



0.11 Identification Code

[illegible]

CORE WELFARE INDICATORS QUESTIONNAIRE (CWIQ)
WELFARE MONITORING SURVEY III

CONFIDENTIAL

DAY MONTH YEAR

0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2		2	2	2	2
3	3		3	3	3	3
4			4	4	4	
5			5	5	5	
6			6	6	6	
7			7	7	7	
8			8	8	8	
9			9	9	9	

HOURS MIN

0	0	0	0
1	1	1	1
2	2	2	
3	3	3	
4	4	4	
5	5	5	
6		6	
7		7	
8		8	
9		9	

ⓐ AM

Ⓟ PM

☒ YES

☒ NO

QUESTIONNAIRE INSTRUCTIONS

**STEP 1: BUBBLE IN ALL THE ANSWERS.
VERIFY THERE IS ONLY ONE ANSWER PER
QUESTION, UNLESS OTHERWISE SPECIFIED**

STEP 2: EXAMINE ALL NUMBER GRIDS AND MAKE SURE THE NUMBERS BUBBLED IN MATCH THE NUMBERS WRITTEN IN THE BOX ABOVE EACH GRID.

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

!!! IMPORTANT!!!

Create an identification code above, by combining district, cluster and household number. Write this number NOW on top of all odd numbered pages, including this one.

COMMENTS

PART 1: HOUSEHOLD ROSTER, ALL MEMBERS

Write down names of all persons who normally live and eat together in this household, 9 out of the last 12 months, starting with the head. EXCLUDE VISITORS.

[illegible]

1.1 ENTER THE SEX OF EACH MEMBER LISTED IN THE BOXES ABOVE

[illegible]

1.2 IGNORE THIS QUESTION

[illegible]

1.3 What is [NAME] 's relationship to the head of the household

[illegible]

1.4 AGE at last birthday (in years)

Fill 00 if
under 1 year
old.

- Begin with 0
- for ages ≤ 9 .
- Fill 99 for all
- ages > 99
- years.

[illegible]

1.5 Marital Status

[illegible]

LITERACY

1.6 Can [NAME] read and write ? (Members 15 and older)

[illegible]

1.7 Has [NAME] ever attended adult literacy classes ? (Members 15 and older)

[illegible]

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PART 1: HOUSEHOLD ROSTER (Continued)

[illegible][illegible][illegible]

School Codes

00 Pre School	
01 STD1	13 Form2
02 STD2	and KJSE
03 STD3	14 Form3
04 STD4	15 Form4
05 STD5	16 Form4
06 STD6	and KCSE
07 STD7	17 Form5
08 STD7	18 Form6
and CPE	19 Form6
09 STD8	and A Level
10 STD8	20 University
and KCPE	21
11 Form1	22 Technical
12 Form2	23 Informal

→ 1.13 What is the highest level [NAME] completed or is attending ? (see school codes)

[illegible]

1.15 What school level was [NAME] in during the previous school year ?

**GO TO THE
NEXT PAGE**

PART 1: HOUSEHOLD ROSTER (Cont.)

MEMBER
NUMBER

1 2 3 4 5 6 7 8 9 10 11 12

HEALTH

1.16 Was [NAME] in need of medical care (including pre or post-natal care) during the past month? (Skip to 1.25 if NO)

YES Y Y Y Y Y Y Y Y Y Y Y Y

NO (Go to 1.25) N N N N N N N N N N N N

1.17 Why did [NAME] need medical care? (see codes below)

00	00	00	00	00	00	00	00	00	00	00	00
01	01	01	01	01	01	01	01	01	01	01	01
02	02	02	02	02	02	02	02	02	02	02	02
03	03	03	03	03	03	03	03	03	03	03	03
04	04	04	04	04	04	04	04	04	04	04	04
05	05	05	05	05	05	05	05	05	05	05	05
06	06	06	06	06	06	06	06	06	06	06	06
07	07	07	07	07	07	07	07	07	07	07	07
08	08	08	08	08	08	08	08	08	08	08	08
09	09	09	09	09	09	09	09	09	09	09	09

