

# Household Questionnaire

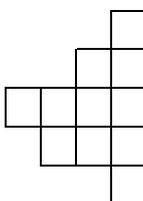
9/7/2009



**MINISTRY OF HEALTH  
KENYA AIDS INDICATOR SURVEY  
HOUSEHOLD QUESTIONNAIRE**

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**IDENTIFICATION**

PROVINCE* _____ DISTRICT _____ NASSEP CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... LARGE CITY/SMALL CITY/TOWN/RURAL ..... (NAIROBI/MOMBASA/KISUMU=1, NAKURU/ELDORET/THIKA/NYERI=2, SMALL TOWN=3, RURAL=4) NAME OF HOUSEHOLD HEAD .....	
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**INTERVIEWER VISITS**

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR <b>2 0 0 7</b>
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE _____
RESULT*	_____	_____	_____	RESULT _____
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS _____
TIME	_____	_____		

TOTAL PERSONS IN HOUSEHOLD <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	TOTAL ELIGIBLE WOMEN <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	TOTAL ELIGIBLE MEN <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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TIME STARTED    HOUR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	TIME ENDED    HOUR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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**ENGLISH**

SUPERVISOR NAME _____ DATE _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	OFFICE EDITOR _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	KEYED BY _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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\*RESULT CODES:

1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT 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 _____ (SPECIFY)
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## Household Informant Consent Form

***[Interviewer: The statement should be read to the adult age 18-64 years or emancipated individual age 15-17 years, i.e., with no parent/guardian or not living with their parent/guardian, who will respond to the household questionnaire. Throughout the process of obtaining consent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent. Provide a copy of this consent script to all eligible persons age 15-64]***

Hello, my name is .... and I am working with the Ministry of Health. We are doing a national survey on HIV/AIDS and other health issues. This study will help the Ministry of Health to improve health services for Kenyans. You can help by taking part of this survey.

As part of this survey, we would like to ask some questions about your household. The interview will take about 30 minutes. All of the answers you give will be private and will not be shown to others. No one will know your answers.

Taking part in the survey is up to you. If I ask any questions that you don't want to answer, just let me know and I will go on to the next question. You can stop the interview at any time.

If you take part of this survey, the risk to you is small. I will ask you questions that may be uncomfortable to answer. You are free to not answer any questions that you feel are too personal. However, if you take part, the benefit is that the information that you provide to us will be used to improve the health of Kenyans by making healthcare programs stronger.

Do you want to ask me anything about the survey? If you have any questions we want you to tell us. You can also ask the person in charge of the survey teams at the Kenya National Bureau of Statistics. If you feel that you have been harmed by taking part you should contact the Ministry of Health. If you have any questions on your rights in the study you can contact the chairman on the Ethical Review Committee at the Kenya Medical Research Institute (KEMRI). ***[Interviewer: provide the following information to the participant:]***

National AIDS and STD Control Program (NAS COP): Godfrey Baltazar  
P O Box 19361-00200 Nairobi  
Tel: 2729549

Kenya National Bureau of Statistics (KNBS): Fredrick Otieno  
P O Box 30266-00100 Nairobi  
Tel: 216134

Chairman of Ethical Review Committee: Professor Samuel Sinei  
Kenya Medical Research Institute (KEMRI)  
P O Box 54840 - 00100 Nairobi  
Tel: 272 25 41

May I begin the interview now? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature or initial of Interviewer

\_\_\_\_\_  
Date

***[Interviewer: Indicate whether participant says "Yes" or "No" to the above statement, sign/initial on the above line, and record the date.]***

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY
				Does (NAME) usually live here?	Did (NAME) sleep here last night?		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 5-29 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?			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 MEN AND WOMEN AGE 15-64
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
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
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10

TICK HERE IF CONTINUATION SHEET USED

TOTAL ELIGIBLE (MEN +WOMEN)  TOTAL AGED (17)

**CODES FOR Q. 3: RELATIONSHIP TO HOUSEHOLD HEAD**

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?  
 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?  
 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

YES  ADD TO TABLE NO

YES  ADD TO TABLE NO

- 01 = HEAD
- 02 = WIFE/HUSBAND/ PARTNER
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER/ SISTER
- 09 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = CO-WIFE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/ STEPCCHILD
- 14 = NOT RELATED
- 98 = DON'T KNOW

	IF AGE 18-64 YEARS	IF AGE 0-17 YEARS							
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	IF MOTHER NOT LISTED IN HOUSEHOLD  Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	IF FATHER NOT LISTED IN HOUSEHOLD  Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK  CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.11 OR 14 = NO) OR BEEN SICK (Q.13 OR 16 = YES).	BOTH PARENTS ALIVE  IF YES TO Q.11 AND Q.14 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N DK 1 2 8	01	1 2 ↓ GO TO 21
02	1 2 8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	02	1 2 ↓ GO TO 21
03	1 2 8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	03	1 2 ↓ GO TO 21
04	1 2 8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	04	1 2 ↓ GO TO 21
05	1 2 8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	05	1 2 ↓ GO TO 21
06	1 2 8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	06	1 2 ↓ GO TO 21
07	1 2 8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	07	1 2 ↓ GO TO 21
08	1 2 8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	08	1 2 ↓ GO TO 21
09	1 2 8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	09	1 2 ↓ GO TO 21
10	1 2 8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	10	1 2 ↓ GO TO 21

