

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT  
MINISTRY OF HOME AFFAIRS AND NATIONAL HERITAGE  
KENYA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD SCHEDULE

CONFIDENTIAL  
Data used  
for research  
purposes only

IDENTIFICATION

PROVINCE \_\_\_\_\_

DISTRICT \_\_\_\_\_

LOCATION/TOWN \_\_\_\_\_

SUBLOCATION/WARD \_\_\_\_\_

CLUSTER NUMBER.....

HOUSEHOLD NUMBER.....

STRUCTURE NUMBER.....

URBAN/RURAL (urban=1, rural=2).....

NAME OF HOUSEHOLD HEAD \_\_\_\_\_


INTERVIEWER VISITS	1	2	3	FINAL VISIT
DATE				<div style="display: flex; justify-content: space-between;"> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">   </div></div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">   </div></div> </div>
INTERVIEWER'S NAME				INTERVIEWER NO. <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">   </div>
RESULT*				FINAL RESULT <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">   </div>
NEXT VISIT:      DATE TIME				TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">   </div>
<p><b>*RESULT CODES:</b></p> <p>1 COMPLETED</p> <p>2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME</p> <p>3 HOUSEHOLD ABSENT NIGHT BEFORE INTERVIEW</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>				<p>TOTAL IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">   </div></p> <p>TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">   </div></p> <p>TOTAL ELIGIBLE HUSBANDS <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">   </div></p>
LANGUAGE OF QUESTIONNAIRE: ENGLISH				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> 1 </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> 0 </div>
NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">   </div>

# HOUSEHOLD SCHEDULE

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

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE		SEX	AGE	FOSTERING	ELIGIBILITY
LINE NO.	Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household.	1 Head 2 Spouse 3 Son/daugh. 4 Broth/sis. 5 Grandchild 6 Parent 7 Other rel. 8 Unrelated	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old is he/she?	ONLY FOR CHILDREN UNDER 15 YEARS OLD: Do any of his/her parents usually live in this household?*	CIRCLE LINE NUMBER OF WOMEN AND HUSBANDS ELIGIBLE FOR INDIVIDUAL INTERVIEW
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			YES NO	YES NO	M F	IN YEARS	YES NO	
01		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	01
02		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	02
03		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	03
04		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	04
05		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	05
06		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	06
07		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	07
08		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	08
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	09
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	10
11		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	11
12		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	12
13		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	13
14		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	14
15		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	15

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE		SEX	AGE	FOSTERING	ELIGIBILITY
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
16		<input type="checkbox"/>	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2	16
17		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	17
18		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	18
19		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	19
20		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	20
21		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	21
22		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	22
23		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	23
24		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	24
25		<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	25

TICK HERE IF CONTINUATION SHEET USED ☐

TOTAL NUMBER OF ELIGIBLE WOMEN

TOTAL NUMBER OF ELIGIBLE HUSBANDS

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed?

YES ☐ → ENTER EACH IN TABLE

NO ☐

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

YES ☐ → ENTER EACH IN TABLE

NO ☐

3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES ☐ → ENTER EACH IN TABLE

NO ☐