1.18 How many days was [NAME] sick?

00	00	00	00	00	00	00	00	00	00	00	00
01	01	01	01	01	01	01	01	01	01	01	01
02	02	02	02	02	02	02	02	02	02	02	02
03	03	03	03	03	03	03	03	03	03	03	03
04	04	04	04	04	04	04	04	04	04	04	04
05	05	05	05	05	05	05	05	05	05	05	05
06	06	06	06	06	06	06	06	06	06	06	06
07	07	07	07	07	07	07	07	07	07	07	07
08	08	08	08	08	08	08	08	08	08	08	08
09	09	09	09	09	09	09	09	09	09	09	09

1.19 How many days did [NAME] miss from work/school due to illness?

00	00	00	00	00	00	00	00	00	00	00	00
01	01	01	01	01	01	01	01	01	01	01	01
02	02	02	02	02	02	02	02	02	02	02	02
03	03	03	03	03	03	03	03	03	03	03	03
04	04	04	04	04	04	04	04	04	04	04	04
05	05	05	05	05	05	05	05	05	05	05	05
06	06	06	06	06	06	06	06	06	06	06	06
07	07	07	07	07	07	07	07	07	07	07	07
08	08	08	08	08	08	08	08	08	08	08	08
09	09	09	09	09	09	09	09	09	09	09	09

1.20 Has [NAME] received treatment/medications for this ailment (Skip to 1.24 if NO)

YES Y Y Y Y Y Y Y Y Y Y Y Y

NO (Go to 1.24) N N N N N N N N N N N N

1.21 What kind of health provider did [NAME] seek treatment from?

Private dispensary	1	1	1	1	1	1	1	1	1	1	1
Public dispensary	2	2	2	2	2	2	2	2	2	2	2
Community Health Center	3	3	3	3	3	3	3	3	3	3	3
Private Hospital	4	4	4	4	4	4	4	4	4	4	4
Provincial or District Hospital	5	5	5	5	5	5	5	5	5	5	5
Missionary hospital/dispensary	6	6	6	6	6	6	6	6	6	6	6
Pharmacist/Drugstore/Chemist	7	7	7	7	7	7	7	7	7	7	7
Private doctor/dentist	8	8	8	8	8	8	8	8	8	8	8
Traditional/Faith healer	9	9	9	9	9	9	9	9	9	9	9

Illness codes for question 1.17

- | | |
|----------------------------------|------------------------------|
| 01 Fever / Malaria | 13 Other abdominal condition |
| 02 Measles | 14 Goitre |
| 03 Diarrhoea / Gastro intestinal | 15 HIV/AIDS or STD |
| 04 Accident / Injury | 16 Pre/Post natal care |
| 05 Typhoid | 17 Delivery care |
| 06 Tuberculosis | 18 Gynecological condition |
| 07 Cholera | 19 Nutrition program |
| 08 Pneumonia | 20 Tetanus |
| 09 Whooping cough | 21 Mental problems |
| 10 Ear Nose and Throat | 22 Leprosy |
| 11 Eye condition | 23 Elephantiasis |
| 12 Skin condition | 24 Other |
| | 25 Dental |

PART 1: HOUSEHOLD ROSTER (Cont.)

Identification Code[illegible]**MEMBER NUMBER**

1.22 How many times did [NAME] visit the service in the past month?

HEALTH (Cont.)

[illegible]

1.23 Did [NAME] meet any problems at the time of the visit ? *Interviewer, you may mark more than one answer*
Interviewer, probe respondent and estimate answer.

[illegible]

1.24 If [NAME] did not use medical care in the past 4 weeks, explain why.

[illegible]

**INTERVIEWER, COMPLETE NOW THE FOLLOWING FORM ON HEALTH,
AND THEN RETURN TO THIS QUESTIONNAIRE**

1.25 Mark here all members who are 5 years or older

[illegible]

EMPLOYMENT
(members 5
years or older)

1.26 Has [NAME] had gainful employment during the past 7 days ?

[illegible]

1.27 Has [NAME] been looking for work in the past 7 days ?

[illegible]

1.28 What was [NAME]'s job during the past 12 months (Skip to 1.30 if none)

[illegible]

1.29 Who does [NAME] work for ?

[illegible]

1.30 What kind of position/situation does [NAME] hold ?

[illegible]

PART 2: CHILD ROSTER (Children under 5)