LINE NO.	IF AGE 0-17 YEARS			IF AGE 5 YEARS OR OLDER				IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
	BROTHERS AND SISTERS			EDUCATION				BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	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.	IF AGE 5-24 YEARS  Did (NAME) attend school at any time during the current school year?		Does (NAME) have a blanket?	Does (NAME) have at least two sets of clothes?	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW		
	(19)	(20)	(21)	(22)		(23)	(24)			(25)	(26)
	Y N DK 1 2 8 ↓ GO TO 21	Y N 1 2	Y N 1 2 ↓ GO TO 24	LEVEL	GRADE	Y N 1 2	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8		
01	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	
02	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	
03	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	
04	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	
05	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	
06	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	
07	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	
08	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	
09	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	
10	1 2 8 ↓ GO TO 21	1 2	1 2 ↓ GO TO 24	<input type="text"/>	<input type="text"/>	1 2	1 2 8	1 2 8	1 2 8	<input type="text"/>	

CODES FOR Q. 22: EDUCATION

**LEVEL**  
0= NUSERY/KINDERGARTEN  
1 = PRIMARY  
2= POST PRIMARY, VOCATIONAL  
3 = SECONDARY  
4 = COLLEGE (MIDDLE LEVEL)  
5 = UNIVERSITY  
8 = DONT KNOW

**GRADE**  
00 = LESS THAN 1 YEAR COMPLETED  
98 = DONT KNOW  
Number of years/ classes/grades

LINE NO.	OUTPATIENT VISITS AND EXPENDITURE			
	Did (name) seek any outpatient care for the last four weeks?	How many outpatient visits did <NAME> make in the last four weeks?	Check 28(a) for No. of visits. In the most recent (first, second, third and fourth most recent) visit, where did (NAME) go for outpatient care? (Use codes below) <b>IF DK RECORD 99</b>	How much did (NAME) spend in the most recent ( second, third and fourth most recent) outpatient visit? In KShs. <b>IF DK RECORD 999999</b>
	(28)	(28a)	(28b)	(28c)
01	Y N DK 1 2 8 GO TO Q29	Don't know 95 Go to 29	Most recent Vst 1 Vst 2 Vst 3 Vst 4	Most recent Vst 1 Vst 2 Vst 3 Vst 4
02	1 2 8 GO TO Q29	Don't know 95 Go to 29	Vst 1 Vst 2 Vst 3 Vst 4	Vst 1 Vst 2 Vst 3 Vst 4
03	1 2 8 GO TO Q29	Don't know 95 Go to 29	Vst 1 Vst 2 Vst 3 Vst 4	Vst 1 Vst 2 Vst 3 Vst 4
04	1 2 8 GO TO Q29	Don't know 95 Go to 29	Vst 1 Vst 2 Vst 3 Vst 4	Vst 1 Vst 2 Vst 3 Vst 4
05	1 2 8 GO TO Q29	Don't know 95 Go to 29	Vst 1 Vst 2 Vst 3 Vst 4	Vst 1 Vst 2 Vst 3 Vst 4
06	1 2 8 GO TO Q29	Don't know 95 Go to 29	Vst 1 Vst 2 Vst 3 Vst 4	Vst 1 Vst 2 Vst 3 Vst 4
07	1 2 8 GO TO Q29	Don't know 95 Go to 29	Vst 1 Vst 2 Vst 3 Vst 4	Vst 1 Vst 2 Vst 3 Vst 4
08	1 2 8 GO TO Q29	Don't know 95 Go to 29	Vst 1 Vst 2 Vst 3 Vst 4	Vst 1 Vst 2 Vst 3 Vst 4
09	1 2 8 GO TO Q29	Don't know 95 Go to 29	Vst 1 Vst 2 Vst 3 Vst 4	Vst 1 Vst 2 Vst 3 Vst 4
10	1 2 8 GO TO Q29	Don't know 95 Go to 29	Vst 1 Vst 2 Vst 3 Vst 4	Vst 1 Vst 2 Vst 3 Vst 4

**CODES for Question 28B: OUTPATIENT VISITS AND EXPENDITURE**

- |                             |   |                          |
|-----------------------------|---|--------------------------|
| <b>Public Sector</b>        | <b>Private Sector</b>                   | <b>Other</b>             |
| 01 Government hospital      | 05 Faith based hospital                 | 12 Shop                  |
| 02 Government health center | 06 Faith based health center            | 13 Traditional healer    |
| 03 Government dispensary    | 07 Private Hospital                     | 14 Others (specify)..... |
| 04 Other (specify)          | 08 Private health centre/clinic         |                          |
|                             | 09 Care sought abroad                   |                          |
|                             | 10 Pharmacy/ Chemist                    |                          |
|                             | 11 Other private medical (specify)..... |                          |

