ENGLISH

CONFIDENTIAL

MINISTRY OF HEALTH
KENYA AIDS INDICATOR SURVEY 2012
HOUSEHOLD QUESTIONNAIRE

TICK IF HOUSEHOLD SELECTED FOR CHILDREN'S SURVEY ☐

IDENTIFICATION

PROVINCE NAME: _____ PROVINCE CODE : ☐

NASCOP REGION NAME: _____ NASCOP REGION CODE : ☐☐

COUNTY NAME : _____ COUNTY CODE : ☐

DISTRICT NAME: _____ DISTRICT CODE : ☐

NASSEP V CLUSTER NUMBER: ☐☐☐☐

NAME OF HOUSEHOLD HEAD: _____ HOUSEHOLD NUMBER: ☐☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
VISIT DATE:	_____	_____	_____	**DAY:** ☐☐ **MONTH:** ☐☐ **YEAR:** ☐☐☐☐
INTERVIEWER NAME:	_____	_____	_____	**INT. CODE:** ☐☐☐
RESULT*	_____	_____	_____	**RESULT:** ☐
NEXT VISIT: DATE	_____	_____		**TOTAL NUMBER OF VISITS:** ☐
NEXT VISIT: TIME	_____	_____		

TOTAL PERSONS IN HOUSEHOLD	TOTAL ELIGIBLE WOMEN:	TOTAL ELIGIBLE MEN:	TOTAL ELIGIBLE CHILDREN:	LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
☐☐	☐☐	☐☐	☐☐	☐☐

TIME STARTED: HOUR: ☐☐   MINUTES: ☐☐

TIME ENDED: HOUR: ☐☐   MINUTES: ☐☐

SUPERVISOR: _____   SUPERVISOR CODE: ☐☐☐☐   OFFICE EDITOR: ☐☐   KEYED BY: ☐☐

DATE: _____

Consent 1: Household Questionnaire Consent

[Interviewer: The statement should be read to the most responsible/respected adult ages 18 years and above (household head) or emancipated individual, i.e., persons with no parent/guardian or not living with their parent/guardian, who will respond to the household questionnaire.

Note: The respondent to the Household questionnaire need not be within the stipulated age bracket for the adult questionnaire (18-64 years).

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 ages 15-64]

Hello, my name is _____ and I am working with the Ministry of Health and Public Sanitation. We are conducting a survey on HIV/AIDS, with National AIDS and STD Control Program and the National Public Health Laboratory of the Ministry of Health, the Kenya National Bureau of Statistics, the University of California San Francisco and the United States Centers for Disease Control and Prevention. This study will help the us develop better health services for Kenyans. We would very much appreciate if you could take part in this survey. Approximately 10,475 households with about 24,000 adults and 8,000 children will be taking part in this survey.

As part of this survey, we would like to ask some questions about your family. You will be asked questions about your family; such as how many people live here, their relationship to you and others in the family, their sex and age. All the survey information will be confidentially recorded and stored in a small computer as we collect the data. The interview will take up to 30 minutes. All of the answers you give will be private and will not be shown to anyone outside of the study team.
Being in the study is your choice.

Please take your time to make your decision about taking part. Before you make your decision, is important that you know the following:
- The study will only include people who choose to take part.
- Your participation in this study is up to you. No one can make you participate if you do not want to.
- You may decide not to answer the questions, or to stop the study at any time. If you do not take part or decide to stop you will not lose any health care services.
- All of the information collected in this survey will be kept private and answers to these questions will not be shared with anyone.
- If there are any questions you don't want to answer, just let me know and I will go on to the next question; or you can stop at any time.

Risks and Benefits
If you take part of this survey, the risk to you is small. We may ask you questions that may be uncomfortable to answer. You are free to not answer any questions that you feel are uncomfortable. The information you give us is private but there is a very small chance that someone might share information about you with someone outside the study. However, the benefits of taking part is that the information that you provide to us will be used to improve the health of Kenyans by helping the us develop programs to fight HIV/AIDS and other disease in Kenya.

Confidentiality
What we talk about will be kept private, even among your family. We will keep the records using numbers, not names. We will keep the records at Kenya National Bureau of Statistics (KNBS) and at the National AIDS and STD Control Program (NASCOP). Your name will not appear when we discuss this project. When the results of this study are discussed, we will focus on all answers from the big group so no one will know your answers.

Consent 1: Household Questionnaire Consent (cont.)

This study is funded by the Government of Kenya, the United States Government, the United Nations, and other partners. There are no costs to you for taking part in this study.

