

**STRICTLY CONFIDENTIAL**



**CENTRAL BUREAU OF STATISTICS**  
 Ministry of Planning and National Development  
 P. O. Box 30266-00100 Nairobi. KENYA  
 Tel. No. 317612/22/23: Email: herufi@cbs.go.ke

QUESTIONNAIRE SERIAL NO.

CLUSTER

HOUSEHOLD NUMBER

HOUSEHOLD SERIAL NO.


**GPS CO-ORDINATES**

	<i>Degrees</i>	<i>Min</i>	<i>Sec</i>	
LATITUDE				
LONGITUDE				
ALTITUDE M.				

**KENYA INTEGRATED HOUSEHOLD BUDGET SURVEY (KIHBS), 2004/05**  
**HOUSEHOLD QUESTIONNAIRE**

THIS SURVEY IS BEING CONDUCTED BY THE CENTRAL BUREAU OF STATISTICS AS MANDATED BY THE STATISTICS ACT (CAP 112 OF THE LAWS OF KENYA).  
 THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

**SECTION A-1: HOUSEHOLD IDENTIFICATION**

WRITE CODES and NAMES for Province; District; Division; Location; Sub-location; Cluster No.;

Dwelling Structure No.; Household No. and Household Head.

A01. PROVINCE				
A02. DISTRICT				
A03. DIVISION				
A04. LOCATION				
A05. SUB-LOCATION				
A06. CLUSTER				
A07. HOUSEHOLD NUMBER				
A08. DWELLING STRUCTURE NO.:				
A09. LANGUAGE OF INTERVIEW				

NAME

IF YOU USE MORE THAN ONE QUESTIONNAIRE TO COLLECT INFORMATION FROM THIS HOUSEHOLD, INDICATE BELOW e.g. 1 of 2.

of

01	EMBU	06	LUHYA	11	SOMALI
02	KALENJIN	07	LUO	12	SWAHILI
03	KAMBA	08	MAASAI	13	ENGLISH
04	KIKUYU	09	MERU		
05	KISII	10	MIJIKENDA		

A10. NAME OF HOUSEHOLD HEAD: \_\_\_\_\_

A11. DOES THIS HOUSEHOLD REPLACE ANOTHER SAMPLE HOUSEHOLD CHOSEN FOR THE SURVEY? YES..1; NO..2 (»A14)

A12. WHICH HOUSEHOLD IN THIS CLUSTER DOES IT REPLACE? HOUSEHOLD NUMBER OF ORIGINALLY SELECTED HOUSEHOLD

A13. WHY WAS ORIGINALLY SELECTED HOUSEHOLD REPLACED?

- 1 - DWELLING FOUND, BUT NO HH MEMBER COULD BE FOUND.
- 2 - DWELLING FOUND, BUT RESPONDENT REFUSED.
- 3 - DWELLING FOUND, BUT UNOCCUPIED.
- 4 - DWELLING FOUND, BUT NOT A RESIDENTIAL BUILDING.
- 5 - DWELLING DESTROYED.
- 6 - DWELLING NOT FOUND.

**SECTION A-2: SURVEY STAFF DETAILS**

A14. NAME OF INTERVIEWER: \_\_\_\_\_

A15. INTERVIEWER CODE: 

--	--	--

RESULT CODES
1 COMPLETED.
2 NO ONE HOME
3 PARTIAL, INCOMPLETE.

A17. NAME OF TEAM LEADER: \_\_\_\_\_

A18. TEAM LEADER CODE: 

--	--	--

A19. DATE OF QUESTIONNAIRE INSPECTION: 

--	--	--

A16. DATE OF INTERVIEW:

	DD	MM	YY	SECTIONS	RESULT
First visit	/	/	/		
Second visit	/	/	/		
Third visit	/	/	/		
Forth visit	/	/	/		
Fifth visit	/	/	/		
Sixth visit	/	/	/		
Seventh visit	/	/	/		
Eighth visit	/	/	/		
Ninth visit	/	/	/		
Tenth visit	/	/	/		

A20. NAME OF ZONE COORDINATOR \_\_\_\_\_

A21. ZONE COORDINATOR CODE 

--	--	--

A22. DATE OF INSPECTION 

--	--	--

A23. NAME OF DATA ENTRY OPERATOR IN FIELD: \_\_\_\_\_

A24. DATA ENTRY OPERATOR CODE: 

--	--	--

A25. NAME OF DATA ENTRY OPERATOR AT HQ: \_\_\_\_\_

A26. DATA ENTRY OPERATOR CODE: 

--	--	--

A27. DATE OF DATA VALIDATION: 

--	--	--

A28. DATE OF DATA ENTRY:

	DD	MM	YY	SECTIONS	RESULT
First Entry	/	/	/		
Second Entry	/	/	/		
Third Entry	/	/	/		
Forth Entry	/	/	/		
Fifth Entry	/	/	/		
Sixth Entry	/	/	/		
Seventh Entry	/	/	/		
Eighth Entry	/	/	/		
Ninth Entry	/	/	/		
Tenth Entry	/	/	/		

**SPECIAL REMARKS/COMMENTS**

## **INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED**

### **CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT**

The Central Bureau of Statistics occasionally selects at random several hundred households in the country to ask them questions about how they live. The responses provided by the households help the Government of Kenya and other key stakeholders to plan for the welfare of all Kenyans.

Your household was randomly selected as one of those to which the KIHBS questions will be asked from a list of all of the households in this area.

I therefore, would like to ask you some questions as a responsible member of this household. I will also need your assistance in asking some questions to other members of your household; weighing and measuring the height of any children under age 5 years who live in your household; and obtaining measurement of your rooms. These questions will take some time to complete and therefore I would appreciate your patience. I want to assure you that under no circumstance will the information be used for any purpose other than meeting the objectives of the survey. I shall also be visiting your house frequently for the next 20 days. Before I start, do you have any questions or is there anything which I have said on which you would like any further clarification? Otherwise, may I proceed with interviewing you and members of your household?

Tick appropriately

ACCEPT

REJECT

### **TABLE OF CONTENTS**

<u>Page</u>		<u>Page</u>	
1	SECTION A-1: HOUSEHOLD IDENTIFICATION	37	SECTION K: NON FOOD ITEMS EXPENDITURES - PAST ONE MONTH
2	SECTION A-2: SURVEY STAFF DETAILS	39	SECTION L: NON-FOOD EXPENDITURES – PAST ONE MONTH
4	SECTION B: HOUSEHOLD MEMBER ROSTER	41	SECTION M: EXPENDITURES ON DURABLES
6	SECTION C: EDUCATION	44	SECTION N: AGRICULTURE HOLDING
9	SECTION D: HEALTH, FERTILITY AND HOUSEHOLD DEATHS	47	SECTION O: AGRICULTURE OUTPUT
14	SECTION E: LABOUR	49	SECTION P: LIVESTOCK
18	SECTION F: CHILD HEALTH AND ANTHROPOMETRY	53	SECTION Q: HOUSEHOLD ENTERPRISES
23	SECTION G: HOUSING	55	SECTION R: TRANSFERS
24	SECTION H: WATER, SANITATION AND ENERGY USE	56	SECTION S: OTHER INCOME
26	SECTION H: WATER, SANITATION AND ENERGY USE	57	SECTION T: RECENT SHOCKS TO HOUSEHOLD WELFARE
27	SECTION I: CONSUMPTION OF FOOD OVER PAST ONE WEEK	58	SECTION U: CREDIT
35	SECTION J: REGULAR NON FOOD ITEMS EXPENDITURES - PAST ONE MONTH		

IN ORDER TO MAKE A COMPREHENSIVE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:

First, give me the names of all the members of your immediate (nuclear) family who normally live and eat their meals together here.

WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD (B02 to B04). LIST HOUSEHOLD HEAD ON LINE 1.

Then, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.

FILL IN B02 to B04.

Are there any other persons not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling.

FILL IN B02 to B04.

Then, give me the names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as live-in servants.

FILL IN B02 to B04.

Finally, are there any other persons who slept here last night, but who do not normally live here such as visitors, persons on transit?

FILL IN B02 to B04.

IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.

**SECTION B: HOUSEHOLD MEMBER ROSTER**

[ASK DIRECTLY OF ALL PERSONS IN THE HOUSEHOLD. MOTHERS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS OF AGE.]

B01	B02 NAME	B03		B04		B05	
		What is [NAME]'s relationship to the head of household?		SEX		How old is [NAME]?	
I D C O D E	MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.  (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.)	HEAD	1			IF 6 YEARS OR OLDER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.  97 YEARS AND OVER, CODE 97. AGE IS NOT KNOWN, CODE 98. NOT STATED, CODE 99.	
		SPOUSE	2				
		SON	3				
		DAUGHTER	4				
		FATHER/MOTHER	5				
		SISTER/BROTHER	6				
		GRANDCHILD	7				
		OTHER RELATIVE (SPECIFY)	8				
		SERVANT (live-in)					
		OTHER NON-RELATIVE9 (SPECIFY)	10	MALE 1			
				FEMALE 2			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

I D C O D E	B06			B07	B08	B09	B10			B11	B12
	What is NAME's date of birth?			For how many cumulated months during the last 12 months (since MONTH/YEAR) has [NAME] been away from this household? FOR VISITORS CODE 77 and TERMINATE INTERVIEW	WHICH HOUSEHOLD MEMBER PROVIDED INFORMATION OF THE INDIVIDUAL?  WRITE ID CODE	Where was NAME raised/brought up?  CURRENT VILLAGE /TOWN/CITY 1 (»B13)  OTHER VILLAGE IN THIS DISTRICT 2 (»B13)  OTHER TOWN/CITY IN THIS DISTRICT 3 (»B13)  VILLAGE IN OTHER DISTRICT 4  TOWN/CITY IN OTHER DISTRICT 5  OUTSIDE KENYA 6	What was NAME's District/Country of birth?		In which year did NAME move to this district or country? ENTER 4 DIGITS	Why did NAME move to this district/country?	
	DAY	MONTH	YEAR				CUMULATED MONTHS	WRITE DISTRICT or COUNTRY			CODE BY SUPERVISOR
	DK	98									
	NS	99									
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

For persons aged 30 years and below																	
I D C O D E	B01	B13	B14	B15	B16	B17	B18	B19	B20	B21				B22	B23	B24	
		Is NAME's biological father alive?	What was NAME's age when father died?	Is NAME'S biological mother alive?	What was NAME's age when mother died?	CHECK: IS THE RESPONDENT 10 YEARS AND OLDER?	What is NAME's religion?	What is NAME's marital status?	Does spouse/partner live in this household now?	COPY THE ID CODE OF THE SPOUSE/PARTNER. IF MORE THAN ONE SPOUSE, COPY ID CODES OF ALL SPOUSES RESIDENT IN HOUSEHOLD FROM ROSTER  (THEN, IF FEMALE »B24. IF MALE »B23.)				Does NAME have a spouse living outside of this household?	How many spouses does NAME have who are residing outside of this household?	ASK HH HEAD OR ANY RESPONSIBLE MEMBER OF HH: How many children aged under 15 years who are children of an adult in this household <u>live elsewhere</u> (live outside household)?	
		YES, LIVING IN THIS HOUSEHOLD, COPY ROSTER ID CODE  (»B15) YES, LIVING OUTSIDE THIS HOUSEHOLD . . . . . 96 (»B15) DECEASED . . . . . 97 DOESN'T KNOW . . . . . 98 (»B15)	D K 98 NS 99  AGE IN COMPLETED YEARS	YES, LIVING IN THIS HOUSEHOLD, COPY ROSTER ID CODE  (»B17) YES LIVING OUTSIDE THIS HOUSEHOLD . . . . . 96 (»B17) DECEASED . . . . . 97 DOESN'T KNOW . . . . . 98 (»B17)	D K 98 NS 99  AGE IN COMPLETED YEARS	YES . . . . 1 NO . . . . 2  »NEXT PERSON	CATHOLIC PROTESTANT OTHER CHRISTIAN MUSLIM TRADITIONALIST NO RELIGION OTHER RELIGION	1 MONOGAMOUS MARRIED . . . . . 1 2 POLYGAMOUS MARRIED . . . . . 2 3 LIVING TOGETHER . . . . 3 4 SEPARATED . . . . 4 5 DIVORCED . . . . . 5 3 WIDOW OR 4 WIDOWER . . . . . 6 5 NEVER 6 MARRIED . . . . . 7 7 If Code 4,5,6, or 7 »B24	YES . . . . . 1 NO . . . . . 2  ( »B22 )	FIRST	SECOND	THIRD	FOURTH	YES . . . . . 1 NO . . . . . 2  IF NO »»B24	NUMBER	NUMBER	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

**SECTION C: EDUCATION**

[ASK ALL PERSONS AGED 3 YEARS AND OLDER. MOTHERS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS OF AGE.]

