

Household Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
IDEN	TIFICATION					
Pleas	se record the following identifying informati	on prior to I	peginning t	he intervie	W.	
Α	How many times have you visited this household?	1 st time				
	Your name: Is this your name?	Yes			1	
В	CHECK THE BUTTON NEXT TO THE NAME IF THAT IS YOUR NAME AND SELECT 'YES' HERE. DO NOT CHECK THE BUTTON IF THAT IS NOT YOUR NAME AND SELECT 'NO' HERE (LONG PRESS TO REMOVE RESPONSE NEXT TO THE NAME IF NEEDED).		's Name			
	Enter your name below. PLEASE RECORD YOUR NAME: ODK will display the name associated with	ted with				
	the phone's serial number.					
С	CURRENT DATE AND TIME DISPLAYED ON SCREEN	Yes			Skip to E if Yes	
	Is this date and time correct?					res
D	Record the correct date and time	Date Time	Month Hour	Day Minutes	Year AM/PM	
Е	COUNTY	Bungoma Kericho Kiambu Kilifi Kitui Nairobi Nandi Nyamira			1 2 3 4 5 6 6	
	DISTRICT (SUB-COUNTY)	ODK will po	opulate a lis	t of appropri	iate	
F	PLEASE RECORD THE NAME OF THE	HQ E.		County seled		
G	DIVISION		sed on the	t of appropri district (sub		
Н	LOCATION	ODK will populate a list of appropriate locations based on the division selected for HQ G.				
I	ENUMERATION AREA	enumeratio	HQ G. ODK will populate a list of appropriate enumeration areas based on the location selected for HQ H.			
J	STRUCTURE NUMBER PLEASE RECORD THE NUMBER OF THE					
	STRUCTURE FROM THE HOUSEHOLD LISTING FORM.					

	HOUSEHOLD NUMBER		
K	PLEASE RECORD THE NUMBER OF THE		
	HOUSEHOLD FROM THE HOUSEHOLD LISTING FORM.		
	Check: Have you already sent a form for		
	this structure and household?		
		Yes 1	
	DO NOT DUPLICATE ANY FORM	No 0	
	UNLESS YOU ARE CORRECTING A MISTAKE IN AN EARLIER FORM.		
	Is a member of the household and		
L	competent respondent present and	Yes 1	Skip to P if No
_	available to be interviewed today?	No	PITNO
_	RMED CONSENT		
	the competent member of the household. R		
	. My name is	and I am working for the International C	
		ith the Ministry of Health and the Kenya Nation	
		ey about various health issues. We would very	
		rmation will help us inform the government to birde will be kept strictly confidential and will not	
	n to anyone other than members of our survey		De
		ould come to any question you don't want to an	swer.
		r; or you can stop the interview at any time. How	
	ope that you will participate in this survey since		
		nd other household members. We would then li	
		of this household who are between the ages of	15 and
49 ye			
At thi	s time, do you want to ask me anything about t	he survey?	
	Provide a paper copy of the Consent Form		
М	to the respondent and explain it. Then, ask:	Yes	Skip to P if No
	May I begin the interview now?	110	1 1110
	Respondent's signature		
	DI FACE ACK THE DECRONDENT TO	GATHER SIGNATURE:	
	PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN		
	AGREEMENT OF THEIR	Check box: □	
	PARTICIPATION.		
	Interviewer's name		
0	PLEASE RECORD YOUR NAME AS A		
	WITNESS TO THE CONSENT PROCESS.		
	Respondent's first name		
Р	DI FACE DECORD THE EIROT MANS OF		
	PLEASE RECORD THE FIRST NAME OF THE RESPONDENT.		
			i



Household Questionnaire

l am	SECTION 1 – Household Roster I am now going to ask you questions about each usual members of the household or anyone who slept in the house last night.							ıt.
	1	2	3	4	5	6	7	8
No	First name	Sex	Age (years)	Marital Status	Relationship to head of household	Family ID	Is this person a usual member of the household or has he/she slept in the house last night?	Eligible female respondent
		Male1 Female2		Married	Head		Usual member of the household who slept in the house last night	Yes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
At	After recording information for one household member, the following prompt is asked to activate a looping script to record information for another member						n for another member	
9	Are there any other usual members of your household or persons who slept in the house last night? Yes					Skip to 10 if No		