At this time, do you want to ask me anything about the survey? If you have any questions at any time, we want you to ask us.

[Interviewer: provide the following information to the participant:]

If you feel that you have been harmed by your participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

      National AIDS and STD Control Program (NASCOP): Dr. Davies Kimanga

      P O Box 19361-00200 Nairobi

      Tel: 2729549

If you have any additional questions about the study you can contact the technical manager of the survey (Dr. Collins Opiyo).

      Kenya National Bureau of Statistics (KNBS): Dr. Collins Opiyo

      P O Box 30266-00100 Nairobi

      Tel: 205544067, 317783/86

      Email: dpss@knbs.or.ke

If you have any questions on what your rights are as a participant in this study you can contact the Secretary Ethical Review Committee at KEMRI.

      Secretary of Ethical Review Committee:

      Kenya Medical Research Institute (KEMRI)

      P O Box 54840 – 00200 Nairobi

      Tel: 020-2722541, 072222050901; 0733400003

      Email: erc@kemri.org

May I begin the interview now? **YES** ☐   **NO** ☐

Interviewer Name: _____

Interviewer Signature: _____   Date: _____

[Interviewer: Indicate whether participant says "Yes" or "NO" to the above statement, write your names and sign/initial on the above line and record the date. Record decision on household questionnaire.]

Household Schedule

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	
	Please give me the names of the persons who usually lives in your household or guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAME AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON ASK QUESTIONS 2A-2C BELOW TO BE SURE THAT THE SCHEDULE IS COMPLETE.	What is the relationship of (**NAME**) to the head of the household? SEE CODES BELOW	Is (**NAME**) Male or Female?	Does (**NAME**) usually live here?	Did (**NAME**) sleep here last night?	How old is (**NAME**)?	Is age of (**NAME**) recorded in MONTHS/ YEARS?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐
2		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐
3		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐
4		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐
5		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐
6		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐
7		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐
8		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐
9		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐
10		☐☐	M F	Y N	Y N	☐☐	MONTHS ☐ YEARS ☐

☐ TICK HERE IF CONTINUATION SHEET USED

2A) Just to make sure I have a complete listing, are there any other persons such as small children or infants that we have not listed? YES ☐ NO ☐

2B) Are there any other people who may not be members of your household such as domestic servants, lodgers, of friends who usually live here? YES ☐ NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night who we have not seen? YES ☐ NO ☐

ADD TO SCHEDULE

CODES FOR COLUMN 3: RELATIONSHIP TO HOUSEHOLD HEAD

01 = HEAD
02 = WIFE/HUSBAND/PARTNER
03 = SON OR DAUGHTER
04 = SON-IN-LAW/ 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/STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

			IF (NAME) IS 0-17 YEARS						
LINE NO.	EMANCIPATION STATUS	PARENT OR GUARDIAN	ORPHAN STATUS				DISABILITY		ELIGIBILITY
	Is (NAME) emancipated?	Record the LINE NUMBER of the parent or guardian of (NAME). Record '00' if parent or guardian not present in HH.	Is (NAME)'s natural father alive?	IF FATHER NOT ALIVE: Did (NAME)'s natural father have HIV/AIDS?	Is (NAME)'s natural mother alive?	IF MOTHER NOT ALIVE: Did (NAME)'s mother have HIV/AIDS?	Does (NAME) have a cognitive disability that hinders participation?	Does (NAME) have a hearing disability that hinders participation?	Is (NAME) eligible for survey?
(1)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N
2	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N
3	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N
4	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N
5	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N
6	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N
7	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N
8	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N
9	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N
10	Y →11 N	☐☐	Y N →13	Y N	Y N →15	Y N	Y N	Y N	Y N

