Ministry of Gender, Children & Social Development; University of North Carolina; Research Solutions Africa Health, Economic, Demographic and Social Survey of Families with OVC 2011 (HEDS-OVC)

		Questionnaire s	erial number
Metadata – ALWAYS FILL IN BASIC	INFORMATION BEFORE THE INTER	RVIEW	
1. Today's date:	- - (DD-MM-YY)		
2. Time start interview:	: (24 hr clock)	13. Main respondent name	
3. Duration of interview:	: (24 hr clock)	14. Main respondent ID	
4. District:	II	15. Interviewer name and code	
5. Location (sub-location in Nairobi):6. EA:	 	16. Supervisor name and code (Supervisor, please sign next to name	 after checking the work)
7. Community:		17. How many times have you had to visit before completing the interview?	
8. Moved Household?	YES NO	18. Outcome of final visit:	
9. GPS Coordinates (moved household only)	South East	 (1) Completed (2) No member at home or no competent respondent (3) Refused (4) Hanada da manada (Gill transition 	
10. Household Code		(4) Household moved (fill tracking sheet)	
11. Household type	(from listing form; circle one) A B	If new (tracking) household, write down	address and directions to house

INFORMED CONSENT STATEMENT [Read to respondent and make sure s/he understands his/her rights. Have respondent sign this sheet and a copy, and leave copy with respondent]

CONSENT

Hello. My name is ______ from Research Solutions. In collaboration with the District Children's Office and the University of North Carolina (USA) we are conducting a follow-up study to understand the living conditions of orphans and vulnerable children and their families and caregivers. We would like you to answer questions in a survey, and to measure the height and weight of each child 10 years of age and younger. We would also like to ask some questions directly to children aged 15-17 about their life, including their friends, their mental health, and their romantic and sexual relationships.

Your answers will help the District Children's Office understand your living conditions and to better target services and opportunities to the community. In appreciation for your time, we will offer you a bamba 50 at the end of the interview. The information we collect from this study will be used by the Government of Kenya to identify the needs of families caring for orphans and other vulnerable children and to improve services. Approximately 2500 families are participating in this study across Kenya.

The survey takes approximately 60 minutes to complete. Your name will be kept private and separate from the information you provide, in a secure office. Only researchers at Research Solutions and the University of North Carolina will have access to your personal details as part of their job.

You or your teenage children may feel uncomfortable answering some questions. You do not have to answer any question you do not want to answer. We will not share your answers with anyone. We may suggest services if someone in the household needs medical or other help. If you or your child does not agree to take part in the study, it will not change any services or benefits that your household receives now or may receive in the future. You can choose not to participate in the survey; if you participate, you can stop at any time without problems.

By signing below or giving your thumbprint, you agree that you have been told about the study and agree to take part. If you have questions about this study, you may contact Wanjiku Gacuru at Research Solutions (Tel: 072 172 1357). If you have questions about your rights you may reach THE SECRETARIAT, Kenya Medical Research Institute (TEL: 020 272 2541 or 0722 205901 or 0733400003). If there is any part of this explanation that you do not understand, you should ask before signing.

Signature of Respondent (or third party testifying to consent)

Name of Interviewer

Section A1: Household Composition Confirmation

[Read out names of individuals from pre-filled prior roster sheet. Indicate whether person still lives in household. If person not in household complete Q6-Q9. If person is tracking target (age 13-22 in 2009) complete tracking form.

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
Roster	Roster	Age in	Is person still	New Roster ID	Why is [NAME] no longer in the	How long has	Where did [NAME]	Is individual a
ID 2007	ID 2009	2009	residing in		household?	[NAME] not been part	move to?	tracking target?
			household?			of this household?		
		[If no age		(assign 2009 ID if	Moved for work $=1$		Live with other family	[Yes if age 13-22 in
		in 2009,	Yes =1	exists, else assign	Moved for school $=2$	$\leq =1 \text{ month } =1$	members in SAME	2009 and present in
		add 2 to	No =2 >>Q6	ID starting with	Moved to live w/ relatives $=3$	2-6 months = 2	community =1	2009]
		2007 age		931, 932, 933 and	Death of caregiver(s) residing in this	7-12 months =3		
		and write		so on)	household=4	>12 months =4	Live with NON-family	Yes=1
		here]			Death of person living outside this	DK=98	members in SAME	[Fill tracking form
				GO TO	household =5		$\operatorname{community} = 2$	then go to
				SECTION	Person died =6			SECTION A2]
				A2/NEXT	Marriage =7		To live with family	
				PERSON	Pregnancy =8		members outside	No=2
					Set up new household $=9$		community = 3	[GO TO SECTION
					Recover from illness =10		To live with NON	A2]
					Break-up of household $=11$			
					DK =98		family members OUTSIDE community	
							= 4	
							_ 4	
							Died=5	
							DK/Other = 98	
							Dividuel – 70	

Interviewer: Ask if there is anyone living in the house currently but not mentioned already? If yes, GO TO A2, otherwise GO TO B1.

Section A2: New Household Members Listing [List new and 'not listed' household members.]

Q10	Q11	Q12	Q13	Q14	Q15
What is person's first name?	What is person's last name?	New Roster ID	Why did [NAME] join this household?	How long has [NAME] been part of this household?	Where did [NAME] move from?
		(Assign ID starting with 931, 932, 933 and taking care to continue sequence from Section A1)	Moved for work =1 Moved for school =2 Moved to live w/ relatives =3 Death of caregiver(s) residing in former household=4 Death of person living in this household =5 Not listed in prior survey = 6 Marriage =7 Pregnancy =8 Set up new household =9 Recover from illness =10 Break-up of former household =11 New born child = 12 DK/Other =98	<=1 month =1 2-6 months =2 7-12 months =3 >12 months =4 DK=98	From other family members in SAME community =1 From NON-family members in SAME community = 2 From family members outside community = 3 From NON family members OUTSIDE community = 4 DK /Other= 98

Section B1: Roster

[For this section, we would like to talk to the head of the household or an adult who knows about the household. We would like to know about each person who uses this household as their <u>main</u> place of residence, even if they may be away for long periods of time to work, receive education or visit relatives. Please include any children who are fostered into the household and any servants (houseboy or housegirl).]

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
			What sex	Relationship to head of household	How old is		Does	Copy ID	Does [NAME]
	chold members		is		[NAME]?	marital status?	spouse or	code of	have a cell phone?
	and A2. Start v		[NAME]?	Head 0	-		partner	spouse or	TC : 1
	household members (list in decreasing order of age) and then add new			Wife / Husband / Partner 0	Write age in years. If	Currently married01	currently live in	partner. from Q3.	If yes, write down number
	decreasing ord		Male=1 Female=2	Son / Daughter 0		Living together02	household?	nom Q3.	[10 digits starting
oldest first).	decreasing ord	er of age,	Temate=2	•	year write	Living together02	nousenoia:		with 0].
oldest msty.				Son–in-law/ Daughter-in-law 0	¹ 00 if not	Widow/widower03			with 0].
	of household:			Grandchild 0	-			If more	If No 99
	ple who live und			Father / Mother 0	write 9999	Divorced/separated04	Yes01	than one	
	d eat together. If ember is living	а		Brother / Sister 0	-			spouse or	
	r the majority of	the		Brother / Sister 0	7 If age<11	Never married05	No02	partner,	
	nclude them in th			0. 1.11		If codes 3,4,5 >>Q10	If No>>Q10	copy ID codes of	
roster.				Nephew / niece 0	-	II codes 5,4,5 >>Q10	N0>>Q10	all spouses	
Children of a	ny age away fro	m			-			or partners.	
home on a ter	mporary job or			Adopted – related to household head 1	0			P	
children und	<u>ler 19 at boardi</u>	ng		Fostered - related to household head 1	1				
<u>school are in</u> household	cluded in the			Fostered – not related to household head 1	2				
nousenoia									
First Name	Surname	New		Other relative (e g. brother-in-law) 1	3				
	Summer	Roster ID		Other non-relative (including servants) 1					
		[from							
		Section A1 Q5 or							
		Section							
		A2 Q12]							
								ļ	
								-	

