

2022 KENYA DEMOGRAPHIC AND HEALTH SURVEY (KDHS)  
 HOUSEHOLD QUESTIONNAIRE - LONG VERSION

KENYA  
 KENYA NATIONAL BUREAU OF STATISTICS

**LONG**

IDENTIFICATION					
COUNTY	<input style="width: 95%;" type="text"/>				
SUB COUNTY	<input style="width: 95%;" type="text"/>				
LOCATION	<input style="width: 95%;" type="text"/>				
SUB LOCATION	<input style="width: 95%;" type="text"/>				
KDHS CLUSTER NUMBER	<input style="width: 95%;" type="text"/>				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER	<input style="width: 95%;" type="text"/>				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME OF HOUSEHOLD HEAD	<input style="width: 95%;" type="text"/>				
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	<input style="width: 95%;" type="text"/>				1
HOUSEHOLD SELECTED FOR WOMAN'S DV MODULE? (1=YES, 2=NO)	<input style="width: 95%;" type="text"/>				
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	DAY	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
				MONTH	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
				YEAR	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div>
INTERVIEWER'S NAME	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	INT. NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div>
RESULT*	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	RESULT*	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NEXT VISIT: DATE	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
TIME	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	TOTAL NUMBER OF VISITS	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
*RESULT CODES:  1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER <input style="width: 100px;" type="text"/> (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>  TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>  TOTAL ELIGIBLE MEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
LANGUAGE OF QUESTIONNAIRE**		LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**	
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">1</div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
LANGUAGE OF QUESTIONNAIRE**		TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>			
<b>ENGLISH</b>					
**LANGUAGE CODES: 01 ENGLISH    06 KAMBA    11 LUO    16 SOMALI 02 KISWAHILI    07 KIKUYU    12 MAASAI    17 TURKANA 03 BORANA    08 KISII    13 MERU    96 OTHER 04 EMBU    09 LUHYA    14 MIJIKENDA 05 KALENJIN    10 MARAGOLI    15 POKOT <input style="width: 100px;" type="text"/> SPECIFY					
TEAM		TEAM SUPERVISOR			
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>			
NUMBER		NAME    NUMBER			

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## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with Kenya National Bureau of Statistics. We are conducting a survey about health and other topics all over Kenya. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

### GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?  
May I begin the interview now?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE  
TO BE INTERVIEWED .. 2 → END

100	RECORD THE TIME.	HOURS .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED 3 = SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-54</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

7A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
7B) 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 <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

01 = HEAD	07 = PARENT-IN-LAW
02 = WIFE OR HUSBAND	08 = BROTHER OR SISTER
03 = SON OR DAUGHTER	09 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	10 = ADOPTED/FOSTER/STEPCHILD
05 = GRANDCHILD	11 = NOT RELATED
06 = PARENT	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL	
	12	13	14	15	16	17
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Has (NAME) ever attended school or any learning institutions?	What is the highest level of school (NAME) has attended?  What is the highest grade (NAME) completed at that level?   SEE CODES BELOW.
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>

**CODES FOR Qs. 17, 17B, AND 19: EDUCATION**

**LEVEL**

0 = PRE-PRIMARY  
1 = PRIMARY  
2 = SECONDARY/"A" LEVEL  
3 = MIDDLE LEVEL COLLEGE (CERTIFICATE/DIPLOMA)  
4 = UNIVERSITY  
5 = VOCATIONAL  
6 = INFORMAL EDUCATION (MADRASA/ADULT BASIC)  
8 = DON'T KNOW

**GRADE**

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 17B OR 19)  
98 = DON'T KNOW