LINE NO.	INPATIENT VISITS AND EXPENDITURE			
	<p>How many times was (NAME) admitted for an overnight stay in a health facility in the last 6 months?</p> <p>write 000 if NEVER admitted, skip to 101 <b>IF DK RECORD 999</b></p>	<p>Check 29, if no is &gt;= 1</p> <p>How long was (NAME) admitted during the last and second last admission?</p> <p><b>IF DK RECORD 999</b></p>	<p>How much did (NAME) spend during the last and second last admission.</p> <p>In KShs.</p> <p><b>IF DK RECORD 999999</b></p>	<p>Where was (NAME) admitted during the last and second last time he/she was admitted?</p> <p>(Enter code)</p> <p><b>IF DK RECORD 99</b></p>
	(29)	(29a)	(29b)	(29c)
01	<input type="text"/>	Days admitted Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Cost of admission Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Admission facility Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>
02	<input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>
03	<input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>
04	<input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>
05	<input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>
06	<input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>
07	<input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>
08	<input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>
09	<input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>
10	<input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last <input type="text"/> <input type="text"/> 2nd last <input type="text"/> <input type="text"/>

**CODES for Question 29C: INPATIENT VISITS AND EXPENDITURE**

**Public Sector**

- 01 Government hospital
- 02 Government health center
- 03 Government dispensary
- 04 Other (specify)

**Private Sector**

- 05 Faith based hospital
- 06 Faith based health center
- 07 Private Hospital
- 08 Private health centre/clinic
- 09 Care sought abroad
- 10 Other private medical (specify).....

**Other**

- 11 Traditional healer
- 12 Others (specify).....

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 YARD/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)																																		
101A	What do you do to make your water safe for drinking?	BOILING ..... 01 FILTRATION (e.g. charcoal filter) ..... 02 SEDIMENTATION ..... 03 DISINFECTION (Waterguard, Chlorine...) ..... 04 USE BOTTLED WATER ..... 05 DO NOT TREAT WATER ..... 06 OTHER _____ 96 specify																																		
102	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET ..... 11 TRADITIONAL PIT LATRINE ..... 21 VENTILATED IMPROVED PIT LATRINE (VIP) ..... 22 NO FACILITY/BUSH/FIELD ..... 61 OTHER _____ 96 (SPECIFY)	→ 104																																	
103	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2																																		
104	Does your household have:	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td></td> <td></td> </tr> <tr> <td>ELECTRICITY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A radio?</td> <td></td> <td></td> </tr> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A television?</td> <td></td> <td></td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A telephone/mobile telephone?</td> <td></td> <td></td> </tr> <tr> <td>TELEPHONE/MOBILE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A refrigerator?</td> <td></td> <td></td> </tr> <tr> <td>REFRIGERATOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Electricity?			ELECTRICITY .....	1	2	A radio?			RADIO .....	1	2	A television?			TELEVISION .....	1	2	A telephone/mobile telephone?			TELEPHONE/MOBILE .....	1	2	A refrigerator?			REFRIGERATOR .....	1	2	
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TELEPHONE/MOBILE .....	1	2																																		
A refrigerator?																																				
REFRIGERATOR .....	1	2																																		
105	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG/NATURAL GAS ..... 02 BIOGAS ..... 04 PARAFFIN/KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL FROM WOOD ..... 07 FIREWOOD/STRAW ..... 08 DUNG ..... 09 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)																																		
106	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/ TERAZO..... 34 CARPET ..... 35 OTHER _____ 96 (SPECIFY)																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>NO ROOF ..... 11</p> <p>THATCH/PALM LEAF (MAKUTI) . 12</p> <p>DUNG/MUD..... 13</p> <p>RUDIMENTARY ROOFING</p> <p>CORRUGATED IRON (MABATI) . 21</p> <p>TIN CANS ..... 22</p> <p>FINISHED ROOFING</p> <p>ASBESTOS SHEET ..... 31</p> <p>CONCRETE ..... 32</p> <p>TILES ..... 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
108	<p>MAIN MATERIAL OF THE EXTERIOR WALLS.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DUNG/MUD..... 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>PLYWOOD/CARDBOARD..... 24</p> <p>CARTON..... 25</p> <p>REUSED WOOD ..... 26</p> <p>FINISHED WALLS</p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT .... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>WOOD PLANKS/SHINGLES .... 36</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
109	How many rooms in this household are used for sleeping?	<p>ROOMS ..... <input type="text"/> <input type="text"/></p>	
110	<p>Does any member of your household own:</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>A car or truck?</p> <p>A boat with a motor?</p>	<p>YES NO</p> <p>BICYCLE ..... 1 2</p> <p>MOTORCYCLE/SCOOTER .... 1 2</p> <p>CAR/TRUCK ..... 1 2</p> <p>BOAT WITH MOTOR ..... 1 2</p>	
110A	<p>Does your household own any of the following:</p> <p>Cows?</p> <p>Goats/sheep?</p> <p>Poultry (e.g., chickens, ducks)?</p> <p>Dogs?</p> <p>Other animals (camels, horses, donkeys, etc).?</p>	<p>YES NO</p> <p>COWS ..... 1 2</p> <p>GOATS/SHEEP ..... 1 2</p> <p>POULTRY ..... 1 2</p> <p>DOGS ..... 1 2</p> <p>OTHER ANIMALS ..... 1 2</p>	
111	Does your household have any mosquito nets that can be used while sleeping?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 201