NATIONAL Events Calendar, Use this to help determine the age of young people below age 24

1990 Robert Ouko's death1992 Multipart1998 American Embassy bomb blast2002 General e2007 (Dec)/ 2008 (Jan) post election violence2008

1992 Multiparty elections1994 Death of Oginga Odinga1997 El Nino rains2002 General elections Kibaki tosha2003 Free primary education2005 Referendumace2008 Election of Obama as US President (Nov), 2010 Constitutional Referendum (August)

SECTIO	ON B2: CHIL	DREN AGE	0-19 ONLY							
Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21
ID CODE	Is [NAME]'s biological father alive? Yes1 No2>>Q14 DK9>>Q15	Interviewer: Write [NAME]'s father's ID code (from Q3) If [NAME]'s father is not a HH member write 98 and GO TO Q15	In what year did [NAME]'s father die? If DK write 98 (YYYY) If emotive, don't ask the question and record 90	Is [NAME]'s biological mother alive? Yes1 No2>>Q17 DK9>>Q18	Interviewer: Write [NAME]'s mother's ID code (from Q3) If [NAME]'s mother is not a HH member write 98 and GO TO Q18	In what year did [NAME]'s mother die? If DK write 98 (YYYY) If emotive, don't ask the question and record 90	 Who is the main person who cares for the needs of this child? Write the ID code of the person who cares for the child. The caregiver is the person in charge of feeding, bathing, clothing, nurturing 	Does [NAME] have a birth notification form (piece of paper specifying place and date of birth) (Ask to see it if yes) Yes, seen1 Yes, not seen2 No3 DK98	Does [NAME] have a birth certificate (piece of paper proving registration) (Ask to see it if yes) Yes, seen1 Yes, not seen2 No3 DK98	What is [NAME]'s birth date? Record from birth record, otherwise probe. MM/YYYY If don't know or Can't remember, record 98

1	2	3	4	5	6	7	8	9	10
ID CODE Write ID code of all who qualify for the Education Section here	Has [NAME] ever attended school? Yes1 No2>>Q8	What is the highest grade that [NAME] has completed?Nursery00Std 101Std 202Std 303Std 404Std 505Std 606Std 707Std 808Form 109Form 210Form 311Form 412Form 513Form 614University 15Tech/Voc/CommercialCollege16Other17None21DK98	How old was [NAME] when he/she started school (years)? DK=98	Did [NAME] attend school or academic institution last year? Yes1 No2>>Q7	What grade was [NAME] attending last year? Nursery 00 Std 1 01 Std 2 02 Std 3 03 Std 4 04 Std 5 05 Std 6 06 Std 7 07 Std 8 08 Form 1 09 Form 2 10 Form 3 11 Form 4 12 Form 5 13 Form 6 14 University 15 Tech/Voc College/Commercial College Other 17 DK 98	Is [NAME] currently attending school? If school not in session, does she/he plan to attend next session? Yes1>>Q11 No2	Why did [NAME] never attend or stop attending school?Too young00Sick/disabled01Sickness of family member02Working for family / farm03Paid work outside HH04House work05Away from home06Does not wish to attend07Cannot afford fees08Cannot afford uniform /09suppliesSchool too far away10School poor quality12Parents forbade it13Conflict with religious beliefs14Too old / finished school15Married16Other (specify)97	Can [NAME] read in any language? Not at all1 Part of a sentence2 Can read whole sentence3	Can [NAME] write in any language? Yes1 No2 → NEXT PERSON

Section	C2: EDUCATION All	Members Age 4	and older (only	y if currently a	ttending so	chool, i.e. if	YES in Q7)			
	11	12	13	14	15	16	17	18	19	20
ID CODE	What grade is [NAME] currently attending? Nursery 00 Std 1 01 Std 2 02 Std 3 03 Std 4 04 Std 5 05 Std 6 06 Std 7 07 Std 8 08 Form 1 09 Form 2 10 Form 5 13 Form 6 14 University 15 Tech/Vocational/Comme rcial College 16 Other 17 DK 98	What type of school is this? Government1 Non-formal2 NGO3 Private4 Madrassa5 Church6 Other (specify)7 DK98	Does the school provide lunch (paid or free)? Yes1 No2 DK98	What is the daily transport cost to send [NAME] from home to school and back again? Record two- way cost in Ksh. Write 0 if no transport cost. DK=98	Can [NAME] attend this school without a uniform? Yes1 No2	Can [NAME] attend this school without shoes? Yes1 No2	Was [NAME] in school the last day school was officially open? Yes1 No2	Roughly how many days in the last 2 weeks has [NAME] missed school (excluding holidays, weekends and strikes or other official closures)? Write 0 if no days missed	Did any person or organisation from outside this household contribute to school costs for [NAME] in this school year, either cash or material support? Yes1 No2 >>NEXT PERSON	What was the value (Ksh.) of this assistance to [NAME in this school year? DK=98

	1	2	3	4	5	6	7	8	9	10
D CODE	1 Has [NAME] been sick or injured during the last four weeks? YES1 No2>>Q6 DK3>>Q6	What was mainly suffering from? Fever/malaria=01 Diarrhoea=02 Stomach ache or Vomiting=03 Upper respiratory (sinus)=04 Lower respiratory (chest, lungs)=05	3 Did [NAME] consult any health provider on this sickness or injury? Yes1 No2	How much in total was spent on [NAME] 's medication and consultation in the last four weeks?	5 How many days of work or school did [NAME] miss in the last four weeks due to this illness or injury?	6 Does [NAME] suffer from a chronic illness? [Eg, has [NAME] been continuously ill for at least 3 months in the last 12 months?]	,	8 R MEMBERS AGI Can [NAME] bend, squat or kneel? Easily1 W/ difficulty2 Not at all3		
		Flu=06 Asthma=07 Headache=08 Ear, nose, throat=09 Arthritis=10 Heart problem=15 Blood pressure=16 Diabetes/sugar disease=17 Tuberculosis (tb)= 18 Pregnancy related=19 Hiv/aids related=20 Other (specify) =30 Dk=98	DK98 >> Q5	[Ksh] DK=98	DK=98	YES=1 NO=2 DK=98	Not at all3		GOOD=3 FAIR=4 POOR=5	WORSE=3

Section D.	2: CHILD HEA		1		UNLI								
	1	2	2a					3					
ID Code	Does	What is	Record birth					5					
Write IDs	[NAME]	[NAME]'s	weight from		INTE	RVIEWER: (Observe vacci	nation sectio	n of health ca	ard. If no card	l skip to O4.		
of all who	have a health	birth date?	health card if	Write 1 ag	ainst each vac							vaccination	. If no
qualify	card		available	U			health card a						
for the	(vaccination	Record from											
Child	card, growth	health card if				(70			1.1	TO 011)			
Health Section	monitoring card)?	available. Otherwise	[Write 98 if card not			(If e	card availabl	e, fill in Q3 c	ind then GO	10 Q11)			
here	calu)?	probe from	available, or	BCG	DPT / Hep	DPT / Hep	DPT / Hep	OPV 0	OPV 1	OPV 2	OPV 3	Measles	Yellow
	[If yes ask to	respondent.	birth weight	200	/Flu 1	/Flu 2	/ Flu 3	01 / 0	01 / 1	01 / 2	01 / 0		Fever
	see card]		not										
		MM/YYYY	recorded]										
	Yes, card seen1			За	3b	3с	3d	Зе	3f	3g	3h	<i>3i</i>	Зј
	seen1												
	Yes, card not		Record to										
	seen2		one decimal										
			place										
	No3												
													<u> </u>