2.1 Enter Here the child number from the household roster. Enter mother number to the right of each child number.

MOTHER NUMBER		MOTHER NUMBER		MOTHER NUMBER		MOTHER NUMBER	
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

2.2 Enter the child's date of birth.

D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	

2.3 What was the place of child delivery ?

Hospital / Health facility (1)
At home (2)
Other (3)

(1)
(2)
(3)

(1)
(2)
(3)

(1)
(2)
(3)

2.4 Who delivered the child ?

Doctor (1)
Nurse (2)
Midwife (3)
T.B.A (4)
Self (5)

(1)
(2)
(3)
(4)
(5)

(1)
(2)
(3)
(4)
(5)

(1)
(2)
(3)
(4)
(5)

2.5 What was the child's birthweight (in kilos, with one decimal point, i.e 4.6 kilos)

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

2.6 Has the child ever attended growth monitoring ?

YES (Y)
NO (N)

(Y)
(N)

(Y)
(N)

(Y)
(N)

2.7 Does the child have a health card?

YES (Y)
NO (N)

(Y)
(N)

(Y)
(N)

(Y)
(N)

2.8 Did the child receive BCG immunization (Skip to 2.12 if no)

YES (Y)
NO (N)

(Y)
(N)

(Y)
(N)

(Y)
(N)

[illegible]

2.9 Date of immunization (BCG)

D	D	M	Y	Y
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3		3	3
	4		4	4
	5		5	5
	6		6	6
	7		7	7
	8		8	8
	9		9	9

D	D	M	M	Y	Y
0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

D	D	M	M	Y	Y
0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

D	D	M	Y	Y
0	0	0	0	0
1	1	1	1	1
2	2		2	2
3	3		3	3
	4		4	4
	5		5	5
	6		6	6
	7		7	7
	8		8	8
	9		9	9

2.10 Did the child receive POLIOB Immunization (Skip to 2.12 if no)

YES ☒
NO ☐
D D M M Y Y

DDMMYY

DDMMYY

DDMMYY

2.11 Date of immunization (POLIOB)

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2		2	2	2	2
3	3		3	3	3	3
	4		4	4	4	4
	5		5	5	5	5
	6		6	6	6	6
	7		7	7	7	7
	8		8	8	8	8
	9		9	9	9	9

2.12 Did the child receive POLIO1 immunization (Skip to 2.14 if no)

YES (Y)
NO (N)
D D M M Y Y

(Y)
 (N)
 D D M M Y Y

ADMMY

DDMMYY

2.13 Date of immunization (POLIO1)

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

2.14 Did the child receive POLIO2 immunization (Skip to 2.16 if no)

YES ☒ (Y)
NO ☒ (N)

Y
N
D D M M Y Y

Y
N
D D M M Y Y

DDMMYY

2.15 Date of immunization (POLIO2)

	0	1	2	3	4	5	6	7	8	9
0	0	1	2	3	4	5	6	7	8	9
1	1	2	3	4	5	6	7	8	9	0
2	2	3	4	5	6	7	8	9	0	1
3	3	4	5	6	7	8	9	0	1	2
4	4	5	6	7	8	9	0	1	2	3
5	5	6	7	8	9	0	1	2	3	4
6	6	7	8	9	0	1	2	3	4	5
7	7	8	9	0	1	2	3	4	5	6
8	8	9	0	1	2	3	4	5	6	7
9	9	0	1	2	3	4	5	6	7	8

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

2.16 Did the child receive POLIO3 immunization
(Skip to 2.18 if no)

YES ☒

NO ☐

D D M M Y Y

DDMMYY

DDMMYY

DDMMYY

2.17 Date of immunization (POLIO3)

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	3		3	3	3
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
5			5	5	5
6			6	6	6
7			7	7	7
8			8	8	8
9			9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	3		3	3	3
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
	4		4	4	4
	5		5	5	5
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

Identification
code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2.27 How many
months was the
child EXCLUSIVELY
breastfed ?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2.28 How many
months was the
child breastfed ?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2.29 At what age (in
months) did the child
receive his/her first
supplement ?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2.30 What type of first supplement was given to the child ?

