

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
 URBANIZATION, POVERTY AND HEALTH DYNAMICS PROGRAM (UPHD)
DETAILED HOUSEHOLD INCOME-EXPENDITURE SURVEY

IMPORTANT NOTE: THIS QUESTIONNAIRE MUST BE ADMINISTERED TO THE HOUSEHOLD HEAD OR TO AN ADULT MEMBER OF THE HOUSEHOLD.

1 BACKGROUND

- 1.1 START TIME (HH/MM) [][][][]
- 1.2 FIELD WORKER'S CODE [][]
- 1.3 DATE OF INTERVIEW (DD/MM/YYYY) [][][][][][][][][]
- 1.4 HOUSEHOLD HEAD NAME.....
- 1.5 HOUSEHOLD ID [][][][][][][][][][]
- 1.6 HOUSEHOLD HEAD ROOM ID [][][][][][][][][][]

1.7 CONSENT INFORMATION

Hello, my name is _____ and I work with the African Population and Health Research Centre. As you may be aware, we visit households in this community every four months to collect information on health and other related issues so that we can understand the health and well-being of members of this community.

In this study, we specifically would like to know in detail individual & household income & expenditure on food and non-food items for specified durations. All the responses you provide are confidential and will be used for the purposes of this study only.

This interview is not expected to cause you any harm and if you feel uncomfortable with certain questions you can choose not to answer. However, we hope that you will participate in this survey since your views are important.

This interview will take about 60 minutes of your time.

- 1.8 Do you accept to take part in this interview? [1=YES; 2=NO] []
[IF 2; SKIP TO 11.15]

2.0 RESPONDENT DETAILS

- 2.1 FW: IS THE RESPONDENT THE HEAD OF HOUSEHOLD (IN Q1.4)? [1=YES; 2=NO] []
[IF 1; SKIP TO 3.1]
- 2.2 What is your name?
- 2.3 FW: DOES RESPONDENT STAY IN THIS HOUSEHOLD? [1=YES; 2=NO] []
- 2.4 What is your relationship with (NAME OF HOUSEHOLD HEAD IN Q1.4)? [][][]
[CODESHEET A¹]

3.6	3.7	3.8	3.9	3.10	3.11	3.12	3.13	3.14	3.15
What is your/ (NAME's) religion?	[CHECK Q3.5 IF 12+ ASK]: What is your/ (NAME's) current marital status? ² [IF 2, 3, 4, 5; SKIP TO 3.9]	LINE NO OF SPOUSE [IF SPOUSE NOT IN THIS HH CODE 99]	[CHECK Q3.5, IF AGED 6-24 ASK]: Did (NAME) attend school in the last 12 months/ last school year? [1=Yes; 2=No] [IF 2; GO TO 3.12]	What is the highest level that you/(NAME) attended in the last school year? [1=primary; 2=secondary; 3= higher]	What is the highest class/year that you/ (NAME) completed at that level?	[CHECK Q3.5, IF AGED 12+ ASK] In the past 7 days, were you/ was (NAME) engaged in any activity that brought you/him income in cash or kind? [1=Yes; 2=No] [IF 1; GO TO NEXT PERSON OR TO 4.0]	Were you/was (NAME) available for engagement in an income generating activity in the past 7 days? [1=Yes; 2=No] [IF 2; GO TO 3.15]	Did you/(NAME) look for work in the past 7 days? [1=Yes; 2=No] [IF YES; GO TO 4.0]	What was the MAIN reason why you were not available/ you/(NAME) did not look for an income generating activity in the past 7 days? ³
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUATION SHEET USED?

[1=YES; 2=NO]

SECTION 4: LINKAGES WITH ORIGIN COMMUNITY

4.1 What is the name of the area where you consider as your place of origin?
(RECORD THE PROVINCE/DISTRICT/LOCATION/VILLAGE OR ESTATE)
(P).....(D).....(L).....