TOTAL ELIGIBLE MEN (ADULTS AND EMANCIPATED MINORS) ☐☐

TOTAL ELIGIBLE WOMEN (ADULTS AND EMANCIPATED MINORS) ☐☐

TOTAL ELIGIBLE CHILDREN (10 TO 14 YEARS) ☐☐

TOTAL CHILDREN (18 MONTHS TO 9 YEARS) ☐☐

HOUSEHOLD SCHEDULE

LINE NO.	IF (**NAME**) is 18-64 years	IF (**NAME**) is 0-17 years							MOTHER DEAD OR SICK	FATHER DEAD OR SICK
	SICK PERSON	SICKNESS AND RESIDENCE OF BIOLOGICAL PARENTS								
	CHECK COLUMNS 7 AND 8, IF UNDER 18 ➔ 19 IF 18 YEARS OR MORE: 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?	CHECK COLUMN 13, IF COLUMN 13 'N' ➔ 22 IF COLUMN 13 'Y': Has (**NAME**)'s natural 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?	IF MOTHER SICK: Does (**NAME**)'s natural mother have HIV/AIDS?	Did (**NAME**)'s natural mother sleep here last night?	CHECK COLUMN 11, IF COLUMN 11 'N' ➔ 24 IF COLUMN 11 'Y': Has (**NAME**)'s natural 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?	IF FATHER SICK: Does (**NAME**)'s natural father have HIV/AIDS?	Did (**NAME**)'s natural father sleep here last night?	IF CHILD'S NATURAL MOTHER HAS DIED (COLUMN 13 'N') OR BEEN SICK (COLUMN 19 'Y'), SELECT Y.	IF CHILD'S NATURAL FATHER HAS DIED (COLUMN 11'N') OR BEEN SICK (COLUMN 22 'Y'), SELECT Y.
(1)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
1	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
2	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
3	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
4	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
5	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
6	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
7	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
8	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
9	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
10	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

HOUSEHOLD SCHEDULE

LINE NO.	WIVES AND CO-HABITATING PARTNERS		
	Record the LINE NUMBER (**NAME**)'s of wife or partner. If no wife or partner leave blank.	Record the LINE NUMBER (**NAME**)'s of wife or partner. If no wife or partner leave blank.	Record the LINE NUMBER (**NAME**)'s of wife or partner. If no wife or partner leave blank.
(1)	(27a)	(27b)	(27c)
1	☐☐	☐☐	☐☐
2	☐☐	☐☐	☐☐
3	☐☐	☐☐	☐☐
4	☐☐	☐☐	☐☐
5	☐☐	☐☐	☐☐
6	☐☐	☐☐	☐☐
7	☐☐	☐☐	☐☐
8	☐☐	☐☐	☐☐
9	☐☐	☐☐	☐☐
10	☐☐	☐☐	☐☐

KAIS 2012 HOUSEHOLD QUESTIONNAIRE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
101	What is the <u>main</u> 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 SPRING……………..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)…………….....81 BOTTLED WATER……………………....91 OTHER……………………………………96 _____ (SPECIFY)	
102	What do you do to make your water safe for drinking?	BOILING…………………………………1 FILTRATION (CHARCOAL FILTER)……….2 SEDIMENTATION………………………...3 DISINFECTION (WATERGUARD, CHLORINE)…………………………….4 USE BOTTLED WATER…………….....5 DO NOT TREAT WATER…………….....6 OTHER…………………………………...96 _____ (SPECIFY)	
103	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)	→ 105

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
104	Do you share this toilet facility with other households?	YES…………………………………….......1 NO………………………………………...2	
	PREFACE BEFORE QUESTIONS 105-109: Does your household have:		
105	Electricity?	YES…………………………………….......1 NO………………………………………...2	
106	A radio	YES…………………………………….......1 NO………………………………………...2	
107	A television?	YES…………………………………….......1 NO………………………………………...2	
108	A telephone/mobile telephone	YES…………………………………….......1 NO………………………………………...2	
109	A refrigerator	YES…………………………………….......1 NO………………………………………...2	
110	What type of fuel does your household mainly use for cooking?	ELECTRICITY………………………………1 LPG / NATURAL GAS……………………2 BIOGAS…………………………………….3 PARAFFIN / KEROSENE…………………4 COAL, LIGNITE……………………………5 CHARCOAL FROM WOOD…………………6 FIREWOOD / STRAW………………………7 DUNG……………………………………….8 NO FOOD COOKED IN HOUSEHOLD……95 OTHER………………………………………96 _____ (SPECIFY)	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP

111	MAIN MATERIAL OF 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 STRIP…………………32
		   CERAMIC TILES……………………………33
		   CEMENT TERAZO…………………………34
		   CARPET………………………………………35
		OTHER……………………………………………96
		
		_____
		(SPECIFY)	

112	MAIN MATERIAL OF THE ROOF
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		   NO ROOF……………………………………11
		   THATCH/PALM LEAF (MAKUTI)……………12
		   DUNG / MUD…………………………………13
		RUDIMENTARY ROOFING
		   CORRUGATED IRON (MABATI)……..………21
		   TIN CANS……………………………………22
		FINISHED ROOFING
		   ASBESTOS SHEET…………………………31
		   CONCRETE…………………………………32
		   TILES…………………………………………33
		OTHER……………………………………………96
		