Household Questionnaire

Section 2 – Household Characteristics						
Now I would like to ask you a few questions about the characteristics of your household.						
	Please tell me about items that your		Yes	No		
	household owns. Does your household have:		1	0		
	Electricity?		1	0		
	A wall clock?		1	0		
	A radio?		1	0		
	A black/white television?		1	0		
	A color television?		1	0		
	A mobile phone?		1	0		
	A landline telephone?		1	0		
	A refrigerator?		1	0		
	A freezer?		1	0		
	Electric generator/invertor(s)?		1	ő		
	A washing machine?		1	0		
	A computer?		1	0		
	A digital photo camera?		1	0		
	A non digital photo camera?		1	0		
	A rideo deck?		1	0		
	A DVD/CD?		1	0		
10			1	0		
	A sewing machine?		1	0		
	A bed?		1	_		
	A table?		•	0		
	A cabinet/cupboard?		1	0		
	A bicycle?		1	0		
	A motorcycle or motor scooter?		1	0		
	A car or truck?		1	0		
	A boat with a motor?		1	0		
	A boat without a motor?		1	0		
	None of the above		-77			
	No response		-99			
	READ OUT ALL TYPES AND SELECT ALL					
	THAT APPLY. SCROLL TO BOTTOM TO					
	SEE ALL CHOICES.					
	IF AN ITEM IS REPORTED BROKEN BUT					
	SAID TO BE OUT OF USE ONLY					
	OTHERWISE DO NOT SELECT THE ITEM.					
	The second secon	Yes		1	Skip to	
11a	THESE LIVESTOCK CAN BE KEPT				12a if	
					INO	
11a	TEMPORARILY, SELECT THE ITEM.	Yes				

	How many of the following animals does this		
	household own?		
	Cattle (Indiagnas)		
	Cattle (Indigenous)		
	Cows/BullsHorses, Donkeys, Mules		
	Goats		
	GoatsSheep		
11b	Chickens		
	ZERO IS A POSSIBLE ANSWER. ENTER -88 FOR DO NOT KNOW. ENTER -99 FOR NO RESPONSE. THE HOUSEHOLD CAN KEEP THE		
	LIVESTOCK ANYWHERE, BUT MUST OWN THE LIVESTOCK RECORDED HERE.		
	Does this household keep any livestock,		
	herds, other farm animals, or poultry ON		Skip to
12a	THE HOMESTEAD, regardless of who owns	Yes1	13 if
	these livestock?	No0	No
	How many of the following animals does this household keep ON THE HOMESTEAD?		
	Household keep ON THE HOMESTEAD!		
	The household does not need to own the		
	livestock recorded here.		
	Cattle (Indigenous)		
	Cows/Bulls		
12b	Horses/Donkeys/Mules Goats		
	Sheep		
	Chicken		
	THE HOUSEHOLD DOES NOT NEED TO		
	OWN THE LIVESTOCK RECORDED HERE. ZERO IS A POSSIBLE ANSWER. ENTER		
	-88 FOR DO NOT KNOW, -99 FOR NO		
	RESPONSE.		
		ehold Observation	
Pleas	se observe the floors, roof and exterior walls	Natural Floor	
		Earth/Sand11	
		Dung	
		Rudimentary Floor	
		Wood Planks21	
		Palm/Bamboo22	
	Main material of the floor	Finished Floor	
13	ODGEDVE	Parquet or polished wood	
	OBSERVE	Vinyl or Asphalt strips	
		Ceramic Tiles	
		Carpet	
		Other	
		No response99	