C01	C02	C03	C04		C05	C06	C07	C08	C09	C10
I D  C O D E	PUT CODE '1' FOR ALL INDIVIDUALS WHO ARE AGED UNDER 3 YEARS. OTHERWISE CODE 2.  <b>DO NOT ADMINISTER THIS MODULE TO THESE INDIVIDUALS CODED 1.</b>	Has NAME ever attended school?  Yes ..... 1 NO ..... 2 <b>(&gt;*C11)</b>	What is the highest school grade that NAME has completed and in which year?  PRE -SCHOOL...00 <b>(&gt;*C06)</b> <b>PRIMARY</b> STD. 1 .....01 UNIV. 1 ..... 15 STD. 2 .....02 UNIV. 2 ..... 16 STD. 3 .....03 UNIV. 3 ..... 17 STD. 4 .....04 UNIV. 4 ..... 18 STD. 5 .....05 UNIV. 5 & STD. 6 .....06 ABOVE ..... 19 STD. 7 .....07 None ..... 20 STD. 8 .....08 Other specify ..... 21 <b>SECONDARY</b> FORM 1 .....09 FORM 2 .....10 FORM 3 .....11 FORM 4 .....12 FORM 5 .....13 FORM 6 .....14  <b>GRADE</b> <b>YEAR</b>		What was NAME highest vocational training completed?  GOVERNMENT COLLEGE ..... 01 COMMERCIAL COLLEGE ..... 02 VOCATIONAL/ VILLAGE ..... 03 NONE ..... 04	What is the highest educational qualification has NAME acquired?  NONE ..... 01 CPE/KCPE ..... 02 KCE/KCSE ..... 03 KJSE .....04 KACE/EACE ..... 05 CERTIFICATE ..... 06 PUBLIC INSTITUTION DIPLOMA .....07 PRIVATE INSTITUTION DIPLOMA..... 08 DEGREE ..... 09 POST-GRAD.UATE DEGREE /DIPLOMA ... 10 OTHER SPECIFY..... 11	How old was NAME when started school?  YEARS	Did NAME attend school/ academic institution in the last school year?  YES ..... 1 NO ..... 2 <b>(&gt;*C10)</b>	What grade was NAME attending last school year?  PRE-SCHOOL... 00 <b>UNIVERSITY</b> <b>PRIMARY</b> UNIV. 1 .....15 STD. 1 ..... 01 UNIV. 2 .....16 STD. 2 ..... 02 UNIV. 3 .....17 STD. 3 ..... 03 UNIV. 4 .....18 STD. 4 ..... 04 UNIV. 5 & STD. 5 ..... 05 ABOVE .....19 STD. 6 ..... 06 <b>TRAINING</b> STD. 7 ..... 07 GOVERNMENT STD. 8 ..... 08 COLLEGE ..... 20 <b>SECONDARY</b> COMMERCIAL FORM 1 .....09 COLLEGE ..... 21 FORM 2 ..... 10 VOCATIONAL/ FORM 3 ..... 11 VILLAGE ..... 22 FORM 4 ..... 12 OTHER ..... 23 FORM 5 ..... 13 FORM 6 ..... 14	Is NAME currently attending school?  IF SCHOOL IS NOT IN SESSION NOW, ASK: Did you attend school in the session just completed and plan to attend next session?  YES ..... 1 <b>(&gt;*C12)</b> NO ..... 2
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

C01 I D C O D E	C11 Why did NAME stop or never attend school?		C12 What is the current grade NAME is attending?		C13 Who runs/ manages school NAME attending?	C14 How many days was NAME's school in session over the <u>past 2 weeks</u> ?	C15 How many days did NAME attend school in the <u>past 2 weeks</u> ?	C16 CHECK: IF C08=YES or C10=YES <b>CODE YES .1 otherwise code 2 and » C24</b>	C17 Did NAME at any time in the past 12 months, <u>temporarily withdraw from school</u> , so that NAME missed more than 2 consecutive weeks of instruction?	C18 What was the <b>Main Reason</b> for NAME <u>temporarily withdrawing from school</u> ?
	1st Reason	2nd Reason	PRE-SCHOOL . . . . . 00 <b>PRIMARY</b> STD. 1 . . . . . 01 STD. 2 . . . . . 02 STD. 3 . . . . . 03 STD. 4 . . . . . 04 STD. 5 . . . . . 05 STD. 6 . . . . . 06 STD. 7 . . . . . 07 STD. 8 . . . . . 08 <b>SECONDARY</b> FORM 1 . . . . . 09 FORM 2 . . . . . 10 FORM 3 . . . . . 11 FORM 4 . . . . . 12 FORM 5 . . . . . 13 FORM 6 . . . . . 14	<b>UNIVERSITY</b> UNIV. 1 . . . . . 15 UNIV. 2 . . . . . 16 UNIV. 3 . . . . . 17 UNIV. 4 . . . . . 18 UNIV. 5 & ABOVE . . . . . 19 <b>TRAINING</b> GOVERNMENT COLLEGE . . . . . 20 COMMERCIAL COLLEGE . . . . . 21 VOCATIONAL/ VILLAGE . . . . . 22 OTHER SPECIFY . . . . . 23	GOVERNMENT . . . . . 01 PRIVATE CHURCH . . . . . 02 PRIVATE MUSLIM . . . . . 03 PRIVATE OTHER . . . . . 04 COMMUNITY . . . . . 05 OTHER . . . . . 09	NUMBER	NUMBER	Yes . . . . . 1 NO . . . . . 2  <b>(»C19)</b>	STILL TOO YOUNG TO ATTEND SCHOOL . . . . . 00 NO MONEY FOR SCHOOL COSTS . . . . . 01 POOR QUALITY OF SCHOOLS . . . . . 02 OWN ILLNESS/DISABILITY . . . . . 03 FAMILY ILLNESS/DISABILITY . . . . . 04 NOT INTERESTED, LAZY . . . . . 05 PARENTS DID NOT LET ME . . . . . 06 HAD TO WORK OR HELP AT HOME . . . . . 07 SCHOOL TOO FAR FROM HOME . . . . . 09 SCHOOL CONFLICT WITH BELIEFS . . . . . 10 OTHER (SPECIFY) . . . . . 11	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

C01 I D C O D E	C19 How much was spent on NAME's education in the last 12 months by members of your household: IF NOTHING WAS SPENT, WRITE ZERO.												C20	C21	C22	C23	C24	C25
	A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	Did any persons outside your household contribute to NAME'S education expenses?	What was the value of this assistance received in the past 12 months?  INCLUDE VALUE OF IN KIND	Did NAME receive a scholarship to help pay for your educational expenses in the past 12 months?  INCLUDE VALUE OF IN KIND	What was the value of this assistance received in the past 12 months?  INCLUDE VALUE OF IN KIND	Can NAME read in any language?	Can NAME write in any language?
	Tuition fees KSHS	Books & other materials KSHS	Uniform including other clothing KSHS	Boarding fees KSHS	Transport costs KSHS	Contribution for school building or maintenance KSHS	Extra tuition fees KSHS	Examination fees KSHS	PTA & other related fees KSHS	Pocket Money & Shopping KSHS	Other Expenses KSHS	Total KSHS	YES ..... 1 NO ..... 2 (»C22)		YES ..... 1 NO ..... 2 (»C24)		CANNOT READ AT ALL ..... 1 CAN READ PART OF SENTEN 2 CAN READ WHOLE SENTENC 3 NO SENTENCE IN REQUIRED LAN 4	YES ..... 1 NO ..... 2
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

**SECTION D: HEALTH, FERTILITY AND HOUSEHOLD DEATHS**

[ASK OF ALL PERSONS IN THE HOUSEHOLD. MOTHERS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS OF AGE.]

D01 I D C O D E	D02	D03	D04	D05		D06	D07	D08	D09		D10	D11
	ID NO. OF PERSON REPORTING THE INFORMATION FOR THE INDIVIDUAL	Was NAME sick or injured in the last 4 weeks?	Was NAME's sickness / injury work related?	What sort of sickness/injury did NAME suffer from?		Who diagnosed the illness?	How many days of work/school did NAME miss due to illness/injury in the last 4 weeks?	Did NAME consult a health provider on these sicknesses /injury in the last 4 weeks?	What kind of health provider did NAME visit? UP TO TWO VISITS BY ORDER OF PROBLEM.		How many times did NAME use any health service due to sickness/injury in the last 4 weeks?	Did NAME visit a health provider for any other health related reason (not sick) in the last 4 weeks?
	WRITE MEMBER ID CODE	YES..... 1 NO..... 2 (»D11)	Yes..... 1 No..... 2	FEVER, MALARIA ..... 01 DIARRHEA ..... 02 STOMACH ACHE ..... 03 VOMITING ..... 04 UPPER RESPIRATORY(SINUSES) ..... 05 LOWER RESPIRATORY (CHEST, LUNGS) ..... 06 FLU ..... 07 ASTHMA ..... 08 HEADACHE ..... 09 SKIN PROBLEM ..... 10 DENTAL PROBLEM ..... 11 EYE PROBLEM ..... 12 EAR/NOSE/THROAT ..... 13 BACKACHE ..... 14 HEART PROBLEM ..... 15 BLOOD PRESSURE ..... 16 PAIN WHEN PASSING URINE ..... 17 DIABETES ..... 18 MENTAL DISORDER ..... 19 TB ..... 20	SEXUALLY TRANSMITTED DISEASES 21 BURN ..... 22 FRACTURE ..... 23 WOUND ..... 24 POISONING ..... 25 PREGNANCY RELATED ..... 26 UNSPECIFIED LONG-TERM ILLNES 27 HIV/AIDS ..... 28 TYPHOID ..... 29 OTHER (SPECIFY) ..... 30	MEDICAL WORKER (DOCTOR, CLINICAL OFFICER, NURSE) ..... 1 AT HOSPITAL ..... 1 MEDICAL WORKER AT OTHER HEALTH FACILITY ..... 2 TRADITIONAL HEALER ..... 3 NON-HH MEMBER (NOT MEDICAL) ..... 4 HH MEMBER ..... 5 SELF ..... 6 HERBALIST ..... 7 FAITH HEALER ..... 8 OTHERS .(specify) ..... 9	N/A .....99	YES..... 1 NO..... 2 (IF NO »D11)	REFERAL HOSPITAL ..... 01 DISTRICT/PROVINCIAL/HOSPITAL ..... 02 PUBLIC DISPENSARY ..... 03 PUBLIC HEALTH CENTER ..... 04 PRIVATE DISPENSARY/ HOSPITAL ..... 05 PRIVATE CLINIC ..... 06 TRADITIONAL HEALER ..... 07 MISSIONARY HOSP./DISP ..... 08 PHARMACY/CHEMIST ..... 09 KIOSK ..... 10 FAITH HEALER ..... 11 HERBALIST ..... 12 OTHER (SPECIFY) ..... 13	NUMBER	YES..... 1 NO..... 2 (IF NO »D13)	
				PROBLEM 1	PROBLEM 2		DAYS		PROBLEM 1	PROBLEM 2		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

**HEALTH**

D01	D12	D13	D14	D15	D16	D17	D18	D19	D20	D21	D22	D23
I D C O D E	What kind of health provider did NAME visit? UP TO TWO PROVIDERS BY ORDER OF VISITS.	During the last 12 months, was NAME hospitalized or had an overnight stay(s) in a medical facility?	Did NAME or other members of household have to borrow money in order to pay for hospitalization?	Did NAME or other members of household have to sell assets in order to pay for hospitalization?	During the last 12 months, did NAME stay over-night at a traditional healer's , herbalist or faith healer's dwelling?	Did NAME or other members of household have to borrow money in order to pay for traditional healer, herbalist or faith healer?	Did NAME or other members of household have to sell assets in order to pay for traditional healer, herbalist or faith healer?	Is NAME physically handicapped in any way which limits or prevents activities or work?	Was NAME's handicap work related?	Was NAME compensated for handicap?	Was NAME compensated under any of the following?	How much did NAME receive in compensation for the handicap?
	REFERAL HOSPITAL 01 DISTRICT/PROVINCIAL/HOSPITAL 02 PUBLIC DISPENSARY PUBLIC 03 HEALTH CENTER 04 PRIVATE DISPENSARY/ HOSPITAL 05 PRIVATE CLINIC 06 TRADITIONAL HEALER 07 MISSIONARY HOSP./DISP 08 PHARMACY/CHEMIST 09 KIOSK 10 FAITH HEALER 11 HERBALIST 12 OTHER (SPECIFY) 13	YES..... 1 NO..... 2 (IF NO »D16)	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2 (IF NO »D19)	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2 (IF NO »D25)	YES..... 1 NO..... 2 (IF NO »D24)	YES..... 1 NO..... 2 (IF NO »D24)	WORKMAN'S COMPENSATION..... 1 OWN INSURANCE COVER..... 2 OTHER COMPENSATION..... 3 EMPLOYER ARRANGEMENT.. 4	KSHS.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