		_____
		(SPECIFY)	

113	MAIN MATERIAL OF THE EXTERIOR WALLS
	
	RECORD OBSERVATION.
		NATURAL WALLS
		   NO WALLS……………………………………11
		   CANE/PALM/TRUNKS………………………12
		   DUNG / MUD…………………………………13
		RUDIMENTARY WALLS
		   BAMBOO WITH MUD………………………21
		   STONE WITH MUD…………………………22
		   PLYWOOD/CARDBOARD……………………23
		   CARTON………………………………………24
		   REUSED WOOD……………………………25
		FINISHED WALLS
		CEMENT……………………………………………31
		STONE WITH LIME/CEMENT…………………32
		BRICKS……………………………………………33
		CEMENT BLOCKS………………………………34
		WOOD PLANKS/SHINGLES……………………35
		OTHER……………………………………………96
		
		_____
		(SPECIFY)	

	KAIS 2012 HOUSEHOLD QUESTIONNAIRE		
NO.	**QUESTIONS AND INSTRUCTIONS**	**CODING CATEGORIES**	**SKIP**
114	How many rooms are used for sleeping?	NUMBER OF ROOMS:	

PREFACE BEFORE QUESTIONS 115-118:
Does any member of your household own:

115	A bicycle?	YES..1 NO...2	
116	A motorcycle or motor scooter?	YES..1 NO...2	
117	A car or truck?	YES..1 NO...2	
118	A boat with a motor?	YES..1 NO...2	

PREFACE BEFORE QUESTIONS 119-123:
Does any member of your household own:

119	Cows?	YES..1 NO...2	
120	Goats/Sheep?	YES..1 NO...2	
121	Poultry (e.g., ducks, chickens)?	YES..1 NO...2	
122	Dogs?	YES..1 NO...2	
123	Other animals (camels, horses, donkeys)?	YES..1 NO...2	
124	Does your household have any mosquito nets that can be used while sleeping?	YES..1 NO...2	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
125	In the past 4 weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	YES...1 NO...2 DON'T KNOW.....................................8	→ 127
126	How often did this happen in the past 4 weeks?	RARELY (1-2 TIMES)...........................1 SOMETIMES (3-10 TIMES)...................2 OFTEN (MORE THAN 10 TIMES)............3	
127	In the past 4 weeks, did you or any household member go to sleep at night hungry because there was not enough food?	YES...1 NO...2 DON'T KNOW.....................................8	→ 129
128	How often did this happen in the past 4 weeks?	RARELY (1-2 TIMES)...........................1 SOMETIMES (3-10 TIMES)...................2 OFTEN (MORE THAN 10 TIMES)............3	
129	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	YES...1 NO...2 DON'T KNOW.....................................8	→ END
130	How often did this happen in the past 4 weeks?	RARELY (1-2 TIMES)...........................1 SOMETIMES (3-10 TIMES)...................2 OFTEN (MORE THAN 10 TIMES)............3	

	KAIS 2012 HOUSEHOLD QUESTIONNAIRE		
NO.	**QUESTIONS AND INSTRUCTIONS**	**CODING CATEGORIES**	**SKIP**

	SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN		
201	DO NOT READ: CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE. **ANY CHILD AGE 0-17 YEARS**?	NUMBER OF CHILDREN 0-17 YRS: ☐☐ IF '00' NONE IF AT LEAST ONE CHILD CONTINUE TO 202	→ END HH INTERVIEW
202	DO NOT READ: CHECK COLUMN 18 IN THE HOUSEHOLD SCHEDULE. **ANY SICK ADULT AGE 18-64 YEARS?**	YES...1 NO..2	
203	DO NOT READ: CHECK COLUMN 25 IN THE HOUSEHOLD SCHEDULE. **ANY CHILD WHOSE MOTHER HAS DIED OR IS VERY SICK?**	YES...1 NO..2	→ 205
204	DO NOT READ: CHECK COLUMN 26 IN THE HOUSEHOLD SCHEDULE. **ANY CHILD WHOSE FATHER HAS DIED OR IS VERY SICK?**	YES...1 NO..2	→ 205 → END HH INTERVIEW

205	DO NOT READ: RECORD NAMES, LINE NUMBERS, AND AGES OF ALL CHILDREN 0-17 WHO ARE IDENTIFIED IN COLUMN 25 AND COLUMN 26 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.			
		CHILD (1)	CHILD (2)	CHILD (3)
	NAME _____			
	LINE NUMER (FROM COLUMN 1)	☐☐	☐☐	☐☐
	AGE (FROM COLUMN 7)	☐☐	☐☐	☐☐