		No Roof	. 10	<u>-</u>
		Natural Roofing		
		Grass/Thatch/Makuti	. 11	
		Dung/Mud	12	
		Rudimentary Roofing		
		Corrugated Iron (Mabati)	21	
	Main material of the roof	Tin Cans		
14			. 22	
	OBSERVE	Finished Roofing		
		Asbestos Sheet		
		Cement		
		Tiles	. 33	
		Other	. 96	
		No response	-99	
		·		
		No Walls	. 11	
		Natural Walls		Į.
		Cane/Palm/Trunks	12	
		Dirt		
		Rudimentary Walls	. 10	
		Bamboo with Mud	21	
		Stone with Mud		
		Uncovered Adobe		
		Plywood		
	Main material of the exterior walls	Cardboard		
15		Reused Wood	. 26	
	OBSERVE	Finished Walls		
		Cement		
		Stone with Lime/Cement	. 32	
		Bricks	. 33	
		Cement Blocks	. 34	
		Covered Adobe	. 35	
		Wood Planks/Shingles		
		Other		
		No response		
		The response	00	
	Section A Water Sc	nitation and Hygions		
Noss	I would like to ask you a few questions about	anitation and Hygiene		
NOW	i would like to ask you a lew questions abou	Yes	1	
				Skip to
16	Do you have a place to wash your hands?	No		19 if
		Don't know		No
		No response		Obio 1
17	Can you show it to me?	Yes	1	Skip to 19 if
''	Can you show it to me!	No	0	No
	AT THE PLACE WHERE THE	Yes	No	-
	HOUSEHOLD WASHES THEIR HANDS,			
	OBSERVE IF:			
	Soap is present	1	0	
18	Water source is present: stored water		0	
			0	
	Water source is present: tap water		_	
	Handwashing area is near a sanitation facility.		0	
1	None of the above	1	0	

	Which of the following water sources does	Yes	No	
	your family use on a regular basis for any	103	110	
	part of the year for any household purpose?			
	part of the year for any neaderick purpose.			
	Piped Water			
	Piped into dwelling/indoor	1	0	
	Pipe to yard/plot	1	0	
	Public tap/standpipe	1	0	
	Tube well or borehole	1	0	
	Dug Well	1		
	Protected Well	1	0	
	Unprotected Well	1	0	
	Water from Spring	1		
19	Protected Spring	1	0	
.	Unprotected Spring	1	0	
	Rainwater	1	0	
	Tanker Truck	•	0	
	Cart with Small Tank	1	0	
	Surface water (River / Dam / Lake / Pond /	11		
	Stream / Canal / Irrigation Channel)	-99	0	
	Bottled Water		0	
	Sachet Water		0	
	No response		_	
	READ OUT ALL TYPES AND CHECK ALL			
	THAT ARE USED. SCROLL TO THE			
	BOTTOM TO SEE ALL CHOICES.			
	What is the main source of drinking water for			
	members of your household?			
	•			
	Piped Water			
	Piped into dwelling/indoor	 	1	
	Pipe to yard/plot	 	2	
	Public tap/standpipe	 	3	
	Tube well or borehole	 	4	
	Dug Well			
	Protected Well	 	5	
	Unprotected Well	 	6	
20	Water from Spring			
20	Protected Spring			
	Unprotected Spring	 	8	
	Rainwater			
	Tanker Truck			
	Cart with Small Tank	 	11	
	Surface water (River / Dam / Lake / Pond /			
	Stream / Canal / Irrigation Channel)			
	Bottled Water			
	Sachet Water			
	No response	 	99	
	READ OUT HQ19 SELECTIONS ONLY.			

	What is the main source of water used by			
	your household for other purposes such as			
	cooking and handwashing?			
	Piped Water			
		 	1	
	Piped into dwelling/indoor	 	2	
	Pipe to yard/plot	 	3	
	Public tap/standpipe			
	Tube well or borehole			
	Dug Well		5	
	Protected Well		-	
	Unprotected Well	 	0	
21	Water from Spring		_	
	Protected Spring		_	
	Rainwater			
	Tanker Truck		_	
	Cart with Small Tank	 	10	
	Surface water (River / Dam / Lake / Pond /	 	11	
	Stream / Canal / Irrigation Channel)	 	12	
	Bottled Water		13	
	Sachet Water			
	No response			
		 	99	
	READ OUT HQ19 SELECTIONS ONLY.			
	QUESTIONS HQ 22 TO HQ 25 WILL			
	REPEAT X TIMES, ONCE FOR EACH			
	WATER SOURCE SELECTED IN HQ 19.			
	THESE SOURCES INCLUDE:			
	The ODK software will list all sources			
	selected in HQ 19.			
	You mentioned that you use [WATER			
	SOURCE]. At any time of the year, does	Yes	No	
	your family use water from this source for:	163	110	
00		4	0	
22	Drinking	1	0	
	Cooking	1	0	
	Livestock	1	0	
	Gardening / agriculture	 1	0	
	Business venture	 1	0	
	Washing	 1	<u>0</u>	
	No response	-99		
		 -		
	The same question will be generated by the			
	ODK software for all water sources selected			
	in HQ19			
	Is [WATER SOURCE] typically available:			
	All of the year			
	Some of the year			
	Small part of the year	 	3	
22				
23	READ ALL CHOICES OUT LOUD.			
	The same question will be generated by the			
	ODK software for all water sources selected			
	in HQ19			
	פוטווווו			

