



Kenya 2015 (12-March-2015)

Participant Identification Number (seven digits)

Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID (4 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I1
Cluster/Centre/Village name (20 characters)		I2
County Name (20 digits)		X1
Location \Residence	Rural 1 Urban 2	X2a
Household number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	X2b
Interviewer ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I3
Date of interview	<input type="text"/> <input type="text"/> dd mm year	I4
Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language	English 1 Kiswahili 2 Other 3	I6
Time of interview (24 hour clock)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins	I7
Family Surname		I8
First Name		I9
Contact phone number where possible (10 digits)		I10

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	Other _____ <i>If Other, go to T5other, else go to T6</i>	T5f/T5f w
	Other (please specify): _____	T5other/ T5other w
During the past 12 months, have you tried to stop smoking ?	Yes 1	T6
	No 2	

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<p>During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?</p>	<p>Largest number of standard units of alcohol Don't Know 77 <input type="text"/> <input type="text"/></p>	<p>A8</p>
<p>During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?</p>	<p>Number of times Don't Know 77 <input type="text"/> <input type="text"/></p>	<p>A9</p>
<p>During each of the past 7 days, how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 7</p>	<p>Monday <input type="text"/> <input type="text"/></p>	<p>A10a</p>
	<p>Tuesday <input type="text"/> <input type="text"/></p>	<p>A10b</p>
	<p>Wednesday <input type="text"/> <input type="text"/></p>	<p>A10c</p>
	<p>Thursday <input type="text"/> <input type="text"/></p>	<p>A10d</p>
	<p>Friday <input type="text"/> <input type="text"/></p>	<p>A10e</p>
	<p>Saturday <input type="text"/> <input type="text"/></p>	<p>A10f</p>
	<p>Sunday <input type="text"/> <input type="text"/></p>	<p>A10g</p>

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above?	Don't know 77
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	Refused	88	
	Other (please specify)	_____	V6oth er

Question	Response	Code
Where were you when you had this injury?	Home 1	V7
	School 2	
	Workplace 3	
	Road/Street/Highw 4	
	Farm 5	
	Sports/athletic 6	
	Other (specify) 7	
	Don't know 77	
Refused 88		
	Other (please specify) _____	V7oth or

Unintentional Injury

The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger.

Question	Response	Code
In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle?	Always 1	V8
	Sometimes 2	
	Never 3	
	Did not ride in the 4	
	Don't Know 77	
	Refused 88	
In the past 30 days, how often did you cross the road at a designated crossing area (zebra crossing, foot bridge)?	Every time I crossed the road 1	X25
	Sometimes 2	
	Never 3	
	Have not had to cross a road in the past 30 days 4	
	The roads I cross do not have designated 5	
	Don't Know 77	
In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? (USE SHOWCARD)	Number of times _____	V9
	Don't Know 77	
	Refused 88	
In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks? (USE SHOWCARD)	Number of times _____	V10
	Don't Know 77	
	Refused 88	

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	2 or more years but less	4	
	5 or more years	5	
	Never received dental care	6 <i>If Never,</i>	