NATIONAL Events Calendar, Use this to help determine the age of child

2005 Referendum

2007 (Dec)/ 2008 (Jan) post election violence

2008 Election of Obama as US President (Nov)

2010 Constitutional Referendum (August)

2 (Cont) CHI	LD HEALTH:	CHILDREN A	GE 0-60 M	ONTHS ONLY					
Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
Has [NAME] received any vaccinations including vaccinations received in a national immunization day campaign? Yes1 No2>>Q11 DK98>>Q11	Has [NAME] received BCG vaccination against tuberculosis, that is, an injection in the left arm that usually causes a scar? Yes1 No2 DK98	Has [NAME] received Polio vaccine, that is, drops in the mouth? Yes1 No2>>Q8 DK98>>Q8	How many times was the polio vaccine received in total? DK=98	Has [NAME] received DPT vaccination, that is, an injection in the thigh, sometimes at the same time as polio drops? Yes1 No2>>Q10 DK98>>Q10	How many times was the DPT vaccine received in total? DK=98	Has [NAME] received an injection in the right upper arm to prevent measles? Yes1 No2 DK98	In the last 6 months has [NAME] gone to a well-baby clinic or for a preventive health check- up or growth monitoring? Yes1 No2	Has [NAME] had diarrhea in the last month? Yes1 No2 >> NEXT CHILD/END	Did you seek advice or treatment for the diarrhea? Yes1 No2>> NEXT CHILD/END
	Q4 Has [NAME] received any vaccinations including vaccinations received in a national immunization day campaign? Yes1 No2>>Q11	Q4Q5Has [NAME] received any vaccinations including vaccinations received in a national immunization day campaign?Has [NAME] received BCG vaccination against tuberculosis, that is, an injection in the left arm that usually causes a scar?Yes1 No2>>Q11Yes1 No2	Q4Q5Q6Has [NAME] received any vaccinations including vaccinations received in a national immunization day campaign?Has [NAME] received BCG vaccination against tuberculosis, that is, an injection in the left arm that usually causes a scar?Has [NAME] received Polio vaccine, that is, drops in the mouth?Yes1 No2>>Q11Yes1 No2Yes	Q4Q5Q6Q7Has [NAME] received any vaccinations including vaccinations received in a national immunization day campaign?Has [NAME] received BCG vaccination against tuberculosis, that is, an injection in the left arm that usually causes a scar?Has [NAME] received Polio vaccine, that is, drops in the mouth?How many times was the polio vaccine received in total?Vacinations received in a national immunization day campaign?Has [NAME] vaccine, that is, drops in the mouth?How many times was the polio vaccine, that is, drops in the mouth?Yes1 No2>>Q11Yes1 No2How many times was the polio vaccine, that is, mouth?	Has [NAME] received any vaccinationsHas [NAME] received BCG vaccination againstHas [NAME] received Polio vaccine, that is, drops in the mouth?How many times was the polio vaccine 	Q4Q5Q6Q7Q8Q9Has [NAME] received any vaccinations including vaccinations including vaccinations including vaccinations received in a national immunization day campaign?Has [NAME] received BCG vaccination against that is, an injection in the left arm that usually causes a scar?Has [NAME] received Polio vaccine, that is, drops in the mouth?How many times was the polio vaccine received in total?How many times was the polio vaccine total?How many times was the polio vaccine received in total?How many times was the polio vaccine total?How many times was total?Yes1 No2>>Q11Yes1 No2Yes1 No2DK=98DK=98DK=98	Q4Q5Q6Q7Q8Q9Q10Has [NAME] received any vaccinations including vaccinations including vaccinations including vaccinations including vaccinations received in a national immunization day campaign?Has [NAME] Has [NAME] received BCG vaccination against tuberculosis, that is, an injection in the left arm that usually causes a scar?Has [NAME] received Polio vaccine, that is, drops in the mouth?How many times was the polio vaccine received in total?How many times was the polio vaccination, that is, an injection in the total?How many times was the polio vaccine received in total?How many times was the polio vaccine received in total?Has [NAME] times was the polio vaccine received in total?How many times was the polio vaccine received in total?Has [NAME] times was the polio vaccine received in total?How many times was the polio vaccine total?Has [NAME] times was the polio vaccine total?How many times was the polio vaccine total?Has [NAME] times was the polio vaccine total?How many times was the polio total?Has [NAME] times was the polio total?How many times was the polio total?Has [NAME] times was the polio total?How many times was the polio total?Has [NAME] times was the polio total?Has [NAME] times was the polio total?Has [NAME] times was the polio total?Has [NAME] times was total?Has [NAME] times was total? 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-	FERTILITY	2	3	4	5	6	7	8	9	10	11	12
ID CODE [from roster]	I Is [NAME] pregnant now? YES=1 NO=2 >>Q5 UNSURE=3 >>Q5	L How many months pregnant is [NAME]? [Total number of completed months] DK=98	Has [NAME] sought anyone for antenatal care for this pregnancy? If so from whom did you seek care? [RECORD <u>ALL</u> THAT APPLY.] 1. DOCTOR 2. NURSE 3. MIDWIFE 4. CLINICAL OFFICER 5. TRADITIONAL BIRTH ATTENDANT 6. OTHER NO ONE9>>Q5 DK=98 >>Q5	4 How many months pregnant was [NAME] when she first received antenatal care for this pregnancy? [MONTHS] DK=98	Has [NAME] ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? YES=1 NO=2 DK=98	Has [NAME] ever given birth to live births? YES=1 NO=2 >> NEXT PERSON /END	How many children to whom [NAME] has given birth are currently living in this household? [Number]	How many children to whom [NAME] has given birth are alive but do not live in this household? [Number] DK=98	Has [NAME] ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? (number of children; if none, write 0) DK=98	10 When was [NAME]'s last child born? [capture whether child alive now or not] MM/YYY Y DK=98	At what age did [NAME] first get pregnant? Age in years DK=98	12 What is the total number of live births that [NAME] has had? [NUMBER] DK=98 THIS NUMBER SHOULD BE THE SUM OF Q7, 8, 9

SECTION F: Food Consumed Have you or members of your household consumed (Eaten)[FOOD ITEM] during the p Ask QUESTION 1. If coded '1' then go to Q2-Q3 for same item, then go to next item.		What was the total value of this food CONSUMED by the household during the last week (7 days) - including food that was purchased, and food produced or grown by your household or	```	(Choose one)				
			received as a payment or a gift?	Purchased in village 1 from individual	Payment in kind 6			
			LAST 1 WEEK	Purchased in village 2 from shop	Gift/aid from relatives 7			
				Purchased outside village 3	Gift/aid from 8 neighbours			
				Home produced 4	Gift/aid from 9			
					organisation (NGO, religious, govt)			
				Gathered 5	Not applicable 99			
Item [If '1' in Q1 go to Q2-Q3 for same item then go to next item.]	Item code	1=Yes, 2=No		Main Source	CALCULATIONS and NOTES			
		1	2	3				
Maize – grain	01							
Maize – flour	02							
Rice	03							
Other grains (wheat, sorghum, millet, other types)	04							
Bread	05							
Potatoes (Irish)	06				-			
Sweet potatoes, cassava, arrow roots, yams, cooking banana	07				—			
Beans	08				-			
Other pulses/nuts (peas, grams, groundnuts)	09							
Eggs	10							
Fresh fish	11				-			
Dried/smoked fish/ sardines/omena	12							
Beef	13				-			
Chicken	14							
Other meat (goat meat, mutton, pork, etc)	15							
Sukuma wiki (kales)	16							
Other vegetables (tomatoes, cabbage, lettuce, onions etc)	17							
Milk	18							
Bananas (ripe)	19							
Other fruits (mangoes, avocados, oranges, pawpaws, etc.)	20							
Cooking fat	21							
Other cooking oils	22							
Sugars (white/brown, sugarcane, etc.) [1 teaspoon=5gm & 1 tablespoon=10gm]	23							
Spices (salt and others, etc.)	24							
Tea leaves / tea bags [1 teaspoon=2g]	25							
Coffee and other non-alcoholic drinks	26							
Alcoholic beverages (beer, wines, spirits, home-brew)	27							
Meals eaten out	28							
Other ready made foods (biscuits/mandazi/cakes/pasta/baby foods)/githeri	29							

