

Household Questionnaire						
No.	QUESTIONS AND FILTERS	CODING CATEGORIES			Relevant if:	
IDENTIFICATION						
<i>Please record the following identifying information prior to beginning the interview.</i>						
001	Your name: Is this your name? [ODK will display the name of the Enumerator associated with the phone's serial number.] <i>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).</i>	Yes 1 No 0			Always	
	Enter your name below. <i>Please record your name</i>	Interviewer's Name				
002	Current date and time. [ODK will display on screen] Is this date and time correct?	Yes 1 No 0			Always	
	Record the correct date and time	Date	Month	Day		Year
		Time	Hour	Minutes	AM/PM	
003a	LOCATION INFORMATION 1	Bungoma 1 Kericho 2 Kiambu 3 Kilifi 4 Kitui 5 Nairobi 6 Nandi 7 Nyamira 8 Siaya 9 Kakamega 10 West Pokot 11			Always	
003b	DISTRICT (SUB-COUNTY) PLEASE RECORD THE NAME OF THE DISTRICT	ODK will populate a list of appropriate District (sub-county) based on the County selected			Always	
003c	DIVISION	ODK will populate a list of appropriate divisions based on the district (sub-county) selected			Always	
003d	LOCATION	ODK will populate a list of appropriate locations based on the divisions selected			Always	
004	Enumeration area	ODK will populate a list of appropriate enumeration areas based on the location selected			Always	
005	Structure number <i>Please record the structure number from the household listing form.</i>	Number <input style="width: 100px; height: 20px;" type="text"/>			Always	

Household Questionnaire

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
006	Household number <i>Please record the household number from the household listing form.</i>	Number <input type="text"/>	Always
007	Check: Have you already sent a form for this structure and household? <i>Do not duplicate any form unless you are correcting a mistake in an earlier form.</i>	Yes 1 No 0	Always
WARNING: Contact your supervisor before sending this form again.			007 = 1
008	CHECK: Why are you resending this form? <i>Choose all that apply.</i>	There are new household members on this form..... 1 I am correcting a mistake made on a previous form 2 The previous form disappeared from my phone without being sent..... 3 I submitted the previous form and my supervisor told me that it was not received 4 Other reason(s) 5	007 = 1
009	Is a member of the household and competent respondent present and available to be interviewed today?	Yes 1 No 0	Always
INFORMED CONSENT			
<i>Find a competent member of the household. Read the greeting on the following screen.</i>			
010a	<p>Hello. My name is _____ and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics. We are conducting a local survey about various health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.</p> <p>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.</p> <p>I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 15 and 49 years.</p> <p>At this time, do you want to ask me anything about the survey?</p>		
	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No 0	009 = 1
010b	Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	Gather signature: Check box: <input type="checkbox"/>	010a = 1
010c	Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "[NAME FROM 001]."</i>	<input type="text"/>	010a = 1
011	Respondent's first name. <i>Please record the first name of the respondent.</i>	<input type="text"/>	010a = 1

Household Questionnaire

SECTION 1 – Household Roster							
<i>I am now going to ask you a series of questions about each usual member of the household or anyone who slept in the house last night.</i>							
	NO	QUESTIONS AND HINTS	CODING CATEGORIES	HH Member 1 (HM1)	HH Member 2 (HM2)	HH Member 3+ (HM3+)	Relevant if:
Household Roster Screen #1	101	Name of HH member/visitor <i>Start with the head of the household.</i>		<input type="text"/> Name	<input type="text"/> Name	<input type="text"/> Name	HM1: 108=1 HM2+: 108=1 OR 109=0
	102	What is [NAME]’s relationship to the head of the household?	Head Wife/Husband Son/Daughter Son/Daughter-in-law Grandchild Parent Parent in law Brother/Sister Other No response	1 2 3 4 5 6 7 8 96 -99	1 2 3 4 5 6 7 8 96 -99	1 2 3 4 5 6 7 8 96 -99	HM1:108=1 HM2+: 108=1 OR 109=0
	103	Is [NAME] Male or Female?	Male Female No response	1 2 -99	1 2 -99	1 2 -99	HM1: 108=1 HM2+: 108=1 OR 109=0
	104	How old was [NAME] at their last birthday? <i>If less than one year old, enter 0</i>		<input type="text"/> Age	<input type="text"/> Age	<input type="text"/> Age	HM1: 108=1 HM2+: 108=1 OR 109=0
Screen #2	105	What is [NAME]’s marital status? <i>If not married, probe to determine if they are divorced, widowed, or have never been married.</i>	Married Living with a partner Divorced / separated Widow / widower Never Married No response	1 2 3 4 5 -99	1 2 3 4 5 -99	1 2 3 4 5 -99	104 ≥ 10
	106	Does [NAME] usually live here?	Yes No No response	1 0 -99	1 0 -99	1 0 -99	HM1: 108=1 HM2+: 108=1 OR 109=0
	107	Did [NAME] stay here last night?	Yes No No response	1 0 -99	1 0 -99	1 0 -99	HM1: 108=1 HM2+: 108=1 OR 109=0
	108	Are there any other usual members of your household or persons who slept in the house last night?	Yes No	1 0	1 0	1 0	010a=1
	109	READ THIS CHECK OUT LOUD: There are [NUMBER OF HOUSEHOLD MEMBERS ENTERED] household members who are named [NAMES OF ENTERED HOUSEHOLD MEMBERS]. Is this a complete list of the household members? <i>Remember to include all children in the household.</i>		Yes 1 No 0			108=0

