

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT  
 CENTRAL BUREAU OF STATISTICS  
 KENYA DEMOGRAPHIC AND HEALTH SURVEY 3  
 HOUSEHOLD SCHEDULE

CONFIDENTIAL  
 Data used  
 for research  
 purposes only

IDENTIFICATION																				
PROVINCE _____	<table border="1" style="width: 100%; height: 100%; 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> </table>																			
DISTRICT _____																				
LOCATION/TOWN _____																				
SUBLOCATION/WARD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><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><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><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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																			
NASSEP CLUSTER NUMBER.....																				
KDHS CLUSTER NUMBER.....																				
HOUSEHOLD NUMBER.....																				
NAIROBI/MOMBASA=1, SMALL CITY=2, TOWN=3, RURAL=4...	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																			
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																			
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1, NO=2)																				
INTERVIEWER VISITS	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY																
				MONTH																
				YEAR																
INTERVIEWER'S NAME	_____	_____	_____	NAME																
RESULT *	_____	_____	_____	RESULT																
NEXT VISIT: DATE	_____	_____		NO. OF VISITS																
TIME	_____	_____		TOTAL IN HOUSEHOLD																
<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 _____                      (SPECIFY)</p>				TOTAL WOMEN 15-49																
				MEN 15-54																
				LINE NO. OF RESP. TO HOUSE																
				HOLD SCHEDULE																
				LANGUAGE OF QUESTIONNAIRE: ENGLISH	1	0														
				NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY												
DATE	_____	_____	_____	_____																

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	RELATION TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX		AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY WOMEN	ELIGIBILITY MEN
			Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female ?	How old is (NAME)?	Has (NAME) ever been to school ?	IF AGE 6 YEARS OR OLDER		Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	
								What is the highest level of school (NAME) attended?	IF AGE LESS THAN 25 YEARS							What is the highest grade (NAME) completed at that level? **
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(15A)	
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL GRADE	YES NO	YES NO DK		YES NO DK				
01		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	01	01
02		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	02	02
03		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	03	03
04		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	04	04
05		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	05	05
06		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	06	06
07		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	07	07

LINE (1)	RESIDENTS/VISITORS (2)	RELATION (3)	RESIDENCE		SEX		AGE	EDUCATION		PARENTAL SURVIVORSHIP AND RESIDENCE				ELIG. (15)	ELIG. (15A)		
			YES NO (4)	YES NO (5)	M F (6)	IN YEARS (7)	YES NO (8)	LEVEL GRADE (9)	YES NO (10)	YES NO DK (11)	(12)	YES NO DK (13)	(14)				
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
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

TICK HERE IF CONTINUATION SHEET USED

NO. ELIGIBLE WOMEN

NO. 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 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) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? YES  ENTER EACH IN TABLE NO

\* CODES FOR Q.3  
RELATIONSHIP TO HEAD OF HOUSEHOLD:  
01 = HEAD  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER  
04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT  
07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER

09 = CO-WIFE  
10 = OTHER RELATIVE  
11 = ADOPTED/FOSTER/STEP CHILD  
12 = NOT RELATED  
98 = DON'T KNOW

\*\* CODES FOR Q.9  
EDUCATION LEVEL:  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DON'T KNOW  
  
EDUCATION GRADE:  
00 = LESS THAN 1 YEAR COMPLETED  
98 = DON'T KNOW

\*\*\* Q.11 THROUGH Q.14:  
These questions refer to the biological parents of the child. Record 00 if parent not member of household.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
16	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/COMPOUND/PLOT...11 PUBLIC TAP.....12 WELL WATER WELL ON RESIDENCE/PLOT.....21 PUBLIC WELL.....22 SURFACE WATER RIVER/STREAM.....31 POND/LAKE.....32 RAINWATER.....41 OTHER.....96 (SPECIFY)	18 18 18
17	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	
18	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 (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER.....96 (SPECIFY)	
19	Does your household have:	YES NO Electricity? ELECTRICITY.....1 2 A radio? RADIO.....1 2 A television? TELEVISION.....1 2 A telephone? TELEPHONE.....1 2 A refrigerator? REFRIGERATOR.....1 2	
20	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>	
21	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR MUD/DUNG/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR POLISHED WOOD/VINYL/TILES...31 CEMENT.....34 OTHER.....96 (SPECIFY)	
22	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	GRASS/THATCH.....11 CORRUGATED IRON (MABATI).....21 TILES.....31 OTHER.....96 (SPECIFY)	
23	Does any member of your household own:	YES NO A bicycle? BICYCLE.....1 2 A motorcycle? MOTORCYCLE.....1 2 A car? CAR.....1 2	