	IF AGE 3-24 YEARS						IF AGE 0-4 YEARS
LINE NO.	PREVIOUS SCHOOL ATTENDANCE		CURRENT/RECENT SCHOOL ATTENDANCE		REASON NOT CURRENTLY ATTENDING	BIRTH REGISTRATION	
	17A	17B	18	19	19A	20	
	Did (NAME) attend school or any learning institutions at any time during the 2020 school year (January 2020-July 2021)?	During the 2020 school year (January 2020- July 2021), what level and grade did (NAME) attend?  SEE CODES BELOW.	Did (NAME) attend school or any learning institutions at any time during the 2021 school year (July 2021-April 2022)?	During the 2021 school year (July 2021-April 2022), what level and grade is/was (NAME) attending?  SEE CODES BELOW.	IF Q.17A = YES	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1=YES REGISTERED WITH BIRTH CERTIFICATE 2 = YES REGISTERED WITHOUT BIRTH CERTIFICATE 3=NOT REGISTERED 8 = DON'T KNOW	
					What is the main reason (NAME) stopped attending school or learning institutions?  SEE CODES BELOW.		
01	Y    N 1     2 ↓ GO TO 18	LEVEL   GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y    N 1     2 ↓ GO TO 19A	LEVEL   GRADE <input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	
02	1     2 ↓ GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1     2 ↓ GO TO 19A	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	
03	1     2 ↓ GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1     2 ↓ GO TO 19A	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	
04	1     2 ↓ GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1     2 ↓ GO TO 19A	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	
05	1     2 ↓ GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1     2 ↓ GO TO 19A	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	
06	1     2 ↓ GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1     2 ↓ GO TO 19A	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	
07	1     2 ↓ GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1     2 ↓ GO TO 19A	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	
08	1     2 ↓ GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1     2 ↓ GO TO 19A	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	
09	1     2 ↓ GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1     2 ↓ GO TO 19A	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	
10	1     2 ↓ GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1     2 ↓ GO TO 19A	<input type="text"/> <input type="text"/> <input type="text"/> ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>	

1 = TOO YOUNG TO ATTEND	9 = ORPHANHOOD
2 = COMPLETED SCHOOL	10 = SOCIO-CULTURAL/ RELIGIOUS PRESSURE
3 = MARRIAGE	11 = COVID-19 RELATED PROBLEM
4 = PREGNANCY	12 = ILLNESS (OWN/FAMILY)
5 = DISABILITY	13 = FAMILY RESPONSIBILITY
6 = INSECURITY	96 = OTHER (SPECIFY) _____
7 = WORKING/LOOKING FOR WORK	98 = DON'T KNOW
8 = SCHOOL LEAVES/ OTHER COSTS	

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER						
LINE NO.	DISABILITY					
	21	22	23	24	25	26
	<p>I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?</p> <p>1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW</p>
01	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
02	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
03	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
04	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
05	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
06	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
07	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
08	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
09	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

HOUSEHOLD SCHEDULE

LINE NO.	HEALTH INSURANCE		INPATIENT		OUTPATIENT		
	27	28	29	30	31	32	33
	<p>Is (NAME) covered by any health insurance?</p> <p>1 = YES 2 = NO 8 = DON'T KNOW</p>	<p>What type of health insurance is (NAME) covered by?</p> <p>A = NHIF B = PRIVATE/COMMERCIAL C = COMMUNITY-BASED X = OTHER</p>	<p>In the last 12 months, was (NAME) admitted overnight to stay at a health facility?</p>	<p>CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE.</p> <p>CHECK COLUMN 29: CODE '1' 'YES' CIRCLED.</p>	<p>In the last 4 weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight at a health facility?</p>	<p>The last time (NAME) received care, was any payment made, including cash, kind, insurance, or any other form of payment?</p>	<p>CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE.</p> <p>CHECK COLUMN 32: CODE '1' 'YES' CIRCLED.</p>
01	<p>Y N DK 1 2 8 ↓ GO TO 29</p>	A B C X	<p>Y N DK 1 2 8 ↓ GO TO 31</p>	01	<p>Y N DK 1 2 8 ↓ NEXT LINE</p>	<p>Y N DK 1 2 8 ↓ NEXT LINE</p>	01
02	<p>1 2 8 ↓ GO TO 29</p>	A B C X	<p>1 2 8 ↓ GO TO 31</p>	02	<p>1 2 8 ↓ NEXT LINE</p>	<p>1 2 8 ↓ NEXT LINE</p>	02
03	<p>1 2 8 ↓ GO TO 29</p>	A B C X	<p>1 2 8 ↓ GO TO 31</p>	03	<p>1 2 8 ↓ NEXT LINE</p>	<p>1 2 8 ↓ NEXT LINE</p>	03
04	<p>1 2 8 ↓ GO TO 29</p>	A B C X	<p>1 2 8 ↓ GO TO 31</p>	04	<p>1 2 8 ↓ NEXT LINE</p>	<p>1 2 8 ↓ NEXT LINE</p>	04
05	<p>1 2 8 ↓ GO TO 29</p>	A B C X	<p>1 2 8 ↓ GO TO 31</p>	05	<p>1 2 8 ↓ NEXT LINE</p>	<p>1 2 8 ↓ NEXT LINE</p>	05
06	<p>1 2 8 ↓ GO TO 29</p>	A B C X	<p>1 2 8 ↓ GO TO 31</p>	06	<p>1 2 8 ↓ NEXT LINE</p>	<p>1 2 8 ↓ NEXT LINE</p>	06
07	<p>1 2 8 ↓ GO TO 29</p>	A B C X	<p>1 2 8 ↓ GO TO 31</p>	07	<p>1 2 8 ↓ NEXT LINE</p>	<p>1 2 8 ↓ NEXT LINE</p>	07
08	<p>1 2 8 ↓ GO TO 29</p>	A B C X	<p>1 2 8 ↓ GO TO 31</p>	08	<p>1 2 8 ↓ NEXT LINE</p>	<p>1 2 8 ↓ NEXT LINE</p>	08
09	<p>1 2 8 ↓ GO TO 29</p>	A B C X	<p>1 2 8 ↓ GO TO 31</p>	09	<p>1 2 8 ↓ NEXT LINE</p>	<p>1 2 8 ↓ NEXT LINE</p>	09
10	<p>1 2 8 ↓ GO TO 29</p>	A B C X	<p>1 2 8 ↓ GO TO 31</p>	10	<p>1 2 8 ↓ NEXT LINE</p>	<p>1 2 8 ↓ NEXT LINE</p>	10



SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)

100	<p><b>ONLY ONE INDIVIDUAL (ONE WOMAN <u>OR</u> ONE MAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS</b></p> <p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR WOMAN'S DV MODULE?</p> <p style="text-align: center;">             YES <input type="checkbox"/>                             NO <input type="checkbox"/>  100B           </p>								
<p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.</p> <p><b>EXAMPLE:</b> THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.</p>									
LAST DIGIT OF THE HOUSE- HOLD QUESTION- NAIRE SERIAL NUMBER		TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
		1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4	
1	1	1	3	1	4	1	6	5	
2	1	2	1	2	5	2	7	6	
3	1	1	2	3	1	3	1	7	
4	1	2	3	4	2	4	2	8	
5	1	1	1	1	3	5	3	1	
6	1	2	2	2	4	6	4	2	
7	1	1	3	3	5	1	5	3	
8	1	2	1	4	1	2	6	4	
9	1	1	2	1	2	3	7	5	
100A	NAME OF SELECTED WOMAN _____				HH LINE NUMBER OF SELECTED WOMAN		<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>		

SELECTION OF MAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)

100B	<p><b>ONLY ONE INDIVIDUAL (ONE WOMAN <u>OR</u> ONE MAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS</b></p> <p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR WOMAN'S DV MODULE?</p> <p style="text-align: center;">NO <input type="checkbox"/>                      YES <input type="checkbox"/> <span style="float: right;">→ 101</span></p>								
<p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE MEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE MAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE MEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED MAN IN THE SPACE BELOW THE TABLE.</p> <p><b>EXAMPLE:</b> THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE MEN AGE 15-54 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE MEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND MAN WHO IS ELIGIBLE FOR THE MAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HIS NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.</p>									
LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER		TOTAL NUMBER OF ELIGIBLE MEN AGE 15-54 IN HOUSEHOLD SCHEDULE COLUMN 9							
		1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4	
1	1	1	3	1	4	1	6	5	
2	1	2	1	2	5	2	7	6	
3	1	1	2	3	1	3	1	7	
4	1	2	3	4	2	4	2	8	
5	1	1	1	1	3	5	3	1	
6	1	2	2	2	4	6	4	2	
7	1	1	3	3	5	1	5	3	
8	1	2	1	4	1	2	6	4	
9	1	1	2	1	2	3	7	5	
100C    NAME OF SELECTED MAN _____		HH LINE NUMBER OF SELECTED MAN <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>							

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42  RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER ..... 96 (SPECIFY)	→ 106   → 103  → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42  RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 OTHER ..... 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
105	Who usually goes to this source to collect the water for your household?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	NAME .....  LINE NUMBER ..... <input type="text"/> <input type="text"/>	