4.2 RECORD CODE FOR AREA OF ORIGIN MENTIONED IN 4.1 ABOVE [CODE SHEET A⁵]
[IF ANSWER IS 1, 2, 3 or 4, SKIP TO 4.7a]

4.3 When was the last time you visited your place of origin? MONTH YEAR
[IF ANSWER IS NEVER RECORD 99 IN MONTH AND 9999 IN YEAR AND SKIP TO 4.5]
[IF RESPONDENT LAST VISITED PLACE OF ORIGIN MORE THAN 12 MONTHS AGO SKIP 4.5]

4.4 In the last 12 months, how many times have you visited your place of origin?

4.5 When was the last time you had visitors from your place of origin? MONTH YEAR
[IF ANSWER IS NEVER RECORD 99 IN MONTH AND 9999 IN YEAR AND SKIP TO 4.7a]

4.6 In the last 12 months, how many times have you had visitors from your place of origin?

4.7a	Do any of the following family members live at your place of origin?	4.7b	In the last 12 months, did you have the following family members as visitors?
	YES NO NA		YES NO
	A. Parent/parents-in-law 1 2 9		If YES ASK ---> A. Parent/parents-in-law 1 2
	B. Spouse/partner 1 2 9		If YES ASK ---> B. Spouse/partner 1 2
	C. Siblings/siblings in-law 1 2 9		If YES ASK ---> C. Siblings/siblings in-law 1 2
	D. Child/Children 1 2 9		If YES ASK ---> D. Child/Children 1 2
	E. Other relatives 1 2 9 (e.g grand parents etc)		If YES ASK ---> E. Other relatives 1 2 (e.g grand parents etc)

4.8 Does your household own a piece of land: YES NO
CIRCLE APPLICABLE CODES
a) At the place of origin 1 2
b) Here or elsewhere in Nairobi 1 2
c) Outside Nairobi other than place of origin 1 2

4.9 Does your household own a house: YES NO
CIRCLE APPLICABLE CODES
a) At the place of origin 1 2
b) Here or elsewhere in Nairobi 1 2
c) Outside Nairobi other than place of origin 1 2

7.7	7.8	7.9	7.10	7.11	7.12	7.13
What is your share of equity in this enterprise?	What share of the profit is kept by your household?	Who are your MAIN customers? ⁹	Is the enterprise registered with the government? [1=Yes; 2=No; 8=DK]	What was your main source of finance for setting up the business? ¹⁰	How many people did you employ over the past 12 months?	What MAIN problem if any, have you had in running your business over the past 12 months? ¹¹
%	%					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTINUATION SHEET USED? (1=YES; 2=NO)

7.14	7.15	7.16	7.17	7.18	7.19
Approximately how much was your gross revenue over the past 12 months?	How much was your total expenditure on wages over the past 12 months? [BOTH CASH AND IN KIND]	What is the imputed expenditure on labour provided by household members but not paid for, over the past 12 months?	How much was your total expenditure on rent over the past 12 months?	How much was your total expenditure on raw materials over the past 12 months?	How much was your total expenditure on fuel e.g. kerosene, electricity etc. over the past 12 months?

7.20	7.21	7.22	7.23	7.24
How much was your total expenditure on finished goods purchased for re-selling/ to process over the past 12 months?	What was the total expenditure on other operating costs over the past 12 months?	How much was the total expenditure on capital goods in the past 12 months?	What was the total income from sales of assets related to the business in the past 12 months?	If someone wanted to buy this enterprise today, how much would he have to pay?

SECTION 8: OTHER ASSETS AND INCOME

PART A: OTHER PROPERTY AND ASSETS

The following questions will capture assets and income from other sources other than business/job that members of this household received in the last 12 months. Please try to give us your best estimate since it might be difficult to recall exact amounts.