D01 I D C O D E	D24 In what way(s) is NAME handicapped?			D25 If NAME had to sweep the floor of the house, could he/she do so easily, with difficulty, or not at all?		D26 If NAME had to walk for 2 kilometers on a flat path, could he/she do so easily, with difficulty, or not at all?		D27 Does NAME suffer from a chronic illness?		D28 What chronic illness does NAME suffer from? LIST UP TO 2.		D29 How long has NAME suffered from this illness (these illnesses)?		D30 Who diagnosed NAME's chronic illness?		D31 Did NAME sleep under a bed net to protect against mosquitos last night?		D32 Have the bed nets(s) ever been treated with insecticide to protect against mosquitos in the past six months?	
	FIRST	SECOND	THIRD									YEARS	MONTHS						
	MISSING HAND	1		EASILY	1	EASILY	1			CHRONIC MALARIA/FEVER	01			MEDICAL WORKER					
	MISSING FOOT	2		WITH DIFFICULTY	2	WITH DIFFICULTY	2			TUBERCULOSIS	02			(DOCTOR, CLINICAL					
	LAME	3		NOT AT ALL	3	NOT AT ALL	3			HIV/AIDS	03			OFFICER, NURSE)					
	BLIND	4								STDs	04			AT HOSPITAL	1				
	DEAF	5								DIABETES	05			MEDICAL WORKER					
	UNABLE TO SPEAK (DUMB)	6								ASTHMA	06			AT OTHER HEALTH					
	MENTALLY DISABLED	7								BILHARZIA/SCHISTOSOMIASIS	07			FACILITY	2				
	PARALYSIS	8								ARTHRITIS/RHEUMATISM	08	DO NOT KNOW	98	TRADITIONAL					
	OTHER (SPECIFY)	9								NERVE DISORDER	09	NOT STATED	99	HEALER	3				
										STOMACH DISORDER	10			NON-HH MEMBER					
										SORES THAT DO NOT HEAL	11			(NOT MEDICAL)	4				
										CANCER	12			HH MEMBER	5				
										PNEUMONIA	13			SELF	6				
										HIGH BLOOD PRESSURE	14			HERBALIST	7				
										OTHER (SPEC.)	15			FAITH HEALER	8				
										DO NOT KNOW (DK)	198			OTHERS (specify)	9				
								YES.....	1							YES.....	1	YES	1
								NO.....	2							NO.....	2	NO	2
								(»D31)		ILLNESS 1						(»D33)		DK	8
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

**FERTILITY**

D01	D33	D34	D35		D36		D37		D38		D39		D40		D41	
			MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MONTH	YEAR		
I D C O D E	PUT A '1' FOR ALL FEMALES WHO ARE AGED LESS THAN 12 YRS AND MORE THAN 49YRS AND ALL MALES, OTHERWISE CODE 2.  DO NOT ADMINISTER THIS MODULE TO ALL INDIVIDUALS CODED 1.	Has NAME ever given birth to live births?	How many children have you borne alive?		How many children has NAME borne alive who usually live in the household		How many children has NAME borne alive who usually live elsewhere		How many children has NAME borne alive who have died?		When was NAME's last child born?		Sex of last child(ren) born		Is this last born child(ren) still alive?	
		YES 1 NO 2 (IF NO »D42)														
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

**DEATHS IN THE HOUSEHOLD**

D01	D42 In the last 24 months has any household member died? (ask HH head or any other responsible member)	D43 Sex of person who died	D44 Age of person who died		D45 Cause of Death	D46 Where did NAME die ?
			YEARS	MONTHS		
I D C O D E	YES NO  <b>(NEXT SECTION)</b>	1 MALE 2 FEMALE	OVER 97 YEARS 97		MALARIA 01	HOME 1 HEALTH FACILITY 2 OTHERS SPECIFY 3
			DON'T KNOW 98		PNEUMONIA 02	
			NOT STATED 99		AIDS 03	
					TETANUS 04	
					TUBERCULOSIS 05	
					MALNUTRITION 06	
					ANAEMIA 07	
					CHILD BIRTH/PREGNANCY 08	
					SUDDEN DEATH 09	
					ASTHMA 10	
					CANCER 11	
					URINARY OBSTRUCTION 12	
					POISONING 13	
					SUICIDE 14	
					ACCIDENT 15	
					MEASELS 16	
					OTHERS SPECIFY 17	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						





E01 I D C O D E	E15		E16		E17	E18	E19	E20
	Describe NAME's employed occupation if worked in the last 7 days. For those who did not work during the last 7 days but worked during last 12 months give main occupation		Describe what <u>kind of business</u> is NAME's main occupation connected with, i.e. TYPE OF INDUSTRY?		Who was NAME's main <u>employer</u> for main occupation in the last 12 months READ ALL RESPONSES	For how many COMPLETE D months did NAME do this work during last 12 months?	For how many <u>hours per day</u> does NAME normally do this work, excluding lunch and other breaks?	How much was NAME's <u>payment for wages</u> and salary last one month (basic salary)?  IF NOT YET PAID, EXPECTED PAYMENT.
	KNOCS CODES TO BE USED FOR THIS COLUMN		ISIC REV 2 CODES TO BE USED FOR THIS COLUMN		PRIVATE SECTOR COMPANY 01 INDIVIDUAL 02 GOVERNMENT (local auth.) 03 GOVERNMENT (central) 04 T.S.C 05 MAJORITY CONTROL by GOK 06 INTERNATIONAL ORGs. 07 STATE-OWNED ENTERPRISE 08 NGOs 09 OTHER (specify) 10			
	DESCRIPTION	CODE BY SUPERVISOR 3 DIGIT CODES	DESCRIPTION	CODE BY SUPERVISOR 4 DIGIT CODES		NUMBER	HOURS	KSHS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

E01	E21	E22	E23	E24	E25	E26	E27	E28	E29	E30		E31
	How much does NAME usually receive in House Allowances that were not included in the salary NAME just reported last one month?  ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED.	How much does NAME usually receive in Medical Allowances that were not included in the salary NAME just reported last one month?  ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED.	How much does NAME usually receive in Other Allowances that were not included in the salary NAME just reported last one month? - ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED.	At any time over past 12 months, did NAME engage in casual, part-time, labour for anyone who is <u>not a member of your household</u> ?	For how many total days did NAME do casual labour over the past 3 months?	What was the <u>average daily wage</u> NAME received for the days worked at casual labour over the past 3 months?  ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED.	Is NAME a member of a trade union or member of welfare association?	In which district does NAME work?	How does NAME travel to and from work most of the time?  WALK 1 BICYCLE 2 MATATU 3 BUS 4 COMMUTER TRAIN 5 EMPLOYER PROVIDED 6 PRIVATE VEHICLE 7 OTHER (specify) 8	How many minutes does NAME take to travel to work?  PEAK OFF-PEAK		Ask Household Head or a responsible member of the household: how many domestic servants does the household employ?  NUMBER
	KSHS	KSHS	»E27 KSHS	YES 1 NO 2 »E31	DAYS	KSHS	YES 1 NO 2	GIVE CODE				
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												



I D C O D E	F14		F15	F16	F17																							
	How much was given compared to normal times?		Was NAME given ORS/ORT packet solution or water, sugar and salt ( <i>home preparation</i> ) during diarrhea	Is there a vaccination card for NAME?	Has NAME had the following vaccinations? RECORD IN DATES FROM VACCINATION CARD. (»F26)																							
	MUCH LESS 1	SOMEWHAT LESS 2		ABOUT THE SAME 3	MORE 4	DK 5	BCG						OPV (POLIO-B)						OPV1 (POLIO1)						OPV2 (POLIO2)			
FOOD	FLUID	YES 1	NO 3	YES, SEEN 1	YES, NOT SEEN 2	(»F18)	(»F18)	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
11																												
12																												

F01  I D C O D E	Has NAME had the following vaccinations? RECORD IN DATES FROM VACCINATION CARD. (»F26)																									
	OPV2 (POLIO2)				OPV3 (POLIO3)						DPT1 or DPT/HepB/Hib1						DPT2 or DPT/HepB/Hib2						DPT3 or DPT/HepB/Hib3			
	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										



F01	F27	F28	F29	F30	F31
INDIVIDUALS WHO ARE LESS THAN 6 MONTHS IN AGE. OTHERWISE CODE 2  DO NOT ADMINISTER THIS MODULE TO INDIVIDUALS CODED 1	WEIGHT IF LESS THAN 10 KG, PUT ZERO (0) IN FIRST CELL OF THIS COLUMN  KGS	HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?  STANDING 1 LYING DOWN 2	HEIGHT IF LESS THAN 100 CMS, PUT ZERO (0) IN FIRST CELL OF THIS COLUMN  CMS	IF NAME NOT MEASURED, REASON WHY?  NOT HOME DURING SURVEY PERIOD 1 TOO ILL 2 UNWILLING 3 OTHER 4	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					



## SECTION H: WATER, SANITATION AND ENERGY USE

[ASK OF HOUSEHOLD HEAD OR KNOWLEDGEABLE HOUSEHOLD MEMBER]

WATER																
H01				H02				H03	H04		H05	H07		H08		
What is HH <u>main</u> source <u>water</u> over the past month?				How long does it take (MINUTES) to walk (ONE WAY) to this main water source from dwelling?				Typically when you get to this source, how much time (MINUTES) does one have to wait in a queue to collect the water?	Do you use this source for your drinking water		In the other season, what is your main source of drinking water?	How do you mainly store water at home?		What was the total cost of water for your household last month?		
PIPED INTO DWELLING 01 PIPED INTO PLOT/YARD 02 PUBLIC TAP 03 TUBEWELL/BOREHOLE WITH PUMP 04 PROTECTED DUG WELL 05 PROTECTED SPRING 06 RAIN WATER COLLECTION 07 UNPROTECTED DUG WELL/SPRINGS 08 RIVER/PONDS/STREAMS 09 TANKERS-TRUCK/VENDOR 10 BOTTLED WATER 11 OTHER (SPECIFY) 12				IF IN DWELLING, ENTER 0				IF IN ----- IF IN DWELLING GIVE 0	ALL YEAR 1 <b>(»H07)</b> ONLY DRY SEASON 2 ONLY RAINY SEASON 3		USE CODES FOR H01	DO NOT 1 BUCKET/JERRY CAN 2 DRUMS 3 CONTAINER WATER TANK 4 OTHER(SPECIFY) 5		IF NONE, ENTER ZERO ( <b>»H10</b> )		
				GIVE TIME IN MINUTES				MINUTES			CODE			KSHS		
DRINKING	BATHING	COOKING	LIVESTOCK	OTHER	DRINKING	BATHING	COOKING	LIVESTOCK	OTHER			DRINKING	BATHING	COOKING	WASHING	TOTAL

WATER			SANITATION						ENERGY			
H09	H10	H11	H12	H13	H14	H15	H16	H17	H18	H18A		
Approximately how many jerry cans (20 litres) of water does this total payment cover per month?	How many 20 litres jerry cans does the HH on average consume per day?	How much does one jerry can of water cost on average?	Does all HH members use a common (same) type of toilet?	What is the main toilet facilities for this household?	How deep is the latrine?	Is this toilet facility for the use of:  READ OPTIONS GIVEN BELOW	Who built/paid for building or provided this toilet?	How does the household dispose of its garbage?	What is Household's main sources of cooking fuel?	What is HH TWO main sources of lighting fuel?  (IF SOURCE NOT ELECTRICITY OR SOLAR <b>»H26</b> )		
			FLUSH TOILET ( <b>»H15</b> ) 1 VIP LATRINE 2 UNCOVERED PIT LATRINE 3 COVERED PIT LATRINE 4 BUCKET ... NONE ( <b>»H17</b> ) 5 YES 1 NO 2		SHALLOW...1 DEEP .....2	HH MEMBERS ONLY 1 2 HH 2 3 HH 3 4 OR MORE 4	HOUSEHOLD BUILT 1 LANDLORD 2 NEIGHBOR 3 COMMUNITY PROGRAM 4 LOCAL AUTHORITY 5 OTHER (SPECI 6	COLLECTED BY LOCAL AUTHORITY 1 COLLECTED BY PRIVATE FIRM 2 GARBAGE PIT 3 BURNING 4 PUBLIC GARBAGE HEAP 5 FARM/GARDEN 6 NEIGHBOURHOOD 7 COMMUNITY GROUP 7 OTHER 8	COLLECTED FIREWOOD 01 PURCHASED FIREWOOD 02 GRASS 03 PARAFFIN 04 ELECTRICITY 05 GAS/LPG 06 CHARCOAL 07 BIOMASS RESIDUE 08 BIOGAS 09 OTHER 10	COLLECTED FIREWOOD 01 PURCHASED FIREWOOD 02 GRASS 03 PARAFFIN 04 ELECTRICITY 05 SOLAR 06 GAS 07 DRY CELL (TORCH) 08 CANDLES 09 BIOGAS 10 OTHER 11		
NUMBER	NUMBER	KSHS							Main	2nd	Main	2nd

