

Serial number _____

CONFIDENTIAL

KENYA NATIONAL BUREAU OF STATISTICS
 KENYA DEMOGRAPHIC AND HEALTH SURVEY 2008
 HOUSEHOLD QUESTIONNAIRE



IDENTIFICATION										
PROVINCE* _____	<table border="1" style="margin: auto;"> <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 _____										
NASSEP CLUSTER NUMBER										
KDHS CLUSTER NUMBER										
HOUSEHOLD NUMBER	<table border="1" style="margin: auto;"> <tr><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></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>									
NAIROBI/MOMBASA/KISUMU=1; NAKURU/ELDORET/THIKA/NYERI=2; SMALL TOWN=3; RURAL=4	<table border="1" style="margin: auto;"> <tr><td style="width:20px; height:20px;"></td></tr> </table>									
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="margin: auto;"> <tr><td style="width:20px; height:20px;"></td></tr> </table>									
IS HOUSEHOLD SELECTED FOR MAN'S SURVEY? (YES=1; NO=2)	<table border="1" style="margin: auto;"> <tr><td style="width:20px; height:20px;"></td></tr> </table>									

INTERVIEWER VISITS

	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>				
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____ YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px; text-align: center;">2</td><td style="width:20px; height:20px; text-align: center;">0</td><td style="width:20px; height:20px; text-align: center;">0</td><td style="width:20px; height:20px;"></td></tr> </table>	2	0	0	
2	0	0						
RESULT**	_____	_____	_____	INT. CODE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> FINAL RESULT _____				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td></tr> </table>				
TIME	_____	_____						

**RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT 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 _____ <p style="text-align: center;">(SPECIFY)</p>	TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>						
ENGLISH LINE NO. OF RESPONDENT TO HH QUESTION. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>							

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

* Province: NAIROBI=1; CENTRAL=2; COAST=3; EASTERN=4; NYANZA=5; R.VALLEY=6; WESTERN=7; NORTHEASTERN=8

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Kenya National Bureau of Statistics. We are conducting a national survey that asks about various health issues. We would very much appreciate your participation in this survey.

This information will help the government to plan health services. The survey usually takes between 30 to 60 minutes to complete. Whatever information you provide will be kept confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to 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. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

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

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
							MARITAL STATUS			
	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. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-33 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 * LINE NO. OF WOMAN SELECTED FOR Qs. ON DOMESTIC VIOLENCE.	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL MEN AGE 15 - 54
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ADD TO TABLE NO

2B) 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 ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ADD TO TABLE NO

- 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 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = OTHER RELATIVE
- 12 = ADOPTED/FOSTER/STEPCHILD
- 13 = NOT RELATED
- 98 = DON'T KNOW

	IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS				IF AGE 0-4 YEARS	
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2008 school year?	During the 2008 school year, what level and grade is/was (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2007 school year?	During the 2007 school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Has (NAME) ever been registered with the civil authority? 1 = YES, REGISTERED WITH BIRTH CERTIFICATE 2 = YES, REGISTERED WITHOUT BIRTH CERTIFICATE 8 = DON'T KNOW 3 = NOT REGISTERED	Why was (NAME) never registered? 1=TOO FAR 2=LITTLE MONEY 3=NOT AWARE 4=NOT NECESSARY 5=NOMADIC LIFE DIFFICULT TERRAIN INSECURITY 8=OTHER
	(23)	(24)	(25)	(26)	(27)	(28)	(32)	(33)
01	Y N 1 2 ↓ GO TO 32	LEVEL GRADE □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL GRADE □ □ □ □	Y Y DK NO 1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□
02	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□
03	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□
04	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□
05	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□
06	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□
07	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□
08	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□
09	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□
10	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	□

CODES FOR Qs. 24, 26, AND 28: EDUCATION

LEVEL

- 0= NURSERY/KINDERGARTEN
- 1 = PRIMARY
- 2= POST-PRIMARY, VOCATIONAL
- 3 = SECONDARY, A LEVEL
- 4 = COLLEGE (MIDDLE LEVEL)
- 5= UNIVERSITY
- 8 = DON'T KNOW

GRADE

- 00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 24 ONLY.
- THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
- 98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL MEN AGE 15 - 54			
	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. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-33 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	* LINE NO. OF WOMAN SELECTED FOR Qs. ON DOMESTIC VIOLENCE.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | | |
|--|------------------------------------|-------------------------------|
| 2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES <input type="checkbox"/> ADD TO TABLE NO <input type="checkbox"/> | 01 = HEAD | 08 = BROTHER OR SISTER |
| 2B) 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"/> | 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 2C) 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"/> | 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| | 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| | 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| | 06 = PARENT | 13 = NOT RELATED |
| | 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

	IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS				IF AGE 0-4 YEARS			
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION			
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2008 school year?	During the 2008 school year, what level and grade is/was (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2007 school year?	During the 2007 school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Has (NAME) ever been registered with the civil authority? 1 = YES, REGISTERED WITH BIRTH CERTIFICATE 2 = YES, REGISTERED WITHOUT BIRTH CERTIFICATE 8 = DON'T KNOW 3 = NOT REGISTERED	Why was (NAME) never registered? 1=TOO FAR 2=LITTLE MONEY 3=NOT AWARE 4=NOT NECESSARY 5=NOMADIC LIFE DIFFICULT TERRAIN INSECURITY 8=OTHER		
	(23)	(24)	(25)	(26)	(27)	(28)	(32)	(33)		
11	Y N 1 2 ↓ GO TO 32	LEVEL GRADE [] [] []	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [] [] []	Y N 1 2 ↓ GO TO 32	LEVEL GRADE [] [] []	Y Y DK NO 1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		
12	1 2 ↓ GO TO 32	[] [] []	1 2 ↓ GO TO 27	[] [] []	1 2 ↓ GO TO 32	[] [] []	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		
13	1 2 ↓ GO TO 32	[] [] []	1 2 ↓ GO TO 27	[] [] []	1 2 ↓ GO TO 32	[] [] []	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		
14	1 2 ↓ GO TO 32	[] [] []	1 2 ↓ GO TO 27	[] [] []	1 2 ↓ GO TO 32	[] [] []	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		
15	1 2 ↓ GO TO 32	[] [] []	1 2 ↓ GO TO 27	[] [] []	1 2 ↓ GO TO 32	[] [] []	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		
16	1 2 ↓ GO TO 32	[] [] []	1 2 ↓ GO TO 27	[] [] []	1 2 ↓ GO TO 32	[] [] []	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		
17	1 2 ↓ GO TO 32	[] [] []	1 2 ↓ GO TO 27	[] [] []	1 2 ↓ GO TO 32	[] [] []	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		
18	1 2 ↓ GO TO 32	[] [] []	1 2 ↓ GO TO 27	[] [] []	1 2 ↓ GO TO 32	[] [] []	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		
19	1 2 ↓ GO TO 32	[] [] []	1 2 ↓ GO TO 27	[] [] []	1 2 ↓ GO TO 32	[] [] []	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		
20	1 2 ↓ GO TO 32	[] [] []	1 2 ↓ GO TO 27	[] [] []	1 2 ↓ GO TO 32	[] [] []	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	[]		

CODES FOR Qs. 24, 26, AND 28: EDUCATION

- | | |
|-----------------------------|---------------------------------|
| LEVEL | GRADE |
| 0= NURSERY/KINDERGARTEN | 00 = LESS THAN 1 YEAR COMPLETED |
| 1 = PRIMARY | (USE '00' FOR Q. 24 ONLY. |
| 2= POST-PRIMARY, VOCATIONAL | THIS CODE IS NOT ALLOWED |
| 3 = SECONDARY, A LEVEL | FOR Qs. 26 AND 28) |
| 4 = COLLEGE (MIDDLE LEVEL) | |
| 5= UNIVERSITY | 98 = DONT KNOW |
| 8 = DON'T KNOW | |

GRID TO SELECT ONE WOMAN PER HOUSEHOLD

LOOK AT THE LAST DIGIT OF THE **QUESTIONNAIRE** SERIAL NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF WOMEN 15-49 IN COLUMN (9) OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE **COLUMN** YOU SHOULD GO TO.

FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.

PUT AN ASTERISK (*) NEXT TO THE LINE NUMBER OF THE SELECTED WOMAN IN COL.9.

EXAMPLE: IF THE QUESTIONNAIRE SERIAL NUMBER IS '3716', GO TO ROW '6'.
 IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'.
 FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.
 SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THE WOMAN TO BE ASKED THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE SERIAL NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD (COLUMN)							
	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

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO COMPOUND/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 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 → 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO COMPOUND/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 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 → 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"/> MORE THAN 12 HOURS 995 DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 108
107	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 OTHER _____ X (SPECIFY) DON'T KNOW Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET 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 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE . 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 111
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
111	Does your household have: A clock or watch? Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A solar panel?	YES NO CLOCK/WATCH 1 2 ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 MOBILE TELEPHONE 1 2 NON-MOBILE TELEPHONE . 1 2 REFRIGERATOR 1 2 SOLAR PANEL 1 2	
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 AGRICULTURAL CROP 09 ANIMAL DUNG 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 117