8.1	Is there any land or houses/buildings which your household owns but doesn't operate/use? [IF 2 SKIP TO 8.3]	1=YES; 2=NO
8.2	How much would it cost to buy land or houses/buildings like this owned by your household?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.3	Did your household purchase any land or houses/buildings over the past 12 months? [IF 2 SKIP TO 8.5]	1=YES; 2=NO
8.4	How much did your household spent on purchasing this land or houses/buildings?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.5	Did your household sell any land or houses/buildings over the past 12 months? [IF 2 SKIP TO 8.7]	1=YES; 2=NO
8.6	How much did your household receive from selling this land or houses/buildings?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.7	Does your household own any other assets (e.g. stocks, bonds, other financial assets, jewelry, etc. not reported earlier)? 1=YES; 2=NO [IF 2 SKIP TO 8.9]	
8.8	How much in total are these assets worth?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.9	Did your household purchase any assets over the past 12 months? 1=YES; 2=NO [IF 2 SKIP TO 8.11]	
8.10	How much did your household spent on purchasing these assets?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.11	Did your household sell any assets over the past 12 months? 1=YES; 2=NO [IF 2 SKIP TO 8.13]	
8.12	How much did your household receive from selling these assets?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PART B: OTHER INCOME

8.13	During the last 12 months, did your household receive any income from the rent of land? [IF NO, SKIP TO 8.15]	1=YES; 2=NO
8.14	How much did your household receive from rent of land during the past 12 months?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.15	During the last 12 months, did your household receive any income from the rent of other property? 1=YES; 2=NO [IF NO, SKIP TO 8.17]	
8.16	How much did your household receive from rent of other property during the past 12 months?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.17	Does your household/members of your household own any shares or are they partners in a business venture? 1=YES; 2=NO [IF NO, SKIP TO 8.19]	
8.18	How much profit and dividend did you receive as partner/ share holder during the past 12 months?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.19	How much did your household/members of your household receive as lottery/ prize bond/ other similar income received in cash or in-kind during the past 12 months?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.20	How much income did your household/members of your household receive from merry-go-round contributions during the past 12 months?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.21	Other income (specify).....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 9: TRANSFERS AND SOCIAL ASSISTANCE

We shall now talk about any money or in-kind donations that any member of this household received in the last 12 months either from individuals or institutions. We shall also discuss about money or in kind donations any member of this household gave to an individual or an institution.

PART A: TRANSFERS TO THE HOUSEHOLD

9.1 In the last 12 months has your household or any of the members received any money or goods from a person who is not a member of this household ; or from institutions such as NGOs or churches? **1=YES; 2=NO** **[IF NO SKIP TO 9.9]**

9.2	9.3	9.4	9.5	9.6	9.7	9.8
What are the names of individuals or institutions who provided assistance to this household in the last 12 months? [LIST ALL NAMES BEFORE PROCEEDING WITH OTHER QSNS]	What is the relationship between (NAME OF DONOR) and the head of the household? [CODESHEET A¹]	Where does (NAME OF DONOR) live/where are the (DONOR'S) offices? [CODE SHEET A⁵]	How much money did this household/members of this household receive from (NAME OF DONOR) in the last 12 months?	What was the main reason why (NAME OF DONOR) gave this money? ¹²	Has the household received from (NAME OF DONOR) any assistance in kind (food, material goods) in the last 12 months? (1=YES; 2=NO) [IF NO, SKIP TO 9.9]	Approximately how much in monetary terms would you value the in-kind assistance received in the last 12 months?
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	

¹²**CODES FOR REASON FOR ASSISTANCE**
 01=Purchase of food and basic necessities; 02=For construction/building; 03=Investment in HH enterprise/business; 04=Purchase of durable goods;
 05=Educational expenses; 06=Medical expenses; 07=Wedding/funeral expenses; 08=Child support; 09=Charity; 10=Purchase of land; 11=For rent
 96=Other(specify).....