ENERGY												
H19	H20	H21	H22	H23	H24	H25	H26	H27	H28	H29	H30	H31
Does HH have installed solar panels in the dwelling?	What is the size of solar panels in watts?	Does HH get electricity from KPLC?	Does HH get any electricity from generator?	Does HH get electricity from car or motorcycle battery?	What is HH main source of electricity?	What was the total cost for electricity in the household over the last month?  IF THE HOUSEHOLD RECEIVED AN ACTUAL BILL, REFER TO THE LAST BILL RECEIVED. INCLUDE OTHER PAYMENTS/COST OF ELECTRICITY WHICH DO NOT COME ON A WRITTEN BILL.	What is the total cost of lighting last month (excluding electricity)?	Does HH usually have any electricity working in the dwelling?	Although you do not have electricity here, are there HH connected within 100m from the dwelling?	Did household use small torch batteries (dry cells) in the last one month?	How many small torch batteries(dry cells) did household use in the past one	What is the value of these batteries (dry cells) used in the past one month?
YES 1 NO 2 >>H21	DK 998  WATTS	YES 1 NO 2	OWN GENERATOR 1 NEIGHBOR GENERATOR 2 NO 3 OTHER (specif 4	CAR 1 MOTOR CYCLE 2 BOTH 3 NO 4	KPLC 1 COMMUNITY GENERATOR 2 SOLAR PANELS 3 GENERATOR, OWN 4 CAR BATTERY 5 MOTORCYCLE 6 BATTERY 7 OTHER (SPECIFY) 7	KSHS	KSHS	YES 1 (»H29) NO 2	YES 1 NO 2	YES 1 (»H32) NO 2	NUMBER	KSHS

## SECTION H: WATER, SANITATION AND ENERGY USE

[ASK OF HOUSEHOLD HEAD OR KNOWLEDGEABLE HOUSEHOLD MEMBER]

ENERGY													
H32	H33	H34	H35	H36	H37	H38	H39	H40	H41				
ENERGY SOURCES.  COMPLETE H32- H40 FOR EACH ENERGY SOURCE BEFORE PROCEEDING TO THE NEXT ENERGY SOURCE.	In the last 12 months, has your household used [ITEM]?	In the last month, has your household used [ITEM]?	What was the main purpose of this use?	What unit(s) of measure and quantity do you use for [ITEM]?	What is the estimated weight of a typical unit of [ITEM]?	During the last month, how many units of [ITEM] did you use?	What was the total cost of these units that you used during the last month?	How long would one take to the nearest source one-way distance travelled to get [ITEM] in MINUTES?	How many minutes per week was used to get [ITEM] by members of your household?				
	YES 1 NO 2 (»NEXT ITEM)	YES 1 NO 2 (»NEXT ITEM)	BOILING HEATING COOKING LIGHTING OTHER	BUNCH BUNDLE HEAP LOG 1 PIECE 2 SACK 3 DEBE 4 GOROGORO 5 TIN OTHERS SPECIFY 10	1 2 3 4 5 6 7 8 9 10	ASK TO SEE A TYPICAL STACK/ BUNDLE/ PIECE TO ESTIMATE WEIGHT  KGS	FOR LPG (GAS), USE 1 DECIMAL AS NEEDED  3 KG CYLINDER 1 6 KG CYLINDER 2 12.5 KG CYLINDER 3 13 KG CYLINDER 4 15 KG CYLINDER 5 OTHER (SPECIFY) 6	KSHS	MINUTES	MEN	WOMEN	CHILDREN	
				Unit	Quantity								
1 PURCHASED FIREWOOD													
2 COLLECTED FIREWOOD													
3 ANIMAL WASTE (BIOMASS RESIDUE)													
4 STRAW OR STALK (BIOMASS RESIDUE)													
5 CHARCAOL													
6 KEROSENE/PARAFIN							LITRES						
7 GAS/LPG													
8 ELECTRICITY							WATTS						

**SECTION I: CONSUMPTION OF FOOD OVER PAST ONE WEEK**

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one week (7 days), did household acquire / purchased / consumed any [ . . ]?	I01		I03			I04	I05		I05A		I06		I07				
	YES 1	NO 2	How much was purchased?	How much of the purchased was consumed?	How much was consumed from own-production?	How much was consumed from own stock?	How much was consumed from gifts and other sources?	How much in total did your household consume in the past week?	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT			
(»NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES AT RIGHT	KSHS	QUANTITY	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT		
<b>CEREALS</b>		100															
Rice Grade 2		101															KILOGRAMS 01
Rice- Grade 1 - Pishori/Basmati		102															GRAMS 02
Maize Grain - Loose		103															LITRE 03
Green maize		104															MILLILITRE 04
Maize Flour - Loose		105															5 KG. BAG 05
Maize Flour - sifted		106															25 KG. BAG 06
Wheat grain		107															50 KG. BAG 07
Wheat Flour		108															90 KG. BAG 08
Millet grain - wimbi		109															DEBE 09
Millet Flour - Wimbi		110															TABLE SPOON 10
Sorghum grain		111															BUNCH 11
Sorghum flour		112															PIECE/NUMBER 12
Other millet grain/flour		113															HEAP 13
Barley and other cereals		114															HANDFUL 14
<b>COST OF MILLING</b>		115															PAKAACHA 15
Bread		116															GOROGORO 16
Cakes		117															1/4 KG TIN 17
Biscuits ...		118															1/2 KG TIN 18
Breakfast cereal/oats		119															1 KG TIN 19
Wheat buns /Scones		120															BOWL 20
Pasta (spaghetti/macaroni)		121															CUP 21
																	GLASS 22

**SECTION I: CONSUMPTION OF FOOD OVER PAST ONE WEEK**

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one week (7 days), did household acquire / purchased / consumed any [ . . ]?	I01		I03			I04	I05			I05A		I06		I07			
	YES	1	How much was purchased?			How much of the purchased was consumed?	How much was consumed from own-production?		How much was consumed from own stock?		How much was consumed from gifts and other sources?		How much in total did your household consume in the past week?				
	NO	2	QUANTITY	UNIT CODES AT RIGHT	KSHS	QUANTITY	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT			
(»NEXT ITEM)	ITEM CODE																
<b>Roots and tubers</b>																	
Potatoes (Irish)		200															KILOGRAMS 01
Sweet potato		201															GRAMS 02
Arrow roots		202															LITRE 03
Cassava		203															MILLILITRE 04
Cassava flour		204															5 KG. BAG 05
Yams		205															25 KG. BAG 06
Crisps		206															50 KG. BAG 07
Cooking banana		207															90 KG. BAG 08
		208															DEBE 09
<b>Pulses</b>		300															TABLE SPOON 10
Beans		301															BUNCH 11
Grams		302															PIECE/NUMBER 12
Black grams (Njahi)		303															HEAP 13
Peas		304															HANDFUL 14
Groundnut		305															PAKAACHA 15
Cowpea		306															GOROGORO 16
Other pulses (specify)		307															1/4 KG TIN 17
<b>Vegetables</b>		400															1/2 KG TIN 18
onion / Leeks		401															1 KG TIN 19
Cabbages		402															BOWL 20
Carrots		403															CUP 21
Tomatoes		404															GLASS 22
Spinach		405															OTHER (SPECIFY) 23

## SECTION I: CONSUMPTION OF FOOD OVER PAST ONE WEEK

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one week (7 days), did household acquire / purchased / consumed any [ . . ]?	I01		I03			I04	I05		I05A		I06		I07			
	YES 1	NO 2	How much was purchased?	How much of the purchased was consumed?	How much was consumed from own-production?	How much was consumed from own stock?	How much was consumed from gifts and other sources?	How much in total did your household consume in the past week?	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT		
(»NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES AT RIGHT	KSHS	QUANTITY	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT			
Kale-Sukuma wiki		406														KILOGRAMS 01
Capsicums (Pilipili hoho)		407														GRAMS 02
Cucumber		408														LITRE 03
French beans		409														MILLILITRE 04
Lettuce		410														5 KG. BAG 05
Courgette		411														25 KG. BAG 06
Celery		412														50 KG. BAG 07
mushrooms		413														90 KG. BAG 08
Cauliflower		414														DEBE 09
Aubergines-Egg plant (Biringanya)		415														TABLE SPOON 10
Pumpkins		416														BUNCH 11
Okra		417														PIECE/NUMBER 12
Coriander leaves (Dania)		418														HEAP 13
Other vegetables (specify: _____)		419														HANDFUL 14
<b>Meat</b>		500														PAKAACHA 15
Beef - with bones		501														GOROGORO 16
Beef - without bones		502														1/4 KG TIN 17
Minced meat		503														1/2 KG TIN 18
Pork		504														1 KG TIN 19
Mutton/Goat meat		505														BOWL 20
Chicken		506														CUP 21
Camel meat		507														GLASS 22
Other Meats (specify)		508														OTHER (SPECIFY) 23

**SECTION I: CONSUMPTION OF FOOD OVER PAST ONE WEEK**

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one week (7 days), did household acquire / purchased / consumed any [ . . ]?	I01	I02	I03			I04	I05		I05A		I06		I07				
	YES 1 NO 2 (▶NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES AT RIGHT	KSHS	How much of the purchased was consumed? QUANTITY	QUANTITY	UNIT CODES AT RIGHT									
<b>Other Animal products</b>		600															KILOGRAMS 01
Offal's (liver, kidney, etc)-Matumbo		601															GRAMS 02
Sausages		602															LITRE 03
Bacon		603															MILLILITRE 04
Ham/Salami		604															5 KG. BAG 05
Corned beef		605															25 KG. BAG 06
<b>Fish</b>		700															50 KG. BAG 07
Fresh fish		701															90 KG. BAG 08
Frozen Fish Filets		702															DEBE 09
Dried/smoked fish		703															TABLE SPOON 10
Prawns /Other sea Foods		704															BUNCH 11
<b>Dairy products and eggs</b>		800															PIECE/NUMBER 12
Milk - fresh unpacketed		801															HEAP 13
milk - fresh packeted		802															HANDFUL 14
milk - fresh flavoured packeted		803															PAKAACHA 15
UHT- fresh flavoured Milk		804															GOROGORO 16
Milk - condensed/powder		805															1/4 KG TIN 17
Baby milk - tinned		806															1/2 KG TIN 18
Milk Sour - Mala		807															1 KG TIN 19
Yogurt (clotted milk)		808															BOWL 20
Fresh cream		809															CUP 21
Cheese		810															GLASS 22
Eggs		811															OTHER (SPECIFY) 23

## SECTION I: CONSUMPTION OF FOOD OVER PAST ONE WEEK

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one week (7 days), did household acquire / purchased / consumed any [ . . ]?	I01		I03			I04	I05		I05A		I06		I07					
	YES 1	NO 2	How much was purchased?	How much of the purchased was consumed?	How much was consumed from own-production?	How much was consumed from own stock?	How much was consumed from gifts and other sources?	How much in total did your household consume in the past week?	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT				
(»NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES AT RIGHT	KSHS	QUANTITY	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT	QUANTITY	UNIT CODES AT RIGHT			
<b>Oils and Fats</b>		900																KILOGRAMS 01
Butter		901																GRAMS 02
Ghee from milk		902																LITRE 03
Margarine		903																MILLILITRE 04
Cooking Fat		904																5 KG. BAG 05
Cooking oil		905																25 KG. BAG 06
Lard (from butcheries)		906																50 KG. BAG 07
Peanut butter		907																90 KG. BAG 08
<b>Fruits</b>		1000																DEBE 09
Banana - ripe		1001																TABLE SPOON 10
Oranges		1002																BUNCH 11
Pawpaws		1003																PIECE/NUMBER 12
Avocado		1004																HEAP 13
Mangoes		1005																HANDFUL 14
Pineapples		1006																PAKAACHA 15
Passion fruits		1007																GOROGORO 16
Pears		1008																1/4 KG TIN 17
Peaches		1009																1/2 KG TIN 18
Plums		1010																1 KG TIN 19
Apples		1011																BOWL 20
Lemons		1012																CUP 21
Grape fruit		1013																GLASS 22
Strawberries		1014																OTHER (SPECIFY) 23