Milk other than breast
Commercial infant food/formula
Plain porridge maize / millet / other
Fortified porridge maize
Semi solids
Water and sugar
Tea
Other _____

1
2
3
4
5
6
7
8
9

1
2
3
4
5
6
7
8
9

1
2
3
4
5
6
7
8
9

1
2
3
4
5
6
7
8
9

2.31 What is the child's current weight (in kilos, with one decimal point, i.e 15.4 kilos)
and current height (in cm, with one decimal point, i.e 46.7 cm)

WEIGHT

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

HEIGHT

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

WEIGHT

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

HEIGHT

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

WEIGHT

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

HEIGHT

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

WEIGHT

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

HEIGHT

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Note: include only children 6 to 60 months old. If child is under 2 years old, measure lying down.

PART 3: HOUSEHOLD AMENITIES

3.1 What is the material of the walls of the house ?

- | | |
|-------------------------|-----|
| Mud / cowdung | (1) |
| Stone | (2) |
| Cement / Bricks | (3) |
| Wood | (4) |
| Roasted bricks | (5) |
| Grass / Sticks / Makuti | (6) |
| Iron sheets | (7) |
| Other _____ | (8) |

3.4 What is the main source of drinking water DURING THE DRY SEASON?

- | | |
|---------------------------------|-----|
| Piped into dwelling or compound | (1) |
| Public outdoor tap or borehole | (2) |
| Protected well | (3) |
| Unprotected well, rainwater | (4) |
| River, lake, pond | (5) |
| Vendor, truck | (6) |
| Other _____ | (7) |

3.7 How long does it take you to get water DURING THE RAINY SEASON ? (includes transportation to the water and waiting time if applicable)

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

3.10 What is the main source of lighting?

- | | |
|-------------------|-----|
| Kerosine/Paraffin | (1) |
| Gas | (2) |
| Electricity | (3) |
| Candles | (4) |
| Firewood | (5) |
| Other _____ | (6) |

3.13 How long does it take from here to reach the nearest pre-primary school ?

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

3.16 How long does it take from here to reach the nearest formally qualified doctor's office?

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

3.2 What is the material of the floor of the house ?

- | | |
|-------------------------|-----|
| Mud / cowdung | (1) |
| Stone | (2) |
| Cement / Bricks | (3) |
| Wood | (4) |
| Roasted bricks | (5) |
| Grass / Sticks / Makuti | (6) |
| Other _____ | (7) |

3.5 What is the main source of drinking water DURING THE RAINY SEASON?

- | | |
|---------------------------------|-----|
| Piped into dwelling or compound | (1) |
| Public outdoor tap or borehole | (2) |
| Protected well | (3) |
| Unprotected well, rainwater | (4) |
| River, lake, pond | (5) |
| Vendor, truck | (6) |
| Other _____ | (7) |

3.8 What kind of toilet facility does your household use?

- | | |
|----------------------------------|-----|
| None | (1) |
| Flush to sewer | (2) |
| Flush to septic tank | (3) |
| Pan/Bucket | (4) |
| Covered pit latrine | (5) |
| Uncovered pit latrine | (6) |
| Ventilation Improved Pit Latrine | (7) |
| Other _____ | (8) |

3.11 How long does it take from here to reach the nearest food market?

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

3.14 How long does it take from here to reach the nearest primary school ?

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

3.17 How long does it take from here to reach the nearest outpatient dispensary / community health center?

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

3.3 What is the material of the roof of the house ?

- | | |
|-------------------------|-----|
| Mud / cowdung | (1) |
| Stone | (2) |
| Cement / Bricks | (3) |
| Wood | (4) |
| Roasted bricks | (5) |
| Grass / Sticks / Makuti | (6) |
| Iron sheets | (7) |
| Other _____ | (8) |

3.6 How long does it take you to get water DURING THE DRY SEASON ? (includes transportation to the water and waiting time if applicable)

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

3.9 What is the main source of cooking fuel?

- | | |
|----------------------|-----|
| Firewood | (1) |
| Charcoal | (2) |
| Kerosine/Oil | (3) |
| Gas | (4) |
| Electricity | (5) |
| Crop residue/Sawdust | (6) |
| Animal waste | (7) |
| Other _____ | (8) |

3.12 How long does it take from here to reach the nearest public transportation (bus stop, train station, other pub. transp.) ?

