-50g..... 2 50-100g..... 3 More than 100g..... 4		
H74	What brand of oil/fat do you purchase most often?	Do not purchase oil/fat (homemade)..... 0 Do not purchase oil/fat (other source)..... 1 Brand ( <i>specify</i> )..... 2 Brandless oil/fat..... 3 Other labeled type ( <i>specify</i> )..... 7 _____ 8 Don't know..... 8		0→H80  1→H76
H75	Where do you purchase your oil/fat?	From supermarket..... 1 From Kiosk/retail seller..... 2 Other ( <i>specify</i> )..... 7		
H76	Does the oil/fat you use have added vitamin A?	No..... 0 Yes..... 1 Don't know..... 8		
<b>INTERVIEWER: Ask to see the oil/fat</b>				
H77	[Does the package of oil/fat state that the oil/fat is fortified?]	No, there is no label on the oil..... 0 Yes..... 1 No, has a label, but it does not say fortified..... 2 No oil/fat in the household..... 3		3→H80
H78	[What is the brand of oil/fat in the house?]	Brand ( <i>specify</i> )..... 1 Brandless oil/fat..... 2 Other labeled type ( <i>specify</i> )..... 7 _____ 8 Don't know..... 8		
<b>CHECK WHETHER THE HOUSEHOLD IS SELECTED FOR FOOD SAMPLING</b>				
<b>INTERVIEWER: "We would like to take a sample of your oil for testing for added vitamin A in our laboratory". Collect a 10g sample</b>				
H79	[Was a sample collected?]  [AFFIX LABEL ON SAMPLE COLLECTED]	No, no oil in household..... 0 Yes..... 1 No, refused to give sample..... 9		

Ask the following questions directly to each woman of reproductive age (15-49 years) in all households  
Mark all eligible pregnant women under the eligibility column in the Socio-demographic characteristics section

H80	LINE NUMBER	Are you pregnant now?	NO..... 0 YES..... 1 UNSURE..... 8	0→NEXT WOMAN 8→NEXT WOMAN; IF NO OTHER WOMAN →H86
H81		How many months pregnant are you?	MONTHS ..... <input type="text"/> <input type="text"/>	
H82	LINE NUMBER	Are you pregnant now?	NO..... 0 YES..... 1	0→NEXT WOMAN



Household ID

--	--	--	--

--	--	--

		CLUSTER NUMBER	HH NUMBER		
	_____	UNSURE..... 8	8→NEXT WOMAN;		
<b>H83</b>	How many months pregnant are you?	MONTHS ..... <table border="1"><tr><td></td><td></td></tr></table>			IF NO OTHER WOMAN →H86
<b>H84</b>	<b>LINE NUMBER</b> _____	Are you pregnant now?			
		NO..... 0 YES..... 1 UNSURE..... 8	0→NEXT WOMAN 8→NEXT WOMAN;		
<b>H85</b>	How many months pregnant are you?	MONTHS ..... <table border="1"><tr><td></td><td></td></tr></table>			IF NO OTHER WOMAN →H86
<b>H86</b>	Record time: End of Interview (hour of the day in 24h code)	_____ : _____			

**INTERVIEWER'S OBSERVATIONS**

**TO BE FILLED IN AFTER COMPLETING INTERVIEW**

**COMMENTS ABOUT RESPONDENT:**

---

---

---

---

---

---

**COMMENTS ON SPECIFIC QUESTIONS:**

---

---

---

---

**ANY OTHER COMMENTS:**

---

---

---

---

**TEAM LEADER'S OBSERVATIONS**

---

---

---

---

---

---

**NAME OF TEAM LEADER: \_\_\_\_\_ ID OF TEAM LEADER: \_\_\_\_\_ DATE: \_\_\_\_\_**

**EDITOR'S OBSERVATIONS**

---

---

---

---

**NAME OF EDITOR: \_\_\_\_\_ ID OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_**