**SECTION I: CONSUMPTION OF FOOD OVER PAST ONE WEEK**

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one week (7 days), did household acquire / purchased / consumed any [ . . ]?	I01		I02			I03			I04		I05		I05A		I06		I07		
	YES	1	NO	2	(»NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES AT RIGHT	KSHS	QUANTITY	QUANTITY	UNIT CODES AT RIGHT							
Melons						1015													KILOGRAMS 01
Grapes						1016													GRAMS 02
Coconut						1017													LITRE 03
Strawberries						1018													MILLILITRE 04
Other berries						1019													5 KG. BAG 05
Sugar cane						1024													25 KG. BAG 06
Squashes						1020													50 KG. BAG 07
Health Drink						1021													90 KG. BAG 08
Preserved fruit, juice						1022													DEBE 09
Other fruits (specify)						1023													TABLE SPOON 10
<b>Sugar</b>						1100													BUNCH 11
Sugar						1101													PIECE/NUMBER 12
Jaggery (Nguru)						1102													HEAP 13
Sugar-icing						1103													HANDFUL 14
Other sugar (confectionary, etc)						1104													PAKAACHA 15
<b>Jam, Honey, Sweets and candies</b>						1200													GOROGORO 16
Jam						1201													1/4 KG TIN 17
Marmalade						1202													1/2 KG TIN 18
Honey						1203													1 KG TIN 19
Chocolate						1204													BOWL 20
Sweets						1205													CUP 21
Chewing gum						1206													GLASS 22
																			OTHER (SPECIFY) 23

## SECTION I: CONSUMPTION OF FOOD OVER PAST ONE WEEK

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one week (7 days), did household acquire / purchased / consumed any [ . . ]?	I01		I02			I03			I04		I05		I05A		I06		I07		
	YES	1	NO	2	(»NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES AT RIGHT	KSHS	QUANTITY	QUANTITY	UNIT CODES AT RIGHT							
<b>Beverages for drinking</b>						1300													KILOGRAMS 01
Drinking chocolate/other cocoa preparations						1301													GRAMS 02
Soya drink						1302													LITRE 03
Coffee - instant						1303													MILLILITRE 04
Grounded coffee						1304													5 KG. BAG 05
Tea Leaves						1305													25 KG. BAG 06
Tea Bags						1306													50 KG. BAG 07
<b>Non-alcoholic beverages</b>						1400													90 KG. BAG 08
Mineral water						1401													DEBE 09
sodas						1402													TABLE SPOON 10
<b>Alcoholic beverages</b>						1500													BUNCH 11
Spirits						1501													PIECE/NUMBER 12
Wine						1502													HEAP 13
Beer						1503													HANDFUL 14
Traditional brew - muratina, buzaa ,chang'aa						1504													PAKAACHA 15
Cider						1505													GOROGORO 16
<b>Tobacco</b>						1600													1/4 KG TIN 17
Cigarettes						1601													1/2 KG TIN 18
Tobacco -processed						1602													1 KG TIN 19
Tobacco -raw						1603													BOWL 20
Cigars						1604													CUP 21
Snuff						1605													GLASS 22
Miraa (Khat)						1606													OTHER (SPECIFY) 23

**SECTION I: CONSUMPTION OF FOOD OVER PAST ONE WEEK**

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one week (7 days), did household acquire / purchased / consumed any [ . . ]?	I01		I02			I03			I04		I05		I05A		I06		I07		
	YES 1	NO 2	(▶NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES AT RIGHT	KSHS	QUANTITY	QUANTITY	UNIT CODES AT RIGHT									
<b>Spices &amp; Miscellaneous</b>				<b>1700</b>															
Salt				1700															KILOGRAMS 01
Tomato sauce				1701															GRAMS 02
Chilli sauce				1702															LITRE 03
Other spices (Specify)				1703															MILLILITRE 04
Baking Powder /Bicarbonate				1704															5 KG. BAG 05
Yeast				1705															25 KG. BAG 06
Mustard				1706															50 KG. BAG 07
Tomato Sauce				1707															90 KG. BAG 08
Vinegar				1708															DEBE 09
Pickles				1709															TABLE SPOON 10
				1710															BUNCH 11
<b>Tinned products</b>				<b>1800</b>															
Tinned Beans				1800															PIECE/NUMBER 12
Tinned pulses				1801															HEAP 13
Tinned /packeted soups (vegetables)				1802															HANDFUL 14
Tinned /packeted soups (meat)				1803															PAKAACHA 15
Tinned fish				1804															GOROGORO 16
Baby food- Cereals (tinned)				1805															1/4 KG TIN 17
				1806															1/2 KG TIN 18
<b>Cooked/Prepared Foods from Vendors</b>				<b>1900</b>															
Food from Vendors				1900															1 KG TIN 19
Cafe and take-aways: food				1901															BOWL 20
Kiosks: food				1902															CUP 21
Restaurants and hotels: food				1903															GLASS 22
				1904															OTHER (SPECIFY) 23

**SECTION J: REGULAR NON FOOD ITEMS EXPENDITURES - PAST ONE MONTH**

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire/purchase /consume any [ . . . ]?	J01	J02	J03			J04		
	YES 1 NO 2		How much was purchased?			How much was acquired/obtained from other sources?		
	(▶NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES IN SECTION I	KSHS	QUANTITY	UNIT CODES IN SECTION I	KSHS
<b>Household Operation</b>		2000						
Household Soap/bar soap		2001						
Detergents		2002						
Dish washing paste/liquid		2003						
insecticide		2004						
Disinfectant		2005						
Air freshener		2006						
Floor polish		2007						
Broom		2008						
Mop/Duster		2009						
Shoe polish /Cream		2010						
Match box		2011						
Candles		2012						
Laundry (clothes)		2013						
Laundry (others specify)		2014						
<b>Personal Care and Effects</b>		3000						
Hair cut (men)		3001						
Sanitary pads		3002						
Cotton wool		3003						
Baby oil		3004						
Baby powder		3005						
Hair oil		3006						
Hair oil		3007						

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire / purchase / consume any [ . . . ]?	J01	J02	J03			J04		
	YES 1 NO 2		How much was purchased?			How much was acquired/obtained from other sources?		
	(▶NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES IN SECTION I	KSHS	QUANTITY	UNIT CODES IN SECTION I	KSHS
<b>Personal Care and Effects</b>		3000						
Perfume		3008						
Other toiletries specify)		3009						
Other cosmetics specify)		3010						
Massage		3011						
Hair dressing (women)		3012						
massage (ladies)		3013						
Razor/Blade		3014						
Combs		3015						
Toothbrush		3016						
Toilet soap		3017						
Toilet paper		3018						
Toothpaste		3019						
After Shave lotion		3020						
Body lotion		3021						
Hair cream		3022						
Shampoo/conditioner		3023						
Deodorant		3024						
Tissue paper/Handkerchiefs		3025						
Petroleum jelly		3026						
Nail polish		3027						
Lipstick		3028						
Eye make-ups		3029						

**SECTION J: REGULAR NON FOOD ITEMS EXPENDITURES - PAST ONE MONTH**

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire/purchase /consume any [ . . . ]?	J01	J02	J03			J04		
	YES 1 NO 2		How much was purchased?			How much was acquired/obtained from other sources?		
	(▶NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES IN SECTION I	KSHS	QUANTITY	UNIT CODES IN SECTION I	KSHS
<b>Medical Care</b>		3100						
Medicines - Antiworms		3101						
Liver salts and other anti-acids		3102						
Cold tablets/cough syrup		3103						
Herbal medicine		3104						
Balms (healing ointments)		3105						
Vaccines		3106						
Contraceptives		3107						
Adhesive bandage		3108						
Syringes		3109						
Multivitamin/other medicine		3110						
Fever/Pain killers e.g. paracetamol		3111						
Medicine anti-malaria		3112						
Cod/halibut liver oil		3113						
<b>Transport and Communication</b>		3200						
Petrol		3201						
Diesel		3202						
Ferry/road tolls		3203						
Taxi Fare		3204						
Parking charges		3205						
City bus fares		3206						
Country bus fare		3207						
Matatu fares		3208						

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire / purchase / consume any [ . . . ]?	J01	J02	J03			J04		
	YES 1 NO 2		How much was purchased?			How much was acquired/obtained from other sources?		
	(▶NEXT ITEM)	ITEM CODE	QUANTITY	UNIT CODES IN SECTION I	KSHS	QUANTITY	UNIT CODES IN SECTION I	KSHS
<b>Transport and Communication</b>		3200						
Boda boda fares		3209						
Train fares		3210						
Local flights		3211						
Local calls		3212						
Trunk calls		3213						
Cell phone airtime		3214						
Internet costs		3215						
Refuse collection		3216						
<b>Fuel and Power</b>		3300						
Electricity		3301						
GAS/LPG		3302						
Kerosene/Paraffin		3303						
Firewood		3304						
Charcoal		3305						
Other cooking fuels		3306						
Water		3307						

**SECTION K: NON FOOD ITEMS EXPENDITURES - PAST ONE MONTH**

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire, purchase or consumed any [...]?	K0	K02	K03			K04		
	YES 1 NO 2 (>NEXT ITEM)	ITEM CODE	How much was purchased/paid for?			How much was acquired/obtained from other sources?		
			QUANTITY	UNIT CODES IN SECTION I	KSHS	QUANTITY	UNIT CODES IN SECTION I	KSHS
<b>Domestic Services</b>		3300						
Domestic workers		3301						
<b>Upkeep of Housing Unit</b>		3400						
Maintenance and repair		3401						
Additions/improvement		3402						
Additions/improvement (owner occupiers)		3403						
<b>Personal Goods</b>		3500						
Jewelers		3501						
Belts		3502						
Watches		3503						
Purses/handbags (ladies)		3504						
wallets (men)		3505						
Suitcase/brief cases		3506						
Travel bags		3507						
Umbrellas		3508						
Batteries (dry cells)		3509						
Personal Torches		3510						
Clock		3511						
Smoke Pipes		3512						
Lighters		3513						
<b>Recreation and Entertainment</b>		3600						
Video Cassette hire		3601						
Films purchase/developing		3602						

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire, purchase or consumed any [...]?	K01	K02	K03			K04		
	YES 1 NO 2 (>NEXT ITEM)	ITEM CODE	How much was purchased/paid for?			How much was acquired/obtained from other sources?		
			QUANTITY	CODES IN SECTION I	KSHS	QUANTITY	CODES IN SECTION I	KSHS
<b>Recreation and Entertainment</b>		3600						
cinema entry fees		3603						
Stadium entrance fees		3604						
National /Game park entry fees		3605						
Traditional dances		3606						
Disco/night club entry fees		3607						
Gambling/lottery tickets		3608						
Books		3609						
Newspapers		3610						
Magazines		3611						
Pencils/pens/ink		3612						
Envelopes-		3613						
Writing pad/Exercise books		3614						
Photocopying		3615						
<b>Medical Care</b>		3700						
Doctor's service -General Practitioner		3701						
Traditional Doctor's service		3702						
Specialist		3703						
Dental services		3704						
Nurses		3705						
Spectacles		3706						
Optician's services		3707						
Physiotherapy (out-patients)		3708						



**SECTION L: NON-FOOD EXPENDITURES – PAST ONE MONTH**

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire or purchase (paid for) any [...]?	L01	L02	L03			L04		
	YES 1 NO 2 (→NEXT ITEM)	ITEM CODE	How much was purchased/paid for?			How much was acquired/obtained from other sources?		
			QUANTITY	UNIT CODES IN SECTION I	KSHS	QUANTITY	UNIT CODES IN SECTION I	KSHS
<b>Men's Clothing</b>		3800						
Men's Coat/Jacket		3801						
Men's Suit		3802						
Men's Trousers		3803						
Men's Shirt		3804						
Men's Underpants		3805						
Men's Sweater		3806						
Men's Vests		3807						
Men's Socks		3808						
Men's pyjamas		3809						
Ties /Scarves		3810						
<b>Women's Clothing</b>		3900						
Women's Brassiers		3901						
Women's stockings		3902						
Women's slip		3903						
Women's kitenge 1		3904						
Headsquare		3905						
Women's Dress		3906						
Women's Blouses		3907						
Women's Skirts		3908						
Women's Jacket		3909						
Women's Underwear		3910						
Women's Sweaters		3911						