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
112	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>			
		NET # 1	NET # 2	NET # 3	
113	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2	
114	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	
115	How did your household obtain the net: Was it bought or was it given free of charge? IF FREE: ASK: Was it from a non-governmental organisation or from the government?	BOUGHT ..... 1 FREE NGO ..... 2 FREE GOV'T ..... 3 FREE OTHER.....4 OTHER.....5 NOT SURE.....8	BOUGHT ..... 1 FREE NGO ..... 2 FREE GOV'T ..... 3 FREE OTHER.....4 OTHER.....5 NOT SURE.....8	BOUGHT ..... 1 FREE NGO ..... 2 FREE GOV'T ..... 3 FREE OTHER.....4 OTHER.....5 NOT SURE.....8	
115A	OBSERVE OR ASK THE SHAPE OF THE NET.	CONICAL ..... 1 RECTANGULAR . 2 OTHER ..... 6 NOT SURE ..... 8	CONICAL ..... 1 RECTANGULAR . 2 OTHER ..... 6 NOT SURE ..... 8	CONICAL ..... 1 RECTANGULAR . 2 OTHER ..... 6 NOT SURE ..... 8	
115B	OBSERVE OR ASK THE COLOR OF THE NET.	WHITE ..... 1 BLUE ..... 2 GREEN ..... 3 OTHER ..... 6 NOT SURE ..... 8	WHITE ..... 1 BLUE ..... 2 GREEN ..... 3 OTHER ..... 6 NOT SURE ..... 8	WHITE ..... 1 BLUE ..... 2 GREEN ..... 3 OTHER ..... 6 NOT SURE ..... 8	
116	When you got the net, was it already 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	
117	Since you got the mosquito net, was it ever soaked or dipped in <i>dawa</i> or a liquid to repel mosquitos or insects?	YES ..... 1 NO ..... 2 (SKIP TO 119) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 119) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 119) ← NOT SURE ..... 8	
118	How many months ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	
119	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 121) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 121) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 121) ← NOT SURE ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NET # 1	NET # 2	NET # 3	
120	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE</p>	NAME _____ 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 _____ 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"/>	
121		GO BACK TO 113 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 113 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 113 IN THE NEXT PAGE OR, IF NO MORE NETS, GO TO 201.	

HOUSEHOLD CHARACTERISTICS					
		NET # 4	NET # 5	NET # 6	NET # 7
113	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	OBSERVED .... 1 NOT OBSERVED . 2	OBSERVED .... 1 NOT OBSERVED . 2	OBSERVED .... 1 NOT OBSERVED . 2	OBSERVED . . 1 NOT OBSERVED 2
114	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO . . 95 NOT SURE . . 98
115	How did your household obtain the net: Was it bought or was it given free of charge? IF FREE: ASK: Was it from a non-governmental organisation or from the government?	BOUGHT ..... 1 FREE NGO ..... 2 FREE GOV'T ..... 3 FREE OTHER.....4 OTHER.....5 NOT SURE.....8	BOUGHT ..... 1 FREE NGO ..... 2 FREE GOV'T ..... 3 FREE OTHER.....4 OTHER.....5 NOT SURE.....8	BOUGHT ..... 1 FREE NGO ..... 2 FREE GOV'T ..... 3 FREE OTHER.....4 OTHER.....5 NOT SURE.....8	BOUGHT ..... 1 FREE NGO ..... 2 FREE GOV'T ..... 3 FREE OTHER.....4 OTHER.....5 NOT SURE.....8
115A	OBSERVE OR ASK THE SHAPE OF THE NET.	CONICAL ..... 1 RECTANGULAR . 2 OTHER ..... 6 NOT SURE ..... 8	CONICAL ..... 1 RECTANGULAR . 2 OTHER ..... 6 NOT SURE ..... 8	CONICAL ..... 1 RECTANGULAR . 2 OTHER ..... 6 NOT SURE ..... 8	CONICAL ..... 1 RECTANGULAR . 2 OTHER ..... 6 NOT SURE ..... 8
115B	OBSERVE OR ASK THE COLOR OF THE NET.	WHITE ..... 1 BLUE ..... 2 GREEN ..... 3 OTHER ..... 6 NOT SURE ..... 8	WHITE ..... 1 BLUE ..... 2 GREEN ..... 3 OTHER ..... 6 NOT SURE ..... 8	WHITE ..... 1 BLUE ..... 2 GREEN ..... 3 OTHER ..... 6 NOT SURE ..... 8	WHITE ..... 1 BLUE ..... 2 GREEN ..... 3 OTHER ..... 6 NOT SURE ..... 8
116	When you got the net, was it already 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	YES ..... 1 NO ..... 2 NOT SURE ..... 8
117	Since you got the mosquito net, was it ever soaked or dipped in <i>dawa</i> or a liquid to repel mosquitos or insects?	YES ..... 1 NO ..... 2 (SKIP TO 119) ◀ NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 119) ◀ NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 119) ◀ NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 119) ◀ NOT SURE ..... 8
118	How many months ago was the net last soaked or dipped?  IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO .... 95 NOT SURE ..... 98
119	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 121) ◀ NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 121) ◀ NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 121) ◀ NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 121) ◀ NOT SURE ..... 8

		NET # 4	NET # 5	NET # 6	NET # 7
120	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE</p>	NAME _____ 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 _____ 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 _____ 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 _____ 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 _____ 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 _____ LINE NUMBER <input type="text"/> <input type="text"/>
121		GO BACK TO 113 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 113 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 113 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 201.

