

GREATER ELDORET HEALTH AND DEVELOPMENT SURVEY**Cover Sheet****HOUSEHOLD IDENTIFICATION**

District	Nandi	Division	Kosirai
Location			
Sublocation			
Village			
Household ID Number			
Respondent Name			
COPY FROM HOUSEHOLD ROSTER			
Respondent ID Number			
Total Persons in Household			

GEOGRAPHICAL COORDINATES OF HOUSEHOLD (GPS reference)

Latitude	N
Longitude	E

INTERVIEWER VISITS

	Visit #1	Visit #2	Visit #3
Date (DD/MM/YYYY)			
Interviewer's Code			
Result Code *			
Next Visit DATE TIME	_____	_____	_____
Main Language of Interview **			
<u>* Interview Result Codes</u> 1 Completed 2 Designated Respondent not Present 3 No Household Member/Competent Respondent at Home 4 Entire Household Absent for Extended Period of Time 5 Postponed 6 Refused 7 Dwelling Vacant 8 Dwelling Not Found 9 Other (specify)		<u>** Language Codes</u> 1 Kiswahili 2 Nandi 3 English 4 Other (specify)	

Supervisor Code		Data Entry Code	
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HOUSEHOLD ROSTER

Village:	Household ID:	Date of Interview:
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Instructions

The questionnaire should be administered to the **primary female respondent**. Even if you are assigned to interview the primary male respondent, you should first complete this module with the primary female respondent.

This is the first module, which will assign identification numbers to all household members. Ask the household members to identify the household head, who will be assigned ID number 1. If the primary female respondent is not available, please try to identify (among those present) the person who has the most information on the members of the household.

Order in which you should list household members:

First - Household Head

Second – Spouse and co-wives, most senior wife first (only if the wives are household members)

Third – Children of household head, oldest children first

Fourth – Other household members – such as relatives, then servants, etc.

Section 1. Current Household Members

Household members are defined as people who reside together and take their meals together for at least 3 of the past 12 months. The only people you should include who have been there for less than 3 months are infants, people who spend most of the year in an institution (for example students, soldiers, prisoners) and newly added spouses. The head is always a member. (Deceased members should not be included here, there is a separate section of the survey for them).

You should treat multiple households in the same compound separately – particularly when the households cook separately.

Section 2. Children Residing Elsewhere

This section should list children of *any* household member who currently reside elsewhere. This includes children of the head and his spouse(s) but also children of other household members.

ID Code of Respondent: _____

Section 1. Current Household Members

[illegible]

RELATIONSHIP CODES (for in-laws, add "A"
-- e.g. son in-law is 3A)

1 Self
2 Spouse
3 Son
4 Daughter
5 Father
6 Mother
7 Grandson

8 Granddaughter
9 Grandfather
10 Grandmother
11 Brother
12 Sister
13 Uncle
14 Aunt
15 Co-wife
16 Cousin

17 Niece
18 Nephew
19 Stepchild
20 Foster child

30 Local Friend/Neighbor
31 Non-resident Friend
32 Village head
33 Lineage head

34 Househelper
35 Employee
36 Employer
37 Landlord
38 Tenant/Renter
39 Priest
40 Trader
41 Other (specify)
99 Don't Know

Section 2. Children Residing Elsewhere

1.	Do you or your spouse have children of any age that <u>have not lived here for at least 3 months in the last year?</u> 1 Yes 2 No (→ NEXT MODULE)	
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2. ID Code (continue from last page)	3. Name	4. Sex 1 Male 2 Female	5. Age (yrs)	6. Is biological father of NAME alive? 1 Yes 2 No →8	7. ID Code of father, from section 1 88 not resident	8. Is biological mother of NAME alive? 1 Yes 2 No →10	9. ID Code of mother, from section 1 88 not resident	10. Is [NAME] currently in school? 1 Yes 2 No	11. What is the highest grade that [NAME] has completed?		12. Where is [NAME] living? * See Residence Codes	13. What is [NAME's] current employment status? 0 Not working 1 Houseboy/girl 2 Working for government 3 Working for private firm /small business 4 Self employed in business 5 Farmer 7 Other (specify)	14. Why is [NAME] living elsewhere? 1 Schooling 2 Married 3 For medical care 4 Others better able to care for him/her 5 Parents too sick to care for him/her 6 Living with parent who has custody 7 Living with grandparents 8 Other (specify)
									98 Never attended school a. Level 1 Nursery 2 Primary 3 Secondary 4 Post-sec.	b. Number of years			

Permanent Individual Roster

Household ID:	Respondent ID:	Respondent Name:	Page Number*:
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*If you need more space than is available on this page, use another form and remember to write the page number.

1. IRID Code	2. Name of Individual	3. Gender 1 Male 2 Female	4. What is this person's occupation? * See codes below	5. If this person is part of a sample household: a. HH No. b. HH ID		6. How is this person related to you? * See relationship codes	7. How long have you known this person? [Number of years]	8. How did you first meet this person? * See codes below	9. How often do you talk to this person? * See codes below	10. Where does this person live? * See residence codes
R										
R										
R										
R										
R										
R										
R										
R										
R										
R										
R										

For relationship, feel free to use more than one code (e.g. trader **and** uncle as well as not using codes at all -- e.g. family friend)

Occupation Codes

1 Crop farmer
2 Animal farmer
3 Housewife
4 Trader/merchant/salesperson
5 Transport worker
6 Construction worker
7 Teacher/education professional
8 Health professional/TBA/trad. healer

9 Secretary/clerical
10 Factory worker
11 Restaurant/bar/hotel
12 Skilled trades (carpenter, tailor, etc.)
13 Preacher/pastor
14 Village elder
15 Domestic worker
16 Civil Servant/Government
17 Other (specify)
88 No activity/unemployed

99 Don't Know

Met How

1 through spouse/spouse's family
2 through family
3 through friend
4 through work
5 through church
6 through school

7 through bar/nightclub
8 through health facility
9 through group/organization (specify)
10 other (specify)

Talk How Often

1 daily
2 twice a week
3 once a week

4 every two weeks
5 once a month
6 every three months
7 every six months
8 once a year
9 less than once a year
10 dead

Location codes

- 1 This village
- 2 This location
- 3 Kosirai Division
- 4 Nandi District (inc. Kapsabet)
- 5 Uasin-Gishu District (exc. Eldoret)
- 6 Eldoret
- 7 Kakamega
- 8 Kitale
- 9 Kisumu
- 10 Nakuru
- 11 Nairobi
- 12 Other urban area
- 13 Other rural area
- 14 Outside Kenya

Relationship Codes

(for in-laws, add "A" - e.g. son in-law is 3A)

- 1 Self
- 2 Spouse
- 3 Son
- 4 Daughter
- 5 Father
- 6 Mother
- 7 Grandson
- 8 Granddaughter
- 9 Grandfather
- 10 Grandmother
- 11 Brother
- 12 Sister
- 13 Uncle
- 14 Aunt
- 15 Co-wife
- 16 Cousin
- 17 Niece
- 18 Nephew
- 19 Stepchild
- 20 Foster child
-
- 30 Local Friend/Neighbor
- 31 Non-resident Friend
- 32 Village head
- 33 Lineage head
- 34 Househelper
- 35 Employee
- 36 Employer
- 37 Landlord
- 38 Tenant/Renter
- 39 Priest
- 40 Trader
- 41 Other (specify)
- 99 Don't Know

Occupation Codes

- 1 Crop farmer
- 2 Animal farmer
- 3 Housewife
- 4 Trader/merchant/salesperson
- 5 Transport worker
- 6 Construction worker
- 7 Teacher/education professional
- 8 Health professional/TBA/trad. healer
- 9 Secretary/clerical
- 10 Factory worker
- 11 Restaurant/bar/hotel
- 12 Skilled trades (carpenter, tailor, etc.)
- 13 Preacher/pastor
- 14 Village elder
- 15 Domestic worker
- 16 Civil Servant/Government
- 17 Other (specify)
- 88 No activity/unemployed
- 99 Don't Know

Met How

- 1 through spouse/spouse's family
- 2 through family
- 3 through friend
- 4 through work
- 5 through church
- 6 through school
- 7 through bar/nightclub
- 8 through health facility
- 9 through group/organization (specify)
- 10 other (specify)

Talk How Often

- 1 daily
- 2 twice a week
- 3 once a week
- 4 every two weeks
- 5 once a month
- 6 every three months
- 7 every six months
- 8 once a year
- 9 less than once a year
- 10 dead

Education

Household ID:	Respondent ID:	Date of Interview:
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Instructions

This questionnaire should be administered to the primary female respondent.

Begin by asking questions for all individuals in Section 1 of the household roster that are 6 years and older.

Education – Section I

1. ID Codes of all household members older than 6 years, from Sec. 1 of Household Roster	2. Has [NAME] ever attended or is he/she attending a school? 1 Yes 2 No →4	3. What is the highest grade that [NAME] has completed?		4. Can [NAME] read a newspaper? 1 Yes 2 No	5. Can [NAME] write a letter? 1 Yes 2 No	6. Can [NAME] do mathematical calculations (either mental or written)? 1 Yes 2 No	7. In addition has [NAME] had any technical or professional training? 1 Technical 2 Professional 3 On-the-job 4 No →Next person	8. How many years of additional training? (Enter years if more than 1 year, months otherwise).	
		a. Level 1 Nursery 2 Primary 3 Secondary →7 4 Post-sec. →7	b. Number of years					a. Years	b. Months

Education – Section II – Schooling in 2003 and 2004

Instructions: Copy the ID Code for all those individuals who have ever attended school (from question 2 in Section I) and are between the ages of 6 and 25.

ID	9. Is [NAME] still attending a school or an educational institution? 1 Yes 2 No →14	10. What kind of school/educational institution is [NAME] currently attending? 1 Public/gov't. 2 Private 3 Religious/mission	11. How many hours did [NAME] actually spend in school last week in total?	12. Is this the number of hours that [NAME] usually spends at school during a week? 1 Yes →15 2 No	13. Why did [NAME] not attend school for the normal hours last week? →15 1 Own illness 2 Caring for sick family member 3 Working at home 4 Working outside home 5 Holiday(s) 6 Funeral/mourning 7 Non-payment of fees 8 Teacher missing 9 Other (specify)	14. Has [NAME] attended school at all since January 2003 (i.e. first term of 2003)? 1 Yes 2 No → Next person	15. How far is [NAME's] school from here?		16. Does [NAME] live in this household while attending school? 1 Yes 2 No →Next person	17. How does [NAME] normally travel to school? 1 On foot 2 Bicycle 3 Car 4 Bus/matatu 5 Other	18. How long does it take [NAME] to get to school, one way?	
							a. Distance	b. Distance Code 1 Meter 2 Kilometer 3 Mile			a. Hours	b. Min.

Education – Section III – Schooling in 2001 and 2002

Instructions: Copy the ID Code for all those individuals who have ever attended school (from question 2 in Section I) and are between the ages of 6 and 25.

[illegible]

Education expenditures

Household ID:	Respondent ID:	Date of Interview:
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Instructions: This questionnaire should be administered to the primary female respondent.

Section 1. Household Education Expenditures

First, ask the respondent which of her children were in school during the past 18 months (including those that are not household members). Write the ID numbers for these children (from the Household Roster, Section 1 or 2) in the ID column below.

ID code of child	1. Total expenses of <u>you and your spouse</u> on [NAME's] education, in each term since January 2003.			
	1 st Term 2003	2nd Term 2003	3rd Term 2003	1 st Term 2004

Note: If there were no expenses for a certain term, write 0.

1st term 2003 (January-April)

2nd term 2003 (May-August)

3rd term 2003 (September-November)

1st term 2004 (January-April)

INSTRUCTIONS: First, ask the respondent which of her children were in school during the past 18 months (including those that are not household members). Write the ID numbers for these children (from the Household Roster, Section 1 or 2) in the ID column below.

ASK THE RESPONDENT: How much have you and your spouse spent in each term since January 2003 (the start of the 2003 school year) on each child's education? Please do **not** include contributions made by others. Think about your expenses on all of the following:

1. Contributions to school development fund (harambee)
2. Uniforms and sport clothes
3. Books and school supplies
4. Transportation to school
5. Board and lodging
6. School fees
7. Other expenses (Parent Teacher Association fee, clubs, extra classes/tuition, pocket money, etc.)

Section 2. Education Scholarships

INSTRUCTIONS: This section is for all children who were in school during the past 18 months. Copy the ID codes of all children that you asked about in the last page.

ID	1. Did [NAME] receive a scholarship from an organization or any in-kind support (e.g. free food at school, free uniforms) for any part of his/her school expenses since January 2003? 1 Yes 2 No →Next ID	2. 1 ST Term 2003			3. 2 ND Term 2003			4. 3 RD Term 2003			5 1 ST Term 2004		
		a. <u>Amount of support</u> that [NAME] received (KSh)	b. Supporting institution (if more than one, use main contributor) * See codes below	c. What was the reason why the scholarship was given? * See codes below	a. <u>Amount of support</u> that [NAME] received (KSh)	b. Supporting institution (if more than one, use main contributor) * See codes below	c. What was the reason why the scholarship was given? * See codes below	a. <u>Amount of support</u> that [NAME] received (KSh)	b. Supporting institution (if more than one, use main contributor) * See codes below	c. What was the reason why the scholarship was given? * See codes below	a. <u>Amount of support</u> that [NAME] received (KSh)	b. Supporting institution (if more than one, use main contributor) * See codes below	c. What was the reason why the scholarship was given? * See codes below

Supporting institution codes: 1 cooperative union, 2 school, 3 community funds, 4 church/religious group, 5 government, 6 other private organization/group (specify), 7 other (specify)

Reason for support codes: 1 Family unable to pay, 2 Merit/competition, 3 School program/charity, 4 Other (specify)

Section 3. Educational Contributions from Within the Household

INSTRUCTIONS: This section is for all children who were in school during the past 18 months. Copy the ID codes of all children that you asked about in the last page.

ID	1. Has anyone else <u>in your household</u> (except your spouse) contributed towards the education of [NAME] since January 2003? 1 Yes 2 No →Next ID	2. 1 ST Term 2003		3. 2 ND Term 2003		4. 3 RD Term 2003		5 1 ST Term 2004	
		a. What was the <u>amount of support</u> that [NAME] received from this person? (KSh)	b. Who was the main contributor? (Enter HHID of the main contributor)	a. What was the <u>amount of support</u> that [NAME] received from this person? (KSh)	b. Who was the main contributor? (Enter HHID of the main contributor)	a. What was the <u>amount of support</u> that [NAME] received from this person? (KSh)	b. Who was the main contributor? (Enter HHID of the main contributor)	a. What was the <u>amount of support</u> that [NAME] received from this person? (KSh)	b. Who was the main contributor? (Enter HHID of the main contributor)

Note: 1st term 2003 (January-April); 2nd term 2003 (May-August); 3rd term 2003 (September-November); 1st term 2004 (January-April).