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire or purchase (paid for) any [...]?	L01	L02	L03			L04		
	YES 1 NO 2 (→NEXT ITEM)	ITEM CODE	How much was purchased/paid for?			How much was acquired/obtained from other sources?		
			QUANTITY	UNIT CODES IN SECTION I	KSHS	QUANTITY	UNIT CODES IN SECTION I	KSHS
<b>Women's Clothing</b>		3900						
Women's Night dress		3912						
Women's Trousers		3913						
Women's suits		3914						
Ties /Scarves		3915						
<b>Children's Clothing</b>		4000						
Shirt		3901						
Trousers/Shorts		3902						
Coats/Jackes		3903						
Suit		3904						
Sweater		3905						
Underwear		3906						
Socks		3907						
vest		3908						
Girl's blouse		3909						
Girl's Skirt		3910						
Girl's Dress		3911						
Girl's Slips		3912						
Girl's Socks		3913						
Girl's Night dress/Night wear		3914						
<b>Infant's Clothing</b>		4100						
Shirt		4101						
Trousers/shorts		4102						

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire or purchase (paid for) any [...]?	L01	L02	L03			L04		
	YES 1 NO 2 (→NEXT ITEM)	ITEM CODE	How much was purchased/paid for?		How much was acquired/obtained from other sources?			
			QUANTITY	UNIT CODES IN SECTION I	KSHS	QUANTITY	UNIT CODES IN SECTION I	KSHS
<b>Infant's Clothing</b>		4100						
Coats/jackets		4103						
Plastic pants		4104						
Bibs		4105						
Rompers		4106						
Napkins		4107						
Sweaters		4108						
Suit		4109						
Blouse		4110						
Skirt		4111						
Dress		4112						
Socks		4113						
<b>Dress /clothing material</b>		4200						
Kanga /Kikoi		4201						
Knitting wool		4202						
Thread		4203						
Tailoring services		4204						
Needles		4205						
Buttons		4206						
Zips		4207						
Belts		4208						
Needles		4209						
Buttons		4210						
Zips		4211						
Belts		4212						

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one month, did any member of the household acquire or purchase (paid for) any [...]?	L01	L02	L03			L04		
	YES 1 NO 2 (→NEXT ITEM)	ITEM CODE	How much was purchased/paid for?		How much was acquired/obtained from other sources?			
			QUANTITY	UNIT CODES IN SECTION I	KSHS	QUANTITY	UNIT CODES IN SECTION I	KSHS
<b>Men's Footwear</b>		4300						
Men's Shoes - Leather		4301						
Men's Shoes - plastic		4302						
Men's Shoes - Rubber		4303						
Men's Sports Shoes		4304						
Men's Rubber Sandals		4305						
Sandals(Akalas)		4306						
<b>Women's Footwear</b>		4400						
Women's Shoes - Leather		4401						
Women's Shoes - Plastic		4402						
Women's Shoes - Rubber		4403						
Women's Sports Shoes		4404						
Women's rubber sandals		4405						
<b>Boy's Footwear</b>		4500						
Boy's shoes - plastic		4501						
Boy's Sports Shoes		4502						
Boy's Rubber Sandals		4503						
<b>Girl's Footwear</b>		4600						
Girls' leather shoes		4601						
Sports's shoes - plastic		4602						
Girls's Sports Shoes -leather		4603						
Girls's Rubber Shoes		4604						
Repair to footwear		4605						

## SECTION M: EXPENDITURES ON DURABLES

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one year (twelve months), did any member of the household purchase or pay for any [...]	M01	M02	M03		M04	M05	M06	M07
	YES...1 NO...2 (M04)	Item code	How much did you pay in total?		Does your household own any [...] YES.....1 NO.....2 <b>&gt;&gt; NEXT ITEM</b>	How many (ITEMS) do you own?	What is the age of this (ITEM)? <b>If more than one item Average age</b>	If you wanted to sell one of this [ITEM] today, how much would you receive? <b>If more than one item average value</b>
			Number	KSHS		NUMBER	YEARS	KSHS
<b>Furniture</b>		4700						
Sofa set		4701						
Dining table		4702						
Coffee table		4703						
Dressing table		4704						
Writing/study table		4705						
Chairs		4706						
Bed		4707						
Stools wooden		4708						
Book shelves		4709						
Wardrobes		4710						
iron board		4711						
Side board		4712						
Chest of drawers		4713						
Wall unit		4714						
<b>Baby Goods</b>		4800						
Baby furniture		4801						
Baby carriages/prams		4802						
Baby cot		4803						
Walkers		4804						
Feeding bottle		4805						
Potty		4806						

Over the past one year (twelve months), did any member of the household purchase or pay for any [...]	M01	M02	M03		M04	M05	M06	M07
	NO...2 (M04)	Item code	How much did you pay in total?		Does your household own any [...] YES.....1 <b>&gt;&gt; NEXT ITEM</b>	How many (ITEMS) do you own?	What is the age of this (ITEM)? <b>If more than one item Average age</b>	If you wanted to sell one of this [ITEM] today, how much would you receive? <b>If more than one item average value</b>
			Number	KSHS		NUMBER	YEARS	KSHS
<b>Major Household Appliances</b>		4900						
Refrigerator		4901						
Freezers		4902						
Washing machine		4903						
Electric/gas cooker		4904						
jiko-charcoal		4905						
Micro-wave oven		4906						
Kerosene stove		4907						
Air conditioner		4908						
Electric heater		4909						
Fans		4910						
Vacuum cleaner		4911						
Electric Iron		4912						
Iron - Charcoal		4913						
Sewing machine		4914						
Electric blender		4915						
Electric toaster		4916						
Electric kettle		4917						
Coffee mills/makers		4918						
Food mixers, deep fryers		4919						
Paraffin lamps		4920						

**PROMPT FOR EACH ITEM ON THE LIST.**

	M01	M02	M03		M04	M05	M06	M07	
	Over the past one year (twelve months), did any member of the household purchase or pay for any [...]	YES...1 NO...2 (M04)	Item code	How much did you pay in total?		Does your household own any [...]	How many (ITEMS) do you own?	What is the age of this (ITEM)? <b>If more than one item Average age</b>	If you wanted to sell one of this [ITEM] today, how much would you receive? <b>If more than one item average value</b>
				Number	KSHS	YES.....1 NO.....2 <b>&gt;&gt; NEXT ITEM</b>	NUMBER	YEARS	KSHS
<b>Glassware, Tableware and Utensils</b>		5000							
Glasses		5001							
Cups and saucer		5002							
bowls		5003							
plates		5004							
spoons		5005							
knives		5006							
forks		5007							
cooking sufurias		5008							
Mwiko		5009							
frying pans		5010							
Pressure cooker		5011							
Buckets/basins		5012							
<b>Household Furnishings</b>		5100							
Carpets		5101							
Door mats		5102							
Linoleum/Synthetic carpet		5103							
Curtains and accessories		5104							
Bed covers		5105							
Bed sheets		5106							
Blankets		5107							
Pillows		5108							

	M01	M02	M03		M04	M05	M06	M07	
	Over the past one year (twelve months), did any member of the household purchase or pay for any [...]	NO...2 (M04)	Item code	How much did you pay in total?		Does your household own any [...]	How many (ITEMS) do you own?	What is the age of this (ITEM)? <b>If more than one item Average age</b>	If you wanted to sell one of this [ITEM] today, how much would you receive? <b>If more than one item average value</b>
				Number	KSHS	YES.....1 <b>&gt;&gt; NEXT ITEM</b>	NUMBER	YEARS	KSHS
<b>Household Furnishings</b>		5100							
Mattress		5109							
Towels		5110							
Table cloth/mats		5111							
Mosquito net		5112							
Pillow cases		5113							
<b>Transport and Communication</b>		5200							
Spark plugs/points		5201							
Clutch plate		5202							
Brake lining		5203							
Brake pads		5204							
Fuel filter		5205							
Oil filter		5206							
Other car parts specify		5207							
Car Alarm		5208							
Car Insurance		5209							
Driving lessons		5210							
International flights		5211							
Telephone installation		5212							
Cellular handset		5213							
Post office private rental box		5214							
Car		5215							

**PROMPT FOR EACH ITEM ON THE LIST.**

	M01	M02	M03		M04	M05	M06	M07	
	Over the past one year (twelve months), did any member of the household purchase or pay for any [...]	YES...1 NO...2 (»M04)	Item code	How much did you pay in total?		Does your household own any [...]	How many (ITEMS) do you own?	What is the age of this (ITEM)? <b>If more than one item Average age</b>	If you wanted to sell one of this [ITEM] today, how much would you receive? <b>If more than one item average value</b>
				Number	KSHS	YES.....1 NO.....2 <b>&gt;&gt; NEXT ITEM</b>	NUMBER	YEARS	KSHS
<b>Transport and Communication</b>		5200							
Pick up		5216							
Motorcycle		5217							
Bicycle		5218							
Animal cart		5219							
Boat/canoe		5220							
Outboard engine		5221							
Computer		5222							
Satellite/decoder (cable TV) s		5223							
Radio		5224							
Television and antennae		5225							
<b>Recreation and Culture</b>		5300							
Cassette/CD/DVD -Blank		5301							
Records musical		5302							
Photography Service (Portraits, weddings, etc)		5303							
V video- recorders/cameras		5304							
Radio/Cassette/CD Player		5305							
Hi -Fi Stereo		5306							
Pre-Recorded cassettes		5307							
Other musical instruments e.g. guitar		5308							
Pianos/organs		5309							
Calculators		5310							
Toys and games		5311							
Hotel Accommodation		5312							
Tour Packages		5313							

	M01	M02	M03		M04	M05	M06	M07	
	Over the past one year (twelve months), did any member of the household purchase or pay for any [...]	NO...2 (»M04)	Item code	How much did you pay in total?		Does your household own any [...]	How many (ITEMS) do you own?	What is the age of this (ITEM)? <b>If more than one item Average age</b>	If you wanted to sell one of this [ITEM] today, how much would you receive? <b>If more than one item average value</b>
				Number	KSHS	YES.....1 <b>&gt;&gt; NEXT ITEM</b>	NUMBER	YEARS	KSHS
<b>Recreation and Culture</b>		5300							
Club membership fees		5314							
Sports/games charges		5315							
Other recreation/entertainment (specify)		5316							
<b>Other Non-consumption Expenditure</b>		5400							
Fees for Legal Services		5401							
Memberships of Professional Associations		5402							
Birth/Marriage/Death Certificates		5403							
Coffin, Funeral Urns, and Tombstones		5404							
Road Licenses		5405							
Newspaper Notices/Advertisements		5406							
Service of Marriage Counselors		5407							
Fines		5408							
Money Lost or Stolen (unrecovered)		5409							
Life insurance		5410							
House insurance		5411							
Education insurance		5412							
Other insurance		5413							
Non Agricultural land		5414							
Borehole construction/repair		5415							
Water purification systems		5416							
Fixed line telephone costs		5417							
Sewage collection		5418							
Toilet emptying services		5419							

**SECTION N: AGRICULTURE HOLDING**

[ASK OF ALL THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD]. THE TIME REFERENCE IS THE LAST 12 MONTHS.

LIST IN N03 ALL PARCELS BEFORE COLLECTING DETAILS ON EACH.