SUPPORT FOR SICK PEOPLE				
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
201	CHECK QUESTIONS 7 AND 10 IN THE HOUSEHOLD SCHEDULE:	NONE.....	00	→ 301
		NUMBER OF SICK PEOPLE AGE 18-64	<input type="text"/>	<input type="text"/>
202	<p>ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-64, BEGINNING WITH THE FIRST SICK PERSON LISTED IN QUESTION 10 IN THE HOUSEHOLD SCHEDULE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>READ THE INTRODUCTION THAT FOLLOWS. THEN ASK QUESTIONS 204-215 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 18-64 REPORTED AS HAVING BEEN VERY SICK.</p> <p>You told me that in your household one (some) of the members of your household has(ve) been very sick for at least three of the past 12 months. We are interested in learning about the care and support that they may have received for that/each of those persons.</p> <p>First I would like to ask you about any formal, organized help or support that your household may have been given for [that/ each of those] person(s) for which you did not have to pay.</p> <p>By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.</p>			
203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1ST SICK PERSON NAME _____ LINE NO. .... <input type="text"/>	2ND SICK PERSON NAME _____ LINE NO. .... <input type="text"/>	3RD SICK PERSON NAME _____ LINE NO. .... <input type="text"/>
204	Now I would like to ask you about any support you received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 206) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 206) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 206) ← DK ..... 8
205	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
206	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 208) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 208) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 208) ← DK ..... 8
207	Did your household receive any of this emotional or psychological support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
208	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 210) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 210) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 210) ← DK ..... 8
209	Did your household receive any of this material support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
210	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 212) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 212) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 212) ← DK ..... 8
211	Did your household receive any of this social support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
		1ST SICK PERSON	2ND SICK PERSON	3RD SICK PERSON
	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	NAME _____ LINE <input type="text"/> <input type="text"/> NO. ....	NAME _____ LINE <input type="text"/> <input type="text"/> NO. ....	NAME _____ LINE <input type="text"/> <input type="text"/> NO. ....
212	Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←
213	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
214	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE 1 YES, MILD 2  NO ..... 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, MILD 2  NO ..... 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, MILD 2  NO ..... 3 (SKIP TO 216) ←
215	Was (NAME) able to reduce or stop this (these) problem(s) most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
216		GO BACK TO 204 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF THERE ARE NO MORE SICK PEOPLE, GO TO 301.		

SUPPORT FOR PERSONS WHO HAVE DIED					
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES .....	1		3 → 401
		NO .....	2		
		DON'T KNOW .....	3		
302	How many household members died in the last 12 months?	NUMBER OF DEATHS .....			<input type="text"/>
303	ASK 304-322 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).				
304	What was the name of the person who died (most recently/before him/her)? If the baby was not given a name before death. <b>Record baby boy or girl</b>	NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH	
305	Was (NAME) male or female?	MALE .....	1	MALE .....	1
		FEMALE .....	2	FEMALE .....	2
306	How old was (NAME) when (he/she) died?	AGE . <input type="text"/>	AGE . <input type="text"/>	AGE . <input type="text"/>	
307	CHECK 306: AGE OF PERSON AT DEATH	<18/65+ <input type="text"/> (SKIP TO 318) ↙	<18/65+ <input type="text"/> (SKIP TO 318) ↙	<18/65+ <input type="text"/> (SKIP TO 318) ↙	
		18-64 <input type="text"/>	18-64 <input type="text"/>	18-64 <input type="text"/>	
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES .....	1	YES .....	1
		NO .....	2	NO .....	2
		(SKIP TO 318) ↙	(SKIP TO 318) ↙	(SKIP TO 318) ↙	
		DK .....	8	DK .....	8
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES .....	1	YES .....	1
		NO .....	2	NO .....	2
		(SKIP TO 312) ↙	(SKIP TO 312) ↙	(SKIP TO 312) ↙	
		DK .....	8	DK .....	8
311	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES .....	1	YES .....	1
		NO .....	2	NO .....	2
		DK .....	8	DK .....	8
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES .....	1	YES .....	1
		NO .....	2	NO .....	2
		(SKIP TO 314) ↙	(SKIP TO 314) ↙	(SKIP TO 314) ↙	
		DK .....	8	DK .....	8
313	Did your household receive any of this emotional or psychological support in the last 30 days before (NAME)'s death?	YES .....	1	YES .....	1
		NO .....	2	NO .....	2
		DK .....	8	DK .....	8
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES .....	1	YES .....	1
		NO .....	2	NO .....	2
		(SKIP TO 316) ↙	(SKIP TO 316) ↙	(SKIP TO 316) ↙	
		DK .....	8	DK .....	8
315	Did your household receive any of this material support in the last 30 days before (NAME)'s death?	YES .....	1	YES .....	1
		NO .....	2	NO .....	2
		DK .....	8	DK .....	8
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES .....	1	YES .....	1
		NO .....	2	NO .....	2
		(SKIP TO 318) ↙	(SKIP TO 318) ↙	(SKIP TO 318) ↙	
		DK .....	8	DK .....	8
317	Did your household receive any of this social support in the last 30 days before (NAME)'s death?	YES .....	1	YES .....	1
		NO .....	2	NO .....	2
		DK .....	8	DK .....	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH	
		_____	_____	_____	
318	Now I would like to ask about the health problems (NAME) may have had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←	
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME .... 1 SOME TIME .... 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Was this problem (were any of these problems) severe?	YES, SEVERE . 1 YES, MILD . 2  NO ..... 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, MILD . 2  NO ..... 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, MILD . 2  NO ..... 3 (SKIP TO 322) ←	
321	Was (NAME) able to reduce or stop the problems he/she had most of the time, some of the time or not at all?	MOST TIME .... 1 SOME TIME .... 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	
322	GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE DEATHS, GO TO 401.				

**SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD AGE 0-17?</b></p> <p>NONE..... 00</p> <p><b>NUMBER OF CHILDREN AGE 0-17</b></p>	<p><input type="text" value="00"/> → End HH interview and go to cover page</p>
402	<p>CHECK COLUMN 10 IN THE HOUSEHOLD SCHEDULE: <b>ANY SICK ADULT AGE 18-64?</b></p> <p>NO SICK ADULT AGE 18-64 <input type="checkbox"/></p> <p>AT LEAST ONE SICK ADULT AGE 18-64 <input type="checkbox"/></p>	<p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSON(S) AGE 0-17 YEARS.</p>
403	<p>CHECK 306 IN THE PREVIOUS SECTION: <b>ANY ADULT AGE 18-64 WHO DIED IN PAST 12 MONTHS?</b></p> <p>NO ADULT DEATH AGE 18-64 IN 306 <input type="checkbox"/></p> <p>AT LEAST ONE ADULT DEATH AGE 18-64 IN 306 <input type="checkbox"/></p>	<p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>
404	<p>CHECK COLUMN 17 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?</b></p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/></p> <p>NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/></p>	<p>End HH interview and go to cover page</p>
405	<p>RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 17 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK IN 406.</p>	

		1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
406	NAME (FROM COLUMN 2)  LINE NUMBER (FROM COLUMN 1)  AGE (FROM COLUMN 7)	NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8			
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8
410	Did your household receive any of this emotional or psychological support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8			
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any of this material support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8			
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any of this social support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8			
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8			
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN			→ GO TO COVER PAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			
406	NAME (FROM COLUMN 2)  LINE NUMBER (FROM COLUMN 1)  AGE (FROM COLUMN 7)	5TH CHILD NAME _____ LINE <input type="text"/> <input type="text"/> NO. .... AGE <input type="text"/> <input type="text"/>	6TH CHILD NAME _____ LINE <input type="text"/> <input type="text"/> NO. .... AGE <input type="text"/> <input type="text"/>	7TH CHILD NAME _____ LINE <input type="text"/> <input type="text"/> NO. .... AGE <input type="text"/> <input type="text"/>	8TH CHILD NAME _____ LINE <input type="text"/> <input type="text"/> NO. .... AGE <input type="text"/> <input type="text"/>
408	Now I would like to ask you about the support your household received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8			
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8
410	Did your household receive any emotional or psychological support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8			
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any material support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8			
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any social support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8			
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8			
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN → GO TO COVER PAGE			

Consent 1a: Blood Draw, Testing and Storage Consent Form

**[Laboratory technician: This consent statement should be read to all adults age 18-64 years and to emancipated individuals age 15-17 years, i.e, those with no parent/guardian or those who are not living with their parent/guardian. In the case of all other individuals age 15-17 years, consent must be obtained from a parent/guardian or other adult responsible for the youth's health and welfare before the youth is asked for his/her assent (see consent form 1b).**

**Throughout the process of obtaining consent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent. Provide a copy of this consent script to all eligible persons age 15-64]**

**[Interviewer introduces laboratory technician] My colleague is \_\_\_\_\_ and he/she is a member of the survey team**

**[Interviewer introduces laboratory technician] My colleague is \_\_\_\_\_ and he/she is a member of the survey team and will be talking to you about testing.**

**[Laboratory technician]** As you know, we are doing a survey about HIV/AIDS and other health issues in Kenya. As part of this survey, we are asking people to give a small amount of blood to test for HIV, syphilis, and herpes infections. This information will help the Ministry of Health plan programs to take care of these diseases.

If you agree to take part, I will ask you for about one teaspoonful of blood which we will take from a vein in your arm. I will put a study number, but not your name on the blood tube. All of this will be private and no one else will know your results. Your blood will go to Nairobi where it will be tested for HIV, CD4 cell counts (if HIV positive), syphilis, and herpes infections. Here is some information on these infections. Here is a card that shows the day that your test results will be ready and the places where you can receive your results. The card has your study number on it and not your name.

**[Laboratory technician: Provide the respondent with the brochure including information on HIV, CD4 cell counts, syphilis, and herpes and an appointment card with the date and locations where the respondent can receive their test results. Read off name of facilities and appointment date. Pause to allow the respondent time to look at the card and ask questions].**

Your test results will be ready in 6 weeks. Please bring this card with you to get your results. The health worker will use your study number and not your name to tell you the test results. Your results will be given to you in a private room. If you want to know your HIV results sooner, here is a list of nearby places where you (and your partner if you want) can get tested again. If you want to know your syphilis results sooner, here is a list of nearby places where you (and your partner if you want) can get tested for syphilis.