Section 4. Education Contributions from Outside the Household

INSTRUCTIONS: This section is for all children who were in school during the past 18 months. Copy the ID codes of all children that you asked about in the last page.

ID	1. Has any person <u>outside of your household</u> contributed towards the education of [NAME] since January 2003? 1 Yes 2 No →Next ID	2. 1 ST Term 2003		3. 2 ND Term 2003		4. 3 RD Term 2003		5 1 ST Term 2004	
		a. What was the <u>amount of support</u> that [NAME] received from this person? (KSh)	b. Who was the main contributor? (Enter IRID of the main contributor)	a. What was the <u>amount of support</u> that [NAME] received from this person? (KSh)	b. Who was the main contributor? (Enter IRID of the main contributor)	a. What was the <u>amount of support</u> that [NAME] received from this person? (KSh)	b. Who was the main contributor? (Enter IRID of the main contributor)	a. What was the <u>amount of support</u> that [NAME] received from this person? (KSh)	b. Who was the main contributor? (Enter IRID of the main contributor)

Note: 1st term 2003 (January-April); 2nd term 2003 (May-August); 3rd term 2003 (September-November); 1st term 2004 (January-April).

Section 5. Education Expenditure History

INSTRUCTIONS: In this section, ask for all children in the household that are older than 6 years.

Education expenditure during 2002

ID	1. Was this child in school at all during 2002? 1 Yes 2 No →Next ID	2. How much did <u>you and your spouse</u> spend in total on this child's education?	3. How much in total was paid by a <u>scholarship</u> or any in-kind support (e.g. free food at school, free uniforms)?	4. How much in total was contributed by <u>other members of your household</u> , except your spouse?	5. Who was the main contributor within the household (other than your spouse)? (HHID)	6. How much in total was contributed by individuals <u>outside of your household</u> ? (IRID)	7. Who was the main contributor outside of your household? (IRID)

Education expenditure during 2001

ID	1. Was this child in school at all during 2001? 1 Yes 2 No →Next ID	2. How much did <u>you and your spouse</u> spend in total on this child's education?	3. How much in total was paid by a <u>scholarship</u> or any in-kind support (e.g. free food at school, free uniforms)?	4. How much in total was contributed by <u>other members of your household</u> , except your spouse?	5. Who was the main contributor within the household (other than your spouse)? (HHID)	6. How much in total was contributed by individuals <u>outside of your household</u> ? (IRID)	7. Who was the main contributor outside of your household? (IRID)

Note: If respondent cannot recall the exact total amount spent on child's education, use these difference codes to indicate how the expenses compared to this year's expenses:

X96 - same as 2003
X97 - less than 2003
X98 - more than 2003
X99 - Don't know

Make sure to write the X if you are using the above difference codes.

Health and health services use

Household ID:	Respondent ID:	Date of Interview:
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Instructions

This questionnaire should be administered to the primary female respondent. Ask the respondent for information about all household members.

Section A. Most Recent Illness

ID Code of Individual [Copy from household roster]	1. During the <u>past 4 weeks</u> has [NAME] had any illness or injury, for example, cough, cold, diarrhea, an injury due to an accident or any other illness? 1 Yes, illness 2 Yes, injury 3 Yes, illness and injury 4 No →Section B	2. If Illness: How long ago did this illness start? If injury: When did this injury happen? IF MORE THAN ONE, ASK ABOUT MOST RECENT ILLNESS or INJURY TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		3. Did this illness begin less than six months ago? 1 Yes →7 2 No	4. During the <u>past 4 weeks</u> has [NAME] had <u>any other</u> illness or injuries? 1 Yes 2 No →Section B	5. If Illness: How long ago did this illness start? If injury: When did this injury happen? IF MORE THAN ONE, ASK ABOUT MOST RECENT ILLNESS or INJURY TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Did this illness begin less than six months ago? 1 Yes 2 No →Section B	7. For how many days did [NAME] suffer from this illness or injury (SINCE DATE THAT ILLNESS BEGAN)? [Number of days]	8. If illness: can you describe the symptoms that [NAME] suffered from during this illness? What is/was wrong? Record up to 5 symptom codes				
		a. amount of time	b. time unit			a. amount of time	b. time unit			A	B	C	D	E

M CODES

1 Diarrhea (acute)
2 Diarrhea (chronic, 1 month or more)
3 Weight loss (major)
4 Fever (acute)
5 Fever (recurring)
6 Skin rash

7 Weakness
8 Severe headache
9 Fainting
10 Chills (feeling hot and cold)
11 Vomiting
12 Cough
13 Productive cough

14 Coughing blood
15 Pain on passing urine
16 Genital sores
17 Mental disorder
18 Abdominal pain
19 Sore throat
20 Difficulty breathing

21 Burn
22 Fracture
23 Wound
24 Child birth
25 Ameobiasis
26 Other (specify)

I D	9 For how many days was [NAME] unable to carry out his/her usual activities because of this illness or injury? [If none write zero →12] [Number of days]	10 Enumerator: Is this person 8 or older? 1 Yes 2 No →12	11a During [NAME's] illness who in your household was mainly performing his/her work? [Write 98 if no one, otherwise write ID code]	11b Did anyone outside your household come to do [NAME's] work for him/her? [Write 98 if no one, otherwise write IRID code]	12 Has anyone been consulted for treating this illness or injury? For example a doctor, nurse, TBA, traditional healer, pharmacist, etc 1 Yes 2 No →48	13 Where did [NAME] first go for advice or treatment? If 15 →22 [See practitioner codes below]	14 How far is this establishment from here?		15 How did [NAME] travel to this establishment? 1 On foot 2 Bicycle 3 Car 4 Bus 5 Other	16 How long did it take [NAME] to travel to this establishment? RECORD TIME FOR ONE WAY JOURNEY a. Hrs. b. Mins.		17 Did [NAME] have to spend a night in this establishment because of the illness or injury? 1 Yes 2 No →20	18 How many nights in total? [Number of nights]	19 How much money has your household paid or will your household pay altogether for the stay in this establishment? [Amount in KSh]	20 How many times did [NAME] visit this establishment for this illness or injury? [Number of times]	21 How much did your household pay for all of the visits to this establishment for this injury or illness? IN CASH & KIND. IF FREE WRITE 0. Exclude transport costs. Exclude medicine costs.
							a. Distance	b. Distance code								

PRACTITIONER CODES

1 National Referral Hosp. (Kenyatta, Moi)
2 Government District/Provincial Hosp.
3 Mosoriot Rural Health Center
4 Government Health Center (exc. Mosoriot)
5 Government dispensary

6 Mission hospital/clinic
7 Other private hospital/clinic
8 Chemist/pharmacy
9 Private doctor (like priv. clinic)
10 Mobile clinic
11 Community health worker

12 Retail shop
13 Herbalist/traditional healer
14 Relative/friend
15 Other (specify)

I D	33 Where was the third place that [NAME] sought care or advice? [See practitioner codes]	34 How far is this establishment from here? Distance codes 1 Meter 2 Km 3 Mile		35 How did [NAME] travel to this establishment?	36 How long did it take [NAME] to travel to this establishment? RECORD TIME FOR ONE WAY JOURNEY		37 did [NAME] have to spend a night in this establishment because of the illness or injury? 1 Yes 2 No →40	38 How many nights? No. of nights	39 How much money has your household paid or will your household pay altogether for the stay in this establishment [Amount in KSh]	40 How many times did [NAME] visit this establishment for this illness or injury?	41 How much money did your household pay for all of the visits to this establishment for this injury or illness? IN CASH & KIND. IF FREE WRITE 0. Exclude transport costs. Exclude medicine costs.	42 Did [NAME] seek care at any other establishment for this illness or injury? 1 Yes 2 No →48	43 How many other establishments did [NAME] visit?	44 How much money was spent for all visits to other establishments for this illness or injury? [Amount in KSh]	45 In addition to any hospitalizations you have already mentioned, did [NAME] have to spend a night in any other establishment because of this illness or injury? 1 Yes 2 No →48	46 How many nights? [Number of nights]	47 How much money has your household paid or will your household pay altogether to stay at these establishments? [Amount in KSh]
		a. Di st.	b. co de		a. Hrs	b. Mins											

PRACTITIONER CODES

1 National Referral Hosp. (Kenyatta, Moi)
 2 Government District/Provincial Hosp.
 3 Mosoriot Rural Health Center
 4 Government Health Center (exc. Mosoriot)
 5 Government dispensary

6 Mission hospital/clinic
 7 Other private hospital/clinic
 8 Chemist/pharmacy
 9 Private doctor (like priv. clinic)
 10 Mobile clinic
 11 Community health worker

12 Retail shop
 13 Herbalist/traditional healer
 14 Relative/friend
 15 Other (specify)

[illegible]

ID	58 Is [NAME] still suffering from this illness or injury today? 1 Yes 2 No	59 Was [NAME's] illness diagnosed by a health professional? 1 Yes 2 No →61	60 What illness did the health practitioner think [NAME] had?		61 What illness do you think [NAME] is suffering from?		62 Has this been a recurring problem? 1 Yes 2 No →64	63 How many times in the past 12 months has [NAME] been stricken with the same condition?
			a. Illness *If multiple practitioners have been consulted, record most recent diagnosis.	b. Code	a. Illness	b. Code		

ILLNESS CODES

1 HIV/AIDS
2 Asthma
3 Bilharzia/ Shistosomiasis
4 Cancer
5 Diarrhea
6 Dysentery

7 Fracture/break
8 Gnorrrhea
9 Intestinal Parasites
10 Malaria
11 Malnutrition (Kwashiorkor/Marasmus)
12 Measles
13 Meningitis

14 Poisoning
15 Polio
16 Syphilis
17 Tetanus
18 Tuberculosis
19 Typhoid
20 Urinary Infection

21 Witchcraft
22 Other STD (specify)
23 Other illness (specify)
24 Other injury (specify)
99 Don't know

[illegible]

Section B. Chronic Conditions

ID	1 Has [NAME] been living with any health problems for more than 6 months? 1 Yes 2 No →7	2 How long ago did this problem start? TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		3 Has this condition been diagnosed by a health professional? 1 Yes 2 No →5	4 What condition did the health professional think [NAME] have? [Use illness codes]	5 What symptoms does [NAME] have? [Use symptom codes] [List up to 5]					6 How much money did your household spend on all of these conditions in the past 4 weeks including the cost of treatment, medicines, transport and other expenses connected with the illness? EXCLUDE EXPENDITURES JOINT WITH ACUTE ILLNESS	7 Has [NAME] suffered diarrhea for a month or more? 1 Yes 2 No	8 Has [NAME] continuously lost weight in recent months? 1 Yes 2 No	9 Has [NAME] had a recurring fever for a month or more? 1 Yes 2 No	10 Has [NAME] suffered from any skin rash in the past year? 1 Yes 2 No	11 Has [NAME] suffered from a persistent sore throat in the last 3 months? (Thrush) 1 Yes 2 No	12 Has [NAME] felt much more tired than normal in the past 3 months? 1 Yes 2 No	13 Has [NAME] been sweating during the night in the last 3 months? 1 Yes 2 No
		a.Amt of time	b. Time unit			A	B	C	D	E								

ILLNESS CODES

- 1 HIV/AIDS
- 2 Asthma
- 3 Bilharzia/ Shistosomiasis
- 4 Cancer
- 5 Diarrhea
- 6 Dysentery

7 Fracture/break

- 8 Gnorhea
- 9 Intestinal Parasites
- 10 Malaria
- 11 Malnutrition (Kwashiorkor/Marasmus)
- 12 Measles
- 13 Meningitis

14 Poisoning

- 15 Polio
- 16 Syphilis
- 17 Tetanus
- 18 Tuberculosis
- 19 Typhoid
- 20 Urinary Infection

21 Witchcraft

- 22 Other STD (specify)
- 23 Other illness (specify)
- 24 Other injury (specify)
- 99 Don't know

SYMPTOM CODES

- 1 Diarrhea (acute)
- 2 Diarrhea (chronic, 1 month or more)
- 3 Weight loss (major)
- 4 Fever (acute)
- 5 Fever (recurring)
- 6 Skin rash

7 Weakness

- 8 Severe headache
- 9 Fainting
- 10 Chills (feeling hot and cold)
- 11 Vomiting
- 12 Cough
- 13 Productive cough

14 Coughing blood

- 15 Pain on passing urine
- 16 Genital sores
- 17 Mental disorder
- 18 Abdominal pain
- 19 Sore throat
- 20 Difficulty breathing

21 Burn

- 22 Fracture
- 23 Wound
- 24 Child birth
- 25 Ameobiasis
- 26 Other (specify)

Section C. Health History

I. MALARIA

1. Has anyone in the household had <u>malaria</u> since <u>January 2002</u> (including illnesses discussed in section A)? 1 Yes 2 No →NEXT DISEASE	
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Please list the household ID numbers (and episode numbers) of all sick individuals.

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as malaria? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year					1	2	3

Malaria medicine codes

- 1 Antipyretics (aspro, calpol, brufen, etc)
2 Chloroquine (malaroquine, etc)

- 3 Sulfa combinations (fansidar, metakelfin)
4 Halofantrine (hanfan)

- 5 Amodiaquine (camoquine)
6 Cotrimoxazole (bactrim, septrin)
7 Artemisinin (artenam, artomothor)

- 8 Herbal/traditional remedies
9 Other, specify

II. TUBERCULOSIS

1. Has anyone in the household had <u>tuberculosis</u> since <u>January 2000</u> (including illnesses discussed in sections A or B)? 1 Yes 2 No →NEXT DISEASE	
---	--

Please list the household ID numbers (and episode numbers) of all sick individuals. *If YES, ask if respondent has a card with information about the illness.*

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as tuberculosis? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year					1	2	3

Tuberculosis medicine codes

- 1 Streptosin
2 Pyrazinamide

- 3 Ethambutol
4 Isoniazid
5 Rifampicin

Section C. Health History [CONTINUED]

III. TYPHOID

1. Has anyone in the household had <u>typhoid</u> since <u>January 2000</u> (including illnesses discussed in sections A or B?) 1 Yes 2 No →NEXT DISEASE	
--	--

Typhoid medicine codes			
1 Ampicillin	2 Amoxicillin		
3 Septrin	4 Chloramphenicol		

Please list the household ID numbers (and episode numbers) of all sick individuals.