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	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)	<input type="checkbox"/> → 117
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING GRASS / THATCH / MAKUTI 11 DUNG / MUD 12 RUDIMENTARY ROOFING CORRUGATED IRON (MABATI) 21 TIN CANS 22 FINISHED ROOFING ASBESTOS SHEET 31 CONCRETE 32 TILES 33 OTHER _____ 96 (SPECIFY)	
119	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)	
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
121	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
	YES	NO																			
BICYCLE	1	2																			
MOTORCYCLE/SCOOTER ...	1	2																			
ANIMAL-DRAWN CART	1	2																			
CAR/TRUCK	1	2																			
BOAT WITH MOTOR	1	2																			
121A	Does your household own this structure (house, flat, shack), do you rent it, or do you live here without pay?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>OWNS</td> <td style="text-align: center;">1</td> </tr> <tr> <td>PAYS RENT/LEASE</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO RENT,W. CONSENT OF OWNER</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO RENT, SQUATTING</td> <td style="text-align: center;">4</td> </tr> </tbody> </table>	OWNS	1	PAYS RENT/LEASE	2	NO RENT,W. CONSENT OF OWNER	3	NO RENT, SQUATTING	4											
OWNS	1																				
PAYS RENT/LEASE	2																				
NO RENT,W. CONSENT OF OWNER	3																				
NO RENT, SQUATTING	4																				
121B	Does your household own the land on which the structure (house, flat, shack) sits?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>OWNS</td> <td style="text-align: center;">1</td> </tr> <tr> <td>PAYS RENT/LEASE</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO RENT,W. CONSENT OF OWNER</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO RENT, SQUATTING</td> <td style="text-align: center;">4</td> </tr> </tbody> </table>	OWNS	1	PAYS RENT/LEASE	2	NO RENT,W. CONSENT OF OWNER	3	NO RENT, SQUATTING	4											
OWNS	1																				
PAYS RENT/LEASE	2																				
NO RENT,W. CONSENT OF OWNER	3																				
NO RENT, SQUATTING	4																				
122	Does any member of this household own any agricultural land?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES	1	NO	2	→ 124														
YES	1																				
NO	2																				
123	How many hectares of land (altogether) are owned by the members of this family. IF MORE THAN 95, WRITE '95.0'. IF UNKNOWN, WRITE '99.8'.	NUMBER OF HECTARES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																			
124	Does this household own any livestock, herds, other farm animals, or poultry?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES	1	NO	2	→ 125A														
YES	1																				
NO	2																				
125	How many of the following animals does this household own? IF NONE, WRITE '00'. IF MORE THAN 95, WRITE '95'. IF UNKNOWN, WRITE '98'. Local cattle (indigeneous)? Milk cows or bulls? Horses, donkeys, or mules? Goats? Sheep? Chicken?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">CATTLE (INDIGENEOUS)</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> </tr> <tr> <td>COWS/BULLS</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>HORSES/DONKEYS/MULES ...</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>GOATS</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>SHEEP</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>CHICKEN</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </tbody> </table>	CATTLE (INDIGENEOUS)			COWS/BULLS			HORSES/DONKEYS/MULES ...			GOATS			SHEEP			CHICKEN			
CATTLE (INDIGENEOUS)																					
COWS/BULLS																					
HORSES/DONKEYS/MULES ...																					
GOATS																					
SHEEP																					
CHICKEN																					
125A	At any time in the past 12 months, has anyone come into your house to spray the inside walls against mosquitoes?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	→ 127 → 127												
YES	1																				
NO	2																				
DON'T KNOW	8																				
125B	How many months ago was the house sprayed? IF LESS THAN ONE MONTH, WRITE '00'	MONTHS AGO <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																			
125C	Who sprayed the house?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>GOVERNMENT WORKER/PROGRAMME .</td> <td style="text-align: center;">1</td> </tr> <tr> <td>PRIVATE COMPANY</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	GOVERNMENT WORKER/PROGRAMME .	1	PRIVATE COMPANY	2	OTHER _____	6	(SPECIFY)		DON'T KNOW	8									
GOVERNMENT WORKER/PROGRAMME .	1																				
PRIVATE COMPANY	2																				
OTHER _____	6																				
(SPECIFY)																					
DON'T KNOW	8																				
127	Does your household have any mosquito nets that can be used while sleeping?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES	1	NO	2	→ 138														
YES	1																				
NO	2																				
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																			