**[Laboratory Technician: Provide lists of nearby VCT and Sexually Transmitted Disease (STD) facilities where they can receive repeat HIV and syphilis testing and condoms, as appropriate. Pause to allow the respondent time to look at the materials and to ask questions.]**

We will also be screening for other conditions at a later date, and therefore we would like to store some of the blood that you provide today for future testing. We do not yet know what these future tests will be. Also, since all identifiers will be removed from your blood before any future tests are conducted, we cannot tell you the results of these tests, and the results can never be traced back to you. You may take part in the study without having your blood stored for future testing. However, if you let us use your blood for future testing this may help improve health programs in Kenya.

The risk to you if you take part in testing is small. All the things that we use to take the blood are clean and safe. They have never been used before and will be thrown away after each use. You may bruise on your arm when we take the blood. If you have any pain, bleeding, or swelling from taking blood, please contact our study staff or your health worker.

There are benefits to you if you take part in testing. You will be given free HIV, CD4 cell count (if HIV positive), syphilis, and herpes testing, with counseling from trained health workers. You will also get information on how to prevent HIV and sexually transmitted diseases. If you have HIV, you will be sent to a nearby health facility for follow-up. If you have syphilis, you and your partners will get free treatment to cure the infection. If you have herpes, you will get counseling on how to prevent infection to your partners. The information from your tests will be used to make health programs stronger in Kenya.

Do you want to ask me anything about the survey? If you have any questions we want you to tell us. You can also ask the person in charge of the survey teams at the Kenya National Bureau of Statistics. If you feel that you have been harmed by taking part you should contact the Ministry of Health. If you have any questions on your rights in the study you can contact the chairman on the Ethical Review Committee at the Kenya Medical Research Institute (KEMRI).

***[Interviewer in presence of laboratory technician: This statement should be read to all individuals age 15-17 years who are not emancipated (i.e. individuals who are living with their parent/guardian) whose parent/guardian has given consent to participate in the survey and has given permission for blood to be collected from the youth.***

***Throughout the process of obtaining assent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give assent. Provide a copy of this assent script to all eligible minors age 15-17]***

**[Interviewer introduces laboratory technician] My colleague is \_\_\_\_\_ and he/she is a member of the survey team**

***[Interviewer introduces laboratory technician]*** My colleague is \_\_\_\_\_ and he/she is a member of the survey team and will be talking to you about testing.

***[Laboratory technician]*** As you know, we are doing a survey about HIV/AIDS and other health issues in Kenya. As part of this survey, we are asking people to give a small amount of blood to test for HIV, syphilis, and herpes infections. This information will help the Ministry of Health plan programs to take care of these diseases.

Your (parent/guardian) has agreed that you may provide a blood sample if you want to. If you agree to take part, I will ask you for about one teaspoonful of blood which we will take from a vein in your arm. I will put a study number, but not your name on the blood tube. All of this will be private and no one else will know your results. Your blood will go to Nairobi where it will be tested for HIV, CD4 cell counts (if HIV positive), syphilis, and herpes infections.

Here is some information on these infections. Here is a card that shows the day that your test results will be ready and the places where you can receive your results. The card has your study number on it and not your name.

***[Interviewer: Provide the respondent with informational brochures on HIV, CD4 cell counts, syphilis, and herpes, as appropriate and an appointment card with the date and locations where the respondent can receive their test results. Read off name of facilities and appointment date. Pause to allow the respondent time to look at the card and ask questions].***

Your test results will be ready in 6 weeks. Please bring this card with you to get your results. You will be encouraged, but not required, to receive the results with your parent or guardian. The health worker will use your study number and not your name to tell you the test results. Your results will be given to you in a private room. If you want to know your HIV results sooner, here is a list of nearby places where you (and your partner if you want) can get tested again. If you want to know your syphilis results sooner, here is a list of nearby places where you (and your partner if you want) can get tested for syphilis.

If you do not appear to be ready to receive these results at the planned time, the health care worker can arrange to provide the results at a different time. You will receive counseling and given information about prevention and treatment of any infections you have. All of this will be private and no one other than you or you and your parent/guardian will know the results.

***[Interviewer: Provide the respondent with a list of nearby VCT and Sexually Transmitted Disease (STD) facilities where they can receive repeat HIV and syphilis testing. Pause to allow the respondent time to look at the materials and to ask questions.]***

We will be screening for other conditions at a later date, and therefore we would like to store some of the blood that you provide today for future testing. We do not yet know what these future tests will be. Since all identifiers will be removed from your blood before any future tests are conducted, we cannot tell you the results of these tests, and the results can never be traced back to you. You may take part in the study without having your blood stored for future testing. However, if you let us use your blood for future testing this may help improve health programs in Kenya.

The risk to you if you take part in testing is small. All the things that we use to take the blood are clean and safe. They have never been used before and will be thrown away after each use.

You may bruise on your arm when we take the blood. If you have any pain, bleeding, or swelling from taking blood, please contact our study staff or your health worker.

You will benefit if you take part in testing. You will be given free HIV, syphilis, and herpes testing, with counseling. When you receive your results, you will also get information on how to prevent spread of these infections and you will be treated or referred for treatment as needed. The information from your tests will be used to make health programs stronger in Kenya.