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as typhoid? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year					1	2	3

IV. MENINGITIS

1. Has anyone in the household had <u>meningitis</u> since <u>January 2000</u> (including illnesses discussed in sections A or B?) 1 Yes 2 No →NEXT DISEASE	
---	--

Meningitis medicine codes			
1 Expen	2 Ampicillin		
3 Chloramphenicol	4 Cefotaxime		

Please list the household ID numbers (and episode numbers) of all sick individuals.

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as meningitis? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year					1	2	3

PRACTITIONER CODES

1 National Referral Hosp. (Kenyatta, Moi)
2 Government District/Provincial Hosp.
3 Mosoriot Rural Health Center
4 Government Health Center (exc. Mosoriot)
5 Government dispensary

6 Mission hospital/clinic
7 Other private hospital/clinic
8 Chemist/pharmacy
9 Private doctor (like priv. clinic)
10 Mobile clinic
11 Community health worker

12 Retail shop
13 Herbalist/traditional healer
14 Relative/friend
15 Other (specify)

Section D. Health Records Data

I would like to ask you for the Mosoriot Health Center's medical records number of EACH household member. This information will be kept confidential and will only be used for research purposes. Your answers to all the questionnaires will not be given to staff at the Mosoriot Health Center.

[illegible]

Food Consumption and Expenditures

Household ID:	Respondent ID:	Date of Interview:
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I would like to ask you some questions about your consumption and expenditures in the past month.

1.	In the past 4 weeks (since _____), have the members of your household eaten any foods grown by your household or any products from animals belonging to your household? 1 Yes 2 No → Section II	
----	---	--

I. Food Consumption from Home Production

I would like to ask you about food that you have eaten from your own farm.

Ask for all of the following crops/livestock.	2. In the past 4 weeks, have members of your household eaten [ITEM] that was grown, kept, or produced by your household? 1 Yes 2 No → Next Item	3. How much did the entire household consume in the past 4 weeks?		4. How much would it have cost to buy this total quantity? → Next Item Value in KSh
		a. Quantity	b. Unit Codes * SEE CODES BELOW	
Tea or coffee [that you grow and consume]				
Maize				
Wheat				
Millet or sorghum				
Rice				
Beans, peas, cowpeas, other pulses				
Groundnuts				
Sunflower seeds				
Avocado				
Honey or sugarcane				
Yams or sweet potatoes				
Cassava				
Irish Potatoes				
Sukuma wiki				
Spinach				
Capsicums/green peppers				
Tomatoes				
Onions				
Eggplant				
Cabbage				
Carrots				
Chillies				
Bananas				
Mangoes				
Oranges/Citrus				
Pineapple				
OTHER VEG./FRUITS (specify)				
Chicken, duck, other poultry				
Beef				
Mutton (goat)				
Pork				
Lamb (sheep)				
Rabbit				
Turkey				
Other livestock (specify)				
Animal Product Items				
Chicken eggs				
Fresh milk				
Yogurt (mala), cheese, other milk product				

Unit Codes

1 Grams
2 Kilograms
3 Goro goros (2 Kgs.)

4 Debbes
5 Litres
6 Bunches
7 Bags/Sacks

8 Pieces
9 Tins
10 Dozens
11 Other (specify)

II. PURCHASED FOOD (seasonal foods)

Purchased seasonal food	1. In the past 4 weeks, have members of your household purchased [ITEM] for consumption by your household? 1 Yes 2 No →Next Item	2. How much did the entire household purchase in the past 4 weeks?		3. How much did it cost to buy the total quantity they ate? →Next Item Value in KSh
		a. Quantity	b. Unit	
Maize				
Wheat				
Millet or sorghum				
Rice				
Beans, peas, cowpeas, other pulses				
Groundnuts				
Sunflower seeds				
Avocado				
Honey or sugarcane				
Yams or sweet potatoes				
Cassava				
Irish Potatoes				
Sukuma wiki				
Spinach				
Capsicums/green peppers				
Tomatoes				
Onions				
Eggplant				
Cabbage				
Carrots				
Chillies				
Bananas				
Mangoes				
Oranges/Citrus				
Pineapple				
OTHER VEG./FRUITS (specify)				

Unit Codes

- 1 Grams
- 2 Kilograms
- 3 Goro goros (2 Kgs.)
- 4 Debbes
- 5 Litres
- 6 Bunches
- 7 Bags/Sacks
- 8 Pieces
- 9 Tins
- 10 Dozens
- 11 Other (specify)

III. PURCHASED FOOD (non-seasonal foods)

Purchased non-seasonal food	1. In the past 4 weeks, have members of your household purchased [ITEM] for consumption by your household? 1 Yes 2 No →Next Item	2. How much did the entire household purchase in the past 4 weeks?		3. How much did it cost to buy the total quantity they ate? →Next Item Value in KSh
		a. Quantity	b. Unit	
Wheat flour, bread				
Cooking oils/fats				
Tea, coffee, or cocoa				
Baby food, excluding milk				
Snacks				
Milk powder				
Tinned meats, fish, vegs., fruit				
Other prepared foods consumed at home				
Sugar, candy, honey, or sugarcane				
Spices				
Eggs (all birds)				
Fresh milk				
Milk products				
Chicken, duck, other poultry				
Beef				
Mutton and goat				
Pork				
Fish				
Lamb				
Rabbit				
Turkey				
Other livestock				
Other non-seasonal items (specify)				

Unit Codes

- 1 Grams
- 2 Kilograms
- 3 Goro goros (2 Kgs.)
- 4 Debbes
- 5 Litres
- 6 Bunches
- 7 Bags/Sacks
- 8 Pieces
- 9 Tins
- 10 Dozens
- 11 Other (specify)

Other Household Expenses

Household ID:	Respondent ID:	Date of Interview:
---------------	----------------	--------------------

Instructions

These questions should be asked separately to the primary male *and* female respondent.

I would like to ask you about non-food items you (and only you) may have purchased for you or anyone in your household in the past four weeks. Don't include items that were purchased for school.

Item Name	1. In the past 4 weeks, have you purchased any [ITEM]? 1 Yes 2 No →3	2. How much in total did you spend on [ITEM] in the past 4 weeks? Value in KSh	3. In December 2003, did you purchase any [ITEM]? 1 Yes 2 No →Next item	4. How much in total did you spend on [ITEM] in December 2003? Value in KSh
Adult clothing				
Clothing for children under 12 (exclude school clothing)				
Fabric or Cloth & Tailored clothes				
Other clothing				
Footwear (not for school)				
Jewelry, watches, bracelets				
Toys				
Haircuts, hair dressing				
Umbrellas, handbags, wallets				
Food outside the home (at restaurants, bars, bought on street)				
Beverages outside home				
Tobacco, cigarettes				
Toilet soap, washing powder, toothpaste, etc.				
Transportation				
Bedding				
Newspapers, books (not for school)				
Kitchen utensils, pots & pans				
Charcoal				
Kerosene				
Gas				
Other fuel (specify)				

Ceremony and Event Expenses (for household members only)

Now I would like to ask you some questions about your (and only your) expenditures on ceremonies and events in the past month.

	5. In the past 4 weeks, have you spent any money on [EVENT]? 1 Yes 2 No →7	6. How much in total did you spend on [EVENT]? Value in KSh	7. In December 2003, did you spend any money on [EVENT]? 1 Yes 2 No →Next Event	8. How much in total did you spend on [EVENT] in December 2003? Value in KSh
Weddings/engagements (excluding gifts)				
Funerals				
Naming ceremonies				
Circumcision ceremonies				
Other ceremonies (excluding gifts)				
Harambee (non-school)				
Church contributions				
Vacations/Holidays				
Birthdays				

Assets

Household ID:	Respondent ID:	Date of Interview:
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Instructions: This questionnaire should be administered to the primary male respondent.

I. Land

		A. Quantity	B. Land Unit Code 1 Acres 2 Hectares 3 Sq. meters 4 Sq. feet	C. Total value if sold today, excluding value of any dwellings and including value of trees Amount in KSh
1	How much total land (including plots) do you and members of your household own now? <i>Don't include expected inheritances.</i>			
2	Of this land, how much is owned with other people outside the household? NOTE: <i>make sure to include only the share of the household. Don't include expected inheritances.</i>			
3.	IRID of the person with whom land was shared. [Enter 98 if organization/group, 99 if Don't Know]	IRID Code:		
4	For how much of this land [refer to total quantity reported for question 1] do you have a deed?			
Now I would like to ask you about how this land (refer to quantity reported for question 1) was acquired.				
5	How much was bought on credit? (if zero → 7)			
6	If any of the land was bought on credit, how much have you paid and what balance remains?	Amount paid:		Balance:

I-a. LAND SALES

7	Have you or anyone in your household sold any land since <u>January 2000</u> ? 1 Yes 2 No → Section I-b (Land Gifts to Others)	
---	---	--

Please describe all the land sales by you or someone in your household since January 2000.

	8. When was this sale made? (<i>ask for exact month</i>)		9. How much land did you sell how much money was it sold for? LAND UNIT CODES 1 Acres, 2 Hectares 3 Sq. meters, 4 Sq. feet			10. How much of this money did you share with persons outside of the household? <i>If none of the money was shared, write "0" in column a and leave column b blank.</i> Use IRID 98 for group		11. Why did you sell this land? 1 Health expenses 2 School fees 3 Buy/invest in a business 4 Raise money for planting season 5 Wedding or other ceremony 6 Other (specify)
	a. Month	b. Year	a. Land Quantity	b. Unit code	c. Total sale price	a. Amount	b. IRID code	
1								
2								
3								
4								
5								

I-b. LAND GIFTS to Others (If there were no gifts, then go to Section I-c)

Please describe all the land gifts by you or someone in your household since January 2000.

	12. When was this gift given? (<i>ask for exact month</i>)		13. How much land did you give and how much money was it worth? LAND UNIT CODES 1 Acres, 2 Hectares 3 Sq. meters, 4 Sq. feet			14. To whom did you give this gift? Use IRID Code	15. Why did you give this land as a gift? 1 Help IRID pay for health expenses 2 Help IRID buy a business 3 Gift for wedding/ceremony 4 Help IRID buy/invest in a business 5 Help IRID raise money for planting season 6 Other (specify)
	a. Month	b. Year	a. Land Quantity	b. Unit code	c. Total value		
1							
2							
3							

I-c. LAND PURCHASES / ACQUISITIONS

16	Have you or anyone in your household purchased or acquired any land since <u>January 2000</u> ? 1 Yes 2 No → Section II										
----	--	--	--	--	--	--	--	--	--	--	--

Please describe all the land purchases or acquisitions (including gifts and inheritances) by you or someone in your household since January 2000.

	17. When did you get this plot or piece of land? <i>* Probe for exact month</i>		18. How did you acquire this land? (skip to next purchase if 3-5) 1 Bought with cash 2 Bought on credit 3 Gift 4 Inherited 5 Other (specify)	19. How much land did you get and how much did you pay for this land? LAND UNIT CODES 1 Acres, 2 Hectares 3 Sq. meters, 4 Sq. feet			20. How much of this amount remains to be paid? Amount in KSh	21. Did anyone outside of your household help you pay for this land? 1 Yes 2 No → Next purchase/acquisition	22. Who helped you pay for this land, and how much money did they give?				23. Do you have to pay them anything on account of this assistance? 1 Yes 2 No → Next purchase/acquisition	24. What is the value of the money and harvests that you have to pay them? Amount in KSh
	a. Month	b. Year		a. Land Qty.	b. Land Unit code	c. Total purchase price			a. Amt 1	a. IRID 1	b. Amt 2	b. IRID 2		
1														
2														
3														
4														
5														

II. Livestock

1. LIVESTOCK ID	2. How many ... do members of your household <i>currently</i> own?	3. What is the total value of all the ... currently owned?
1 Cattle, including cows		
2 Calves		
3 Goats		
4 Sheep		
5 Pigs		
6 Chickens		
7 Other animals (specify)		

II-a. LIVESTOCK SALES and GIFTS – exclude poultry

4	Have you or anyone in your household sold or given as gift any livestock since <u>January 2000</u> ? 1 Yes 2 No → Sec. II-b (Acquisitions)										
---	---	--	--	--	--	--	--	--	--	--	--

Please describe each livestock sale and gift by you or someone in your household since January 2000.

Livestock Code	5. When was this sale or gift? (<i>ask for exact month</i>)		6. What was the quantity of [LIVESTOCK] sold and how much did you get in total? (<i>enter zero for price if this was a gift</i>)		7. Did you share this money with anyone outside of the household? 1 Yes 2 No → 9	8. How much of this amount went to someone else outside of your household? (Ask for amount and IRID of each recipient). Use IRID 98 for group 99 don't know						9. Why did you sell this [LIVESTOCK]? (see codes below)
	a. Month	b. Year	a. Quantity sold/gifted	b. Total sale amount		a. Amt	a. IRID	b. Amt	b. IRID	c. Amt	c. IRID	

Livestock codes: 1 Cattle (including cows), 2 Calves, 3 Goats, 4 Sheep, 5 Pigs, 6 Chickens, 7 Other animals (specify)

“Why did you sell?” codes: 1 Health expenses, 2 School fees, 3 Buy/invest in a business, 4 Raise money for planting season, 5 Wedding/ceremony, 6 Other (specify)

II-b. LIVESTOCK PURCHASES/ACQUISITIONS

10	Have you or anyone in your household purchased or acquired any livestock since <u>January 2000</u> ? 1 Yes 2 No → Section III	
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Please describe each livestock purchases or acquisition by you or someone in your household since January 2000.