> **INTERVIEWER SAY: "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."**

206	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 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8
207	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.......................2 209 ←┘ DON'T KNOW........8	YES.....................1 NO.......................2 209 ←┘ DON'T KNOW........8	YES.....................1 NO.......................2 209 ←┘ DON'T KNOW........8
208	Did your household receive any of this emotional or psychological support for (**NAME**) in the past 3 months?	YES.....................1 NO.......................2 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8

209	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.......................2 211 ⬅ ⌐ DON'T KNOW........8	YES.....................1 NO.......................2 211 ⬅ ⌐ DON'T KNOW........8	YES.....................1 NO.......................2 211 ⬅ ⌐ DON'T KNOW........8
210	Did you household receive any of this material support for (**NAME**) in the past 3 months?	YES.....................1 NO.......................2 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8
211	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.......................2 213 ⬅ ⌐ DON'T KNOW........8	YES.....................1 NO.......................2 213 ⬅ ⌐ DON'T KNOW........8	YES.....................1 NO.......................2 213 ⬅ ⌐ DON'T KNOW........8
212	Did your household receive any of this social support for (**NAME**) in the past 3 months?	YES.....................1 NO.......................2 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8

CHECK 204 (AGE OF CHILD):

IF CHILD IS 0-4 YEARS, GO TO END AND CONTINUE TO NEXT CHILD IF OTHER CHILDREN WHOSE MOTHER AND/OR FATHER HAS DIED OR IS VERY SICK.

IF CHILD IS 5-17 YEARS, GO TO 213.

213	Has (**NAME**) ever attended school?	YES.....................1 NO.......................2 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8	YES.....................1 NO.......................2 DON'T KNOW........8

214	What is the highest level of school (**NAME**) completed? PROBE TO GET SPECIFIC EDUCATION LEVEL.	NURSERY/KINDERGARTEN…………………1 PRIMARY……………..2 POST-PRIMARY/VOCATION ……….....................3 SECONDARY/ 'O' LEVEL (FORM 1-4)……………….....4 SECONDARY/ 'A' LEVEL (FORM 5-6)……………….5 COLLEGE (MIDDLE LEVEL, CERTIFICATE OR DIPLOMA)…………6 UNIVERSITY ...……… ...…………....7 POST GRADUATE…………8 DON'T KNOW……….88	NURSERY/KINDERGARTEN…………………1 PRIMARY……………..2 POST-PRIMARY/VOCATION ……….....................3 SECONDARY/ 'O' LEVEL (FORM 1-4)…………….....4 SECONDARY/ 'A' LEVEL (FORM 5-6)……………….5 COLLEGE (MIDDLE LEVEL, CERTIFICATE OR DIPLOMA)…………6 UNIVERSITY ...……… ...…………....7 POST GRADUATE…………8 DON'T KNOW……….88	NURSERY/KINDERGARTEN…………………1 PRIMARY……………..2 POST-PRIMARY/VOCATION ……….....................3 SECONDARY/ 'O' LEVEL (FORM 1-4)……………….....4 SECONDARY/ 'A' LEVEL (FORM 5-6)……………….5 COLLEGE (MIDDLE LEVEL, CERTIFICATE OR DIPLOMA)…………6 UNIVERSITY ...……… ...…………....7 POST GRADUATE…………8 DON'T KNOW……….88
215	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 DON'T KNOW……..8	YES…………………1 NO…………………..2 DON'T KNOW……..8	YES…………………1 NO…………………..2 DON'T KNOW……..8

INTERVIEWER SAYS: "Thank you for the information regarding (**NAME**)."

IF THERE IS ANOTHER CHILD 0-17 YEARS IN THE HOUSEHOLD WHO HAS BEEN IDENTIFIED IN COLUMN 17 AS HAVING A MOTHER/FATHER WHO HAS DIED OR IS VERY SICK BESIDES (NAME) → CONTINUE TO 206 AND ASK ABOUT THE NEXT CHILD.

INTERVIEWER SAYS: "Next, I would like to ask you about (**NAME**)".

☐ **TICK IF CONTINUATION SHEET REQUIRED.**

IF NO OTHER CHILDREN, END THE HOUSEHOLD INTERVIEW.

END

➤ **INTERVIEWER SAY: "This is the end of the household survey. Thank you very much for your time and for your responses."**