What is the total value of all [ITEM] purchased, produced at home	and received	as gifts dur	ing the reference period [last one month or last 3 months]?		
Items LAST ONE MONTH	Item Code	Ksh	Items LAST 3 MONTHS	Item Code	Ksh
Tobacco (cigarettes, tobacco) and miraa	01		Men's clothing	19	
Paraffin/kerosene	02		Women's clothing	20	
Water (for drinking and other household consumption/ use)	03		Children's clothing NOT INCLUDING school uniforms	21	
Charcoal, firewood (including gathered)	04		Material for clothes, and tailoring	22	
Other utilities (electricity, gas)	05		Footwear (including repair costs)	23	
Toilet soap (washing powder, laundry soap, detergents)	06		Recreation (toys, cinema, photography, records etc)	24	
Other toiletries (shampoo, toothpaste, hair cream, etc)	07		Personal articles (umbrella, watch, lighter, belts, etc)	25	
Other cleaning expenses, equipment (brushes, shoe polish, etc)	08		Medical Expenditure (both inside and outside health facilities) – categories listed below:		
Matches, candles	09		- Medicines and medical supplies (e.g. bandages etc) <i>excluding</i> AIDS drugs	26	
Batteries, bulbs	10		- Transport to and from health facilities	27	
Bus fares, matatu, taxis	11		- Consultation & treatment fees including gifts	28	
Other transport expenses (bicycle, car repair, petrol etc) <i>excluding transport to and from school or health facilities</i>	12		- Laboratory & diagnostic test fees	29	
Hair cut and other personal services	13		- Visits to traditional healers	30	
Books, notebooks, newspapers, stationary, etc (not for school)	14		- Hospitalisation fees including food ("bed bill")	31	
Communications (phone calls fixed and mobile, airtime, post office expenses, etc.)	15		- Other health expenditure <i>excluding AIDS drugs</i>	32	
TKK ("to cooperate")	16		- AIDS drugs	18	
Rent, including utilities if paid together as a lump sum	17				

What is the total value of all [ITEM] purchased, produced at home and receiv	ved as gifts du	aring the last 12 months?	Other s	spending	
Items LAST 12 MONTH	Item Code	Ksh	(last 12 months)	Item code	Ksh
Textiles (blanket, bedsheet, towels, mosquito netting, etc., not for clothes)	33		How much did the household	42	
Kitchen equipment (cutlery, pots, plates, jiku, small equipment – kettle and sufuria)	34		spend in dowry, bride price		
Lanterns, lamps, torches	35		wedding, circumcision, or funeral services?		
Education Expenditure (Primary, Secondary and Nursery) (categories listed below)			Tuneral services?		
- Tuition fees, registration fees, exam fees & other fees either paid or owed	36				
- Private tuition	37				
- Transport to and from school	38				
- Uniforms including school shoes	39				
- School supplies including textbooks	40				
- Food (school lunch, breakfast, snacks)	41				

Sec	tion H: Housing and Durable Goods Ownership		
1	How many rooms does your household occupy?	Do not include kitchen, bathroom or rooms used for business. Rooms counted do not necessarily have to be attached to each other.	
2	Does your household own any of the following items that are in working	A. Bicycle	
	condition? 1 = Yes; 2 = No	B. Motorcycle	
	1 - 165, 2 - 100	C. Radio	
		D. Telephone / mobile	
		E. Refrigerator	
		F. Fan	
		G. Bucket / Basin	
		H. Wooden Stool	
		I. Bed	
		J. Bed Sheets	
		K. Blankets	
		L. Mosquito Net	
		M. Table	
		N. Chair	
		O. TV	