Livestock Code	11. When was this acquisition? (<i>ask for exact month</i>)		12. How did you acquire this [LIVESTOCK]?	13. What was the quantity of [LIVESTOCK] purchased/gifted and how much did you pay in total?		14. Did anyone outside of your household help you pay?					
	a. Month	b. Year	1 Bought or borrowed 2 Gift → Next purchase 3 Inherited → Next purchase 4 Other (specify)	a. Quantity purchased/gifted	b. Total amount paid	a. Amt	a. IRID	b. Amt	b. IRID	c. Amt	c. IRID

Livestock codes: 1 Cattle (including cows), 2 Calves, 3 Goats, 4 Sheep, 5 Pigs, 6 Chickens, 7 Other animals (specify)

III. Large Farm Equipment

Equipment/ITEM	1. Do you or anyone in your household own [ITEM]?	2. What is the total <i>current</i> value of this [ITEM]?	3. Do you share the ownership of this [ITEM] with anybody outside the household?	4. What is the IRID of the person with whom you share?	5. What is your share in percentage terms?
	1 Yes 2 No → Next item	Value in KSh	1 Yes 2 No → Next item		
1 Tractors					
2 Trailers					
3 Ploughs					
4 Carts					
5 Other animal drawn equipment					
6 Watering equipment/sprinklers					
7 Wheelbarrows					
8 Chain saws					
9 Other equipment/implements (specify)					

III-a. EQUIPMENT SALES and gifts

6	Have you or members of your household sold or given as a gift a tractor, trailer, plough, or other such large farm equipment since <u>January 2000</u> ? 1 Yes 2 No → III-b (Acquisitions)	
---	---	--

Please describe each equipment sale or gift by you or someone in your household since January 2000.

Equipment Code	7. When was this sale or gift? (<i>ask for exact month</i>)		8. How much did you sell this ... for? If gift, write zero, go to last column.	9. Did you share this money with anyone outside of the household?	10. How much of this amount went to someone else outside of your household? (Ask for amount and IRID of each recipient). Use 98 for group, 99 Don't know						11. Why did you sell this equipment? (see codes below)
	a. Month	b. Year			a. Amt	a. IRID	b. Amt	b. IRID	c. Amt	c. IRID	
			Amount	1 Yes 2 No → 11							

Equipment codes: 1 Tractor, 2 Trailer, 3 Plough, 4 Cart, 5 Other animal drawn equip., 6 Watering equip/sprinklers, 7 Wheelbarrow, 8 Chain saw, 9 Other (specify)

"Why did you sell?" codes: 1 Health expenses, 2 School fees, 3 Buy/invest in a business, 4 Raise money for planting season, 5 Wedding/ceremony, 6 Other (specify)

III-b. EQUIPMENT PURCHASES/ACQUISITIONS

12	Have you or members of your household purchased or acquired a tractor, trailer, plough, or other such large farm equipment since <u>January 2000</u> ? 1 Yes 2 No → Section IV	
----	---	--

Please describe each equipment purchase or gift to you or someone in your household since January 2000.

Equipment Code	13. When was this acquisition? (<i>ask for exact month</i>)		14. How did you acquire this equipment? 1 Bought or borrowed 2 Gift → Next purchase 3 Inherited → Next purchase 4 Other (specify)	15. What was the quantity of equipment purchased/gifted and how much did you pay in total?		16. Did anyone outside of your household help you pay?					
	a. Month	b. Year		a. Quantity purchased/gifted	b. Total amount paid	a. Amt	a. IRID	b. Amt	b. IRID	c. Amt	c. IRID

Equipment codes: 1 Tractor, 2 Trailer, 3 Plough, 4 Cart, 5 Other animal drawn equipment, 6 Watering equipment/sprinklers, 7 Wheelbarrow, 8 Chain saw, 9 Other (specify)

IV. Small farm equipment

1. ITEMS	2. How many [ITEMS] do members of your household <i>currently</i> own?	3. What is the total value of all the [ITEMS] if you were to sell them today?	4. How many [ITEMS] did you own in December 2003? [Quantity]	5. How many [ITEMS] did you own in December 2002? [Quantity]
Hoes/Jembe				
Axes				
Machetes				
Picks				
Shovels/spade				
Sickles				
Slasher				
Panga				

V. Vehicles

I would like to ask you about any vehicles owned by you or members of your household currently.

Equipment/ITEM	1. Do you or anyone in your household own [ITEM]? 1 Yes 2 No → Next Item	2. What is the total <i>current</i> value of this [ITEM]?	3. Do you share the ownership of this [ITEM] with anybody outside the household? 1 Yes 2 No → Next Item	4. What is the IRID of the person with whom you share?	5. What is your share in percent terms? Percent share belonging to respondent
1 Car/pickup					
2 Truck					
3 Motorcycle					
4 Matatu/business vehicle					
5 Bicycle					
6 Other (specify)					

V-a. VEHICLE SALES and gifts

5	Have you or members of your household sold or given as a gift a vehicle (such as a car, bicycle, etc) since <u>January 2000</u> ? 1 Yes 2 No → Section V-b (Acquisitions)	
---	--	--

Please describe each vehicle sale or gift by you or someone in your household since January 2000.

Vehicle code	6. When was this sale or gift? (ask for exact month)		7. How much did you sell this ... for? If gift, put zero and go to last column	8. Did you share this money with anyone outside of the household? 1 Yes 2 No →10	9. How much of this amount went to someone else outside of your household? (Ask for amount and IRID of each recipient). Use 98 for group 99 Don't know						10. Why did you sell this vehicle? (see codes below)
	a. Month	b. Year			a. Amt	a. IRID	b. Amt	b. IRID	c. Amt	c. IRID	

Vehicle codes: 1 Car/pickup, 2 Truck, 3 Motorcycle, 4 Matatu, 5 Bicycle, 6 Other (specify)

“Why did you sell?” codes: 1 Health expenses, 2 School fees, 3 Buy/invest in a business, 4 Raise money for planting season, 5 Wedding/ceremony, 6 Other (specify)

V-b. VEHICLE PURCHASES/ACQUISITIONS

11	Have you or members of your household purchased or acquired a vehicle (such as a car, bicycle, etc) since <u>January 2000</u> ? 1 Yes 2 No → Section VI	
----	--	--

Please describe each vehicle purchase or gift to you or someone in your household since January 2000.

Vehicle code	12. When was this acquisition? (ask for exact month)		13. How many [vehicles] were acquired and how much did was paid in total?		14. How did you acquire this vehicle? 1 Bought 2 Gift → Next purchase 3 Inherited → Next purchase 4 other (specify)	15. Did anyone outside of your household help you pay?					
	a. Month	b. Year	a. Quantity	b. Total value		a. Amt	a. IRID	b. Amt	b. IRID	c. Amt	c. IRID

Vehicle codes: 1 Car/pickup, 2 Truck, 3 Motorcycle, 4 Matatu, 5 Bicycle, 6 Other (specify)

VI. Durable Goods

1. ITEMS	2. How many [ITEMS] do members of your household <i>currently</i> own?	3. What is the total value of all the [ITEMS] if you were to sell them today?	4. How many [ITEMS] did you own in December 2003?	5. How many [ITEMS] did you own in December 2002?
Sewing machines				
Coolers				
Refrigerators				
Radios				
Televisions				
Mobile telephones				
Landline telephones				
Stove (electric)				
Stove (gas)				
Watches/Clocks				

Income and Activities

Household ID:	Respondent ID:	Date of Interview:
---------------	----------------	--------------------

Instructions

1. This questionnaire is to be administered to the primary male respondent.
2. Follow **all** skip codes – you will be less likely to make mistakes.

Section A. General Employment Information

[illegible]

Occupation Codes

- 1 Crop farmer
2 Animal farmer
3 Housewife
4 Trader/merchant/salesperson

- 5 Transport worker
6 Construction worker
7 Teacher/education professional
8 Health professional/TBA/trad. healer
9 Secretary/clerical

- 10 Factory worker
11 Restaurant/bar/hotel
12 Skilled trades (carpenter, tailor, etc.)
13 Preacher/pastor
14 Village elder

- 15 Domestic worker
16 Civil Servant/Government
17 Other (specify)
88 No activity/unemployed
99 Don't Know

Section B. Wage Employment in the past 7 days

I would like to ask you some questions about work that you and/or members of your household did as an employee in the past 7 days (since last _____).

1. ID Code (List ID Codes for all who worked as an EMPLOYEE in the past 7 days – <u>YES</u> to Sec. A, Question 2)	2. What did [NAME] do in this work? What kind of trade, industry or business is it connected with? [If more than one job of this type, choose the one that they spent the most time on in the past 12 months]		3. How many hours did [NAME] do this work in the past 7 days (since last ____)? [Probe for actual hours – including overtime. Do not include travel time, leave, paid sick leave or paid holidays.] [Total no. of hours]	4. Is this the number of hours [NAME] usually work at this job in a week? 1 Yes →7 2 No	5. Why did [NAME] not work the usual number of hours in the past 7 days? 1 Own illness 2 Illness of family member 3 Overtime due to illness of other employee 4 Other overtime 5 Public or religious holiday 6 Vacation 7 Funeral/mourning period 8 Other (specify)	6. For how many hours per week does [NAME] usually work at this job? [Number of hours]	7. For how many weeks during the past 12 months did [NAME] do this work? [Number of weeks]	8. For how many years has [NAME] been doing this work? [If less than 1 year, get months]		9. What type of employer did [NAME] work for in the past days? That is did he/she work for... 1 Govt./parastatal 2 Private employer 3 Cooperative union 4 NGO 5 Other (specify)	10. Is [NAME's] position temporary or permanent? 1 Temporary 2 Permanent →11 (Next Page)
	a. Description	b. Occupation Code						a. Years	b. Months		

Occupation Codes

1 Crop farmer
2 Animal farmer
3 Housewife
4 Trader/merchant/salesperson

5 Transport worker
6 Construction worker
7 Teacher/education professional
8 Health professional/TBA/trad. healer
9 Secretary/clerical

10 Factory worker
11 Restaurant/bar/hotel
12 Skilled trades (carpenter, tailor, etc.)
13 Preacher/pastor
14 Village elder

15 Domestic worker
16 Civil Servant/Government
17 Other (specify)
88 No activity/unemployed
99 Don't Know

Section B. Wage Employment in the past 7 days [CONTINUED]

1. ID Code (Copy ID Codes from last page)	11. In the <u>past month</u> , did [NAME] receive a salary or payment of any kind for this work? 1 Yes 2 No →15	12. In the <u>past month</u> , what is [NAME's] net salary/payment for this work? * <u>Exclude housing allowances</u> , but include per diem and the value of all payments in kind.	13. Has [NAME] received or will he/she receive any housing (or money for housing) connected with this work? 1 Yes 2 No →15	14. In the <u>past month</u> , what is the value of this housing allowance/subsidy?	15. In the <u>past 7 days</u> has [NAME] worked as an employee at any other job? 1 Yes 2 No →Next Person	16. What kind of trade, industry or business is this work connected with? * See Occupation codes	17. In the <u>past 7 days</u> how many hours did [NAME] do this work? [Probe for actual hours—including overtime. Do not include travel time, leave, paid sick leave or paid holidays.] [Total no. of hours]	18. For how many weeks during the <u>past 12 months</u> (since ____) did [NAME] do this work? [Number of weeks]	19. In the <u>past month</u> , what is [NAME's] net salary/payment for this work? *Include per diem, allowances, and the value of all payments in kind.

Occupation Codes

1 Crop farmer
2 Animal farmer
3 Housewife
4 Trader/merchant/salesperson

5 Transport worker
6 Construction worker
7 Teacher/education professional
8 Health professional/TBA/trad. healer
9 Secretary/clerical

10 Factory worker
11 Restaurant/bar/hotel
12 Skilled trades (carpenter, tailor, etc.)
13 Preacher/pastor
14 Village elder

15 Domestic worker
16 Civil Servant/Government
17 Other (specify)
88 No activity/unemployed
99 Don't Know

Section C. Self-Employed Farming in the past 7 days

1. ID Code (List ID Codes for all who worked on a field/garden of someone in the household or raised livestock in the past 7 days – <u>YES</u> to <u>Sec. A, Question 4</u>)	[CROPS] 2. In the <u>past 7 days</u> (since last _____) has [NAME] worked on any of your household's shambas/gardens (e.g., ploughing, planting, weeding, harvesting) or prepared crops for sale or home consumption (e.g., drying maize)? 1 Yes 2 No →7	3. In the <u>past 7 days</u> , how much time did [NAME] spend working on your household's shambas/gardens (e.g., ploughing, planting, weeding, harvesting)? Total hours for a week	4. In the <u>past 7 days</u> , how much time did [NAME] spend preparing or processing crops (e.g., drying maize, milling, or brewing) for sale or home consumption? * Probe for time spent on brewing Total hours for a week	5. On these shambas/gardens belonging to your household, which were the four MAIN crops that [NAME] devoted his/her time to in the <u>past 7 days</u> ? * Use crop codes – List up to 4 crops				6. In the <u>past one month</u> , how much income did [NAME] earn from the sale of these crops? * Probe for income from brewing Amount in KSh	[LIVESTOCK] 7. In the <u>past 7 days</u> , has [NAME] spent any time caring for animals belonging to your household? 1 Yes 2 No, then confirm that answer to 2 is Yes → Next person	8. In the <u>past 7 days</u> , how many hours did [NAME] spend feeding, caring for, tending and transporting any animals belonging to your household? Total hours for a week	9. In the <u>past 7 days</u> , how many hours did [NAME] spend collecting or transforming the products of your household's animals (e.g. milk, eggs, honey) for sale or home consumption? (note this includes time spent milking) Total hrs for the week	10. In the <u>past one month</u> , how much net income did [NAME] receive from the sale of products from these animals (e.g., milk, honey, eggs)? Amount in KSh

- | | | | |
|--------------------------------------|--------------------------|----------------------------|-------------------------------|
| <u>Crop codes</u> | 9 Yams or Sweet potatoes | 18 Capsicums/Green Peppers | 27 Avocado |
| 1 Maize | 10 Irish potatoes | 19 Chillies | 28 Bananas |
| 2 Wheat | 11 Cassava | 20 Coffee | 29 Mangoes |
| 3 Millet or sorghum | 12 Groundnuts | 21 Tea | 30 Oranges/Citrus fruits |
| 4 Rice | 13 Sunflower seeds | 22 Tobacco | 31 Pineapple |
| 5 Beans, peas, cowpeas, other pulses | 14 Tomatoes | 23 Cotton | 32 Sugarcane |
| 6 Cabbage | 15 Onions, leeks | 24 Lumber, wood | 33 Other fruits (specify) |
| 7 Sukuma wiki | 16 Eggplant | 25 Oil palm/palm oil | 34 Other vegetables (specify) |
| 8 Spinach | 17 Carrots | 26 Honey or Sugarcane | |

Section D. Self Employed Businesses in the past 7 days

I would like to ask you some questions about the work your household members did in the past 7 days (since last...) in their *own* business or in *your household's* business.