Section 2 – Household Characteristics			
<i>Now I would like to ask you a few questions about the characteristics of your household.</i>			
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
201	<p>Please tell me about the items your household owns. Does your household have:</p> <p><i>Read out all types and select all that apply. Scroll to bottom to see all choices.</i></p> <p><i>If an item is reported broken but said to be out of use only temporarily, select the item. Otherwise do not select the item.</i></p>	ELECTRICITY 1/0 RADIO 1/0 TELEVISION 1/0 MOBILE PHONE 1/0 NON-MOBILE TELEPHONE 1/0 REFRIGERATOR 1/0 SOLAR PANEL 1/0 TABLE 1/0 CHAIR 1/0 SOFA 1/0 BED 1/0 CUPBOARD 1/0 CLOCK 1/0 MICROWAVE OVEN 1/0 DVD PLAYER 1/0 CASSETTE/CD PLAYER 1/0 AIR CONDITIONER 1/0 WATCH 1/0 BICYCLE 1/0 MOTORCYCLE/SCOOTER 1/0 ANIMAL-DRAWN CART 1/0 CAR/TRUCK 1/0 BOAT WITH MOTOR 1/0 None of the above -77 No response -99	010a=1
202 a	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p> <p><i>These livestock can be kept anywhere, not necessarily on the homestead.</i></p>	Yes 1 No 0 No response -99	010a = 1
202 b	<p>How many of the following animals does this household own?</p> <p>Zero is a possible answer. Enter -88 for do not know. Enter -99 for no response.</p> <p><i>The household can keep the livestock anywhere but must own the livestock recorded here.</i></p>	LOCAL CATTLE (Indigenous) <input type="text"/> EXOTIC/GRADE CATTLE (milk cows or bulls) <input type="text"/> HORSES/DONKEYS/CAMELS <input type="text"/> GOATS <input type="text"/> SHEEP <input type="text"/> CHICKENS <input type="text"/>	202a = 1
203 a	<p>Are any animals corralled or kept in the home or yard?</p> <p>PROBE: Do these animals sleep in the home at night?</p>	Yes 1 No 0 No response -99	010a=1
203 b	<p>OBSERVE: Do you see any animals or animal feces in or around the household/yard?</p>	Yes 1 No 0 Unable to observe 2	203a=1
Section 3 – Household Observation			
<i>Please observe the floors, roof and exterior walls.</i>			

Household Questionnaire

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
301	Main material of the floor <i>Observe.</i>	Earth/Sand 11 Dung..... 12 Wood Planks 21 Palm/Bamboo..... 22 Parquet or polished wood 31 Vinyl or Asphalt strips..... 32 Ceramic tiles 33 Cement..... 34 Carpet 35 Other 96 No response.....-99	010a = 1
302	Main material of the roof <i>Observe.</i>	Grass/Thatch/Makuti 11 Dung/Mud/Sod 12 Corrugated Iron (Mabati)..... 21 Tin Cans 22 Asbestos Sheet..... 31 Concrete..... 32 Tiles..... 33 Other 96 No response.....-99	010a = 1
303	Main material of the exterior walls <i>Observe.</i>	No Walls..... 11 Cane/Palm/Trunks 12 Dung/Mud/Sod 14 Bamboo with Mud 21 Stone with Mud 22 Uncovered Adobe 23 Plywood..... 24 Cardboard 25 Reused Wood 26 Iron sheets 27 Cement..... 31 Stone with Lime/Cement 32 Bricks 33 Cement Blocks 34 Covered Adobe 35 Wood Planks/Shingles 36 Other 96 No response.....-99	010a = 1
Section 4- Food Security			
Now I would like to ask you some questions about food. Please let me ask these questions to the female head of household.			
401	During the last 12 MONTHS, was there a time when you or others in your household were worried you would not have enough food to eat because of a lack of money or other resources?	Yes 1 No..... 0 Don't know -88 No response..... -99	010a=1
402	Still thinking about the last 12 MONTHS, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	Yes 1 No..... 0 Don't know -88 No response..... -99	010a=1

