

IDENTIFICATION																								
PROVINCE _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																							
DISTRICT _____																								
LOCATION/TOWN _____																								
SUBLOCATION/WARD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																							
NASSEP CLUSTER NUMBER.....																								
KDHS CLUSTER NUMBER.....																								
HOUSEHOLD NUMBER.....																								
NAIROBI/MOMBASA=1, SMALL CITY=2, TOWN=3, RURAL=4...	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																							
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																							
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1, NO=2)																								
INTERVIEWER VISITS	1	2	3	FINAL VISIT																				
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table>																				
				MONTH <table border="1" style="width: 20px; height: 20px;"></table>																				
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 20px; height: 20px;"></table>																				
RESULT *	_____	_____	_____	NAME <table border="1" style="width: 20px; height: 20px;"></table>																				
NEXT VISIT: DATE	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px;"></table>																				
TIME	_____	_____	_____	NO.OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>																				
<p>* RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>				TOTAL IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table>																				
				TOTAL WOMEN 15-49 <table border="1" style="width: 20px; height: 20px;"></table>																				
				MEN 20-54 <table border="1" style="width: 20px; height: 20px;"></table>																				
				LINE NO. OF RESP. TO HOUSE <table border="1" style="width: 20px; height: 20px;"></table>																				
				HOLD SCHEDULE																				
				LANGUAGE OF QUESTIONNAIRE: ENGLISH	1	0																		
NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY <table border="1" style="width: 20px; height: 20px;"></table>																				

**HOUSEHOLD SCHEDULE**

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY WOMEN	HUSBAND LINE NUMBER	ELIGIBILITY MEN			
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	IF ATTENDED SCHOOL		Is (NAME)'s natural mother alive?	IF ALIVE				Is (NAME)'s natural father alive?	IF ALIVE	
										What is the highest level of school (NAME) attended?	IF AGED LESS THAN 25 YEARS		Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (12)						Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (14)
(1)	(2)	(3)	YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL FORM	YES NO	YES NO DK		YES NO DK		(15)	(16)	(17)			
01			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		01		01		
02			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		02		02		
03			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		03		03		
04			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		04		04		
05			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		05		05		
06			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		06		06		
07			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		07		07		
08			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		08		08		
09			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		09		09		
10			1 2	1 2	1 2		1 2			1 2	1 2 8		1 2 8		10		10		

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HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL FORM	YES NO	YES NO DK		YES NO DK				
11			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		11		11
12			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		12		12
13			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		13		13
14			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		14		14
15			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		15		15
16			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		16		16
17			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		17		17
18			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		18		18
19			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		19		19
20			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		20		20

TICK HERE IF CONTINUATION SHEET USED  TOTAL NUMBER OF ELIGIBLE WOMEN  TOTAL NUMBER OF ELIGIBLE MEN

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO

2) In addition, 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  ENTER EACH IN TABLE NO

3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES  ENTER EACH IN TABLE NO

\* CODES FOR Q.3  
 RELATIONSHIP TO HEAD OF HOUSEHOLD:  
 01= HEAD                      05= GRANDCHILD                      09= OTHER RELATIVE  
 02= WIFE OR HUSBAND                      06= PARENT                      10= ADOPTED/FOSTER CHILD  
 03= SON OR DAUGHTER                      07= PARENT-IN-LAW                      11= NOT RELATED  
 04= SON OR DAUGHTER-IN-LAW                      08= BROTHER OR SISTER                      98= DK

\*\* CODES FOR LEVEL OF EDUCATION:  
 0= NURSERY  
 1= PRIMARY  
 2= SECONDARY  
 3= UNIVERSITY  
 8= DK

CODES FOR STANDARD/FORM/YEAR:  
 00= LESS THAN 1 YEAR COMPLETED  
 98= DON'T KNOW

\*\*\* These questions refer to the biological parents of the child. Record 00 if parent not member of household.

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO															
18	What is the source of water your household uses for handwashing and dishwashing for most of the year?	PIPED WATER PIPED INTO HOUSE/COMPOUND/PLOT.11 PUBLIC TAP.....12 WELL WATER WELL WITH PUMP.....21 WELL WITHOUT PUMP.....22 SURFACE WATER LAKE, POND.....31 RIVER/STREAM.....32 RAINWATER.....41 OTHER.....51	→20 →20															
19	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																
20	Does your household get drinking water from this same source?	YES.....1 NO.....2	→22															
21	What is the source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSE/COMPOUND/PLOT.11 PUBLIC TAP.....12 WELL WATER WELL WITH PUMP.....21 WELL WITHOUT PUMP.....22 SURFACE WATER LAKE, POND.....31 RIVER/STREAM.....32 RAINWATER.....41 OTHER.....51																
22	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT TOILET.22 NO FACILITY/BUSH/FIELD.....31 OTHER.....41																
23	Does your household have: Electricity? A radio? A television? A refrigerator?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
24	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
25	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/DUNG.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL/LINOLEUM/ASPHALT STRIPS.32 CERAMIC TILES.....33 CEMENT.....34 OTHER.....41																
26	MAIN MATERIAL OF THE WALL. RECORD OBSERVATION.	MUD/DUNG.....11 RUDIMENTARY WALLS WOOD/TIMBER.....21 FINISHED WALLS BRICKS.....31 CEMENT/STONE BLOCKS.....32 OTHER.....41																
27	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	GRASS/THATCH.....11 RUDIMENTARY ROOF CORRUGATED IRON (MABATI).....21 FINISHED ROOF TILES.....31 OTHER.....41																
28	Does any member of your household own: A bicycle? Land? Cattle, goats or sheep? Cash crops such as tea, coffee, cotton?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CATTLE, GOATS, OR SHEEP.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CASH CROPS.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	LAND.....	1	2	CATTLE, GOATS, OR SHEEP.....	1	2	CASH CROPS.....	1	2	
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