1. ID Code (List ID Codes for all who did non-farm work in a business belonging to the household in the past 7 days – YES to Sec. A, Question 6)	2. What type of business or self-employment did [NAME] work at in the <u>past 7 days</u> ? What kind of trade, industry or business is it connected with? [If more than 1, begin with the one in which the most time is spent]		3. In the <u>past 7 days</u> , how many hours did [NAME] work at this business? Total hrs for the week	4. Is this the number of hours [NAME] <i>usually</i> works at this business in a week? 1 Yes →6 2 No	5. For how many hours per week does [NAME] usually work at this business? Total hrs for a week	6. For how many weeks during the <u>past 12 months</u> did [NAME] do this work? Number of weeks	7. In the <u>past month</u> , how much net income did [NAME] receive from this business? Amount in KSh	8. In the <u>past 7 days</u> has [NAME] worked in any other business of your household? 1 Yes 2 No →Next Person	9. What kind of trade, industry or occupation is it connected with? * Use Occupation codes	10. In the past 7 days how many hours did [NAME] do this work?	11. For how many weeks during the <u>past 12 months</u> did [NAME] do this work?
	a. Description	b. Occupation Code									

Occupation Codes

1 Crop farmer
2 Animal farmer
3 Housewife
4 Trader/merchant/salesperson

5 Transport worker
6 Construction worker
7 Teacher/education professional
8 Health professional/TBA/trad. healer
9 Secretary/clerical

10 Factory worker
11 Restaurant/bar/hotel
12 Skilled trades (carpenter, tailor, etc.)
13 Preacher/pastor
14 Village elder

15 Domestic worker
16 Civil Servant/Government
17 Other (specify)
88 No activity/unemployed
99 Don't Know

Instructions: Complete Sections E1 and E2 together by **following all skip codes, including those to Section E2**. You should complete the entire section for one person before moving on to the next person.

[illegible]

1 Crop farmer
2 Animal farmer
3 Housewife
4 Trader/merchant/salesperson

- 5 Transport worker
6 Construction worker
7 Teacher/education professional
8 Health professional/TBA/trad. healer
9 Secretary/clerical

- 10 Factory worker
11 Restaurant/bar/hotel
12 Skilled trades (carpenter, tailor, etc.)
13 Preacher/pastor
14 Village elder

- 15 Domestic worker
16 Civil Servant/Government
17 Other (specify)
88 No activity/unemployed
99 Don't Know

Section E1. Main Job in the past 12 months [CONTINUED]

[illegible]

<u>Crop codes</u>	9 Yams or Sweet potatoes	18 Capsicums/Green Peppers	27 Avocado
1 Maize	10 Irish potatoes	19 Chillies	28 Bananas
2 Wheat	11 Cassava	20 Coffee	29 Mangoes
3 Millet or sorghum	12 Groundnuts	21 Tea	30 Oranges/Citrus fruits
4 Rice	13 Sunflower seeds	22 Tobacco	31 Pineapple
5 Beans, peas, cowpeas, other pulses	14 Tomatoes	23 Cotton	32 Sugarcane
6 Cabbage	15 Onions, leeks	24 Lumber, wood	33 Other fruits (specify)
7 Sukuma wiki	16 Eggplant	25 Oil palm/palm oil	34 Other vegetables (specify)
8 Spinach	17 Carrots	26 Honey or Sugarcane	

Section E1. Main Job in the past 12 months [CONTINUED]

1. ID Code (Copy ID Codes from last page)	19. In the <u>past 12 months</u> , has [NAME] spent any time caring for animals belonging to your household? 1 Yes 2 No → 21	20. In the <u>past 12 months</u> , how much income did [NAME] receive from the sale of products from these animals (meat, milk, honey, etc.)? Amount in KSh	21. Did [NAME] have any other work or jobs in the past 12 months? 1 Yes → Sec. E2 2 No →verify in Sec. A if no other job in the past 12 months → Next Person	22. What type of business or self-employment did [NAME] work at in the past year? What kind of trade, industry or business is it connected with? [if more than 1, use the job in which the most time is spent]		23. How much net income did [NAME] receive from this business in the <u>past 12 months</u> ?	24. Did [NAME] have any other work or jobs in the <u>past 12 months</u> ? 1 Yes → Sec. E2 2 No →verify in Sec. A if no other job in the past 12 months → Next Person
				a. Description	b. Occupation Code		

Occupation Codes

1 Crop farmer
2 Animal farmer
3 Housewife
4 Trader/merchant/salesperson

5 Transport worker
6 Construction worker
7 Teacher/education professional
8 Health professional/TBA/trad. healer
9 Secretary/clerical

10 Factory worker
11 Restaurant/bar/hotel
12 Skilled trades (carpenter, tailor, etc.)
13 Preacher/pastor
14 Village elder

15 Domestic worker
16 Civil Servant/Government
17 Other (specify)
88 No activity/unemployed
99 Don't Know

Section E2. Secondary Job in the past 12 months

[illegible]

Occupation Codes

- 1 Crop farmer
2 Animal farmer
3 Housewife
4 Trader/merchant/salesperson

- 5 Transport worker
6 Construction worker
7 Teacher/education professional
8 Health professional/TBA/trad. healer
9 Secretary/clerical

- 10 Factory worker
11 Restaurant/bar/hotel
12 Skilled trades (carpenter, tailor, etc.)
13 Preacher/pastor
14 Village elder

- 15 Domestic worker
16 Civil Servant/Government
17 Other (specify)
88 No activity/unemployed
99 Don't Know

Section F. Non-Labor Income

INSTRUCTIONS: COMPLETE FOR ALL INDIVIDUALS IN THE HOUSEHOLD THAT ARE **15 YEARS OR OLDER**.

1. ID Code	During the past 12 months how much income has [NAME] received from each of the following sources.....							
	2. Pensions or retirement funds?	3. Employment, insurance, medical insurance, or life insurance?	4. Interest on savings, credit union or other accounts?	5. Lottery winning or games of chance?	6. Dowry? [probe for cash and kind]	7. Inheritance? [probe for cash and kind]	8. Sale of durable goods such as bicycles, cars, radios, etc?	9. Other sources of income, in cash or kind? →NEXT PERSON

Agricultural Activities – Household Head Questionnaire

Household ID:	Respondent ID:	Date of Interview:
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Instructions

This questionnaire should be administered to the household head.

I	How many shambas/gardens were farmed (individually or collectively) by you or members of your household in the past 12 months? [include shambas/gardens that were rented and also shambas/gardens that were left fallow]	Shambas	Gardens
---	---	---------	---------

NOTE: if total number of shambas and gardens is zero, then end section.

UNITS

10,000 square meters = 1 hectare

1 acre = 0.407 hectares

Section A. Land

Instructions: Now I would like to ask you about each of the shambas and gardens that members of your household have farmed, including plots that were farmed by your spouse.

1. Plot Number	2. What is the total area of this shamba/garden?		3. What is the ownership status of this shamba/garden? 1 Owned and cultivated by your household →8 2 Not owned but rented in →6 3 Owned and rented out →6 4 Owned and left fallow →8 5 Belongs to relatives →9	4. Did you or your household have to pay for the use of this shamba/garden? 1 Yes 2 No →9	5. What was the value of cash and crops that you had to pay for the use of this shamba/garden for the past 12 months? →9 Amount in KSh	6. Did you or the members of your household receive any payments in cash or crops for the use of this shamba/garden for the past 12 months? 1 Yes 2 No →Next Plot	7. How much did you or the members of your household receive, in cash or crops, for this shamba/garden for the past 12 months? Amount in KSh	8. What would be the value of this garden/shamba if you sold it today? [exclude the value of any buildings on the land] Amount in KSh	[ENUMERATOR: Don't ask this question if answer to question 3 was code 3 -- "owned and rented out"]							
	a. Quantity	b. Land Unit Code							9. What crops were being grown on this shamba/farm for the past 12 months? [write 88 if fallow] List up to 8 crop codes							
									A	B	C	D	E	F	G	H

Crop codes

- 1 Maize
- 2 Wheat
- 3 Millet or sorghum
- 4 Rice
- 5 Beans, peas, cowpeas, other pulses
- 6 Cabbage
- 7 Sukuma wiki
- 8 Spinach

Land Unit Codes

- 1 acres 2 hectares
- 3 sq. meters 4 sq. feet

- 9 Yams or Sweet potatoes
- 10 Irish potatoes
- 11 Cassava
- 12 Groundnuts
- 13 Sunflower seeds
- 14 Tomatoes
- 15 Onions, leeks
- 16 Eggplant
- 17 Carrots
- 18 Capsicums/Green Peppers

- 19 Chillies
- 20 Coffee
- 21 Tea
- 22 Tobacco
- 23 Cotton
- 24 Lumber, wood
- 25 Oil palm/palm oil
- 26 Honey or Sugarcane
- 27 Avocado
- 28 Bananas

- 29 Mangoes
- 30 Oranges/Citrus fruits
- 31 Pineapple
- 32 Sugarcane
- 33 Other fruits (specify)
- 34 Other vegetables (specify)
- 88 Fallow

Section B. Crop Outputs

Instructions: Now I would like to ask you about all the crops that you or members of your household (**other than your spouse**) were responsible for selling or setting aside for home consumption. If your spouse manages a vegetable garden, do not include the crops produced on that garden. Include all fruits and vegetables. Please tell me about all crops that have been grown in any of the last 3 years.

[illegible]

Crop codes

- 1 Maize
- 2 Wheat
- 3 Millet or sorghum
- 4 Rice
- 5 Beans, peas, cowpeas, other pulses
- 6 Cabbage
- 7 Sukuma wiki
- 8 Spinach

Crop Unit Codes

- 1 Kilograms
2 Goro goros (2 Kgs.)
3 Debbes
4 Liters

9 Yams or Sweet potatoes

- 10 Irish potatoes
- 11 Cassava
- 12 Groundnuts
- 13 Sunflower seeds
- 14 Tomatoes
- 15 Onions, leeks
- 16 Eggplant
- 17 Carrots
- 18 Capsicums/Green Peppers

19 Chillies

- 20 Coffee
- 21 Tea
- 22 Tobacco
- 23 Cotton
- 24 Lumber, wood
- 25 Oil palm/palm oil
- 26 Honey or Sugarcane
- 27 Avocado
- 28 Bananas

5 Bunches

- 6 Bags/Sacks
7 Pieces
8 Tins
9 Dozen

29 Mangoes

- 30 Oranges/Citrus fruits
31 Pineapple
32 Sugarcane
33 Other fruits (specify)
34 Other vegetables (specify)
88 Fallow

Section C. Sales of Major Crops

Instructions: Refer to question 4a in Section B. List the two major crops (by value). Start by asking about the major crop and listing all sales, then do the same for the second major crop. Ask for the five most recent sales, even if some of them were several years ago.

Now I would like to ask you when you sold your main crops, and how much you received.

		Major Crop #1 Code		Major Crop #2 Code	
Sale #1	Date of Sale	a. Month:	b. Year:	a. Month:	b. Year:
	Quantity Sold	a. Quantity:	b. Crop Unit Code:	a. Quantity:	b. Crop Unit Code:
	Amount received per unit				
	Total received				
Sale #2	Date of Sale	a. Month:	b. Year:	a. Month:	b. Year:
	Quantity Sold	a. Quantity:	b. Crop Unit Code:	a. Quantity:	b. Crop Unit Code:
	Amount received per unit				
	Total received				
Sale #3	Date of Sale	a. Month:	b. Year:	a. Month:	b. Year:
	Quantity Sold	a. Quantity:	b. Crop Unit Code:	a. Quantity:	b. Crop Unit Code:
	Amount received per unit				
	Total received				
Sale #4	Date of Sale	a. Month:	b. Year:	a. Month:	b. Year:
	Quantity Sold	a. Quantity:	b. Crop Unit Code:	a. Quantity:	b. Crop Unit Code:
	Amount received per unit				
	Total received				
Sale #5	Date of Sale	a. Month:	b. Year:	a. Month:	b. Year:
	Quantity Sold	a. Quantity:	b. Crop Unit Code:	a. Quantity:	b. Crop Unit Code:
	Amount received per unit				
	Total received				

Crop codes
1 Maize
2 Wheat
3 Millet or sorghum
4 Rice
5 Beans, peas, cowpeas, other pulses
6 Cabbage
7 Sukuma wiki
8 Spinach
9 Yams or Sweet potatoes
10 Irish potatoes
11 Cassava
12 Groundnuts
13 Sunflower seeds
14 Tomatoes
15 Onions, leeks
16 Eggplant
17 Carrots
18 Capsicums/Green Peppers
19 Chillies
20 Coffee
21 Tea
22 Tobacco
23 Cotton
24 Lumber, wood
25 Oil palm/palm oil
26 Honey or Sugarcane
27 Avocado
28 Bananas
29 Mangoes
30 Oranges/Citrus fruits
31 Pineapple
32 Sugarcane
33 Other fruits (specify)
34 Other vegetables (specify)
88 Fallow
Crop Unit Codes
1 Kilograms
2 Goro goros (2 Kgs.)
3 Debbes
4 Liters
5 Bunches
6 Bags/Sacks
7 Pieces
8 Tins
9 Dozens

Section D. Farm Inputs

Input Number	1. In the <u>past 12 months</u> (since ____), have you ...	2. How much did you spend on [INPUT] in the <u>past 12 months</u> ?
	<div>1 Yes</div> <div>2 No →Next question</div>	Amount in KSh
1	Used any hired labor on your shambas/gardens?	
2	Bought any seeds?	
3	Bought any manure for your shambas?	
4	Bought fertilizer on your shambas?	
5	Bought pesticides for your shambas?	
6	Had expenses for transporting the crops?	
7	Had any other expenses associated with crop production, such as the purchase of sacks, containers, storage, irrigation, renting of animal traction, renting of tractors?	

Section E. Other Agricultural Information

E1. Agricultural Help

1	In the <u>past 12 months</u> , has anyone worked on your shambas/gardens without being paid?	
	<div>1 Yes</div> <div>2 No →Sec. E2</div>	

2. Person Number	3. IRID Code or person who helped	4. In the <u>past 12 months</u> , for <u>how many days</u> did this person work on your shambas/gardens?
A		
B		
C		
D		
E		

E2. Agricultural Extension

1	Have you been visited by or have you spoken with an agricultural extension worker in the past 12 months?	
	<div>1 Yes</div> <div>2 No →End Section</div>	
2	Have you worked at the “HAART and Harvest Initiative” farm (<i>shamba mzungu</i>) in Mosoriot in the last 12 months?	
	<div>1 Yes</div> <div>2 No →End Section</div>	
3	When did you start working at this farm?	<div>a. Month</div> <div>b. Year</div>
4	For how long have you worked at this farm? [Number of days]	
5	What did you learn from working at this farm?	