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
107	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 109
108	What do you usually do to make the water safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F COVER THE WATER CONTAINER ..... G OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
109	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 23  COMPOSTING TOILET ..... 31 BIODIGESTER ..... 32 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... #  OTHER ..... 96 (SPECIFY)	→ 117
110	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	
113	CHECK 109:  CODES 12, 13, 21, <input type="checkbox"/> 22, 23, OR 31 CIRCLED ↓	OTHER <input type="checkbox"/>	→ 117
114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 117
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Where were the contents emptied to?	A TREATMENT PLANT ..... 1 BURIED IN A COVERED PIT ..... 2 UNCOVERED PIT/BUSH/FIELD/ OPEN GROUND ..... 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 4  OTHER ..... 6 (SPECIFY)  DON'T KNOW ..... 8	
117	In your household, what type of cooking device (cookstove) is mainly used for cooking?	ELECTRIC STOVE ..... 01 SOLAR COOKER ..... 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE ..... 03 PIPED NATURAL GAS STOVE ..... 04 BIOGAS STOVE ..... 05 LIQUID FUEL STOVE ..... 06 MANUFACTURED SOLID FUEL STOVE (JIKO) .. 07 TRADITIONAL SOLID FUEL STOVE ..... 08 THREE STONE STOVE/OPEN FIRE ..... 09  NO FOOD COOKED IN HOUSEHOLD ..... 95  OTHER ..... 96 (SPECIFY)	 → 121  → 120  → 120 → 120 → 123 → 120
118	Does the stove have a chimney?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
119	Does the stove have a fan?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL ..... 01 GASOLINE/DIESEL ..... 02 KEROSENE/PARAFFIN ..... 03 COAL/LIGNITE ..... 04 CHARCOAL ..... 05 WOOD ..... 06 STRAW/SHRUBS/GRASS ..... 07 AGRICULTURAL CROP ..... 08 ANIMAL DUNG/WASTE ..... 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 10 GARBAGE/PLASTIC ..... 11 SAWDUST ..... 12  OTHER ..... 96 (SPECIFY)	
121	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3  OTHER ..... 6 (SPECIFY)	 → 123
122	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	What does this household use to heat the home when needed?	MANUFACTURED SPACE HEATER ..... 01 TRADITIONAL SPACE HEATER ..... 02 MANUFACTURED COOKSTOVE (JIKO) ..... 03 TRADITIONAL COOKSTOVE ..... 04 THREE STONE STOVE/OPEN FIRE ..... 05 FIREPLACE ..... 06  CENTRAL HEATING ..... 07  NO HEATING IN HOUSEHOLD ..... 95  OTHER ..... 96 <div style="text-align: center;">(SPECIFY)</div>	    → 125  → 125  → 126  → 125
124	Does it have a chimney?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
125	What type of fuel or energy source is used in this heater?	ELECTRICITY ..... 01 PIPED NATURAL GAS ..... 02 SOLAR AIR HEATER ..... 03 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS ..... 04 BIOGAS ..... 05 ALCOHOL/ETHANOL ..... 06 GASOLINE/DIESEL ..... 07 KEROSENE/PARAFFIN ..... 08 COAL/LIGNITE ..... 09 CHARCOAL ..... 10 WOOD ..... 11 STRAW/SHRUBS/GRASS ..... 12 AGRICULTURAL CROP ..... 13 ANIMAL DUNG/WASTE ..... 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 15 GARBAGE/PLASTIC ..... 16 SAWDUST ..... 17  OTHER ..... 96 <div style="text-align: center;">(SPECIFY)</div>	
126	At night, what does your household mainly use to light the home?	ELECTRICITY ..... 01 SOLAR LANTERN ..... 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN ..... 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN ..... 04 BIOGAS LAMP ..... 05 GASOLINE LAMP ..... 06 KEROSENE OR PARAFFIN LAMP ..... 07 CHARCOAL ..... 08 WOOD ..... 09 STRAW/SHRUBS/GRASS ..... 10 AGRICULTURAL CROP ..... 11 ANIMAL DUNG/WASTE ..... 12 OIL LAMP ..... 13 CANDLE ..... 14  NO LIGHTING IN HOUSEHOLD ..... 95  OTHER ..... 96 <div style="text-align: center;">(SPECIFY)</div>	
127	How many rooms in this household are used for sleeping?	ROOMS ..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
127A	Does your household own this structure (house, flat, shack), do you pay rent, or do you live here without paying rent?	OWNS ..... 1 PAYS RENT/LEASE ..... 2 NO RENT WITH CONSENT OF OWNER ..... 3 NO RENT, SQUATTING ..... 4	