SECTION I: Income Generating Activities

Part A: Labour

ASK TO ALL HOUSEHOLD MEMBERS AGES 10 AND OVER

Q1	Q2	WAGE LABOUR: MA				FI			WAGE LABOUR: SECOND JOB			FILTER ON FARM WOR		
neet 10	QZ	Q3	Q4	Q5	Q6	Q7		Q8	Q9	Q10	Q11	Q12	Q13	Q14
hs, <u>how</u> ny jobs ou hold w re you ked for	For your main job in the past 12 months, what kind of job was it?	Where was this main job located?	In that main job, how many <u>months</u> did you work in the past 12	How many <u>days per</u> <u>month</u> did you work in that main job of the past 12	How many hours per day did you normally work in that main job of	How much did that job and fo unit did you	r what time	ENUMERATOR: CHECK IF THE RESPONDANT WORKED MORE THAN 1 JOB IN THE	For your second job in the past 12	Where is this job located?	How much did you earn in that job in total in the past 12 months?	In the <u>previous</u> <u>month</u> did you perform any task in the household farming or livestock	During the past 30 days, during how many <u>days</u> did you perform any	How many hours per day did you normally dedicate to performing
for pay, sh or in <u>outside</u> <u>he</u> <u>sehold</u> , n if just e hour? ¹	D1 AGRICULTURE/ FORESTRY/ FISHING D2 MINING D3 MANUFACTURI	VILLAGE 02 NEIGHBOR VILLAGE 03 CLOSEST TOWN 04 NAIROBI 05 OTHER AREA	months?	months?	months?			MONTHS.	01 AGRICULTURE/ FORESTRY/ FISHING 02 MINING 03 MANUFACTURING 04	VILLAGE 02 NEIGHBOR VILLAGE 03 CLOSEST TOWN 04 NAIROBI 05 OTHER AREA OF		IF NO ► PART B	tasks?	those agricultural tasks in the <u>previous</u> <u>month?</u>
	04 CONSTRUCTION 05 TRANSPORT/ STORAGE/	AREAS OF KENYA 07 OTHER COUNTRY	IF LESS			01 DAY 02 WEEK			CONSTRUCTION 05 TRANSPORT/ STORAGE/ COMMUNICATION 06 OTHER NON- AGRICULTURAL	KENYA 06 MULTIPLE AREAS OF KENYA 07 OTHER COUNTRY				
	ON 06 OTHER NON- AGRICULTURAL 07 COMMERCE 08 SERVICES	(SPEC.)	MONTH, WRITE "1"			04 MONTH 05 QUARTER 06 TRIMESTER 07 SEMESTER		01 YES ▶ Q9	07 COMMERCE 08 SERVICES 09 OTHER WAGE (SPECIFY)	08 OTHER (SPEC.)	INCLUDE VALUE OF MEALS AND BENEFITS.			
TE "0"	WAGE					08 YEAR		02 NO				01 YES FARMING 02 YES LIVESTOCK		
BER OF DBS	JOB TYPE	LOCATION	MONTHS	DAYS/MONT H	HRS/DAY	KSHS	UNIT	► Q12	JOB TYPE	LOCATION	KSHS	03 YES BOTH 04 NO	DAYS	HOURS/DAY
	e you ed for eone or pay, h or in <u>putside</u> <u>ehold</u> , if just a hour? DNE: CONE	e you ed for eone or pay, h or in AGRICULTURE/ FORESTRY/ E E Shold, 03 bour? MANUFACTURI NG 04 CONSTRUCTION 05 TRANSPORT/ STORAGE/ COMMUNICATI ON 06 OTHER NON- AGRICULTURAL 07 COMMERCE 08 SERVICES 09 OTHER WAGE (SPECIFY)	e you ed for eone pr pay, h or in b orini b difust ehold, if just b hour? E DNE: DNE: DNE: DNE: DNE: DSER OF Wage L122 DNE: DSER OF DVASH DE DSE DATE: DATE: DVASH DE DSE DVASH DE DVASH D	e you ed for eone or pay, h or in sGRICULTURE/ behold, if just behold, oz MINING if just bour? MANUFACTURI of cONSTRUCTION STRANSPORT STORAGE/ COMMUNICATI ON 06 OTHER NON- AGRICULTUREA NG 04 CONSTRUCTION 05 TRANSPORT STORAGE/ COMMUNICATI ON 06 OTHER NON- AGRICULTURAL ON 06 OTHER NON- AGRICULTURAL ON 06 OTHER NON- AGRICULTURAL ON 08 SERVICES 09 OTHER WAGE (SPECIFY) BER OF	e you ed for eone or pay, h or in soft lif butside hold, if just bolur? NG Bolur? NG B	e you ed for eone or pay, h or in softi def potene or pay, h or in softi def or pay, h or in softi def or pay, h or in softi def or pay, h or in softi def or softi def or sof	e you ed for eone or pay, h or in A GRICULTURE/ UILIAGE 01 THIS VILLAGE 02 NEIGHBOR VILLAGE 03 CLOSEST FISHING 9 hold, 02 MINING 04 NAIROBI 03 03 9 hour? MANUFACTURI 04 CONSTRUCTION NG 06 OTHER AREA 07 OTHER STORAGE/ COMMUNICATI ON 06 OTHER NON- AGRICULTURAL 07 COMMERCE DNE: 09 OTHER COME CONSTRUCTION 08 SERVICES 09 OTHER COMMERCE DNE: 09 OTHER COMMERCE DNE: 09 OTHER COMMERCE DNE: 09 OTHER COMMERCE DNE: 09 OTHER COMMERCE DNE: 09 OTHER WAGE (SPECIFY) BER OF COMMERCE DNE: 09 OTHER VAGE COMMERCE DNE: 09 OTHER VAGE COMMERCE DATES DATES COMMERCE DATES DATES COMMERCE DATES DATES COMMERCE DATES DATES COMMERCE	e you ed for eone por pay, h or in AGRICULTURE/ putside Porestry/ Be abold, o MANUFACTURI NG DO DI THIS VILLAGE O2 NEIGHBOR VILLAGE O3 CLOSEST TOWN 04 NAIROBI 03 05 OTHER AREA OF KENYA 06 MULTIPLE AREAS OF CONSTRUCTION OS TRANSPORT/ OT OTHER COMMUNICATI ON 06 OTHER NOR- AGRICULTURAL/ TOWN 05 OTHER AREA OF KENYA 06 MULTIPLE AREAS OF COMMUNICATI ON 06 OTHER NOR- AGRICULTURAL/ TOWN 05 OTHER OT DAY 07 OTHER OT DAY 08 OTHER OT DAY 07 OTHER OT DAY 08 OTHER OT COMMERCE 08 SERVICES 09 OTHER WAGE (SPECIFY) BER OF DAYS/MONT	e you e d for e one or pay, h or in h or in b addiCulTuRe/ potsTRV/ B ehold, D 1 THIS VILLAGE 01 THIS VILLAGE 02 NEIGHBOR VILLAGE 02 NEIGHBOR VILLAGE 03 CLOSEST TOWN 04 NAIROBI 05 OTHER AREA 06 MULTIPLE AREAS OF CONSTRUCTION NG 06 OTHER NON- AGRICULTURAL 07 COMMUNICATI NG 06 OTHER NON- AGRICULTURAL 07 OTHER CONSTRUCTION 08 STRVICES 09 OTHER VILLAGE 03 CLOSEST TOWN 04 NAIROBI 05 OTHER AREA 06 MULTIPLE AREAS OF COUNTRY 06 OTHER NON- AGRICULTURAL 07 COMMERCE 08 STRVICES 09 OTHER WAGE SPECIPY BER OF WARE AD DAYS/MONT WARE AD DAYS/MONT WARE AD DAYS/MONT WARE AD WARE AD WARE AD WARE AD WARE AD MORE THAN 1 MORE THAN 1 MORE THAN 1 MORE THAN 1 MORE THAN 1 MORE THAN 1 MONTHS. MONTH MONTH 01 YES 03 CONTRER 03 FORTNIGHT 04 MONTH 05 QUARTER 06 TRIMESTER 07 SEMESTER 08 YEAR MONTH 02 NO P Q12	e you de for even e you de for even even even even even even even eve	e you de for e ore e forestrav/ e forestrav/ e forestrav/ now now e forestrav/ e forestrav/ now e forestrav/ e forestrav/ now e forestrav/ e forestrav/ now e forestrav/ e forestrav/ now e forestrav/ now e forestrav/ e forestrav/ now e forestrav/ e forestrav/ e forestrav/ now e forestrav/ e forestrav/ now e forestrav/ now e forestrav/ e forestrav/ now e forestrav/ e forestrav/ now e forestrav/ forestrav forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav/ forestrav f	e you de for econe	e you work in that the past 12 months? D1 THIS ULLAGE D1 AGRICULTURE/ PISHING FISHING	e you wak it? e you work in that it the past 12 months? of i I THIS vilLAGE or pay, 01 of i AcRICULTURE/ if just 03 of AARROBI of AARRODI AREA OF COMMUNICATION AREA OF COMMUNICATION OF AARAOF AAREA OF COMMUNICATION OF AARAOF AAREA OF COMMUNICATION OF AARAOF AAREA OF COMMUNICATION OF AARRAO OF AAROU DAVS/MONT E DAVS/MONT E DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT DAVS/MONT

ENTERPRISE ID	Q2 What non-farm enterprises did the household operate over the past 12 months? IF MORE THAN 3 BUSINESSES, ONLY RECORD THE 3 LARGEST/MOST IMPORTANT WRITE ACTIVITY CODE ACCORDING TO LIST (UPRIGHT). IF ACTIVITY IS NOT LISTED, WRITE "88" AND A SHORT DESCRIPTION OF THE	Who in the takes decision of	Q3 he household cisions for the erprise? TO 2 FROM DSTER ENTIRE HOLD WRITE IN "1ST"	Q4 How long has the business been in existence? IF <1 YEAR: WRITE "1"	Q5 Of the last 12 months, how many was the business in operation?	Capital fo 01 LOAN FAMILY F 02 LOAN SACCOS 03 NON AGRICULI CREDIT, E	r this enterpi FROM RIEND FROM TURAL SANK, ISTITUTION MONEY ROM	ources of startup	Q7 What was the gross revenue from this business in the <u>last</u> <u>month</u> it operated?	Q8 What was the <u>net</u> income from this business in the <u>last</u> <u>month</u> it operated?	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18	Shop/store Petty trader/ Bar Home brewery Public phone Food preparation Transport service Child care/day ca Money lender Miller Carpentry Metal works / Po Traditional heale Construction Mechanic/techni Selling/renting ag Making farm too Making baskets o Spinning/weavin, Making/repairing
	ACTIVITY.	1ST	2ND	YEARS	MONTHS	1ST	2ND	3RD	кѕнѕ	кѕнѕ	20 21	Water-carrier, Pc Barber, Hairdress
1											22 23	Musician Shoe makers/ rep
2											24 25	Selling firewood, Selling grass/fodo
3											26 88	Selling (resale gra Other

Part B: Self Employment Q1

ENTERPRISE ID	Q9 To whom did you sell your products or services from this business over the last 12 months? 01 INDIVIDUAL CONSUMER 02 PRIVATE BUSINESS 03 NON-GOVT INSTITUTION 04 GOVERNMENT 05 MANUFACTURER 06 OTHER (SPEC.)		01 THIS VILLA 02 NEIGHBO VILLAGE 03 CLOSEST 04 NAIROB 05 ELSEWHEI 06 ANOTHER	e place? NGE RING TOWN RE IN KENYA	Q11 How many household members are engaged in this business? INCLUDE INFORMANT IF HE/SHE DADTIGDATED	Q12 In the last month this business operated, how many employees were hired in for pay- in cash or in kind- that are not household members?	Q13 From whom do you buy your inputs for this business? 01 MERCHANT/BUSINESS 02 ITINERANT TRADER 03 RELATIVE 04 FRIEND/NEIGHBOR 05 LOCAL MARKET 06 COOP/ASSOC. 07 COMPANY		Q14 Where was the outlet/source locater 01 THIS VILLAGE 02 NEIGHBORING VILLAGE 03 CLOSEST TOWN 04 NAIROBI 05 ELSEWHERE IN KENYA	
		210	COUNTRY 07 OTHER (SI	PEC.)	PARTICIPATED		07 COMPANY 08 NGO/CBO 09 GOK/GOK AGENCY 10 HOME PRODUCED 11 OTHER (SPEC.)		06 ANOTH 07 OTHER	IER COUNTRY (SPEC.) 2 ND
1	1ST	2ND	1ST	2ND	NUMBER	NUMBER	1ST	2ND	1ST	ZND
2										
3										