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98
131	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.	'LONG LASTING' NET PERMANET 11 OLYSET 12 SUPANET EXTRA 13 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'CONVENTIONAL' NET KINGA NET 21 SUPANET 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND 26 (SKIP TO 133) ← OTHER 31 DK BRAND 98	'LONG LASTING' NET PERMANET 11 OLYSET 12 SUPANET EXTRA 13 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'CONVENTIONAL' NET KINGA NET 21 SUPANET 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND 26 (SKIP TO 133) ← OTHER 31 DK BRAND 98	'LONG LASTING' NET PERMANET 11 OLYSET 12 SUPANET EXTRA 13 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'CONVENTIONAL' NET KINGA NET 21 SUPANET 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND 26 (SKIP TO 133) ← OTHER 31 DK BRAND 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE 98
134A	The <u>last</u> time the net was treated, was a liquid from a packet like this added to the treatment solution? SHOW SACHET FOR K-O TAB 1-2-3 BINDING AGENT.	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
134B	The <u>last</u> time the net was treated, was it treated as part of a net retreatment campaign?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
135	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8

		NET #1	NET #2	NET #3
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO. <input type="text"/> <input type="text"/> NAME_____ LINE NO. <input type="text"/> <input type="text"/> NAME_____ LINE NO. <input type="text"/> <input type="text"/> NAME_____ LINE NO. <input type="text"/> <input type="text"/>	NAME_____ LINE NO. <input type="text"/> <input type="text"/> NAME_____ LINE NO. <input type="text"/> <input type="text"/> NAME_____ LINE NO. <input type="text"/> <input type="text"/>	NAME_____ LINE NO. <input type="text"/> <input type="text"/> NAME_____ LINE NO. <input type="text"/> <input type="text"/> NAME_____ LINE NO. <input type="text"/> <input type="text"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT TEST SALT FOR IODINE RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE)..... 1 BELOW 15 PPM..... 2 15 PPM AND ABOVE..... 3 NO SALT IN HH..... 4 SALT NOT TESTED_____ 6 (SPECIFY REASON)		

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

501	CHECK COLUMN 10. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE. A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

WEIGHT, HEIGHT AND HIV TESTING FOR WOMEN AGE 15-49

515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 519 AND FOR THE HIV TEST PROCEDURE IN 530.			
		WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
517	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
518	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
520	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 525) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 525) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 525) ←
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 525) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 525) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 525) ←
522	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
525	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)

CONSENT STATEMENT FOR HIV TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 525 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 525 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Kenya.

For the HIV test, we need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

No names will be attached so we will not be able to tell you the test results. No one else will be able to know (your/NAME OF ADOLESCENT's) test results either.

If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME OF ADOLESCENT to) take the HIV test?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
526	CHECK 525 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE HIV TEST IF CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. A FINAL OUTCOME FOR THE THE HIV TEST PROCEDURE MUST BE RECORDED IN 530 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
529	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
530	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
530A	CHECK 530: OUTCOME OF HIV TEST	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN
530B	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS. FOR NEVER-IN UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)
530C	ADDITIONAL TESTS	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
530D	GO BACK TO 517 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 531.			
CONSENT STATEMENT FOR ADDITIONAL TESTS				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 530B IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 530B IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 530B IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>We ask you to allow Kenya National Bureau of Statistics to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>				

HIV TESTING FOR MEN AGE 15-54

531	CHECK COLUMN 11. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE HIV TEST PROCEDURE IN 545.			
		MAN 1	MAN 2	MAN 3
532	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
536	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 540) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 540) ←	15-17 YEARS 18-54 YEARS 2 (GO TO 540) ←
537	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 540) ←	CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 540) ←	CODE 4 (NEVER IN UNION)..... OTHER 2 (GO TO 540) ←
538	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
540	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 ← _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 ← _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 ← _____ (SIGN)
541	CHECK 540 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE HIV TEST IF CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. A FINAL OUTCOME OF THE HIV TEST PROCEDURE MUST BE RECORDED IN 545 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
544	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
CONSENT STATEMENT FOR HIV TEST				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 540 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 540 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Kenya.</p> <p>For the HIV test, we need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know (your/NAME OF ADOLESCENT's) test results either.</p> <p>If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT to) take the HIV test?</p>				

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
545	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
545A	CHECK 545 OUTCOME OF HIV TEST	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN
545B	READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS WITH LEFT OVER BLOOD. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)
545C	ADDITIONAL TESTS	CHECK 545B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 545B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 545B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
545D	GO BACK TO 536 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE MEN, END INTERVIEW.			
CONSENT STATEMENT FOR ADDITIONAL TESTS				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 545B IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 545B IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 545B ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>We ask you to allow Kenya National Bureau of Statistics to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>				