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
127B	Does your household own the land on which the structure (house, flat, shack) sits?	OWNS ..... 1 PAYS RENT/LEASE ..... 2 NO RENT WITH CONSENT OF OWNER ..... 3 NO RENT, SQUATTING ..... 4																													
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 130																												
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Local cattle (indigenous)? b) Exotic/grade cattle? c) Horses, donkeys, or camels? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs?	a) LOCAL CATTLE (INDIGENOUS) ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) EXOTIC/GRADE CATTLE/ CROSSBREED ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> c) HORSES/DONKEYS/CAMELS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> d) GOATS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> e) SHEEP ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> f) CHICKEN/OTHER POULTRY ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> g) PIGS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																													
130	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 131A																												
131	How many acres or hectares of agricultural land do members of this household own?  ACRES/HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX.  PLOT SIZE (SQ FT): IF 999995 OR MORE, RECORD '999995.0' IN APPROPRIATE BOX	ACRES ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> HECTARES ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> PLOT SIZE (SQ FT) 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DON'T KNOW ..... 999998																													
131A	Does any member of this household own any non-agricultural land?	YES ..... 1 NO ..... 2	→ 132																												
131B	How many acres or hectares of non-agricultural land do members of this household own?  ACRES/HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX.  PLOT SIZE (SQ FT): IF 999995 OR MORE, RECORD '999995.0' IN APPROPRIATE BOX	ACRES ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> HECTARES ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> PLOT SIZE (SQ FT) 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DON'T KNOW ..... 999998																													

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
132	Does your household have:	YES	NO	
	a) Electricity?	a) ELECTRICITY ..... 1	2	
	b) A radio?	b) RADIO ..... 1	2	
	c) A television?	c) TELEVISION ..... 1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE .. 1	2	
	e) A computer?	e) COMPUTER ..... 1	2	
	f) A refrigerator?	f) REFRIGERATOR ..... 1	2	
	g) A solar panel?	g) SOLAR PANEL ..... 1	2	
	h) A table?	h) TABLE ..... 1	2	
	i) A chair?	i) CHAIR ..... 1	2	
	j) A sofa?	j) SOFA ..... 1	2	
	k) A bed?	k) BED ..... 1	2	
	l) A cupboard?	l) CUPBOARD ..... 1	2	
	m) A clock?	m) CLOCK ..... 1	2	
	n) A microwave oven?	n) MICROWAVE OVEN ..... 1	2	
	o) A DVD player?	o) DVD PLAYER ..... 1	2	
	p) A cassette or CD player?	p) CASSETTE/CD PLAYI..... 1	2	
133	Does any member of this household own:	YES	NO	
	a) A watch?	a) WATCH ..... 1	2	
	b) A mobile phone?	b) MOBILE PHONE ..... 1	2	
	c) A bicycle?	c) BICYCLE ..... 1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER .... 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART .... 1	2	
	f) A car or truck?	f) CAR/TRUCK ..... 1	2	
	g) A boat with a motor?	g) BOAT WITH MOTOR ..... 1	2	
134	Does any member of this household have an account in a bank or other financial institution?	YES ..... 1	2	
		NO ..... 2		
134A	Does this household receive a cash transfer or any social assistance from any of the following:	YES	NO	
	a) National government?	a) NATIONAL GOVERNMENT ..... 1	2	
	b) County government?	b) COUNTY GOVERNMENT ..... 1	2	
	c) NGO, CBO, or other charitable organization?	c) NGOS/CBOS/OTHER CHARITABLE ORGANIZATIONS... 1	2	
	d) Church, mosque, or any other religious organization?	d) CHURCH/MOSQUE/ OTHER RELIGIOUS ORGANIZATION.... 1	2	
	e) Friends, relatives, or neighbours?	e) FRIENDS/RELATIVES/NEIGHBOR!.. 1	2	
134B	CHECK 134A: ANY YES? <div style="text-align: center;">AT LEAST 1 <input type="checkbox"/> YES ↓</div>	ALL NO <input type="checkbox"/>	→ 134D	
134C	For what reason does the household receive a cash transfer or social assistance?  Any other reason?  RECORD ALL MENTIONED.	ORPHANED CHILDREN 18 YEARS OR YOUNG .. A ELDERLY PERSON ..... B PERSON WITH SEVERE DISABILITY ..... C URBAN FOOD SUBSIDY ..... D FOOD AID FOR PERSONS IN ARID AND SEMI-ARID LANDS ..... E HEALTH VOUCHER ..... F FOOD/CASH FOR WORK ..... G SCHOOL FEEDING ..... H HUNGER SAFETY NET PROGRAMME ..... I COVID-19 RELIEF ..... J OTHER ..... X (SPECIFY)		
134D	Is any member of this household registered to a mobile money platform such as Mpesa, Airtel money, etc.?	YES ..... 1	2	
		NO ..... 2		
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES ..... 1	2	
		NO ..... 2		