Household Questionnaire

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
403	During the 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	Yes 1 No..... 0 Don't know-88 No response.....-99	010a=1
404	During the last 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	Yes 1 No..... 0 Don't know-88 No response.....-99	010a=1
405	Still thinking about the last 12 MONTHS, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	Yes 1 No..... 0 Don't know-88 No response.....-99	010a=1
406	During the last 12 months, was there a time when your household ran out of food because of a lack of money or other resources?	Yes 1 No..... 0 Don't know-88 No response.....-99	010a=1
407	During the last 12 months, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	Yes 1 No..... 0 Don't know-88 No response.....-99	010a=1
408	During the last 12 months, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	Yes 1 No..... 0 Don't know-88 No response.....-99	010a=1
409	Does your household currently receive a cash transfer or any social assistance?	Yes 1 No..... 0 Don't know.....-88 No response.....-99	010a=1
Section 5 – Water, Sanitation and Hygiene			
Now I would like to ask you a few questions about water, sanitation and hygiene.			
501 a	Do you have a place to wash your hands?	Yes 1 No..... 0 Don't know-88 No response.....-99	010a = 1
501 b	Can you show it to me?	Yes 1 No..... 0	501a = 1
501c	At the place where the household washes their hands, observe if: <i>Check all that apply.</i>	Soap is present 1/0 Stored water is present 1/0 Running water is present 1/0 Handwashing area is near a sanitation facility 1/0 None of the above..... -77	501b = 1

Household Questionnaire

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
502	<p>When are the important times to wash hands?</p> <p>Do not read choices. Select all that apply.</p> <p>PROBE: Any other time?</p>	<p>Before preparing food 1/0</p> <p>Before eating 1/0</p> <p>Before serving a child food 1/0</p> <p>After cleaning a child's anus 1/0</p> <p>After changing a baby's diaper 1/0</p> <p>After defecating 1/0</p> <p>After urinating 1/0</p> <p>Before breastfeeding 1/0</p> <p>Before/after handling sick person 1/0</p> <p>After handling animals.....1/0</p> <p>Other 1/0</p> <p>Never -77</p> <p>No response -99</p>	010a=1
503	<p>Which of the following water sources does your household use on a regular basis for any part of the year for any purpose?</p> <p><i>Read out all types and check all that are used. Scroll to the bottom to see all choices.</i></p>	<p>Piped Water</p> <p> Piped into dwelling/indoor 1/0</p> <p> Pipe to yard/plot 1/0</p> <p> Public tap/standpipe 1/0</p> <p>Tube well or borehole 1/0</p> <p>Dug Well</p> <p> Protected Well 1/0</p> <p> Unprotected Well 1/0</p> <p>Water from Spring</p> <p> Protected Spring 1/0</p> <p> Unprotected Spring 1/0</p> <p>Rainwater..... 1/0</p> <p>Tanker Truck 1/0</p> <p>Cart or Bicycle with Small Tank 1/0</p> <p>Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel)..... 1/0</p> <p>Bottled Water 1/0</p> <p>Sachet Water 1/0</p> <p>No Response -99</p>	010a = 1
504 a	<p>What is the main source of drinking water for members of your household?</p> <p>Selections from Q503: [ODK will list water sources selected for Q503]</p> <p><i>Read out Q502 selections only.</i></p>	<p>Piped Water</p> <p> Piped into dwelling/indoor 1</p> <p> Pipe to yard/plot 2</p> <p> Public tap/standpipe 3</p> <p>Tube well or borehole 4</p> <p>Dug Well</p> <p> Protected Well 5</p> <p> Unprotected Well 6</p> <p>Water from Spring</p> <p> Protected Spring 7</p> <p> Unprotected Spring 8</p> <p>Rainwater..... 9</p> <p>Tanker Truck 10</p> <p>Cart or Bicycle with Small Tank 11</p> <p>Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel)..... 12</p> <p>Bottled Water 13</p> <p>Sachet Water 14</p> <p>No response -99</p>	010a=1 More than one option selected in 503 AND 503 ≠ -99