N01: Did any member of the household engage in farming in the last 12 months, whether self-employed or as a tenant?													YES 1		NO 2		»SECTION P	
N02 P A R C E L  I D	N03 Please tell me about each parcel of land that a HH member farmed during the last 12 months within this district.  WRITE A NAME TO IDENTIFY PARCEL	N04 Who in the household makes the decisions on input use and cropping activities on this parcel? IF PRESENT, ASK FOLLOWING QUESTIONS TO THIS PERSON. ID CODE NON MEMBER....98	N05 What is the size of the parcel? LAND AREA IN ACRES (one decimal place)  DK 98 ACRES	N06 What is the general texture of the soil on this parcel:  LOAMY 1 SANDY 2 BETWEEN SANDY & CLAY 3 CLAY 4 OTHER 5	N07 What is the slope of this parcel:  1 FLAT 1 2 SLIGHT SLOPE 2 3 MODERATE SLOPE 3 4 STEEP/ HILLY 4 5 OTHER 5	N08 What crops were grown on this parcel in the last 12 months? LIST MOST IMPORTANT FIRST. SEE CODES IN MANUAL					N09 Does HH own this parcel?  YES 1 NO 2 »N11	N10 Does HH have a title?  YES 1 NO 2 »N12	N11 How does HH operate this parcel (status of operations)?  RENTED/ LEASED 1 FREE -FAMILY 2 FREE-OTHERS 3 COMMUNAL 4 OTHER (SPEC.) 5	N12 Do people buy and sell farmland in this area?  YES 1 NO 2 »N14	N13 If HH were to sell/buy this parcel today, how much could it fetch?  KSHS	N14 How much did you pay in total for your rented/leased parcel in last 12 months?  ESTIMATE VALUE OF ANY IN-KIND PAYMENTS.  answer if N11 = 1 KSHS		
						1st	2nd	3rd	4th	5th								
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

N02	N15	N16	N17	N18	N19	N20	N21	N22	N23	N24	N25
P A R C E L  I D	How many months in the last 12 months did HH practice irrigation on this parcel of land?	What type of irrigation is practised on this parcel?	How does HH get the water for irrigation on this parcel?	How much did HH spend on irrigation water on this parcel?	In how many months does HH have sufficient water for irrigation of this parcel?	Did HH apply any inorganic fertilizer to this parcel in the last 12 months?	How much inorganic fertilizer (Kgs) did the HH apply in the last 12 months?	How much did HH pay for the inorganic fertilizer used on this parcel in the last 12 months?	Where did HH acquire the fertilizer? LIST UP TO 2.	Did HH apply any organic fertilizer to this parcel in the last 12 months?	How much did HH pay for the organic fertilizer used on this parcel in the last 12 months?
	IF 0 MONTHS (»N20)	WATERING CAN 1 HOSEPIPE 2  SPRINKLER 3 CANALS 4 FURROW 5 DRIP 6 OTHER (SPECIFY) 7	DIVERT STREAM 1 BUCKET FROM WELL 2  HANDPUMP FROM WEL 3 TREADLE PUMP 4 MOTORPUMP 5 GRAVITY-FED PIPELINE 6 OTHER (SPECIFY) 7			YES 1 NO 2 (»N24)			MERCHANT 01 RELATIVE 02  NEIGHBOR/FRIENC 03 LOCAL MARKET 04  COOP/ASSOC 05 COMPANY 06 NGO/CBO 07 GOK /GOK AGENCI 08 OTHER (SPECIFY) 09	ANIMAL MANURE, COMPOST, GREEN MANURE  YES 1 NO 2 (»N26)	ESTIMATE VALUE OF ANY IN-KIND PAYMENTS.  KSHS
				KSHS	MONTHS		KGS	KSHS	1st 2nd		KSHS
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

N02  P A R C E L  I D	N26 How much did the HH spend (Kshs.) on the following agricultural inputs in the last 12 month?											N27 What was the HH expenditure in Kshs. on the following items in the last 12 months		
	PESTICIDES	FUEL	LUBRICANTS	ELECTRICITY	MACHINE/ EQUIP REPAIRS	TRACTOR/ OXEN PLOUGH	PURCHASE OF SMALL FARM IMPLIMENTS	FARM REPAIR	LABOUR COSTS	OTHERS	TOTAL  Total	LAND RECLAMATION, CLEARANCE ETC.	ESTABLISHMENT OF LONG TERM CROPS E.G. COFFEE, COTTON ETC	PRCHASE OF MECHANICAL EQUIPMENT E.G. TRACTOR
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

**SECTION O: AGRICULTURE OUTPUT**

[ASK OF ALL THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD]. THE TIME REFERENCE IS THE **LAST 12 MONTHS**.  
LIST ALL CROPS BEFORE COLLECTING DETAILS ON EACH.

O01	O02	O03	O04	O05	O06	O07	O08	O09	O10	O11	O12	O13	O14	O15
	Please tell me all the crops that members of the household farmed in the past 12 months, including <b>cash crops, tree crops and food crops</b> .  CHECK THAT ALL CROPS LISTED IN SECTION N ARE LISTED	On which parcels did HH farm [NAME CROP in O02] ?  RECORD PARCEL IDS LISTED IN <b>SECTION N</b>	Total crop area in <b>ACRES</b> (one decimal place)	Did HH use any purchased seeds for this crop in the last 12 months?	Where did HH acquire the seeds? LIST UP TO TWO.	What quantity of seeds did HH obtain ?	How much did HH pay for the purchased seeds used for this crop?	Did HH use any purchased seedlings for this crop in the last 12 months?	What number of seedlings did HH obtain?	How much did HH pay for the purchased seedlings used for this crop?	Where did HH acquire the seedlings? LIST UP TO TWO.	How much of the [...] did the HH harvest in the last 12 months from all these parcels in which [...] was planted?  IF NONE, ENTER ZERO <b>&gt;&gt;Next crop</b>	How much of the [...] harvested in the last 12 months was consumed?  IF NONE, ENTER ZERO	How much of the [...] harvested in the last 12 months was sold?  IF NONE, ENTER ZERO. <b>&gt;&gt; O19</b>
	CROP NAME   CROP ID	PARCEL ID	ACRES	YES 1 NO 2 <b>(*O09)</b>	MERCHANT 01 RELATIVE 02 NEIGHBOR 03 LOCAL MARKET 04 COOP/ASSOC. 05 PRIVATE COMPANY 06 NGO/CBO 07 GOK AGENCIES 08 OTHER (SPECIFY) 09	Kgs	KSHS	YES 1 NO 2 <b>(*O13)</b>	number	KSHS	MERCHANT 01 RELATIVE 02 NEIGHBOR/FRIEND 03 LOCAL MARKET 04 COOP/ASSOC. 05 PRIVATE COMPANY 06 NGO/CBO 07 GOK AGENCIES 08 OTHER (SPECIFY) 09	QUANTITY   UNIT CODES   BELOW	QUANTITY   UNIT CODES   BELOW	QUANTITY   UNIT CODES   BELOW
					1st   2nd						1st   2nd			
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

**O13 - O21**

UNIT	
KILOGRAMME . . . 1	Tonnes . . . 4
50 KG. BAG. . . 2	Number . . . 5
90 KG. BAG. . . 3	

**O18**

MERCHANT . . . 1	LOCAL MARKET . . . 4	GOK AGENCIES . . . 7
RELATIVE . . . 2	COOP/ASSOC. . . 5	AUCTION
NEIGHBOR . . . 3	PRIVATE	FLOOR . . . . . 8
	COMPANY . . . . . 6	OTHER (SPECIFY) . 9

O01	O16	O17	O18	O19	O20	O21	O22	O23	O24	O25	O26
	What was the <u>total value</u> earned from the [...] sale?	What was the average price paid for the crop during the last 12 months?	To whom was [...] sold to? LIST UP TO 2 BUYERS.	After harvest, how much [...] was used to pay labourers or make other payments? IF NONE, ENTER ZERO.	How much of the [...] harvested in the last 12 months is <u>still being stored</u> by household? IF NONE, ENTER ZERO.	How much of the [...] harvested in the last 12 months was used as seeds by household? IF NONE, ENTER ZERO.	How much of the [...] harvested in the last 12 months was given out as gifts by the household? IF NONE, ENTER ZERO.	How much of the [...] harvested in the last 12 months was <u>lost / wasted</u> by household? IF NONE, ENTER ZERO and >>O25.	What was the cause of the loss or wastage? LIST TWO MAIN REASONS  WEEVILS 1 MICE/RAT 2 FLOOD 3 WILD ANIMALS 4 THEFT 5 OTHER (SPECIFY) 6	For this crop, how many days of labour did HH hire? Include all tasks - clearing, ridging, planting, weeding, harvest. IF NONE, ENTER ZERO and >>next CROP	How much did HH pay for the total amount of labour used for this crop in the last 12 months?  ESTIMATE VALUE OF ANY IN-KIND PAYMENTS.
	KSHS	KSHS/Unit	CODES BELOW 1 2	UNIT CODES BELOW QTY	UNIT CODES BELOW QTY	UNIT CODES BELOW QTY	UNIT CODES BELOW QTY	UNIT CODES BELOW QTY	REASON 1 REASON 2	MAN-DAYS OF LABOUR	KSHS
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

**SECTION P: LIVESTOCK**

[ASK OF THOSE CONCERNED WITH ANIMAL HUSBANDRY IN THE HOUSEHOLD]. THE TIME REFERENCE IS THE LAST TWELVE MONTHS.

P01: Has any member of your household raised or owned livestock, poultry, fish, bees etc during the past 12 months?  Yes 1  
 No 2 (»SECTION Q)

I D C O D E	P02	P03	P04	P05	P06	P07	P08	P09	P10
	Please give me the types of all animals that any member of the household raised in the last twelve months.  <i>See the manual for livestock codes</i>	How many [...] does household own at present?	If household <u>sold one</u> of those [...] today, how much money could household get for it?  (AVG. PRICE)	How many [...] did household <u>sell</u> during the last twelve months?  <i>IF NONE, ENTER ZERO</i>  IF ZERO, »P07	How much did household receive for the sale of all these [...] during the last 12 months?  <i>INCLUDE VALUE OF IN-KIND PAYMENTS</i>	How many [...] did household consume during the last 12 months?  <i>IF NONE, ENTER ZERO</i>	How many [...] <u>died</u> during the last 12 months?  <i>IF NONE, ENTER ZERO</i>	How many of your [...] <u>were lost or were stolen</u> during the last 12 months?  <i>IF NONE, ENTER ZERO</i>	How many of your [...] <u>were given away</u> during the last 12 months?  <i>IF NONE, ENTER ZERO</i>
	ANIMAL	ANIMAL CODE	No. OF ANIMALS	KSHS	No. OF ANIMALS	KSHS	No. OF ANIMALS	No. OF ANIMALS	No. OF ANIMALS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

I D C O D E	P11	P12	P13	P14	P15	P16	P17	P18	P19							ANIMAL CODE
	ANIMAL CODE	Did household purchase any (...) in the last 12 months  YES 1 NO 2 (*P15)	How many [...] did household purchase during the last 12 months?  No. OF ANIMALS	How much did household pay in total for these [...] during the last 12 months?  INCLUDE VALUE OF IN-KIND PAYMENTS KSHS	How many [...] were born during the last 12 months?  IF NONE, ENTER ZERO No. OF ANIMALS	How many [...] were received by your household during the last 12 months?  IF NONE, ENTER ZERO No. OF ANIMALS	For all your (...), how many days of labour did HH hire in the last 12 months? Include all tasks - (herding, feeding, milking etc) IF NONE, ENTER ZERO and »P19  PERSON-DAYS OF LABOUR	How much did HH pay for the total amount of labour used on this (...) in the last 12 months?  ESTIMATE VALUE OF ANY IN-KIND PAYMENTS. KSHS	How much did the HH spend on the following livestock inputs in the last 12 month?							
								Drugs and medicines	Vaccines	Water	Livestock chemicals(dipping and spraying)	Livestock manufactured feeds	Livestock fodder	Artificial Insemination	Livestock Insurance	
								KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

I D C O D E	P19 How much did the HH spend on the following livestock inputs in the last 12 month?							P20 Who is the main provider of Artificial Insemination? FOR CATTLE ONLY		P21 Who is the main provider of veterinary (animal treatment) services?		P22 What was the household expenditure in KSHS on the following items in the last 12 months?	
	fuels	lubricants	electricity	machinery/equipment repairs	purchase of small farm implements	Farm repair	Other	Total	Government	1	Government	1	Cattle sheds, paddocks and other livestock constructions
KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	Private Vet	2	Private Vet	2	Kshs	
								None	3	Self	3		
								Others specify	4	None	4		
									5	Others specify	5		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

I D C O D E	P23	P24	P25	P26
	What quantity of (PRODUCE) did you get in the last one month?	Of what was produced how much was sold? IF NONE, ENTER ZERO and >>P26 Codes below	To whom was the produce sold? See codes below	What quantity of produce was given out?
	SEEE CODES ON THE RIGHT SIDE	SEEE CODES ON THE RIGHT SIDE		
	Quantity	unit	Quantity	Value(KSHS)
			Quantity	Unit

1	Milk								
2	Eggs								
3	Honey								
4	Wool/fur								
5	Hides/skins								
6	Beef								
7	Pork								
8	Mutton/Goat meat								
9	Fish								
10	Chicken meat								
11	Other								
12									

**P23,P24,P26**

Kilogramme 1

Litre 2

Number 3

Trays 4

5-litre jerry can 5

**P25**

co-operative. ... 1

KCC .... 2 2

Factory/Trader.. 3

KFA ..... 4 4

Local Mkt 5

Roadside 6

On Farm 7

Company 8

Others 9

**SECTION Q: HOUSEHOLD ENTERPRISES**

[ASK OF HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

Q01. Over the past month, has anyone in your household operated any **non-agricultural income-generating enterprise** which produces goods or services or has anyone in your household owned a shop or operated a trading business?  
 (Enterprises include posho mill , jua kali business, water kiosks/vendor, solid waste collection, etc. (informal enterprises)