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
135A	Now I would like to ask you about road traffic accidents that anyone in your household may have been involved in.  During the past 12 months, was anyone in your household killed in a road traffic accident?	YES ..... 1 NO ..... 2	→ 135C
135B	During the past 12 months, how many household members were killed in a road traffic accident?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135C	During the past 12 months, was anyone in your household injured in a road traffic accident, with injuries severe enough that for at least one day they could not carry out their normal daily activities?	YES ..... 1 NO ..... 2	→ 135E
135D	During the past 12 months, how many household members were injured in a road traffic accident, with injuries severe enough that for at least one day they could not carry out their normal daily activities?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135E	Has any member of this household ever been tested for COVID-19 disease?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 135I
135F	Including yourself, how many members of this household have been tested for COVID-19 disease?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135G	Has any member of this household ever tested positive for COVID-19 disease?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 135I
135H	Including yourself, how many members of this household have tested positive for COVID-19 disease?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135I	Has any member of this household died from COVID-19 related complications?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 135K
135J	How many members of this household have died from COVID-19 related complications?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
135K	Has any member of this household ever received vaccination against COVID-19?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 136
135L	How many members of this household have received vaccination against COVID-19?	NUMBER OF HH MEMBERS ..... <input type="text"/>	
136	How often does anyone smoke tobacco inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS OFTEN THAN ONCE A MONTH ..... 4 NEVER ..... 5	
137	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 148A
138	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
139	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER ..... <input type="text"/> <input type="text"/>	
140	WAS THIS NET OBSERVED?	OBSERVED ..... 1 NOT OBSERVED ..... 2	
141	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95 NOT SURE ..... 98	
142	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> OLYSET (SUPANET EXTRA) ..... 11 PERMANET (SUPANET EXTRA) ..... 12 NETPROTECT ..... 13 YORKOOL ..... 14 DAWA PLUS ..... 15 DURANET ..... 16 MAGNET ..... 17 OTHER/DON'T KNOW BRAND (LLIN) ..... 18  OTHER TYPE (NOT LLIN) ..... 96 DON'T KNOW TYPE ..... 98	
143	Did you get the net through a mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, MASS DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, CHILD WELFARE VISIT ..... 3  NO ..... 4	→ 145
144	Where did you get the net?	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	
145	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	→ 147 → 148

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
146	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<div>NAME _____</div> <div>LINE NUMBER ..... <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NUMBER ..... <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NUMBER ..... <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NUMBER ..... <input type="text"/> <input type="text"/></div>	<div>→ 148</div>
147	<p>What was the main reason this net was not used last night?</p>	<div>TOO HOT ..... 01</div> <div>DON'T LIKE NET SHAPE/COLOR/SIZE ..... 02</div> <div>DON'T LIKE SMELL ..... 03</div> <div>UNABLE TO HANG NET ..... 04</div> <div>SLEPT OUTDOORS ..... 05</div> <div>USUAL USER DIDN'T SLEEP HERE</div> <div>    LAST NIGHT ..... 06</div> <div>NO MOSQUITOES/NO MALARIA ..... 07</div> <div>EXTRA NET/SAVING FOR LATER ..... 08</div> <div>NET TOO SMALL/SHORT ..... 09</div> <div>NET BROUGHT BEDBUGS ..... 10</div> <div>OTHER _____ 96</div> <div align="center">(SPECIFY)</div>	
148	<p>GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 148A.</p>		

# HOUSEHOLD FOOD CONSUMPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
148A	In the past 7 days, were there times when you did not have food or enough money to buy food?	YES ..... 1 NO ..... 2	→ 148C
148B	In the past 7 days, how many days did your household have to:  a) Rely on less preferred, less expensive food? b) Borrow food or rely on help from friends or relatives? c) Reduce the number of meals eaten per day? d) Reduce the portion size of meals? e) Reduce the quantities eaten by the (adults / mothers of young children)?	NUMBER OF DAYS  a) LESS PREFERRED FOOD ..... <input type="text"/> b) BORROW FOOD ..... <input type="text"/> c) NUMBER OF MEALS ..... <input type="text"/> d) PORTION SIZE OF MEALS ..... <input type="text"/> e) MEALS FOR ADULTS / MOTHERS ..... <input type="text"/>	