9.9 In the last 12 months has your household or any of the members sent/given any money or goods to a person who is not a member of this household ; or to institutions such as NGOs or churches? **1=YES; 2=NO** **[IF NO SKIP TO 9.17]**

PART B: TRANSFERS TO ANOTHER HOUSEHOLD

9.10	9.11	9.12	9.13	9.14	9.15	9.16
What are the names of individuals or institutions to whom this household provided assistance in the last 12 months? [LIST ALL NAMES BEFORE PROCEEDING WITH OTHER QSNS]	What is the relationship between (NAME OF RECIPIENT) and the head of this household? [CODE SHEET A¹]	Where does (NAME OF RECIPIENT) live/where are the offices? [CODE SHEET A⁵]	How much money has this household/members of this household given to (NAME OF RECIPIENT) in the last 12 months?	What was the main reason why your household/ members of your household gave this assistance? ¹³	Has your household sent any assistance to (NAME OF RECIPIENT) any assistance in kind (food, material goods) in the last 12 months? 1=YES; 2=NO [IF 2 SKIP TO 9.17]	Approximately how much in monetary terms would you value the in-kind assistance given to another household in the last 12 months?
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

¹³CODES FOR REASON FOR ASSISTANCE
 01=Purchase of food and basic necessities; 02=For construction/building; 03=Investment in HH enterprise/business; 04=Purchase of durable goods;
 05=Educational expenses; 06=Medical expenses; 07=Wedding/funeral expenses; 08=Child support; 09=Charity; 10=Purchase of land; 11=For rent
 96=Other(specify).....

PART C: SOCIAL ASSISTANCE

	9.17	9.18	9.19	9.20	9.21
SCHEME	Are any members of your household contributors/members of the following pension and insurance schemes? (1=Yes; 2=No) [IF 2; GO TO NEXT SCHEME OR TO 10.1]	Are any of the members of this household currently eligible/in the last 12 months been eligible to receive payment from the following sources? (1=Yes; 2=No) [IF 2; GO TO NEXT SCHEME OR SKIP TO 10.1]	How many members of your household are eligible to receive payment from (SOURCE)?	How much are members eligible to receive from (SOURCE) each month?	How much money did members of this household receive from (SOURCE) in the last 12 months?
i) NSSF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
ii) Private pension schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
iii) NHIF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
iv) Other health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
v) Child support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
vi) Alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

[FW: PLEASE CIRCLE ALL FOODS MENTIONED BEFORE ASKING i-iv]

h Other (specify).....

i) In the last 7 days; how many days did your household consume (FOOD ITEM)?	ii) Approximately what was the quantity of (FOOD ITEM) consumed?	iii) What was the value of (FOOD ITEM) consumed?	iv) What was the <u>main</u> source of (FOOD ITEM)?		
			1. Purchase		
			2. Wage in-kind		
			3. Self-production		
	UNITS	KSHs	4. Gift		

PART B: MONTHLY NON-FOOD EXPENDITURE

In this section, I will ask you about the amount of money the household spent on non food items in the last one month. We appreciate that it might not be possible to recall actual amounts spent; please try to give us your best estimates.

FW: ASK ABOUT EACH ITEM AND CIRCLE THE ONES MENTIONED BEFORE ASKING QSNS i-iii

		i	ii	iii
	ITEM	What was the value of goods consumed that were bought in cash/ credit or received as wages in-kind?	What was the value of goods consumed that were produced by the household or received as gift?	SUM OF COLUMN i AND ii
10.16	RENT AND AMENITIES			
a	House rent (rented house)			
b	Imputed rent (owner-occupied or other)			
c	Water/ sewerage charges			
d	Garbage disposal			
e	Toilet charges			
f	Other (specify).....			
10.17	COOKING AND LIGHTING FUEL			
a	Firewood			
b	Sawdust			
c	Charcoal			
d	Kerosene			
e	Gas (natural, bio-gas)			
f	Electricity			
g	Other fuels and light (e.g. matches and candles etc.)			
10.18	COSMETICS AND OTHER EXPENSES			
a	Cream, powder			
b	Perfume etc.			
c	Hair cutting, styling, shaving, etc.			
d	Hair oil, hair cream, combs, clips, etc.			
e	Razor, razor, blades, shaving cream and lotions, etc.			
f	Lipstick, nailpolish, etc.			
g	Beautifying items (hair ribbon, bangles; necklaces etc.)			
h	Other (specify).....			
10.19	WASHING AND CLEANING EXPENSES			
a	Bath soap, shampoo etc.			
b	Toothpaste			
c	Washing soap/powder for clothes			
d	Washing/ laundry expenses			
e	Bleaching powder/liquid, soda etc.			
f	Vim/ dish cleaning supplies			
g	Toilet papers			
h	Mosquito coil/spray			
i	Other (specify).....			