Agricultural Activities – Spouse’s Questionnaire

Household ID:	Respondent ID:	Date of Interview:
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Instructions: This questionnaire should be administered to the spouse.

Section A. Crop Outputs

Instructions: Now I would like to ask you about the crops that you yourself were responsible for selling or preparing for home consumption. If your spouse sold the crops from a specific shamba or garden, do not include those crops. Include all fruits and vegetables.

1. Crop Codes	2. How much <u>quantity</u> of [Crop] did your household <u>produce</u> (for sale and for home consumption) during the <u>long and short rains seasons of 2003</u> ?		3. How much <u>quantity</u> of [Crop] did your household <u>sell</u> during the <u>long and short rains seasons of 2003</u> ?		4. How much <u>income</u> did your household receive from <u>selling</u> this quantity of [Crop]? [Total Amount from selling the quantity in 2 must be filled out -- but unit price and unit code are optional]			5. Do you have any of the [Crop] in storage at the present? 1 Yes 2 No →7	6. If you were to sell this stored quantity now, what is the amount you could get? Amount in KSh	7. How much <u>income</u> did your household receive from <u>selling</u> [Crop] during the <u>long and short rains seasons of 2002</u> ? Total Amount in KSh	8. How much <u>income</u> did your household receive from <u>selling</u> [Crop] during the <u>long and short rains seasons of 2001</u> ? Total Amount in KSh	
	a. Quantity	b. Crop Unit Code	a. Quantity	b. Crop Unit Code	a. TOTAL Amount in KSh	b. Unit price	c. Crop Unit code					

Crop codes

- 1 Maize
- 2 Wheat
- 3 Millet or sorghum
- 4 Rice
- 5 Beans, peas, cowpeas, other pulses
- 6 Cabbage
- 7 Sukuma wiki
- 8 Spinach

9 Yams or Sweet potatoes

- 10 Irish potatoes
- 11 Cassava
- 12 Groundnuts
- 13 Sunflower seeds
- 14 Tomatoes
- 15 Onions, leeks
- 16 Eggplant
- 17 Carrots
- 18 Capsicums/Green Peppers

19 Chillies

- 20 Coffee
- 21 Tea
- 22 Tobacco
- 23 Cotton
- 24 Lumber, wood
- 25 Oil palm/palm oil
- 26 Honey or Sugarcane
- 27 Avocado
- 28 Bananas

29 Mangoes

- 30 Oranges/Citrus fruits
- 31 Pineapple
- 32 Sugarcane
- 33 Other fruits (specify)
- 34 Other vegetables (specify)
- 88 Fallow

Crop Unit Codes

- 1 Kilograms
- 2 Goro goros (2 Kgs.)
- 3 Debbes
- 4 Liters

- 5 Bunches
- 6 Bags/Sacks
- 7 Pieces
- 8 Tins
- 9 Dozen

Section B. Farm Inputs

Input Number	1. In the <u>past 12 months</u> (since ____), have you ...	2. How much did you spend on [INPUT] in the <u>past 12 months</u> ? Amount in KSh
	1 Yes 2 No → Next question	
1	Used any hired labor on your shambas/gardens?	
2	Bought any seeds?	
3	Bought any manure for your shambas?	
4	Bought fertilizer on your shambas?	
5	Bought pesticides for your shambas?	
6	Had expenses for transporting the crops?	
7	Had any other expenses associated with crop production, such as the purchase of sacks, containers, storage, irrigation, renting of animal traction, renting of tractors?	

Section C. Other Agricultural Information

C1. Agricultural Help

1	In the <u>past 12 months</u> , has anyone worked on your shambas/gardens without being paid? 1 Yes 2 No → Sec. C2	
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2. Person Number	3. IRID Code or person who helped	4. In the <u>past 12 months</u> , for how many <u>days</u> did this person work on your shambas/gardens?
A		
B		
C		
D		
E		

C2. Agricultural Extension

1	Have you been visited by or have you spoken with an agricultural extension worker in the past 12 months? 1 Yes 2 No		
2	Have you worked at the “HAART and Harvest Initiative” farm (<i>shamba mzungu</i>) in Mosoriot in the last 12 months? 1 Yes 2 No → End Section		
3	When did you start working at this farm?	a. Month	b. Year
4	For how long have you worked at this farm? [Number of days]		
5	What did you learn from working this farm?		

Enterprises

Household ID:	Respondent ID:	Date of Interview:
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Instructions

This questionnaire is to be administered to either the household head or the spouse, whoever is best able to respond about each business.

Section A. Non-Farm Self Employment Information

Now I would like to ask you about the trades, businesses, or other self-employed non-farm activities of members of your household. Please describe each business that has been managed or owned by members of your household since January 2000. **Interviewer: probe for businesses that were owned in the past but are no longer operating.**

1. Business ID	2. Business Description. What type of business is this? What kind of trade or occupation is it connected with?		3. Is your household still operating this business?	4. When did you close this business? →6 (if closed less than 12 months ago). Otherwise →Next Business		5. How long has your household owned this business?		6. How many months in the past 12 months has this business been in operation? Number of Months	7. How many workers have been hired to work in this business in the past 12 months? NUMBER OF WORKERS			8. What the total value of all payments (cash and kind) to these workers in the past 12 months? Amount in KSh
	a. Description	b. Occupation Code	1 Yes →5 2 No	a. Month	a. Year	a. Years	b. Months		a. Full Time	b. Part Time	c. Casual	

Section B. Non-Farm Self Employment Income

Now I would like to ask you about the income your household earned from these trades, businesses, or other self-employed non-farm activities.

1. Business ID (copy from above)	2. In the past 12 months, how much net income (that is, after paying for workers and other inputs) did your household earn from this business? Amount in KSh	3. In the past 12 months, have any of this business' products or services been used by your household instead of being sold? 1 Yes 2 No →5	4. What was the value of these products consumed or used by your household in the past 12 months? Amount in KSh	5. In the past 12 months, how much of the net income did you use for yourself or your household? Amount in KSh	6. Does your business currently have a stock of goods not yet sold? 1 Yes 2 No →8	7. If you were to sell this stock of goods today, how much money would you get? Amount in KSh	8. For this business, how did the net income in 2002 compare to the net income in the past 12 months? 1 Lower 2 About the same 3 Higher 4 Business did not operate in 2002	9. For this business, how did the net income in the 2001 compare to the net income in the past 12 months? 1 Lower 2 About the same 3 Higher 4 Business did not operate in 2001	

Occupation Codes

1 Crop farmer
2 Animal farmer
3 Housewife
4 Trader/merchant/salesperson
5 Transport worker
6 Construction worker

7 Teacher/education professional
8 Health professional/TBA/trad. healer
9 Secretary/clerical
10 Factory worker
11 Restaurant/bar/hotel
12 Skilled trades (carpenter, tailor, etc.)
13 Preacher/pastor

14 Village elder
15 Domestic worker
16 Civil Servant/Government
17 Other (specify)
88 No activity/unemployed
99 Don't Know

Unexpected Events

Household ID:	Respondent ID:	Date of Interview:
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Instructions

This questionnaire should be administered to the primary male respondent. Note that the respondent should discuss events that affected *any* household member.

Section A. Farm Events

A1. Crops

1.	At any time since January 2002 have you or members of your household engaged in farming on your own or rented land?	1 Yes 2 No → Section A2	
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2.	Since January 2002, has the weather adversely affected the yield on your farm?	1 Yes 2 No → 6	
----	--	--------------------------	--

When did these weather events happen and what was the value of the damage to your crops?

	3. Weather event ID Code 1 Drought/lack of water 2 Flood 3 Hail storm 4 Frost 5 Lightening 6 Rainstorm 7 Other (specify)	4. Date when Event Began and Ended <i>* probe for month and year</i>				5. Value of Crop Damage due to the Weather Event (KSh)
		a. Month Began	b. Year Began	c. Month Ended	d. Year Ended	
A						
B						
C						
D						
E						
F						

6.	Since January 2002, have you (or any household member) had a problem with crops on your fields due to fire (not caused by lightening), pests, animals, plant disease, or theft?	1 Yes 2 No → 10	
----	---	---------------------------	--

When did these problems happen and what was the value of the damage to your crops?

	7. Event ID Code 1 Insects 2 Rodents 3 Animals eating crops 4 Theft 5 Fire 6 Other (specify)	8. Date of Event <i>* probe for month and year</i>		9. Value of Crop Damage due to the Event (KSh)
		a. Month	b. Year	
A				
B				
C				
D				
E				
F				

10.	Since January 2002, have you (or any household member) had a problem with farm inputs (e.g. fertilizer, herbicide, seeds) not working as expected on your fields?	1 Yes 2 No →14	
-----	---	-------------------	--

When did this happen and what was the value of the damage to your crops?

	11. Problem ID Code 1 Fertilizers 2 Herbicides 3 Other chemicals 4 Seeds	12. Date of Problem		13. Value of Damage due to the Event (KSh)
		a. Month	b. Year	
A				
B				
C				

14.	Since January 2002, have you lost any of the land you were cultivating to a dispute over who could cultivate the land?	1 Yes 2 No →18	
-----	--	-------------------	--

When did this happen and what was the value of the loss?

	15. Date of Event		16a. Land Quantity	16b. Land Unit Code 1 acres, 2 hectares, 3 sq-ft., 4 sq-meters	17. Value of the land that was lost [Amount in KSh]
	a. Month	b. Year			
A					
B					
C					

18	Since January 2002, have you (or any household member) lost any <u>stored</u> crops to pests, rodents, fire, theft, or water damage?	1 Yes 2 No →22	
----	--	-------------------	--

	19. Reason for loss 1 Pests 2 Rodents 3 Fire 4 Theft 5 Water damage 6 Other (specify)	20. Date of Event		21. Value of loss (KSh)
		a. Month	b. Year	
A				
B				
C				

A2. Livestock

22.	At any time since January 2002, have you (or your household members) owned any livestock?	1 Yes 2 No →Section B	
-----	---	--------------------------	--

23.	Since January 2002, have any of these livestock died from a disease or accident?	1 Yes 2 No →26	
-----	--	-------------------	--

	24. Date of Livestock loss		25. Value of loss (KSh)
	a. Month	b. Year	
A			
B			
C			

26.	Since January 2002, have any livestock been stolen?	1 Yes 2 No →Section B	
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	27. Date of Livestock theft		28. Value of theft (KSh)
	a. Month	b. Year	
A			
B			
C			

Section B. Home Events

29.	Since January 2002, has anything been stolen from your house/compound (except stored crops or livestock)?	1 Yes 2 No →32	
-----	---	-------------------	--

	30. Date of theft		31. Value of stolen items (KSh)
	a. Month	b. Year	
A			
B			
C			
D			

32.	Since January 2002, have your houses or buildings been damaged by weather (including flood) or fire?	1 Yes 2 No →35	
-----	--	-------------------	--

	33. Date of Weather Event		34. Value of damaged items (KSh)
	a. Month	b. Year	
A			
B			
C			
D			

35.	Since January 2002, has your car, tractor, or bicycle been stolen or damaged in an accident?	1 Yes 2 No →39	
-----	--	-------------------	--

	36. Item stolen or damaged 1 Bicycle 2 Car 3 Tractor 4 Other (specify)	37. Date of Event		38. Value of loss (KSh)
		a. Month	b. Year	
A				
B				
C				
D				

39.	Since January 2002, has there been a period(s) of time where the source where you usually get drinking water was unusable?	1 Yes 2 No →Section C	
-----	--	--------------------------	--

	40. Start date of water problems		41. Duration (in Days) of water problem	42. Reason water source was unusable
	a. Month	b. Year		
A				
B				
C				
D				

Section C. Employment Events

43.	Since January 2002, have you (or any household member) held any job which paid a wage?	1 Yes 2 No →51	
-----	--	-------------------	--

44.	Since January 2002, has any household member had a problem of non-payment or delay of payment for work that he/she did?	1 Yes 2 No →48	
-----	---	-------------------	--

	45. Date person was supposed to be paid		46. Amount person was supposed to be paid (KSh)	47. Date actually paid. (98 if not paid)	
	a. Month	b. Year		a. Month	b. Year
A					
B					
C					
D					

48.	Since January 2002, have you or anyone in your household lost any jobs?	1 Yes 2 No →51	
-----	---	-------------------	--

	49. Date Job was Lost		50. Monthly salary of the job (KSh)
	a. Month	b. Year	
A			
B			
C			
D			

51.	Since January 2002, have you managed/owned your own business?	1 Yes 2 No →End	
-----	---	--------------------	--

52.	Since January 2002, have you had any unexpected losses in this business due to things such as theft, fire, employee fraud, debtor default, etc?	1 Yes 2 No →End	
-----	---	--------------------	--

	53. Date of Unexpected Loss		54. Amount of Loss (KSh)	55. Why did you have the loss? 1 Default/non-payment 2 Theft 3 Fire 4 Unexpected price fall 5 Spoilage 6 Other (specify)
	a. Month	b. Year		
A				
B				
C				
D				
E				

Transfers and Credit

Household ID:	Respondent ID:	Date of Interview:
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Instructions

This questionnaire should be administered separately to both the primary male *and* female respondents.

A. Transfers and Credit Received

1	Since January 2003, have you received money or goods from persons who are not members of your household? For example from children, parents, relatives or friends living elsewhere? *If no, probe for gifts, money received for funerals, child support, weddings, goods or money to help sick persons – since January 2003 (exclude transfers for schooling expenses, medical expenses, and gifts of land). Refer back to the household roster on children living elsewhere and ask about gifts, loans and transfers from these children.	1 Yes 2 No* →15	
2	From how many different people did you receive money, goods, and/or gifts since January 2003?		

Now I would like to ask you about all individuals from whom you have received something since January 2003.

