

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 _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																

INTERVIEWER VISITS	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">MONTH</td> <td style="width:50%; text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> </td> </tr> </table>	MONTH	YEAR	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>			<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
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INTERVIEWER'S NAME	_____	_____	_____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">INTERVIEWER NO.</td> <td style="width:20%; text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> </td> </tr> </table>	INTERVIEWER NO.	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>						
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RESULT*	_____	_____	_____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:85%;">FINAL RESULT</td> <td style="width:15%; text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> </td> </tr> </table>	FINAL RESULT	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>						
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NEXT VISIT: DATE TIME	_____	_____	_____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:85%;">TOTAL NUMBER OF VISITS</td> <td style="width:15%; text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> </td> </tr> </table>	TOTAL NUMBER OF VISITS	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>						
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<p>*RESULT CODES:</p> 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT NIGHT BEFORE INTERVIEW 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <p style="text-align: center;">(SPECIFY)</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TOTAL IN HOUSEHOLD</td> <td style="width:50%; text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> </td> </tr> <tr> <td>TOTAL ELIGIBLE WOMEN</td> <td style="text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> </td> </tr> <tr> <td>TOTAL ELIGIBLE HUSBANDS</td> <td style="text-align: center;"> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> </td> </tr> </table>	TOTAL IN HOUSEHOLD	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>			TOTAL ELIGIBLE WOMEN	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>			TOTAL ELIGIBLE HUSBANDS	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
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LANGUAGE OF QUESTIONNAIRE: ENGLISH	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">0</td></tr> </table>	1	0
1	0		

NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		

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

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			Does (NAME) usually live here?	Did (NAME) sleep here last night?			ONLY FOR CHILDREN UNDER 15 YEARS OLD: Do any of his/her parents usually live in this household?*		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
			YES NO	YES NO	M F	IN YEARS	YES NO		
16	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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