Do you want to ask me anything about the survey? If you have any questions we want you to tell us. You can also ask the person in charge of the survey teams at the Kenya National Bureau of Statistics. If you feel that you have been harmed by taking part you should contact the Ministry of Health. If you have any questions on your rights in the study you can contact the chairman on the Ethical Review Committee at the Kenya Medical Research Institute (KEMRI).

**[Lab Tech: provide the following information to the participant:]**

Ministry of Health: Godfrey Baltazar  
National AIDS and STD Control Program (NAS COP)  
P O Box 19361-00200 Nairobi  
Tel: 2729549

Kenya National Bureau of Statistics (KNBS): FreMrick Otieno  
P O Box 30266-00100 Nairobi  
Tel: 216134

Chairman of Ethical Review Committee: Professor Samuel Sinei  
Kenya Medical Research Institute (KEMRI)  
P O Box 54840 - 00100 Nairobi  
Tel: 272 25 41

Would you allow me to take some of your blood from your arm for these tests?  
 Yes  No

**[Laboratory Technician: Indicate whether participant says "Yes" or "No" to the above statement. If the respondent has said "Yes" and agreed to the blood draw above, read the following statement.]**

And will you allow us to store some of this blood for future testing?  
 Yes  No

\_\_\_\_\_  
Signature or initial of Laboratory Technician

\_\_\_\_\_  
Date

**[Laboratory technician: Indicate whether participant says "Yes" or "No" to the above statement on consent for storage of blood later testing, sign/initial on the above line, and provide the date.]**

**[If the respondent had said "No" to the venous blood draw above, read the following statement:]**

We can do the test for HIV with a few drops of blood from your finger. The materials used in pricking your finger to take the blood sample are clean and safe. They have never been used before and will be thrown away after each use.

No names would be attached so that no one will be able to know your test results.

The blood collected from a finger prick can only be tested for HIV. We will not be able to tell you about your CD4 count if you result is HIV positive or your results for herpes and syphilis infection.

Do you have any questions? If you have any questions at any time, we want you to tell us.

You can say yes or no to giving blood from a finger prick. It is up to you to decide. Would you allow me to take some blood from your finger for the HIV test?

Yes  No

\_\_\_\_\_  
Signature or initial of Laboratory Technician

\_\_\_\_\_  
Date

**[Laboratory technician: Indicate whether participant says "Yes" or "No" to the above statement on providing blood through a finger prick, sign or initial on the above line, and provide the date.]**

**[Laboratory Technician: After completing this consent form, record the participant's blood testing decisions for: 1) the venous blood draw, 2) storage for future testing, and 3) type of sample collected (i.e. test tube, filter paper with blood from finger prick, or no sample) on household question\_naire (page HH25) for each eligible adult aged 18-64 and each eligible emancipated minor aged 15-17.]**

5. BLOOD TESTING DECISIONS

Lab Tech Name   
 ID No.

CHECK COLUMN (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL ELIGIBLE PERSONS

LINE NO. FROM COL. (9)	NAME OR INITIALS FROM COL. (2)	CHECK COL. (7) AGE	LINE NO. OF PARENT OR OTHER RESPONSIBLE ADULT (504)	IF <18 YRS READ CONSENT TO PARENT/OTHER RESP. ADULT AND RECORD (505)	IF 18-64 YEARS OR 15-17 YEARS AND PARENT/OTHER RESP. ADULT AGREED, READ CONSENT STATEMENT AND RECORD IF AGREE/STO.		SAMPLE COLLECTED? (507)	BAR CODE LABEL
					TEST	STORAGE (506)		
(501)		(503)						
<input type="checkbox"/>	<input type="text"/>	15-17.....1 18-64.....2 GO TO 506 ◀	<input type="checkbox"/>	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3 SIGN _____	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3	TEST TUBE.....1 FILTER PAPER.....2 NO SAMPLE.....3		(508)
<input type="checkbox"/>	<input type="text"/>	15-17.....1 18-64.....2 GO TO 506 ◀	<input type="checkbox"/>	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3 SIGN _____	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3	TEST TUBE.....1 FILTER PAPER.....2 NO SAMPLE.....3		
<input type="checkbox"/>	<input type="text"/>	15-17.....1 18-64.....2 GO TO 506 ◀	<input type="checkbox"/>	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3 SIGN _____	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3	TEST TUBE.....1 FILTER PAPER.....2 NO SAMPLE.....3		
<input type="checkbox"/>	<input type="text"/>	15-17.....1 18-64.....2 GO TO 506 ◀	<input type="checkbox"/>	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3 SIGN _____	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3	TEST TUBE.....1 FILTER PAPER.....2 NO SAMPLE.....3		
<input type="checkbox"/>	<input type="text"/>	15-17.....1 18-64.....2 GO TO 506 ◀	<input type="checkbox"/>	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3 SIGN _____	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3	TEST TUBE.....1 FILTER PAPER.....2 NO SAMPLE.....3		
<input type="checkbox"/>	<input type="text"/>	15-17.....1 18-64.....2 GO TO 506 ◀	<input type="checkbox"/>	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3 SIGN _____	AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3	TEST TUBE.....1 FILTER PAPER.....2 NO SAMPLE.....3		

MARK HERE IF CONTINUATION SHEET USED

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_