	3 Individual Roster ID* * copy IRID of [NAME] from IRoster or add [NAME] to IRoster if he/she is not yet listed.	4 How much have you received from this person since January 2003, including money and the value of gifts in kind? Amount in KSh	5 What was the main reason for receiving this money or goods? 1 Wedding expenses 2 Loan repayment 3 Transportation 4 Subsistence needs 5 Purchase of durable goods 6 Investment 7 Funeral 8 Gift 9 No specific reason 10 Other (specify)	6 Do you have to repay any part of this amount? 1 Yes 2 No →Next Person	7 How much has been already repaid? Amount (KSh)	8 How much do you expect to repay in the future? Amount (KSh)
1						
2						
3						
4						
5						

Now I would like to ask you about the five largest *individual* transfers or loans you have received since January 2003. (*List the largest transfers first*)

	9 Individual Roster ID of Sender* * copy IRID of [NAME] from IRoster.	10 How much did you receive from this person(money amount or value of goods)? Amount in KSh	11 When did you receive this amount?		12 Do you have to repay any part of this amount? 1 Yes 2 No →Next Person	13 How much has been already repaid? Amount (KSh)	14 How much do you expect to repay in the future? Amount (KSh)
			a. Month	b. Year			
1							
2							
3							
4							
5							

15	Since January 2003, have you received any transfer from any organization or the government? * Probe for food transfers from organizations, etc.	1 Yes 2 No →19	
	16.What is the name of the organization? 1 Government 2 Clan 3 Other (specify)	17 How frequently did you receive these transfers in 2003? 1 once a week 2 every two weeks 3 once a month 4 every three months 5 every six months 6 once a year 7 less than once a year	18 What amount did you receive <i>each time</i> , on average? Amount in KSh
1			
2			

19	Are you responsible for repaying any <u>other</u> loans including personal, family, or business loans?	1 Yes 2 No →Section B	
20	What is the total amount that you owe for repayment of these outstanding debts?	Amount in KSh	
21	Was any part of this debt incurred to pay for medical care?	1 Yes 2 No →Section B	
22	How much debt was incurred for medical care?	Amount in KSh	

B. Transfers and Credit Sent

1	Since January 2003, have you provided any money or goods to persons who are not members of your household? For example, to children, parents, friends or relatives living elsewhere? *If no, probe for gifts, money given for funerals, child support, weddings, goods or money to help sick persons – since January 2003 (Exclude transfers for schooling expenses and gifts of land). Refer back to the household roster on children living elsewhere and ask about gifts, loans and transfers to these children.	1 Yes 2 No* →9	
2	How many different people did you send money, goods, and/or gifts to since January 2003?		

Now I would like to ask you about all individuals to whom you have sent something since January 2003.

	3 Individual Roster ID * copy IRID of [NAME] from IRoster or add [NAME] to IRoster if he/she is not yet listed.	4 How much have you sent to this person since January 2003, including money and the value of gifts in kind? Amount in KSh	5 What was the main reason for sending this money or goods? 1 Wedding expenses 2 Loan repayment 3 Transportation 4 Subsistence needs 5 Purchase of durable goods 6 Investment 7 Funeral 8 Gift 9 No specific reason 10 Other (specify)	6 Do you expect that any part of this amount will be repaid to you? 1 Yes 2 No →Next Person	7 How much has been already repaid? Amount (KSh)	8 How much do you expect to be repaid in the future? Amount (KSh)
1						
2						
3						
4						
5						
6						

9	Does anyone or any group owe you money or goods that you expect to be repaid (that we have not discussed yet)?	1 Yes 2 No →Section C	
10	What is the total amount owed to you from these other individuals or groups?	Amount in KSh	
11	Was any part of this loan made to pay for medical care?	1 Yes 2 No →Section C	
12	How much was lent to pay for medical care?	Amount in KSh	

C. Savings

1	Do you participate in any informal savings organizations with friends or neighbors, for example merry-go-rounds?	1 Yes 2 No →14	
2	How much do you contribute to this fund and how often? *If more than one group, ask about the most important.	Amount Frequency code (see below)	
3	How much did you contribute to this group since January 2003?		
4	Do members draw from this fund on a regular basis or only when there is an urgent need?	1 Regularly 2 Urgent need →6 3 Both	
5	How often does each member receive money from this fund?	Frequency code (see below)	
6	How much did you <u>receive</u> from this group since January 2003?	Amount in KSh	
7	When did you receive this amount? [list the 3 largest amounts, and the month/year when you received]	Amount 1 Month 1 Year 1 Amount 2 Month 2 Year 2 Amount 3 Month 3 Year 3	
8	When a member of the organization has a family problem, will the organization help by <u>changing the order of payment</u> ?	1 Yes 2 No	
9	When a member of the organization has a family problem, will the organization help by <u>changing the amount of payment to the member in need</u> ?	1 Yes 2 No	
10	When a member of the organization has a family problem, will the organization help by <u>collecting additional funds from other members</u> ?	1 Yes 2 No	
11	How many other informal savings organizations do you participate in?	No. of organizations (if zero →14)	
12	How much did you <i>contribute</i> to all of these other organizations since January 2003?	Amount in KSh	
13	How much did you <i>receive</i> from all these other organizations since January 2003?	Amount in KSh	
14. Before I ask you the next question, I would like to stress that all the information collected on this questionnaire is completely confidential. The information you provide will not be divulged to other members of your family or your community, and will not be divulged to government authorities for tax purposes. <i>Do you have any of the following?</i>			
14a	Bank savings account?	Amount in KSh X98 Won't say 0 Does not have	
14b	Bank current account?	Amount in KSh X98 Won't say 0 Does not have	
14c	Other bank accounts?	Amount in KSh X98 Won't say 0 Does not have	
14d	Other savings in your home or in your friend/neighbour's home?	Amount in KSh X98 Won't say 0 Does not have	
15	We have just discussed all of the accounts that you have plus your personal savings at home. In total what is the value of all of your accounts and your <u>other</u> savings <i>outside</i> these institutions, including foreign savings?	Amount in KSh X98 Won't say 0 Does not have	

Frequency codes

1 once a week
2 every two weeks
3 once a month

4 every three months
5 every six months
6 once a year
7 less than once a year

D. Within household transfers

TRANSFERS TO SPOUSE

1	Since January 2003 have you <u>given</u> any money or goods to your spouse?							1 Yes 2 No →10	
---	---	--	--	--	--	--	--	-------------------	--

2 ID code of spouse	3 What is the total amount you have given ID since January 2003? Amount in KSh	4 Does any of this amount have to be paid back? 1 Yes 2 No →7	5 How much has [ID] paid back so far? Amount (KSh)	6 How much more do you expect [ID] to pay back?	7 What was the main reason for giving this money to [ID]? [List up to 3 reasons] 1 medical care 2 funeral expenses 3 school expenses 4 wedding expenses 5 transportation 6 household maintenance 7 subsistence needs 8 purchase of a durable good 9 investment 10 other (specify)	8 Do you give [ID] money regularly? 1 Yes 2 No →10	9 How much do you give [ID] regularly?	
							a. Amount (KSh)	b. Frequency code 1 once a week 2 every two weeks 3 once a month 4 every three months 5 every six months 6 once a year 7 less than once a year

TRANSFERS FROM SPOUSE

10	Since January 2003 have you <u>received</u> any money from your spouse?							1 Yes 2 No →END	
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11 ID code of spouse	12 What is the total amount [ID] has given you since January 2003? Amount in KSh	13 Do/did you have to pay back any of this amount? 1 Yes 2 No →16	14 How much has been paid back so far? Amount (KSh)	15 How much more do you expect to have to pay back?	16 What was the main reason why [ID] gave you this money? [List up to 3 reasons] 1 medical care 2 funeral expenses 3 school expenses 4 wedding expenses 5 transportation 6 household maintenance 7 subsistence needs 8 purchase of a durable good 9 investment 10 other (specify)	17 Do you get money from [ID] regularly? 1 Yes 2 No →END	18 How much does [ID] give you regularly?	
							a. Amount (KSh)	b. Frequency code 1 once a week 2 every two weeks 3 once a month 4 every three months 5 every six months 6 once a year 7 less than once a year

Time Allocation

Household ID:	Respondent ID:	Date of Interview:
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Instructions: This questionnaire is to be administered to the primary female respondent.

[illegible]

Knowledge and Behavior

Household ID:	Respondent ID:	Date of Interview:
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Instructions

This questionnaire should be administered separately to the household head and spouse.

Section A. Knowledge			
1	What are the symptoms of malaria for children under 5? <i>*list up to 4 symptoms that are mentioned by respondent</i>	1 Fever 2 Vomiting 3 Lack of appetite 4 Weakness 5 Diarrhea 6 Headache 7 Other (specify)	a. b. c. d.
2	What are the ways in which you can <u>prevent</u> malaria for children under 5? <i>*list up to 4 ways that are mentioned by respondent</i>	1 Use mosquito nets 2 Avoid having stagnant water near the household 3 Clear bushes near household 4 Use insecticides, coils, or repellants 5 Take prophylaxis or medicines 6 Other (specify)	a. b. c. d.
3	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	1 Less 2 Same 3 More	
4	Can a person who looks healthy have HIV, the virus that causes AIDS?	1 Yes 2 No 99 Don't Know	
5	What are some of the symptoms of AIDS? <i>*list the 2 main symptoms mentioned by respondent</i>	1 Weight loss (major) 2 Fever 3 Skin rash 4 Weakness 5 Severe headache 6 Fainting 7 Chills (feeling hot and cold) 8 Vomiting 9 Cough 10 Other (specify)	Symptom (a) Symptom (b)
6	Can HIV/AIDS be cured?	1 Yes 2 No 99 Don't know	
7	Can HIV/AIDS be treated?	1 Yes 2 No 99 Don't Know	
8	Can HIV/AIDS be transmitted from a mother to a child?	1 Yes 2 No 99 Don't Know	
9	In what ways can a person protect themselves from getting HIV/AIDS? <i>*list up to 4 ways that are mentioned by respondent</i>	1 Abstinence 2 Be faithful 3 Have fewer partners 4 Use condoms 5 Avoid injections with contaminated needles 6 Other (specify) 99 Don't know	a. b. c. d.
10	Do you personally know someone who has died from AIDS? <i>*Probe by asking about household members, relatives, friends.</i>	1 Yes 2 No → 11	
10a	What was your relation to this person? <i>* If there are multiple persons, ask about person who died most recently.</i>	1 Household member 2 Relative in this Division 3 Relative elsewhere 4 Non-relative in this Division 5 Non-relative elsewhere	

11	Do you personally know anyone who received or is currently receiving treatment for AIDS? <i>*Probe by asking about household members, relatives, friends.</i>	1 Yes 2 No →12	
11a	What was/is your relation to this person? <i>* If there are multiple persons, ask about closest relation.</i>	1 Household member 2 Relative in this Division 3 Relative elsewhere 4 Non-relative in this Division 5 Non-relative elsewhere	
11b	What happened to this person's health since receiving treatment?	1 Recovered / Improved 2 Remained sick 3 Got more sick 4 Too early to tell 5 Died 99 Don't Know	
12	What is the nearest place where someone can be tested for HIV?	1 Mosoriot Health Center 2 Turbo Health Center 3 Burnt Forest Health Center 4 Eldoret 5 Kapsabet 6 Kisumu 7 Other (specify) 99 Don't know	
13	In Kosirai Division, do you know whether treatment for HIV/AIDS is easily available, available but not for everyone who needs it, or not available at all?	1 Easily available 2 Available, but not for everyone who needs it 3 Not available at all 99 Don't know	

Section B. Behavior

1	Do any of your household members regularly use mosquito nets when sleeping?	1 Yes 2 No →3	
2	Please list the ID numbers of all household members that use mosquito nets.	ID numbers from household roster (list up to 5)	a. b. c. d. e.
3	Where do you store your drinking water?	1 Closed container inside the house 2 Open container inside the house 3 Closed container outside the house 4 Open container outside the house 5 Don't store water Other (specify)	
4	Do you boil or treat your drinking water?	1 Yes 2 No	
5	How often do you wash your hands with soap before you eat? <i>* READ THE CHOICES</i>	1 Always 2 Most of the time 3 Some of the time 4 Rarely	
6	Where do you store fresh milk that you use for drinking?	1 Closed container inside the house 2 Open container inside the house 3 Closed container outside the house 4 Open container outside the house 5 Don't store milk 6 Other (specify)	
7	If you drink fresh milk, do you boil it first?	1 Yes 2 No 98 N/A	
8	<u>When you are outside</u> , how often do you wear something on your feet, e.g. shoes, boots, or sandals?	1 Always 2 Most of the time 3 Some of the time 4 Rarely	

9	When your children are outside, how often do they wear something on their feet, e.g. shoes, boots, or sandals?	1 Always 2 Most of the time 3 Some of the time 4 Rarely 5 No children 99 Don't know	
10	Have you ever been tested for HIV?	1 Yes 2 No → 14	
11a	When did you get tested for HIV? <i>*If respondent has been tested multiple times, record most recent date</i>	Month:	
		Year:	
11b	Where did you get tested for HIV?	1 Mosoriot Health Center 2 Turbo Health Center 3 Burnt Forest Health Center 4 Eldoret 5 Kapsabet 6 Kisumu 7 Other (specify) 99 Don't know	
11c	What was the result of your HIV test? <i>*emphasize confidentiality when asking this question</i>	1 HIV-Positive 2 HIV-Negative 3 Won't say	
12	Have you informed your spouse (or main partner) about your HIV status?	1 Yes 2 No	
13	Who else have you informed about your status? <i>* list the 3 people that were informed first</i>	IRID or HHID:	
		IRID or HHID:	
		IRID or HHID:	
14	Do you think your chances of having HIV/AIDS are high, moderate, low, or do you think you are at no risk at all?	1 High 2 Moderate 3 Low 4 No risk at all	
15	What do you think is the percent chance (0 to 100) that you currently have HIV/AIDS?		

Section C. Sexual History & Behavior

Now I would like to ask you some questions about sexual activity in order to gain a better understanding of how behavior affects health. Please answer these questions to the best of your knowledge. This information will be completely private; under no circumstances will it be revealed to your partner or anyone else.

1a	How old were you when you first had sexual intercourse?	Age in years 99 if never → END of Section	
1b	What is the total number of sexual partners that you have had?	[Number of partners in lifetime]	
2	Have you been sexually active in the past <u>6 months</u> ?	1 Yes 2 No	
3	In the past <u>6 months</u> , have you had any sexual partners other than your spouse(s)?	1 Yes 2 No → 5	
4	How many different sexual partners (including your spouse) have you had in the past <u>6 months</u> ?	[Number of partners in past 6 months]	
CONTINUED ON NEXT PAGE			

* Now I would like to ask you several questions regarding you and your spouse/partner, and *[if answer to question 3 is YES]* for each of your other sexual partners in the past 6 months.