Household Questionnaire

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
504 b	<p>What is the main source of water used by your household for other purposes such as cooking and hand washing?</p> <p>Selections from Q503: [ODK will list water sources selected for Q503]</p> <p><i>Read out Q502 selections only.</i></p>	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 Water from Spring Protected Spring 7 Unprotected Spring 8 Rainwater..... 9 Tanker Truck 10 Cart or Bicycle with Small Tank 11 Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel)..... 12 Bottled Water 13 Sachet Water 14 No Response -99	010a=1 More than one option selected in 503 AND 503 ≠ 99
505 a	<p>Do you treat your water in any way to make it safer to drink?</p>	Yes 1 No 0 Don't know -88 No response -99	010a=1
505 b	<p>What do you usually do to the water to make it safer to drink?</p> <p>PROBE: Anything else?</p> <p><i>Check all that apply.</i></p>	Boil 1/0 Add bleach/chlorine 1/0 Strain it through a cloth 1/0 Use a water filter (ceramic, sand, composite, etc)..... 1/0 Solar disinfection..... 1/0 Let it stand and settle..... 1/0 Other 1/0 Don't know -88 No Response -99	505a=1
506	<p>Do members of your household use any of the following toilet facilities?</p> <p><i>Read out all types and check all that are used.</i></p> <p><i>Scroll to the bottom to see all choices.</i></p>	Flush/pour flush toilets connected to: Piped sewer system 1/0 Septic tank 1/0 Pit latrine 1/0 Elsewhere 1/0 Unknown / Not sure / Don't know 1/0 Ventilated improved pit latrine 1/0 Pit latrine with slab 1/0 Pit latrine without slab/open pit 1/0 Bucket toilet..... 1/0 Composting toilet 1/0 Hanging toilet /Hanging latrine 1/0 No facility / bush / field 1/0 Other: 1/0 No Response -99	010a = 1

Household Questionnaire

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
507	<p>What is the main toilet facility used by members of your household?</p> <p>Q506: [ODK will display Q506 selections]</p> <p><i>The main facility must have been selected in Q509.</i></p>	<p>Flush/pour flush toilets connected to:</p> <p>Piped sewer system 1</p> <p>Septic tank 2</p> <p>Pit latrine 13</p> <p>Elsewhere 3</p> <p>Unknown / Not sure / Don't know 4</p> <p>Ventilated improved pit latrine 5</p> <p>Pit latrine with slab 6</p> <p>Pit latrine without slab/open pit 7</p> <p>Composting toilet 8</p> <p>Bucket/pan 9</p> <p>Hanging toilet /Hanging latrine 10</p> <p>Other: 11</p> <p>No facility / bush / field 12</p> <p>No Response -99</p>	More than one option selected for 506 and 506 ≠ -99
508	<p>Do you share this toilet facility with other households or the public?</p>	<p>Not shared 1</p> <p>Shared with less than ten households 2</p> <p>Shared with ten or more households 3</p> <p>Shared with the public. 4</p> <p>No response -99</p>	507 ≠ -99 or 96 or 61
509	<p>How many people within your household regularly use the bush / field at home or at work?</p> <p>There are X people in this household.</p> <p><i>Enter -88 for do not know, -99 for no response.</i></p>	<p>Number of <input type="text"/> People:</p>	010a = 1
510	<p>For all children under age five: what methods, if any, does your household use to dispose of children's waste?</p> <p><i>Do not read the possible answers out loud.</i></p> <p>PROBE: Other methods?</p>	<p>Children use a latrine / toilet..... 1/0</p> <p>Leave waste where it is..... 1/0</p> <p>Bury waste in field / yard 1/0</p> <p>Dispose of waste in latrine / toilet..... 1/0</p> <p>Dispose of waste with rubbish / garbage 1/0</p> <p>Dispose of waste with waste water 1/0</p> <p>Use it as manure 1/0</p> <p>Burn it..... 1/0</p> <p>Don't know -88</p> <p>No response -99</p>	011a=1
LOCATION AND QUESTIONNAIRE RESULT			
095 a	<p>Ask permission to take a photo of the entrance of the house.</p> <p>Did you get consent to take the photo?</p>	<p>Yes 1</p> <p>No 0</p>	Always
<p>Thank the respondent for her/his time.</p> <p><i>The respondent is finished, but there are still more questions for you to complete outside the home.</i></p>			
095 b	<p>Ensure that no people are in the photo</p>	<p>TAKE PICTURE</p> <p>CHOOSE IMAGE</p>	095a = 1
096	<p>Location</p> <p>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</p>	<p>RECORD LOCATION</p>	Always

Household Questionnaire

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
097	How many times have you visited this household?	1 st time..... 1 2 nd time..... 2 3 rd time 3	Always
098	In what language was this interview conducted?	English 1 Kiswahili 2 Other 96	010a=1
099	Questionnaire result <i>Record the result of the Household Questionnaire</i>	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 of time 9	Always