- s of prepared food
- lwife
- tural inputs/ tools
- es
- obblers)
- coal
- 26 Selling (resale grains)
- 88 Other

Part C: Land Characteristics	ASK TO	THE H	IOUSEH	OLD H	EAD, OR	BEST INFORMED HOUSEHOLD MEMBER
Q1 Did you household own or cultivate any land in the past 12 months? This includes all plots, including garden plots, owned, shared-out, shared-in, rented-in, rented-out, by the household in the previous 12 months. IF NO: ► PART E	YES01	have or ci	CONSIDER ES OF	IF ZERO:	NUMBE R OF PLOTS	
	YES01 NO02			IF ZERO:	► PART E	

	Q3		Q4	Q5	Q6	Q7	Q8	Q9		Q10		Q11	Q12	Q13	Q14
	Please identify all p owned or cultivated the household in the 12 months.	l by of e past FC PL	/hat is the area this plot? DR SMALL LOTS LESS	Is the plot irrigated?	How did you acquire this plot?	Do you lend, share-crop or rent out this plot?	For how long have you owned,	What was the principal use of this land in the past 12 months?	planted in this plot?		months on	How would you classify the soil fertility?	What is the slope of the plot?	Is there any erosion on this plot?	Who is responsible for the management & decisions
PLOT ID	Include garden plot plots owned, shared shared-in, rented-in rented-out. Past 12 months her	d-out, Ad n, and EX U	HAN 0.25 CRES WHERE KACT SIZE IS NKNOWN, /RITE "888".		01 PURCHASED 02 INHERITED ▶ Q7 03 BORROWED 04 RENTED-IN 05 SHARE-	01 SHARECROP OUT 02 RENT OUT 03 LEND	held or been using this land?	01 CROP 02 FORESTY/ TREES Q10		fo 3 crops f		01 VERY FERTILE 02 MODERATE	01 FLAT 02 SLIGHT 03 MODERATE	01 NONE 02 MILD 03 SEVERE 99 DON'T KNOW	of this plot?
TID	represent the past t cropping season – doesn't include the current cropping se	two it			CROPPED-IN 06 COMMUNAL 07 USUFRUCT 08 OTHER (SPECIFY) ► Q8	OUT 04 NONE	IF <1 YEAR, WRITE "1" IF DK: "99"	03 GRAZING/ PASTURE 04 NOT IN USE 05 OTHER (SPECIFY) ►Q11				03 POOR 04 VERY POOR 05 NOT PRODUCTIVE	04 STEEP		WRITE "88" IF NOT A HH MEMBER
			ACRES	01 YES 02 NO			YEARS	LAND USE	1ST	2 ND	3 RD	SOIL FERTILITY	PLOT SLOPE	EROSION	ROSTER
1			ACRES	02 NO			TEAKS	LAND USE	151	ZND	3110	FERTILITY	PLOT SLOPE	ERUSION	RUSTER
2															
3															
4															
5															
6															
7															
8															
9															
CRO 01 k 02 k 03 n 04 b		06 sorghu 07 wheat 08 rice	10 oat 11 yan	s ns owroots	14 sweet potato 15 potato 16 khat 17 grams 18 yellow grams 19 pigeonpea	20 dolic 21 soya 22 cash 23 maca 24 grou 25 sim s	bean ewnuts adamia nut ndnuts	26 casto 27 nappi 28 padde 29 sugar 30 pyret 31 cotto	ier ock cane hrum	32 tobac 33 tea 34 coffee 35 sisal 36 wood,	2	37 vegetables 38 fruits 88 Other (specify)			

Part D1: Crop Production

Q1	Did your house	hold do	o farming (i	.e. plant any gra	ains, legumes	, vegetak	bles or fr	uit etc.) during the last 1	2 months?		YES01►Q2]	
QI											NO02►PAR	RT E		
		22		Q3		Q4		Q5	Q6	Q7		Q8	Q	9
	Did your house [] in the past Include crops of sharecropping garden crops.	12 mon ultivate	ths? ed when	What area of land was planted with [] in the <u>past 12</u> <u>months</u> ?	What quan the househ the past 12	old harve	est in	Did you sell or barter any of the harvest of [crop] in the <u>past 12</u> <u>months</u> ?	How much of the last harvest did you sell/barter?	How much was earned from the sales of [CROP] in the past 12 months		you mainly sell l [] in the past	Where was the where you sold [] in the past 2	or exchanged
LINE ITEM	Past 12 months past two croppin doesn't include t cropping seasor SEE CROP COD	g seaso he curre	n — it nt		IF ZERO I UNIT CODE 01 KILOGRA 02 DEBE 03 GOROGO	<u>s</u> AM	CROP	01 YES SELL 02 YES BARTER	UNIT CODES 01 KILOGRAM 02 DEBE 03 GOROGORO	if only bartered, then mark 8888 if 0, then next item	01 FINAL COM 02 ITINERANT 03 BUSINESS 04 INSITUTIO 05 GOVERNM 06 MANUFAC	r trader NS IENT	01 THIS VILLAG 02 NEIGHBOR V 03 CLOSEST TO 04 NAIROBI 05 ELSEWHERE IN KENYA 06 OTHER COUNTRY	/ILLAGE WN
	CROP NAME	CODE	01 YES 02 NO	ACRES	QUANTI	ГҮ	UNIT	02 YES BARTER 03 YEST BARTER & SELL 04 NO (next item)			07 OTHER (SF		07 OTHER (SPE	
				ACILI					KSHS	HSHS	1 ST	2ND	1ST	2ND
1	Local maize Improved	01												
2	maize	02												
3	Millet	03												
4	Beans	04												
5	Cow peas	05												
6	Sorghum	06												
7	Vegetables													
8	Fruit													
Other,	specify													
9														
10														
11														
CROP (01 loca	l maize roved maize et ns	06 sorg 07 whe 08 rice	at	09 barley 10 oats 11 yams 12 arrowroots 13 cassava	15 po 16 kh 17 gra 18 ye	at	ms	20 dolicos 21 soya bean 22 cashewnuts 23 macadamia nut 24 groundnuts 25 sim sim	26 castor 27 nappier 28 paddock 29 sugarcane 30 pyrethrum 31 cotton	32 tobacco 33 tea 34 coffee 35 sisal 36 wood/timl	37 vege 38 fruit 88 Oth (specify	er		

Part D2: Crop Inputs		AS	SK TO TH	E HOUSE	EHOLD HEAD, OR		
Q1		Q2	(23	0	24	
In the past 12 months, did you use any [] your crop production activities? 01 YES ▶Q2	for any of	How much did you spend including transport cost on [] in the past 12 months?		main source for input?	r Where is that source located?		
02 NO ►NEXT ROW		If zero, then next item.	01 FINAL CONSU 02 ITINERANT TI 03 BUSINESS 04 INSITUTIONS 05 GOVERNMEN 06 MANUFACTU 07 OTHER (SPEC	RADER IT IRER	01 THIS VILLAGE 02 NEIGHBOR VILLAGE 03 CLOSEST TOWN 04 NAIROBI 05 ELSEWHERE IN KENYA 06 OTHER COUNTRY 07 OTHER (SPEC.)		
CROP INPUT	Q1 ANSWER	KSHS	1 ST	2 ND	1ST	2ND	
		13113	1	2	131	ZND	
a) Seeds/seedlings b) Pesticides							
c) Organic fertilizer							
d) Inorganic fertilizer							
e) Waters							
Other? Specify:				•	•		
f)							
g)							