**HOUSEHOLD FOOD CONSUMPTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
148C	<p><b>A</b> Now, I would like to talk to you about the food consumed by your household during the past 7 days. How many days during the past 7 days, did members of your household consume the following food items, prepared or eaten at home?</p>	<p align="center"><b>NUMBER OF DAYS EATEN IN PAST 7 DAYS</b></p>	<p><b>B</b> What was the main source of the (NAME OF FOOD ITEM)?</p> <p align="center">SEE SOURCE CODES BELOW</p>									
	a) Cereals and grains such as rice, pasta, bread, sorghum, millet, or maize?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	b) Roots and tubers such as potato, yam, cassava, normal sweet potatoes, taro, cooking banana/plantain or other tubers?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	c) Pulses/nuts such as beans, cowpeas, peanuts, lentils, soy, pigeon peas, or other nuts?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	d) Orange vegetables such as carrots, red peppers, pumpkin, orange sweet potato?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	e) Green leafy vegetables such as sukuma wiki, spinach, broccoli, amaranth, cassava leaves, or other dark green leaves?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	f) Other vegetables such as onion, tomatoes, cabbage, cucumber, cooking banana/plantain, radishes, green beans, peas, lettuce?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	g) Orange fruits such as mango, paw paw, tree tomato?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	h) Other fruits such as banana, apple, lemon?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	i) Meat such as goat, beef, chicken, pork? (meat in large quantities and not as a condiment)	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	j) Liver, kidney, heart, or other organ meats?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	k) Fish or shellfish such as dried fish, canned tuna, or other seafood? (seafood in large quantities and not as a condiment)	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	l) Eggs?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	m) Milk and other dairy products such as yogurt or cheese?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	n) Oil, fat, and butter?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	o) Sugar or sweet things such as honey, jam, cakes, candy, biscuits, pastries, sugary drinks?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	p) Condiments and spices such as tea, coffee, cocoa, salt, garlic, spices, yeast, baking powder, tomato sauce, meat or fish in very small quantities as condiments?	<input type="checkbox"/> ONE OR MORE <input type="checkbox"/> ZERO	<input type="text"/> <input type="text"/>									
	(GO TO 149)											
	<p><b>CODES FOR Q. 148CB SOURCE OF FOOD</b></p> <table> <tr> <td>21 = OWN PRODUCTION (CROPS, ANIMALS)</td> <td>24 = PURCHASED</td> <td>27 = GIFT FROM FAMILY, FRIENDS</td> </tr> <tr> <td>22 = FISHING, HUNTING, GATHERING</td> <td>25 = BEGGED</td> <td>28 = FOOD AID FROM CIVIL SOCIETY, NGO, GOVERNMENT</td> </tr> <tr> <td>23 = LOANED, BORROWED</td> <td>26 = EXCHANGED FOR LABOR</td> <td>96 = OTHER</td> </tr> </table>			21 = OWN PRODUCTION (CROPS, ANIMALS)	24 = PURCHASED	27 = GIFT FROM FAMILY, FRIENDS	22 = FISHING, HUNTING, GATHERING	25 = BEGGED	28 = FOOD AID FROM CIVIL SOCIETY, NGO, GOVERNMENT	23 = LOANED, BORROWED	26 = EXCHANGED FOR LABOR	96 = OTHER
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ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE ..... 1 OBSERVED, MOBILE ..... 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 3 NOT OBSERVED, NO PERMISSION TO SEE .. 4 NOT OBSERVED, OTHER REASON ..... 5	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> → 152 </div>
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B  NONE ..... Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/GRASS/MAKUTI ..... 12 SOD/MUD/DUNG ..... 13 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 TIN CANS ..... 25 <b>FINISHED ROOFING</b> IRON SHEETS/METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 ASBESTOS SHEET ..... 37  OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
154	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>BAMBOO WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>UNCOVERED ADOBE ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD ..... 25</p> <p>REUSED WOOD ..... 26</p> <p>IRON SHEETS ..... 27</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>COVERED ADOBE ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	

INPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	CHECK COLUMN 30 IN HOUSEHOLD SCHEDULE:  <div style="display: flex; justify-content: space-around;"> <div>ONE OR MORE INPATIENTS <input type="checkbox"/></div> <div>NO INPATIENTS <input type="checkbox"/></div> </div>		301
202	Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last 12 months.		
203	CHECK COLUMN 30 IN HOUSEHOLD SCHEDULE: ENTER THE NAME FROM COLUMN 2 AND LINE NUMBER FROM COLUMN 1 OF ALL HOUSEHOLD MEMBERS WHO WERE INPATIENTS, STARTING WITH THE FIRST ONE.  INPATIENT NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/>		
204	How much money was spent on treatment and services (NAME) received during the overnight stay? We want to know about all the costs for the stay, including any charges paid in cash, by insurance, or in kind for laboratory tests, drugs, or other items.	COST .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/FREE .....000000 DON'T KNOW ..... 999998	206
205	How much of the total costs was paid:  a) In cash?  b) By NHIF?  c) By private insurance?  d) In kind?  e) By another means? _____ (SPECIFY)  IF THE RESPONDENT CANNOT ESTIMATE, RECORD 99998 FOR DON'T KNOW.	a) CASH . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) NHIF . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PRIVATE c) INSUR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d) IN KIND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> e) OTHER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NO COST/FREE .....000000 DON'T KNOW ..... 999998	
206	CHECK COLUMN 30 IN THE HOUSEHOLD SCHEDULE: ANY MORE INPATIENTS?  <div style="display: flex; justify-content: space-around;"> <div>MORE INPATIENTS <input type="checkbox"/></div> <div>NO MORE INPATIENTS <input type="checkbox"/></div> </div> (GO TO 203 FOR NEXT INPATIENT)		301



OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p>CHECK COLUMN 32 IN HOUSEHOLD SCHEDULE:</p> <p align="center"> ONE OR MORE <input type="checkbox"/>  OUTPATIENTS </p> <p align="center"> NO <input type="checkbox"/>  OUTPATIENTS </p> <p align="right">→ 306A</p>		
302	Now I would like to ask some questions about the household members who received care from a health provider, a pharmacy, or a traditional healer without staying overnight at a health facility in the last 4 weeks.		
303	<p>CHECK COLUMN 32 IN HOUSEHOLD SCHEDULE: ENTER THE NAME FROM COLUMN 2 AND LINE NUMBER FROM COLUMN 1 OF ALL HOUSEHOLD MEMBERS WHO WERE INPATIENTS, STARTING WITH THE FIRST ONE.</p> <p>OUTPATIENT NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/></p>		
304	<p>How much money was spent on treatment and services (NAME) received during the outpatient visit? We want to know about all the costs for the visit, including any charges paid in cash, by insurance, or in kind for laboratory tests, drugs, or other items.</p>	<p>COST .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NO COST/FREE .....000000</p> <p>DON'T KNOW .....999998</p> <p align="right">→ 306</p>	
305	<p>How much of the total costs was paid:</p> <p>a) In cash?</p> <p>b) By NHIF?</p> <p>c) By private insurance?</p> <p>d) In kind?</p> <p>e) By another means? _____ (SPECIFY)</p> <p>IF THE RESPONDENT CANNOT ESTIMATE, RECORD 99998 FOR DON'T KNOW.</p>	<p>a) CASH .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) NHIF .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PRIVATE</p> <p>c) INSUR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) IN KIND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) OTHER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NO COST/FREE .....000000</p> <p>DON'T KNOW .....999998</p>	
306	<p>CHECK COLUMN 33 IN THE HOUSEHOLD SCHEDULE: ANY MORE OUTPATIENTS?</p> <p align="center"> MORE <input type="checkbox"/>  OUTPATIENT </p> <p align="center"> NO MORE <input type="checkbox"/>  OUTPATIENTS </p> <p align="center"> (GO TO 303 FOR NEXT OUTPATIENT) ← </p>		
306A	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p><b>SALT TESTED</b></p> <p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p><b>SALT NOT TESTED</b></p> <p>HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD .... 3</p> <p>HOUSEHOLD DOES NOT USE SALT .... 4</p> <p>SALT NOT TESTED ..... 6 (SPECIFY REASON) _____</p>	

FOLLOW-ON STUDY CONSENT

400 In the coming days, another team from Kenya National Bureau of Statistics would like to visit your household to ask additional questions about health and health care services. The information will be used by the Government of Kenya to plan strategies and programs aimed at improving the health and health services in your community. On behalf of your household, your permission is completely voluntary and you can withdraw this permission at any time. However, we hope you will agree.

Do you have any questions?  
Do you agree to another visit by a Kenya National Bureau of Statistics team?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE REVISITED . . 1  
↓

RESPONDENT DOES NOT AGREE  
TO BE REVISITED . . 2  
↓

401	RECORD THE TIME.	HOURS .....	<div><div></div><div></div></div>
		MINUTES .....	<div><div></div><div></div></div>

INTERVIEWER'S OBSERVATIONS  
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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