24	At a time when you expect to have water from [WATER SOURCE], is it usually available? Yes, always			2	
25	How long does it take to go to [WATER SOURCE], get water, and come back? ZERO IS A POSSIBLE ANSWER. CONVERT ANSWER TO MINUTES INCLUDES WAITING TIME IN LINE. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE. The same question will be generated by the ODK software for all water sources selected in HQ19.	Minutes			
26	Does your household have a garden?	Yes No No response		0	
27	Do members of your household use any of the following toilet facilities? Flush/pour flush toilets connected to: Piped sewer system Septic tank		Yes 1 1 1 1 1 1 1 1 1	NO 0 0 0 0 0 0 0 0 0 0 0 0	

CHECK HQ 3: Are there any household members aged 5 years or under?				
30	THERE ARE X PEOPLE IN THIS HOUSEHOLD. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.	Number of people	Skip	
	How many people within your household regularly use the bush / field at home or at work?			
	ENTER -99 FOR NO RESPONSE.			
	IF 10 OR GREATER, SWIPE BACK TO HQ29b AND CHOOSE "SHARED WITH TEN OR MORE HOUSEHOLDS."			
29c	MUST BE BETWEEN 2 AND 10.			
	[TOILET FACILITY TYPE]			
	Enter the number of households that share this facility (including your own).			
29b	Do you share this toilet facility with other households or the public? [Select one]	Not shared	Skip to HQ30 if not 2	
	REGULAR PRACTICES AT THE HOUSEHOLD ONLY.	Rarely		
29	How often does your household typically use [TOILET FACILITY TYPE]?	Always		
	The ODK software will list all sources selected in HQ 27.			
	TIMES, ONCE FOR EACH SANITATION FACILITY SELECTED IN HQ 27. THESE FACILITIES INCLUDE:			
	THE MAIN FACILITY MUST BE SELECTED IN HQ 27. QUESTIONS HQ 29-29b WILL REPEAT X			
	No response			
	Other:	11		
	Bucket toilet	9		
28	Pit latrine with slab Pit latrine without slab Composting toilet	7		
	Ventilated improved pit latrine			
	Elsewhere	2		
		1		
	What is the main toilet facility used by members of your household?			

31	For all children under age five: what methods, if any, does your household use to dispose of children's fecal waste? Children use a latrine / toilet		1 1 1 1 1 1	No 0 0 0 0 0 0 0	
32	Ask permission to take a photo of the entrance of the house. Did you get consent to take the photo?	Yes			Skip to R if No

Thank the respondent for his/her time.

THE RESPONDENT IS FINISHED, BUT THERE ARE STILL TWO MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOUSE.

LOC	CATION AND QUESTIONNAIRE RESU	LT
Q	Take a GPS point outside near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE.	Instructions are given directly by the ODK software RECORD LOCATION
R	Ensure that no people are in the photo	Instructions are given directly by the ODK software TAKE PICTURE CHOOSE IMAGE
S	Record the result of the Household Questionnaire	Completed 1 No household member at home or no competent respondent at home at time of visit 2 Postponed 3 Refused 4 Partly completed 5 Dwelling vacant or address not a dwelling 6 Dwelling destroyed 7 Dwelling not found 8 Entire household absent for extended period 9