Part E1: Livestock Production

Did y	21 /our household own ious 4 years (since 2	or manage o 2007)?	or share any	livestock or	animals, large	e or small, in t	he		YES 01 NO02 F	PART		-	
		Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9		10	Q1	
		In the past four years, since 2007,	How many were owned exactly	How many does the househo Id own	Now, how many has the household held any	During the <u>past</u> <u>12</u> <u>months,</u> how	In the past 12 months, how many []	During the past 12 months, how many have you	In the past 12 months how much did you earn in total from	What was sales out	s the main let?	Where is outlet loc	
LIVESTOCK CODE		has your househo ld owned, manage d, shared, purchas ed or sold any	4 years ago, in 2007?	now?	[] in a sharing arrangem ent with other household s?	many have you exchang ed for other livestock ?	did you purchas e for this househol d?	sold?	those [] sales?	01 FINAL CONSUM 02 ITINEF TRADER 03 BUSIN 03 INSITU 04 GOVE 05 MANUFA 06 OTHEI	IER RANT IESS JTIONS RNMENT CTURER	01 THIS 02 NEIGH VILLAGE 03 CLOSI TOWN 04 NAIR(05 ELSEV IN KENY/ 06 OTHE COUNTR	HBOR EST DBI VHERE A R
		[] at any point? 01 YES 02 NO►	IF NONE WRITE ZERO	IF NONE WRITE ZERO	IF NONE WRITE ZERO	IF NONE WRITE ZERO	IF NONE WRITE ZERO	IF NONE WRITE 0 AND ►Q10				07 OTHE (SPEC.)	R
	LIVESTOCK TYPE	NEXT ROW	NUMB ER	NUMB ER	NUMBER	NUMBE R	NUMBE R	NUMBER	KSHS	1 st	2 ND	1ST	2 ND
1	Cattle- local												
2	Cattle- hybrid												
3	Donkeys												
4	Camels												
5	Goats												
6	Sheep												
7	Pigs												
8	Poultry												
Othe	r, Specify:												
9													
10													
11													

Part E2: Livestock Inputs

Q1		Q2	C	23		Q4
In the past 12 months, did you pt [] for any of your livestock? 01 YES ▶Q2 02 NO ▶NEXT ROW	ırchase any	How much did you spend on [] in the past 12 months?		s the main this input ?		that source ated?
		-	01 FINAL CC 02 ITINERAN 03 BUSINES 04 INSITUTI 05 GOVERN 06 MANUFA 07 OTHER (S	NT TRADER S ONS MENT ACTURER	01 THIS VILL 02 NEIGHBC 03 CLOSEST 04 NAIROBI 05 ELSEWHI 06 OTHER C 07 OTHER (\$	DR VILLAGE TOWN ERE IN KENYA OUNTRY
LIVESTOCK INPUT	Q1 ANSWER	кѕнѕ	1ST	2ND	1ST	2 ND
a) Fodder						
b) Manufactured feeds, salt						
c) Water for livestock d) Vet services, medicines, vaccines						
e) Insurance for livestock						
Other? Specify:						
f)						
g)						

Part E3: Livestock By-products

Q1	Q2	C	13	Q4		
In the past 12 months, did yo livestock by-product obtained livestock? IF ITEM PRODUCED AND S AND GO TO NEXT QUESTIC IF ITEM PRODUCED BUT N	How much in KSHS did you earn in the past 12 months from the sale of by-products obtained from all your livestock?	What was the main sales outlet?		Where is that outlet located?		
"0" AND ► NEXT ROW IF ITEM WAS NOT PRODUCED NOR SOLD WRITE "99" AND ► NEXT ROW			01 FINAL CONSUMER 02 ITINERANT TRADER 03 BUSINESS 04 INSITUTIONS 05 GOVERNMENT 06 MANUFACTURER 07 OTHER (SPEC.)		01 THIS VILLAGE 02 NEIGHBOR VILLAGE 03 CLOSEST TOWN 04 NAIROBI 05 ELSEWHERE IN KENYA 06 OTHER COUNTRY 07 OTHER (SPEC.)	
BY-PRODUCT	Q1 ANSWER	кѕнѕ	1ST 2ND		1 st	2ND
a) Milk and Milk Products						
b) Eggs						
c) Hides and leather						
d) Dried meat						
e) Dung						
f) Wool, Mohair	f) Wool, Mohair					
Other, Specify		1			I	
g)						
h)						

Part F: Agricultural Inputs and Assets

Q1	ENUMERATOR: IS T ONE YES IN PARTS (LAND, CROP, LIVE:	C, D AND E	YES NO ► PA	02				1			
INPUT CODE	Q2 In the past 12 months did you own, rent for pay, borrow, or use in partnership []? 01 OWN ►Q3 02 RENT IN ►Q4 03 BORROW		vn, c w, <u>r</u> hip	How many [] do you own now? How much did you spend on purchasing or renting [] in the past 12 months? Here report total		Q5 From whom was it purchased/borrowed/ rented in the past 12 months? 01 MERCHANT/ BUSINESS 02 RELATIVE 03 FRIEND/NEIGHBOR 04 LOCAL MARKET 05 COOP/ASSOC.		Q6 Where was it purchased/borrowed/re nted in the past 12 months? 01 THIS VILLAGE 02 NEIGHBORING VILLAGE 03 CLOSEST TOWN 04 NAIROBI 05 ELSEWHERE IN		Q7 Did you own any [] four years ago, in 2007? 01 YES	Q8 How many [] did you own four years ago, in <u>2007</u> ?
	AGRICULTURAL	/PARTNERSHIP 04 NO ► NEXT RC		NUMBER	expense on purchasing and/or renting the item	06 COMPA 07 NGO/CE 08 GOK/GC 09 HOME F 10 OTHER	30 DK AGENCY PRODUCED (SPEC.)	KENYA 06 ANOTHER COUNTRY 07 OTHER (SPEC.)		02 NO►NEXT ROW	NUMBER
	INPUT / ASSET				KSHS	1ST	2ND	1ST	2ND		
1	Plough Animal cart,										
2	Wheelbarrow										
3	Planter										
4	Sprayer										
5	Thresher										
6	Grinder										
7	Watering can										
8	Hoe (Jembe)										
9	Machete (Panga)										
10	Axe										
11	Sickle										
12	Pen						-	-			
13	Trough										
Other, Spe	ecity:					1	1	1	1		
14							-	-			
15							-	-			
16											

Q9	In the past 12 months did your household receive any information or advice related to crop or livestock production?	YES01	
Q9		NO02	

Part G: Hired Labour

Q1 Did your h crop and/o	ousehold hire in any labor, paid for with or livestock activities in the past 12 mont	cash or in kind, for ns?	YES0 NO	1 02 ▶ PART H						
			Q3							
		In the past 12 month	In the past 12 months how many person-days of men/women/children did you hire in for [ACTIVITY]?							
		ONI Y REPORT TH	F TOTAL NUMBER OF	F PEOPLE HIRED AN	D NUMBER OF DAYS	PER PERSON		how much did you spend on labor hired in for		
								[ACTIVITY] in total?		
ΥTI			IF NONE ► NEXT ROW							
ACTIVITY	NOTE: CHILDREN ARE CONSIDERED UNDER 15 YEARS OF AGE.									
A		(8	a)		b)	(0	c)			
		MEN		WOMEN		CHILDREN				
			NUMBER OF				NUMBER OF	KSHS		
	ACTIVITY	NUMBER OF PEOPLE	DAYS PER PERSON	NUMBER OF PEOPLE	NUMBER OF DAYS PER PERSON	NUMBER OF PEOPLE	DAYS PER PERSON			
1	Land preparation or planting									
2	Weeding, fertilizing, other non- harvest work									
3	Harvesting									
4	Livestock herding									
5	Preparing fodder									