		i	ii	iii
	ITEM	What was the value of goods consumed that were bought in cash/ credit or received as wages in-kind?	What was the value of goods consumed that were produced by the household or received as gift?	SUM OF COLUMN i AND ii
10.20	TRANSPORT/ TRAVEL AND OTHER MISC. CHARGES			
a	Bus/matatu fare (for long-distance travel)			
b	Bus/matatu fare (for local travel)			
c	Taxi fare			
d	Boda-boda fare			
e	Train fare			
f	Other transport fare (specify).....			
g	Bicycle maintenance, tyres, tubes repairs etc.			
h	Motor-cycle maintenance, repairs, etc.			
i	Car maintenance, repairs, etc.			
j	Petrol and diesel			
k	Motor oil, etc.			
l	Telephone bill/ charges/air time			
m	Salaries and wages of servants			
n	Telegram, postal and storage expenses, etc.			
o	Other maintenance expenses (specify)			
p	Other (specify).....			
10.21	RECREATION & LEISURE, ETC.			
a	Books, newspaper, magazines, story books			
b	Cinema/theater/concerts/discos			
c	Video cassette purchases and rental etc.			
d	Audio cassette/CDs purchases etc.			
e	Photography			
f	Other recreation & leisure related expenses			





PART C: ANNUAL NON-FOOD EXPENDITURE

Expenditure/ consumption during the past 12 months

This section will deal with expenditure for the last one year on non food items. We acknowledge that it is difficult to remember the exact amount spent but please try to give us your best estimate.

FW: ASK ABOUT EACH ITEM AND CIRCLE THE ONES MENTIONED BEFORE ASKING QSNS i-iii

ITEM	i How many did you buy/ produce at home/ receive as gift?	ii What was the <u>main</u> source of (ITEM)? [1=purchase; 2=home production; 3=gift]	iii What was the value of these goods?	ITEM	i How many did you buy/ produce at home/ receive as gift?	ii What was the <u>main</u> source of (ITEM)? [1=purchase; 2=home production; 3= gift]	iii What was the value of these goods?
10.22 READY-MADE GARMENTS							
For male adult:				For female adult:			
a	Shirts/vests			a	Shirts/blouse		
b	Trousers			b	Skirts/dresses		
d	Pajamas			d	Pajamas/Trousers		
e	Underwear etc.			e	Underwear etc.		
f	Socks, handkerchiefs, scarves, caps etc.			f	Socks, handkerchiefs, scarves, caps etc.		
g	Sweaters, Jacket, pullovers etc.			g	Sweaters, Jacket, pullovers etc.		
h	Suit, overcoat etc.			h	Suit, overcoat etc.		
i	Other (specify).....			i	Other (specify).....		
For boys:				For girls:			
a	Trousers			a	Trousers		
b	Shirts/T-shirt			b	Shirts/T-shirt		
c	Sweaters, Jacket, pullovers, etc.			c	Frocks, dresses etc.		
d	Socks, handkerchiefs, scarves, caps etc.			d	Socks, handkerchiefs, scarves, caps etc.		
e	Other for children (specify).....			e	Sweaters, Jacket, pullovers, mufflers, etc.		
			f	Other for children (specify).....		
Both:				Both:			
a	Towel			a	Towel		
b	Other (specify).....			b	Other (specify).....		