YES . 1  
 NO . 2  
 (»NEXT SECTION)

Q02	Q03	Q04	Q05	Q06	Q07	Q08	Q09	Q10	Q11	Q12	Q13
	What <u>income-generating activities</u> did individuals in the household operate over the past month?  <b>COLLECT INFORMATION ON ALL income-generating activities HERE BEFORE GOING ON TO COLLECT DETAILS ON EACH.</b>	Type of income generating activity  SINGLE Product/Service 1 MIXED (2 products/service) 2 MIXED (more than 2 products/service) 3	Who in the household <u>owns</u> this income-generating activity?  <b>CAN LIST UP TO TWO OWNERS. ID CODES MUST BE FROM HH ROSTER</b>	How many individuals outside of the household are co-owners of this income generating activity?  <b>IF NONE, WRITE 0.</b>	Who in the household <u>manages</u> this income generating activity or is most familiar with it?  <b>IF CO-MANAGERS, LIST BOTH. IF PRESENT, ASK FOLLOWING QUESTIONS TO MANAGER(S).</b>	How many months during the last 12 months did household operate this income generating activity?	<u>Where</u> does household operate the income generating activity?  HOME, INSIDE RESIDENCE 01 HOME OUTSIDE RESIDENCE 02 JUA KALI Sheds 03 LOCAL MARKET 04 COMMERCIAL AREA SHOP 05 ROADSIDE 06 OTHER FIXED PLACE 07 MOBILE 08 KIOSKS 09 OTHER (Specify) 10	How long, has this income generating activity been in existence?  YEARS MONTHS	Is this income-generating activity officially registered with the Registrar of Companies?  YES 1 NO 2 DK 3	How many <u>household members</u> are engaged in this income-generating activity?  <b>IF NONE, ENTER ZERO</b>	How many <u>employees</u> are there who are <u>not household members</u> in the last <u>one month</u> ?  IF NONE, ENTER ZERO
	WRITTEN DESCRIPTION	DIGIT CODE BY SUP	OWNER 1 ID CODE OWNER 2 ID CODE	NUMBER	MAN. 1 ID CODE MAN. 2 ID CODE	NUMBER OF MONTHS				MALES FEMALE	MALES FEMALE
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Q02	Q14 When the income-generating activity is running, how many hours per week does each employee work on average?	Q15 What was the main source of <u>start-up capital</u> for this income-generating activity? CAN LIST UP TO THREE.			Q16 What were the <u>total sales</u> for the income-generating activity?	Q17 What were the <u>business costs</u> last month in the following categories? <b>IF NONE, ENTER ZERO</b>										Q18 To whom do you sell your products or services? LIST UP TO 2 BUYERS.		Q19 Over the past six months, did you earn a profit, make a loss, or just break even?	Q20 What was the <u>amount you earned or lost</u> from this income-generating activity over the past six month?  <b>IF A LOSS (COSTS GREATER THAN SALES), PUT FIGURE IN PARENTHESES.</b>			
		LOAN FROM FAMILY/FRIENDS				Rent	Salaries, wages	Licences and Taxes	Electricity and water	Insurance	purchase of business wares and Goods for resale	Transport	purchase of inputs and other raw materials for producing final goods or for providing services	Other	TOTAL COSTS	FINAL CONSUMERS	SMALL BUSINESS			EARNED A PROFIT	LOSS	BROKE EVEN
	HOURS PER WEEK	1st	2nd	3rd	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	KSHS	1st	2nd	1	2	3	(=NEXT Economic activity)	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						

**SECTION R: TRANSFERS**

[ASK OF HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

R01: Has the household received or given out any transfers (cash or in-kind) (include CEREMONIAL EXPENDITURES) during past 12 months?

YES . 1  
NO . 2  
(=>R10)

R02	R03					R04					R05					R06	R07	R08	R09
Over the past 12 months, did household <u>receive</u> any gifts (in cash or in-kind) from any source (Individuals / family/institutions) outside your household?	What was the total value of all <u>cash</u> received as a gift from (....) in the last 12 months?					What was the total value of all <u>food</u> received as a gift from (....) in the last 12 months?					What was the total value of <u>all other in-kind gifts</u> received from (...) in the last 12 months?					Over the past 12 months, did household <u>give out</u> any gifts (in cash or in-kind) to any individuals/institutions?	What was the total value of all <u>cash</u> given as a gift to individuals/institution in the last 12 months?	What was the total value of all <u>food</u> given as a gift to individuals/institution in the last 12 months?	What was the total value of <u>all other in-kind gifts</u> to individuals/institutions in the last 12 months?
YES 1 NO 2 (=>R06)	Kshs					Kshs					Kshs					YES 1 NO 2 (=>R10)	1 2 KSHS	KSHS	KSHS
	Individual	Non profit Institution	Government	Corporate Sector	Outside Kenya	Individual	Non profit Institution	Government	Corporate Sector	Outside Kenya	Individual	Non profit Institution	Government	Corporate Sector	Outside Kenya				

R10	R11			
Which individuals in the household were members of a self-help group in the past 12 months?	Type of self-help group member belongs to			
ID CODE	WOMEN'S/MEN'S GROUP	1		
	MERRY-GO-ROUND	2		
	YOUTH-RELATED	3		
	RELIGIOUS-RELATED	4		
	FAMILY-RELATED	5		
	SOCIAL WELFARE GROUPS	6		
	OTHER (SPECIFY)	7		
	TYPE	TYPE	TYPE	TYPE
	1	2	3	4


**SECTION S: OTHER INCOME**

[ASK OF HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

S01: Has any member of your household received any other income ( <b>NOT MENTIONED ELSEWHERE</b> ) in the past 12 months? <span style="float: right; border: 1px solid black; padding: 2px 10px;"> </span>										YES . 1 NO . 2 (»NEXT SECTION)		
S02  Do any members of your household receive any regular income from <u>savings, interest</u> or other investment income?	S03  How much does your household receive in savings, interest or other investment income?	S04  Do any members of your household receive any regular income from a <u>pension</u> ?	S05  How much did your household receive in pension income in the last month?	S06  Do any members of your household receive any regular income from <u>rental of property</u> ?	S07  How much does your household usually receive in rental income per month?					S08  Do any members of your household receive any regular income of any other type?	S09  What type of income? (Describe)	S10  How much does your household usually receive from this other income(s) per month in KSHS?
YES 1 NO 2 (»S04)	KSHS	YES 1 NO 2 (»S06)	KSHS	YES 1 NO 2 (»S08)	RESIDENTIAL KSHS	COMMERCIAL KSHS	LAND KSHS	SUB SOIL ASSETS KSHS	OTHER PROPERTY (Specify) KSHS	YES..... 1 NO ..... 2 (» S11)	Type 1   Type 2	Type 1   Type 2

S11  Did any member of your HH receive any other sort of income (Non Regular) in the last 12 months?	S12  What type of income (Describe)	S13  How much in total did the HH receive in form of this income(s) (Non Regular) in the last 12 months?
YES 1 NO 2 (»NEXT SECTION)	Type 1   Type 2	KSHS

**SECTION T: RECENT SHOCKS TO HOUSEHOLD WELFARE**

[ASK OF HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

T01	T02	T03		T04	T05	T06	T07	T08		
	Over the past <b>five years</b> , was your household severely affected negatively by any of the following events?  <b>GO THROUGH ENTIRE LIST BEFORE PROCEEDING TO T03.</b>	Rank the three most significant shocks you experienced  Most severe 1 Second most severe 2 Third most severe 3		What was the estimated value lost due to this shock?  KSHS	Did <b>[THIS SHOCK]</b> cause a reduction in household income and/or assets?  INCOME LOSS 1 ASSET LOSS 2 LOSS OF BOTH 3 NEITHER 4	<b>[THIS SHOCK]</b> affected: [READ]  OWN HH ONLY 1 SOME OTHER HH TOO 2 MOST HH IN COMMUNITY 3 ALL HH IN COMMUNITY 4	How long ago did <b>[THIS SHOCK]</b> occur?  YEARS MONTHS	What did you do in response to <b>[THIS SHOCK]</b> to try to cope / regain your former welfare level?  [LIST UP TO 3 BY ORDER OF IMPORTANCE, CODES AT RIGHT.]		
CODE		YES 1 NO 2 (->NEXT ITEM)							spent cash saving 01	
101	Drought or Floods		<b>THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN T03.</b>  <b>LEAVE ALL OTHER ROWS BLANK.</b>						Sent children to live with relatives 02	
102	Crop disease or crop pests									Sold assets (tools, furniture etc) 03
103	Livestock died or were stolen									Sold farm land 04
104	Household business failure, non-agricultural									Rented out farm land 05
105	Loss of salaried employment or non-payment of salary									Sold animals 06
106	End of regular assistance, aid, or remittances from outside HH									Sold more crops 07
107	Large fall in sale prices for crops									Worked more, worked longer hours 08
108	Large rise in price of food									Other household members who weren't working went to work 09
109	Large rise in agricultural input prices									Started a new business 10
110	Severe water shortage									Removed children from school to work 11
111	Chronic/severe illness or accident of household member									Went elsewhere to find work for more than a month 12
112	Birth in the household									Borrowed money from relatives 13
113	Death of HH head									Borrowed money from money lender 14
114	Death of working member of household									Borrowed money from institutions (banks etc) 15
115	Death of other family member									Received help from religious institutions 16
116	Break-up of the household									Received help from local NGO 17
117	Jailed									Received help from international NGO 18
118	Fire									Received help from Government 19
119	Carjacking/Robbery/burglary/assault									Received help from family/friends 20
120	Dwelling damaged, destroyed									Reduced food consumption 21
121	HIV/AIDS									Consumed lower cost, but less preferred foods 22
122	Other 1 _____									Reduced non food expenditures 23
123	Other 2 _____									Spiritual help- prayers, sacrifices, consulted diviner etc 24
									Others specify 25	

**SECTION U: CREDIT**

**ASK OF HOUSEHOLD HEAD AND PERSONS RESPONSIBLE FOR LOANS LISTED.**

U01 Over the past <b>12 months</b> , did you or anyone else in this household borrow from someone outside the household or from an institution receiving either cash, goods or services?											<input type="checkbox"/> YES . 1 <input type="checkbox"/> NO . 2 >>U12				
U02	U03	U04	U05	U06	U07	U08				U09	U10	U11	U12	U13	U14
	What are the names of the persons or institutions from whom you or anyone else in your household borrowed over the past 12 months?  LIST ALL NAMES BEFORE GOING TO THE NEXT QUESTION.	CODE SOURCE OF LOAN   USE CODES AT LOWER RIGHT	Which household member   ID CODE	What was main reason for obtaining loan? Was it: [READ]  Subsistence needs 01 Medical cost 02 School fees 03 Ceremony/Wedding 04 Purchase land 05 Purchase agricultural inputs 06 Other business inputs 07 purchase agricultural Machinery 08 Purchase/Constructioin of dwelling 09 Other (Specify) 10	How much was borrowed?  ENTER THE VALUE OF ITEMS ACQUIRED ON CREDIT  KSHS	When did you get the loan?  JAN 01 JUL 07 FEB 02 AUG 08 MAR 03 SEP 09 APR 04 OCT 10 MAY 05 NOV 11 JUN 06 DEC 12  CALENDAR CALENDAR MONTH YEAR				Rate of interest per annum	Repayment period of loan in months	How much is outstanding (awaiting to be repaid)  (GO TO NEXT  LOAN. WHEN  ALL LOANS,  DONE >>U12)  KSHS	During the last 12 months, did you try to borrow from someone outside the household or from an institution and were turned down?  YES 1 NO 2  (>> U14)  STILL AWAITING WORD ON LOAN 3  IF =3 END INTERVIEW	Who turned you down? LIST UP TO 2.  USE CODE BELOW.  1ST 2ND	Why did you not attempt to borrow in the last 12 months? [WRITE UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.]  No need 01 Believed would be refused 02 Too expensive 03 Too much trouble for what it is worth 04 Inadequate collateral 05 Do not like be in debt 06 Do not know any lender 07 Others specify 08  1ST 2ND

1															
2															
3															
4															
5															
6															
7															
8															

**CODES FOR U04 & U13**

COMMERCIAL BANKS	01	GROCERY/LOCAL MERCHANT	08
MICRO-FINANCE INST.	02	MONEY LENDER (Shylock)	09
BUILDING SOC./MORTGAGE	03	EMPLOYER	10
INSURANCE COMPANIES	04	RELIGIOUS INST.	11
SACCOS	05	NGO	12
OTHER FINANCIAL INST.	06	SELF-HELP GROUPS	13
NEIGHBOURS / FRIENDS	07	OTHER (Specify)	14