


| IDENTIFICATION | | | | | |
|--|--|------------------|--|--|--|
| PROVINCE _____ | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> | | | | |
| DISTRICT _____ | | | | | |
| LOCATION/TOWN _____ | | | | | |
| SUBLOCATION/WARD _____ | | | | | |
| NASSEP CLUSTER NUMBER..... | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> | | | | |
| KDHS CLUSTER NUMBER..... | | | | | |
| HOUSEHOLD NUMBER..... | | | | | |
| NAIROBI/MOMBASA=1, SMALL CITY=2, TOWN=3, RURAL=4... | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | |
| HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1, NO=2) | <div style="border: 1px solid black; width: 40px; height: 40px;"></div> | | | | |
| INTERVIEWER VISITS | 1 | 2 | 3 | FINAL VISIT | |
| DATE | | | | DAY | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> |
| | | | | MONTH | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> |
| | | | | YEAR | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> |
| INTERVIEWER'S NAME | | | | NAME | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> |
| RESULT * | | | | RESULT | <div style="border: 1px solid black; width: 40px; height: 40px;"></div> |
| NEXT VISIT: DATE TIME | | |  | NO.OF VISITS | |
| <p>* RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p> | | | | TOTAL IN HOUSEHOLD | |
| | | | | TOTAL WOMEN 15-49 | |
| | | | | MEN 20-54 | |
| | | | | LINE NO. OF RESP. TO HOUSE | |
| | | | | HOLD SCHEDULE | |
| | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> | |
| LANGUAGE OF QUESTIONNAIRE: ENGLISH | | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> |
| NAME DATE | FIELD EDITED BY | OFFICE EDITED BY | KEYED BY | KEYED BY | |
| | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </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.

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD* | RESIDENCE | | SEX | AGE | EDUCATION | | | PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD*** | | | | ELIGIBILITY WOMEN | HUSBAND LINE NUMBER | ELIGIBILITY MEN |
|----------|---|--|--------------------------------|-----------------------------------|-----|----------|---------------------------|--------------------|---------------------------------|---|------|-----------------------------------|----------|-------------------|---------------------|-----------------|
| | | | Does (NAME) usually live here? | Did (NAME) sleep here last night? | | | Is (NAME) male or female? | How old is (NAME)? | Has (NAME) ever been to school? | IF ATTENDED SCHOOL | | Is (NAME)'s natural mother alive? | IF ALIVE | | | |
| | | | | | | | | | | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) |
| | Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. | What is the relationship of (NAME) to the head of the household? | YES NO | YES NO | M F | IN YEARS | YES NO | LEVEL FORM | YES NO | YES NO DK | | YES NO DK | | | | |
| 01 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 01 | | 01 |
| 02 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 02 | | 02 |
| 03 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 03 | | 03 |
| 04 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 04 | | 04 |
| 05 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 05 | | 05 |
| 06 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 06 | | 06 |
| 07 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 07 | | 07 |
| 08 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 08 | | 08 |
| 09 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 09 | | 09 |
| 10 | | | 1 2 | 1 2 | 1 2 | | 1 2 | | 1 2 | 1 2 8 | | 1 2 8 | | 10 | | 10 |

HOUSEHOLD SCHEDULE CONTINUED

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

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

Just to make sure that I have a complete listing:

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

YES ☐ → ENTER EACH IN TABLENO ☐

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 TABLENO ☐

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

YES ☐ → ENTER EACH IN TABLENO ☐

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

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

09= OTHER RELATIVE
 10= ADOPTED/FOSTER CHILD
 11= NOT RELATED
 98= DK

** CODES FOR LEVEL OF EDUCATION:

0= NURSERY
 1= PRIMARY
 2= SECONDARY
 3= UNIVERSITY
 8= DK

CODES FOR STANDARD/FORM/YEAR:

00= LESS THAN 1 YEAR COMPLETED
 98= DON'T KNOW

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

ENG NH 3

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