INTERVIEWER: If the partner is a member of the household, write the HHID Code of the partner in the first row, otherwise add each partner to the IRoster form – if the respondent will not reveal the name, use “Partner #1”, “Partner #2”, etc. on the form – and then write the IRID Code in the first row. Make sure all wives are discussed.

	Partner #1 (HHID or IRID)		Partner #2 (HHID or IRID)		Partner #3 (HHID or IRID)	
5. What is your relationship to this sexual partner? 1 Spouse 2 Live-in partner 3 Partner not living with you 4 Casual acquaintance 5 Other (specify)						
6. When did you <i>first</i> have sex with this partner? [month/year; year is okay if more than 2 years ago or if month cannot be recalled]	Month:	Year:	Month:	Year:	Month:	Year:
7. When you <i>first</i> had sex with this partner, did you use condoms? 1 Yes 2 No						
8. When did you <i>last</i> have sex with this partner? 1 Within the past week 2 One to four weeks ago 3 More than a month ago						
9. When you <i>last</i> had sex with this partner, did you use condoms? 1 Yes 2 No						
10. Do you think your partner has had other partners in the past 6 months? 1 Yes 2 No 3 Don't know						
11. Has your partner ever been tested for HIV? 1 Yes 2 No →15 3 Don't know →15						
12. When was your partner tested for HIV?	Month:	Year:	Month:	Year:	Month:	Year:
13. Do you know your partner's HIV status? 1 Yes 2 No						
14. What is your partner's HIV status? →END SECTION 1 HIV-positive 2 HIV-negative 3 Won't say						
15. Do you think your partner's chances of having HIV/AIDS are high, moderate, low, or do you think he/she is at no risk at all? 1 High 2 Moderate 3 Low 4 No risk at all						

Section D. Attitudes Regarding HIV/AIDS

INSTRUCTIONS: In this section, you have to ask some questions according to the HIV status of the respondent. Check the answer to Section B – Question 11c (about the result of the respondent's HIV test). Write 99 if the answer is Don't Know.

Read to Respondent: I would like to ask you for your opinion regarding several statements about HIV/AIDS. Please tell me if you:

- (1) strongly agree
- (2) agree somewhat
- (3) feel neutral
- (4) disagree
- (5) strongly disagree

1	Most people I know think that adults who are infected with the AIDS virus is a sign of immoral behavior.	
2	HIV+: I feel ashamed of having HIV. HIV-: If I was infected with the AIDS virus, I would feel ashamed of myself.	
3	Most people I know feel angry with people with HIV/AIDS for having inflicted this condition upon themselves.	
4	HIV+: I feel angry with myself for having inflicted this disease upon myself. HIV-: If I was infected with the AIDS virus, I would feel angry with myself for having inflicted this disease upon myself.	
5	Most people I know avoid contact with people living with HIV/AIDS because they are afraid of contracting the disease.	
6	HIV+: Since I know I have HIV/AIDS, I feel I should stay away from children and friends as much as I can (to avoid the risk of further transmitting the disease). HIV-: If I was diagnosed with the AIDS virus, I would try to stay away from children and friends as much as I can (to avoid the risk of further transmitting the disease).	
7	Most people I know feel disgust with people living with HIV/AIDS.	
8	HIV+: Since I know I have HIV/AIDS, I feel disgusted with my body. HIV-: If I was diagnosed with the AIDS virus, I would feel disgusted with my body.	
9	Most people I know would agree that a female teacher who has AIDS but is not sick should be allowed to continue teaching in the school.	
10	HIV+: If I was a teacher infected with the AIDS virus but was not sick, I would find that I should be allowed to continue teaching in the school. HIV-: If I was a teacher diagnosed with the AIDS virus but was not sick, I would find that I should be allowed to continue teaching in the school.	

Anthropometrics

Household ID:	Respondent ID:	Date of Interview:
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Instructions

This questionnaire should be administered to the primary female respondent.

Section A. Child Height and Weight

First, refer to the household copy the ID codes of all children that are household members and are **5 years or younger**. Weigh children with as little clothing as possible. Record the amount of clothing the child was wearing when you made the measurement.

1. ID CODE of child					
2. Copy the NAME of the household member from the Household Roster, matching the name to ID code.					
3. Was this person measured? 1 Yes 2 No → 7					
4. Date of Measurement (DAY/MONTH/YEAR)					
5. WEIGHT (Kg)					
5a. Amount of clothing worn by child: 1 More than normal 2 Normal 3 Removed some clothing					
6. HEIGHT or LENGTH (cm) → Next child					
7. Reason not measured? 1 At school 2 At work 3 Boarding/traveling 4 Serious Illness 5 Refusal 6 Other					

Section B. Child Vaccinations

Copy the ID codes of all children that are household members and are **12 years or younger**.

8. Copy ID CODE of all children 12 years or younger																
9. Does [Name] have a vaccination card? 1 Yes 2 No If YES: May I please see it? If No: skip to 12.																
10. Where did [Name] receive most of the vaccinations?																
11. ENUMERATOR: COPY VACCINATION DATES (DAY/MONTH/YEAR) FOR EACH VACCINE FROM THE CARD																
	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	
11a. BCG																
11b. Polio 0 (at birth)																
11c. Polio 1																
11d. Polio 2																
11e. Polio 3																
11f. DPT 1																
11g. DPT 2																
11h. DPT 3																
11i. Measles																
12. Did [Name] ever receive any vaccinations to prevent him/her from getting diseases? 1 Yes 2 No →21																
13. Where did [Name] receive most of the vaccinations?																
14. A BCG vaccine against tuberculosis, that is, an injection in the left arm that caused a scar? 1 Yes 2 No 99 Don't Know																
15. Polio vaccine, that is, drops in the mouth? 1 Yes 2 No →18 99 Don't Know →18																
16. How many times?																
17. When was the first vaccine given, just after birth or later? 1 Just after birth 2 Later																
18. DPT vaccination, that is, an injection usually given the same time as polio drops? 1 Yes 2 No →20 99 Don't Know →20																
19. How many times?																
20. An injection to prevent measles? 1 Yes →Next Person 2 No →Next Person 99 Don't Know →Next Person																
21. Why did [Name] not receive vaccinations? 1 Clinic too far away / difficult to get to 2 Child or parent was sick 3 Vaccine out of stock 4 Forgot to take child 5 Don't believe vaccine is effective 6 Don't know about the vaccine 7 Other (specify)																

Section C. Growth History

If the child has a vaccination card, turn to the back of the card. Record the age (in months) and weight (in kg) for all points that are marked on the card.

[illegible]

Polygamous Household Identification

Household ID:	Respondent ID:	Date of Interview:
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Male Name:	
Male <i>initial</i> Household ID:	
Male Individual ID:	

Instructions

This questionnaire should be administered to the primary male respondent. All polygamous households are to be treated as separate households (with *different* household numbers). **Each wife answers separately**. The purpose of this form is to link the husband with the households of each of his wives.

Numbering:

HHN: The first household (where the husband is interviewed) takes the original household number (hhn) assigned to that household.

9HHN: The second household (in which one of the wives is living) receives number 9HHN.

8HHN: The third household (in which another wife is living) takes 8HHN.

7HHN: The fourth household (in which a fourth wife is living) takes 7HHN.

For example, if the original household number is 12, the second household will be 9012, the third 8012 and the fourth 7012.

Do you have more than 1 wife? 1 Yes 2 No → End Form	
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	1. Wife Name	2. Wife's Household ID	3. Wife's Individual ID	4. Wife's District of Residence	5. Wife's Village of Residence	6. Separate ASSETS? 1 Yes 2 No	7. Separate INCOME? 1 Yes 2 No	8. Separate UNEXP. EVENTS? 1 Yes 2 No	9. Separate AGRICULTURE? 1 Yes 2 No	10. Separate OTHER HH EXP.? 1 Yes 2 No
Wife #1										
Wife #2										
Wife #3										
Wife #4										
Wife #5										

Household ID:	Respondent ID:	Date of Interview:
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Background characteristics			
1	Sex of Respondent	1 Male 2 Female	
2	What is your age?	Age in Years	
3	In what month and year were you born?	99 Don't Know month 99 Don't Know year	Month _____ Year _____
Education			
4	Are you currently attending school?	1 Yes 2 No →6	
5	Do you expect to remain in school during 2004?	1 Yes →7 2 No →7	
6	Have you attended school <u>at any time</u> in 2003 or 2004?	1 Yes 2 No →8	
7	How many terms of school have you missed in 2003 and 2004?	1 Less than one term →9 2 One term 3 Two terms 4 Three terms	
8	What was the main reason why you missed school?	1 Own illness 2 Caring for a sick family member 3 Working 4 Insufficient funds 5 Fostered out 6 School was closed 7 Completed all my schooling 8 Other (specify)	
9	What is the highest level of schooling you have <u>completed</u> ?	1 Nursery 2 Primary 3 Secondary 4 Post-secondary	
10	What is the highest level of schooling you <u>plan</u> to complete?	1 Nursery 2 Primary 3 Secondary 4 Post-secondary	
Marriage			
11	Are you currently married or living with a partner? <i>* Probe if respondent says Yes or No</i>	1 Yes – legally married →14 2 Yes – living with partner →14 3 No – spouse died 4 No – separated 5 No – never married	
12	Are you currently engaged to be married?	1 Yes →14 2 No	
13	Do you expect to get married in the next two years?	1 Yes 2 No 99 Don't Know	
Knowledge of HIV/AIDS			
Now I would like to ask a few questions concerning your knowledge about major diseases in this area.			
14	Can a person who looks healthy have HIV, the virus that causes AIDS?	1 Yes 2 No 99 Don't Know	
15	In what ways can a person protect themselves from getting HIV/AIDS? <i>*list up to 4 ways that are mentioned by respondent</i>	1 Abstinence 2 Be faithful 3 Have fewer partners 4 Use condoms 5 Avoid injections with contaminated needles 6 Other (specify) 99 Don't know	a. b. c. d.
16	Do you personally know anyone who has died from AIDS? <i>* Probe by asking about friends and relatives.</i>	1 Yes 2 No →18	
17	What was your relation to this person? <i>* If there are multiple persons, ask about person who died more recently.</i>	1 Household member 2 Relative in this Division 3 Relative elsewhere 4 Non-relative in this Division 5 Non-relative elsewhere	

18	Do you personally know anyone who received or is currently receiving treatment for AIDS? <i>*Probe by asking about household members, relatives, friends.</i>	1 Yes 2 No →21	
19	What was/is your relation to this person? <i>* If there are multiple persons, ask about closest relation.</i>	1 Household member 2 Relative in this Division 3 Relative elsewhere 4 Non-relative in this Division 5 Non-relative elsewhere	
20	What happened to this person's health since receiving treatment?	1 Recovered / Improved 2 Remained sick 3 Got more sick 4 Too early to tell 5 Died 99 Don't Know	
21	In Kosirai Division, do you know whether treatment for HIV/AIDS is easily available, available but not for everyone who needs it, or not available at all?	1 Easily available 2 Available, but not for everyone who needs it 3 Not available at all 99 Don't know	
HIV Testing			
22	Have you ever been tested for HIV?	1 Yes 2 No →28	
23	When did you get tested for HIV? <i>*Record most recent testing date</i>	Month: _____ Year: _____	
24	Where did you get tested for HIV?	1 Mosoriot Health Center 2 Turbo Health Center 3 Burnt Forest Health Center 4 Eldoret 5 Kapsabet 6 Kisumu 7 Other (specify) 99 Don't know	
25	What was the result of your HIV test? <i>* emphasize confidentiality when asking this question</i>	1 HIV-Positive 2 HIV-Negative 3 Won't say 4 Have not received results yet	
26	Who have you informed about your status? <i>* list the 3 people that were informed first</i>	1 Partner 2 Father 3 Mother 4 Sister/brother 5 Other relative in household 6 Other relative elsewhere 7 Friend 8 Other (specify)	a. b. c.
27	Have you informed any other people about your status?	1 Yes 2 No	
28	What is the nearest place where someone can be tested for HIV?	1 Mosoriot Health Center 2 Turbo Health Center 3 Burnt Forest Health Center 4 Eldoret 5 Kapsabet 6 Kisumu 7 Other (specify) 99 Don't know	
29	Do you think your chances of having HIV/AIDS are high, moderate, low, or do you think you are at no risk at all?	1 High 2 Moderate 3 Low 4 No risk at all	
30	What do you think is the percent chance (0 to 100) that you currently have HIV/AIDS?		

Sexual Behavior			
31a	How old were you when you first had sexual intercourse	Age in years 99 if never →36	
31b	What is the total number of sexual partners that you have had?	[Number of partners in lifetime]	
32a	Have you been sexually active in the <u>past 6 months</u> ?	1 Yes 2 No →34	
32b	How many different sexual partners have you had in the <u>past 6 months</u> ?	[Number of partners in past 6 months]	
33a	During the last time you had sex <u>with your spouse or main partner</u> , did you use a condom?	1 Yes 2 No 3 N/A	
33b	During the last time you had sex <u>in a casual encounter</u> , did you use a condom?	1 Yes 2 No 3 N/A	
34	How often do you use condoms when having sex?	1 Always 2 Almost Always 3 Very Seldom 4 Never	
35	Do you think that your spouse or main partner has other sexual partners besides you?	1 Yes 2 No 3 N/A	
Job Training, Income, and Expenditures			
36	Have you had any technical or professional training?	1 Technical 2 Professional 3 On-the-job 4 No	
37	Do you plan to receive any additional technical or professional training in the next 1 year?	1 Yes 2 No	
38	What is total amount <u>you yourself</u> have spent on non-food items (such as clothing, shoes, bicycles, watches, etc.) in the <u>past 6 months</u> ?	Amount in KSh	
39	Have you received any financial assistance from friends and relatives in the <u>past 6 months</u> ?	1 Yes 2 No →41	
40	What is the value of all the assistance you have received in the <u>past 6 months</u> ?	Amount in KSh	
41	During the <u>past 12 months</u> , what has been your main <u>non-schooling</u> activity? <i>* Read the choices to respondent.</i>	1 Farming 2 Wage/Salaried Employment 3 Non-farm Self-Employment 4 Unemployed/did not work →44	
42	During the <u>past month</u> , how much money did <u>you yourself</u> earn for all of the work you did?	Amount in KSh	
43	How does this amount compare to what you usually earned every month in the past year?	1 More 2 About the same 3 Less	
44	Do you expect to look for another job in the next 6 months?	1 Yes 2 No	

**** End of Interview ****