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

3.15 How long does it take from here to reach the nearest secondary school ?

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

3.18 How long does it take from here to reach the nearest inpatient district / regional hospital?

- | | | |
|---|--------------------|-----|
| Interviewer, code to nearest 10 minutes | Near the dwelling | (1) |
| | 10 Minutes | (2) |
| | 20 Minutes | (3) |
| | 30 Minutes | (4) |
| | 40 Minutes | (5) |
| | 50 Minutes | (6) |
| | 60 Minutes or more | (7) |

[illegible]

PART 4: HOUSEHOLD ASSETS

4.1 Does the household or a household member own the main dwelling ?

4.2 How many people are sleeping in the main dwelling ?

4.3 Indicate how many separate rooms are available in the main dwelling (exclude bathrooms. Fill 00 if unknown.)

- ① Owns the dwelling
- ② Does not own and pays rent
- ③ Does not own and does not pay rent
- ④ Nomadic temporary dwelling

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

4.4 How many acres of land for crops or grazing were OWNED by the household inside the District in the last 12 months ? (with one decimal point, e.g 13.6 acres)

4.5 How many acres of land for crops or grazing were OWNED by the household outside the District in the last 12 months ? (with one decimal point,e.g 13.6 acres)

4.6 How many acres of land for crops and grazing were actually MANAGED by the household ?

4.7 How does today's acres of land owned inside the District compare with 1 year ago?

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**Fill 9999 if
unknown**

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**Fill 9999 if
unknown**

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Less now (1)
The same now (2)
More now (3)
Don't know (4)
None now and none last year (5)

4.8 How many heads of cattle are owned currently by the household?

4.9 How does today's number of cattle owned compare with 1 year ago?

4.10 How many heads of camels are owned currently by the household?

4.11 How does today's number of camels owned compare with 1 year ago?

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Less now (1)
The same now (2)
More now (3)
Don't know (4)
None now and none last year (5)

Fill 9999 if unknown

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Less now (1)
The same now (2)
More now (3)
Don't know (4)
None now and none last year (5)

4.12 How many donkeys are owned currently by the household?

4.13 How does today's number of donkeys owned compare with 1 year ago?

4.14 How many sheep, goats and pigs are owned currently by the household?

4.15 How does today's number of sheep, goats and pigs owned compare with 1 year ago?

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Less now (1)
The same now (2)
More now (3)
Don't know (4)
None now and none last year (5)

Fill 9999 if unknown

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Less now (1)
The same now (2)
More now (3)
Don't know (4)
None now and none last year (5)

Interviewer, include items only if they are in working order

4.16 Does the household own any of these items?

[illegible]

PART 5: POVERTY PREDICTORS

5.1 Predictor 1

YES ☐ Y
NO ☐ N

5.2 Predictor 2

YES ☐ Y
NO ☐ N

5.3 Predictor 3

YES ☐ Y
NO ☐ N

5.4 Predictor 4

YES ☐ Y
NO ☐ N

5.5 Predictor 5

YES ☐ Y
NO ☐ N

5.6 Predictor 6

YES ☐ Y
NO ☐ N

5.7 Predictor 7

YES ☐ Y
NO ☐ N

5.8 Predictor 8

YES ☐ Y
NO ☐ N

5.9 Predictor 9

YES ☐ Y
NO ☐ N

5.10 Predictor 10

YES ☐ Y
NO ☐ N

5.11 Predictor 11

YES ☐ Y
NO ☐ N

5.12 Predictor 12

YES ☐ Y
NO ☐ N

5.13 RESULT CODE

Completed ☐ 1
Partially Completed ☐ 2

5.14 Has a supplemental questionnaire been used (Household has more than 12 members ?)

YES ☐ Y
NO ☐ N

5.15 Enter time now

H	H	M	M	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> A AM
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> P PM
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

QUESTIONNAIRE VERIFICATION

STEP 1: BUBBLE IN ALL THE ANSWERS. VERIFY THERE IS ONLY ONE ANSWER PER QUESTION, UNLESS OTHERWISE SPECIFIED.

STEP 2: EXAMINE ALL NUMBER GRIDS AND MAKE SURE THE NUMBERS BUBBLED IN MATCH THE NUMBERS WRITTEN IN THE BOX ABOVE EACH GRID.