	i	ii		iii		i	ii		iii
ITEM	How many did you buy/ produce at home/ receive as gift?	What was the <u>main</u> source of (ITEM)? [1=purchase; 2=home production; 3=gift]		What was the value of these goods?	ITEM	How many did you buy/ produce at home/ receive as gift?	What was the <u>main</u> source of (ITEM)? [1=purchase; 2=home production; 3= gift]		What was the value of these goods?
10.23 FOOTWEAR									
For adult male					For adult female				
a Leather shoes/sandal					a Leather shoes/sandal				
b Plastic shoes/sandal					b Plastic shoes/sandal				
c Other shoes/sandal					c Other shoes/sandal				
d Canvas shoes, sports shoes, etc.					d Canvas shoes, sports shoes, etc.				
e Maintenance and repair expenses					e Maintenance and repair expenses				
f Other (specify).....					f Other (specify).....				
For boys					For girls				
a Leather shoes/sandal					a Leather shoes/sandal				
b Plastic shoes/sandal					b Plastic shoes/sandal				
c Other shoes/sandal					c Other shoes/sandal				
d Canvas shoes, sports shoes, etc.					d Canvas shoes, sports shoes, etc.				
e Maintenance and repair expenses					e Maintenance and repair expenses				
f Other (specify).....					f Other (specify).....				
10.24 CLOTHING MATERIAL AND TAILORING									
a Cloth/ fabric									
b Tailoring expenses									
c Other clothing related expenses									

PART C: ANNUAL NON-FOOD EXPENDITURE

FW: ASK ABOUT EACH ITEM AND CIRCLE THE ONES MENTIONED BEFORE ASKING QSNS i-iii

Expenditure/ consumption during the past 12 months

	ITEM	i) How many did you buy/ produce at home/ receive as gift?	ii) What was the <u>main</u> source of (ITEM)? [1=purchase; 2=home production; 3=gift]	iii) What was the value of these goods?
10.25	HOUSEHOLD-USE TEXTILES, ETC.			
a	Blankets/bedcover			
b	Mattress			
c	Bedsheets			
d	Pillows, cushions & their covers			
e	Table cover			
f	Curtain			
g	Mosquito netting			
h	Other (specify).....			
10.26	MISC. HOUSEHOLD DURABLES			
a	Radio			
b	Black & White Television			
c	Colored Television			
d	Video game set			
e	DVD/dish antenna			
f	Iron			
g	Musical instruments (guitar, drums etc)			
h	Computer			
i	Lantern/ chimney lamp etc.			
j	Cameras/ camcorders			
k	Other(specify).....			
			
10.27	HOUSING RELATED EXPENSES			
a	Home additions/improvements/renovations			
b	Painting			
c	Disaster-related maintenance/ repair			
d	Other routine maintenance/ repair			
e	Other related services/ expenses			
10.28	CEREMONIES			
a	Religious functions (e.g. Eid, Baptism etc)			
b	Expenditure on Pilgrimage			
c	Expenditure on weddings			
d	Expenditure on births			
e	Expenditure on funerals			

PART C: ANNUAL NON-FOOD EXPENDITURE

FW: ASK ABOUT EACH ITEM AND CIRCLE THE ONES MENTIONED BEFORE ASKING QSNS i-iii

Expenditure/ consumption during the past 12 months

	ITEM	i) How many did you buy/ produce at home/ receive as gift?	ii) What was the <u>main</u> source of (ITEM)? [1=purchase; 2=home production; 3=gift]	iii) What was the value of these goods?
f	Other (specify).....			