Part H: Access to Credit

					•	
Q1	Did you, or any member of your household, seek access to credit?	YES01 ▶Q3 NO02 ▶Q2	Q3	What was the reason for seeking access to credit?	01 INVEST IN AGRICULTURAL ACTIVITIES OR BUSINESSES 02 INVEST IN NON-AGRICULTURAL ACTIVITIES OR BUSINESSES 03 PAY FOR EXPENSES RELATED TO EMERGENCY, ILLNESS 04 PAY OFF OTHER LOANS 05 MAKE DWELLING IMPROVEMENTS 06 FOR CONSUMPTION (FOOD OR OTHER REGULAR EXPENSES) 07 OTHER (SPECIFY)	
	Why did you not seek access to credit? ► NEXT SECTION	01 PREFER TO WORK WITH OWN RESOURCES 02 DID NOT NEED CREDIT			U) UIHER (SPECIFT)	
Q2		03 HAVE OTHER LOANS TO PAY OFF 04 DOES NOT HAVE MEANS TO REPAY A	Q4	Did your household receive any loan in the past 12 months when it requested it?	YES01 ► NEXT SECTION NO02 ► Q5	
		LOAN 05 OTHER (SPECIFY)	Q5	Why did your household not receive the loan it requested?	01 LACK OF COLLATERAL 02 DID NOT FULFILL LOAN REQUIREMENTS 03 OTHER (SPECIFY)	
				►NEXT SECTION		

Section J: Income, Transfers, Program Particip	ation Respondent's Roster ID:	
1. During the past <u>2 months</u> , what is the total value of money or good government group (NGO) ? (Ksh, enter 0 if none)	ds, including food, clothing, livestock or medicines received from any church or other non-	
2. During the past <u>2 months</u> , what is the total value of money or goot this household, including from outside Kenya? (Ksh, enter 0 if none	ds, including food, clothing, livestock or medicines received from individuals who are not part of)	
3. During the past <u>2 months</u> , what is the total value of money or good enter 0 if none)	ds, including food, clothing, livestock or medicines received from government programs? (Ksh,	
4. In the past 12 months how much did your household receive in c	ash or kind for dowry, bride price, wedding, circumcision and funeral? (kshs.)	
5. During the past <u>2 months</u> , what is the total value of money or goo people or groups outside the household (transfers out)? (Ksh, enter	ds, including food, clothing, livestock or medicines that members of this household have <u>given</u> to or 0 if none)	
6. Some people try to save some money for emergencies or to buy s	omething special in the future. Are you currently saving any cash? Yes1 No2>>Q8	
7. In the past 2 months how much money have you put aside or savi	ngs? (Ksh)	
8. Have you ever heard of the Government's cash transfer for OVC	program? Yes1 No	
9. Has this household EVER received money or is the household cu	rently receiving money from the Government's cash transfer for OVC program? ng1 Currently receiving2 Never received3>>NEXT SECTION	
and go to Q12]	ansfer payment receipts. [If card AND receipt not available, write 99999 for Q10 and 99 for Q11	
10. Write the OVC Unique ID Number from Card or Household Code from receipt (5 digits)	11. Write down ID Code (from roster) of main caregiver specified on Program Card[if caregiver not a household member write 50]	
Interviewer: Write down date and amount received from most received		
12. Last Payment Date (MONTH): Month codes: Ja	un-Feb=1 March-April=2, May-June=3, July-Aug=4, Sep-Oct=5, Nov-Dec=6 DK=98	
13. Last Payment Date (YEAR): Write down four	digit year YYYY DK=9999	
14. Last Payment Amount: (Ksh) DK=9999		
	tts (code 2 in Q9). Ask to main caregiver identified in Q11 if possible.	
15. For the LAST payment, how much did the household spend on t [Two-way total from house to Post Office and back in Ksh] DK	ransportation to travel from your house to the Post Office and back again? =98	
16. In general, how long does it take to travel from your home to the CODES: Days (0-7), Hours (0-24), Minutes (0-60)	Post Office and back again (using your customary method of transportation)?	a. Days:
		b. Hours:
		c. Minutes:
	sociated with collecting your payment other than transportation (such as food, accommodation,	
TKK)? (Ksh) DK=98		

Section K Preferences, Expectations and Tastes: Adult Care-givers	s/main respondent only
ID Code of Respondent	
1. Suppose that you suddenly win money in the Lotto. If you could chose between	9. What is the chance someone else in your household will fall seriously ill and
these payment options which do you choose? [Indicate 1 or 2 for each option.]	not be able to conduct daily activities?
A. 1. Ksh1500 today or 2. Ksh1500 in one month? B. 1. Ksh1500 today or 2. Ksh9000 in one month? C. 1. Ksh1500 today or 2. Ksh4500 in one month?	10. In the next year what is the chance somebody you know will die? Now I would like you to consider the possibility that you may not be alive as
D. 1. Ksh1500 today or 2. Ksh7000 in one month? E. 1. Ksh1500 today or 2. Ksh3000 in one month? F. 1. Ksh1500 today or 2. Ksh1250 in one month?	time goes by. We hope that nothing bad will happen to you but nevertheless, sometimes unfortunate things occur over the years as we get older despite all precautions we take. If you do not want to, you do not need to answer this
2. Now I want to ask how you would respond in a hypothetical game. In this game you can choose to get Ksh 1500 or you can choose a lottery that will give you a 50% chance of winning an even greater amount or a 50% chance of getting less than Ksh1500. Which of these lotteries would you prefer over getting Ksh 1500 for certain? [Show flash cards with options.]	question. [Code 98 if refused; Code 3 for 'Only God Knows'] 11. How likely do you think it is that you will be alive for at least twenty more years?
[1=Yes would take lottery, 2=No, prefer Ksh1500 for certain]	12that you will be alive for at least ten more years?
A. 3000 (50%) or 0 (50%) B. 12000 (50%) or 0 (50%)	
C. 7000 (50%) or 1000 (50%) CODES: Yes = 1 (chooses lottery)	13that you will be alive for at least five more years?
D. 8000 (50%) or 0 (50%) E. 2000 (50%) or 1000 (50%)	14that you will be alive for at least one more year?
3. Do you think your life will be better, the same or worse in one year from now? [1=Better, 2=Same, 3=Worse]	I now want to ask you how strongly you agree or disagree with a number of statements. The green side of the bar (#5) means you strongly agree while the red side (#1) means you strongly disagree. CODES: 1, 2, 3, 4, 5
4. Do you think your life will be better, the same or worse in three years from now? [1=Better, 2=Same, 3=Worse]	15. I enjoy life.
5. Do you think your life will be better, the same or worse in five years from now? [1=Better, 2=Same, 3=Worse]	16. I experience positive feelings in my life.
[For Q6-Q14 use picture of bars. Code 1 up to 5] 6. In the next year what is the chance you will have a food shortage?	17. I feel positive about my future.
7. In the next year what is the chance you will seek financial assistance from someone?	18. I am satisfied with my health.
8. In the next year what is the chance you will fall ill and not be able to conduct your daily activities?	19. I am satisfied with my life.

Interviewer script for Q6-Q14. [Show card to person and explain that towards the right (tallest bar) means the event is more likely to occur and towards the left means (shortest bar) the event is less likely to occur. The bar in the middle means the event is just as likely to occur as not to occur (50-50 chance).] I will ask you several questions about the chance that certain events will happen in the future. I would like you to choose the bar to express what you think the chance is that the event will occur. If you point to the right it means you are sure the event WILL happen. If you point to the left it means you are sure it WILL NOT happen. For example, no one knows if it will rain tomorrow. But if you believe there is a very strong chance it will rain you may point to the tallest (5) or second tallest (4) bar.

Sectio	Section M: ANTHROPOMETRICS: CHILDREN AGE 0-10 YEARS ONLY									
	1	2	3	4	5					
ID Code	Result of height or length measurement.	How was height measured?	Measure NAME and record height or length in cms to one decimal.	Result of weight measurement. Measured1	Record weight of child in kgs to one decimal place					
	Measured1 Refused2	Lying down1	If child is <2 years, measure child lying down	Refused2 Child not present3	If child cannot stand use mother- child feature of scale					
	Child not present3 Other4	Standing2	If child is >=2 years measure standing height	Other4						