PART C: ANNUAL NON-FOOD EXPENDITURE

FW: ASK ABOUT EACH ITEM AND CIRCLE THE ONES MENTIONED BEFORE ASKING QSNS i-iii

Expenditure/ consumption during the past 12 months

	ITEM	i) How many did you buy/ produce at home/ receive as gift?	ii) What was the <u>main</u> source of (ITEM)? [1=purchase; 2=home production; 3=gift]	iii) What was the value of these goods?
10.29	TAXES, INTEREST, FINES, ETC.			
a	Income tax			
b	Fines			
c	Legal expenses			
d	Land/buildings' registration fees			
e	Merry-go-round contributions			
f	Other (specify).....			
10.30	COOKING EQUIPMENT			
a	Glass/china/clay plates and dishes etc.			
b	Refrigerators			
c	Stove (electric/ gas/ kerosene)			
d	Pots/ pans			
e	Other kitchen ware and utensils			
f	spoons/ forks/ knives etc.			
g	Other (specify).....			
10.31	FURNITURE & RELATED PARAPHERNALIA			
a	Chair/ table/ dressing table etc.			
b	Sofa set			
c	Wooden/ steel/ wardrobe/ bookshelf			
d	Trunks, suitcases, etc.			
e	Furniture repair/ polish etc.			
f	Other furniture			
10.32	PERSONAL ARTICLES			
a	Gold Jewellery			
b	Silver Jewellery			
c	Imitation Jewellery			
d	Purses/ hand bags			
e	Umbrella			
f	Tie-pin, cigarette cases, lighter etc.			
g	Watches			
h	Cell-phones			
i	Walking stick			
j	Other personal use items (belts, etc)			

FW: CHECK Q3.9, IF YES; COMPLETE THE TABLE BELOW; IF NO, SKIP TO 10.35

10.34 EDUCATIONAL EXPENSES IN THE PAST 12 MONTHS

					How much did your household spent on (EDUCATION ITEM) in the last 12 months/last school year? [IF RESPONDENT CANNOT GIVE COST BREAKDOWN BY INDIVIDUAL; INDICATE TOTAL EXPENDITURE UNDER Q10.34o]		
a	b	c	d	e	f	g	h
HH MEMBER'S LINE NO	NAME	What type of school was (NAME) attending in the last 12 months? (1=Public; 2=Private; 3=Both)	Is the school a day or boarding school? (1=Boarding; 2=Day; 3=Both)	Where is the school located? [CODE SHEET A ⁵]	School fees and tuition for (NAME)?	School uniforms for (NAME)?	Text books and other instruction materials for (NAME)?
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

i	j	k	l	m	n	o
Exercise books, pens, pencils and other stationery for (NAME)?	Hostel/boarding charges and meals for (NAME)?	CHECK e; IF NOT 1, ASK: Transport expenses?	Other school related expenses (e.g. building levy, private tuition etc) ?	Did you receive a bursary/assistance to meet the educational expenses for (NAME) during the last school year? (1=YES; 2=NO) [IF NO, GO TO NEXT PERSON OR 10.35]	How much was the bursary/assistance that you/(NAME) received?	Total expenditure

PART D: INVENTORY OF CONSUMER DURABLE GOODS

Lastly, we shall discuss about durable household goods that your household owns here. We shall discuss about the number of these goods owned, as well as the purchase price of these goods in case you bought them in the last one year.

10.35				10.36	10.37	10.38	
	Does your household own any of the following items? [CIRCLE APPROPRIATE CODE]	Yes	No	DK	How many [NAME OF ITEM] does your household own? [RECORD TOTAL NUMBER OF ITEMS]	Did you purchase (NAME OF ITEM) in the last 12 months? [1=Yes; 2=No]	How much money did you spent in the purchase of [NAME OF ITEM]?
a	Radio/Cassette player	1	2	8			
b	Camera/ camcorder	1	2	8			
c	Bicycle	1	2	8			
d	Motorcycle/ scooter	1	2	8			
e	Motor vehicle	1	2	8			
f	Refrigerator or freezer	1	2	8			
g	Fans	1	2	8			
h	Water heaters	1	2	8			
i	Television	1	2	8			
j	DVD/VCR	1	2	8			
k	Dish antena/ decoder	1	2	8			
l	Pressure lamps	1	2	8			
m	Kerosene lamp with glass	1	2	8			
n	Sewing machine	1	2	8			
o	Carpet	1	2	8			
p	Bedroom Furniture	1	2	8			
q	Mattress	1	2	8			
r	Drawing room Furniture	1	2	8			
s	Dining room Furniture	1	2	8			
t	Kitchen Items - Cutlery	1	2	8			
u	Kitchen Items - Crockery	1	2	8			
v	Kitchen Items - Cooking	1	2	8			
w	Clock	1	2	8			
x	Electric/gas stove	1	2	8			
y	Kerosene stove	1	2	8			
z	Other (specify)	1	2	8			

11 SUBJECTIVE POVERTY AND FOOD SECURITY

Now I will ask you about the food situation in your household. By this I mean to say I will ask about whether your household has enough food currently, in the last six months and whether you think it will have enough in the next six months.

11.1 Over the last 7 days, how many meals has your household eaten in a day on average?

11.2 How much do you currently have in stock of the following food items? **[GIVE QUANTITY IN KILOGRAMS]**

**ENTER APPROXIMATE QUANTITY
IN THE BOXES**

- a) Maize flour
- b) Wheat flour
- c) Maize
- d) Beans
- e) Rice
- f) Cooking oil/fat
- g) Sugar
- h) Fruits
- i) Vegetables

11.3 Think about the last 6 months, would you say that your household:

- 1 Always had enough food to eat
- 2 Sometimes did not have enough food to eat
- 3 Always never had enough food to eat

11.4 Think again about the last 6 months; would you say that your household:

- 1 Always had enough of the food you wanted to eat
- 2 Sometimes had enough food but not always the kinds of food you wanted
- 3 Sometimes did not have enough of the food you wanted to eat
- 4 Always never had enough of the food you wanted to eat

11.5 In the next 6 months, would you say your situation with regards to food will:

- 1 Stay the same
- 2 Definitely get better
- 3 Definitely get worse
- 8 Don't know

11.6 In the last 6 months, have you had to do any of the following:

	YES	NO	REF
a) Shift to cheaper foods	1	2	7
b) Reduce the number of meals per day	1	2	7
c) Eat smaller portions	1	2	7
CIRCLE APPROPRIATE CODE d) Find other work	1	2	7
e) Sell household assets	1	2	7
f) Borrow	1	2	7
g) Beg	1	2	7
h) Send children to live with better off relatives	1	2	7
i) Withdraw children from school	1	2	7
j) Send children to look for work	1	2	7

11.7	In the next 6 months, do you think you will have to do any of the following:	YES	NO	REF
	a) Shift to cheaper foods	1	2	7
	b) Reduce the number of meals per day	1	2	7
	CIRCLE APPROPRIATE CODE c) Eat smaller portions	1	2	7
	d) Find other work	1	2	7
	e) Sell household assets	1	2	7
	f) Borrow	1	2	7
	g) Beg	1	2	7
	h) Send children to live with better off relatives	1	2	7
	i) Withdraw children from school	1	2	7
	j) Send children to look for work	1	2	7
11.8	How satisfied are you with your household's current financial situation?			<input type="checkbox"/>
	1 Fully satisfied			
	2 Somewhat satisfied			
	3 Less than satisfied			
	4 Not at all satisfied			
	7 Refused to answer			
	8 Don't know			
11.9	Do you think that your household's financial situation in the past 12 months has:			<input type="checkbox"/>
	1 Improved a lot			
	2 Somewhat improved			
	3 Remained the same			
	4 Somewhat deteriorated			
	5 Deteriorated a lot			
	7 Refused to answer			
	8 Don't know			
11.10	Do you think that your household's financial situation in the next 12 months will have:			<input type="checkbox"/>
	1 Improved a lot			
	2 Somewhat improved			
	3 Remained the same			
	4 Somewhat deteriorated			
	5 Deteriorated a lot			
	7 Refused to answer			
	8 Don't know			

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
NAIROBI URBAN DEMOGRAPHIC SURVEILLANCE SYSTEM (NUDSS)
CODE SHEET A**

¹Individual Relationship to HHH	²Respondent Relationship To person	³Reason for moving to current place	⁴Reason for leaving previous place
AUN= Aunt;	SLF= Self;	010 To be with family	010 To be with family
BIL=Brother-in-law;	SPO=Spouse;	020 Security is better here	020 Insecurity
BRO= Brother;	SIB=Sibling;	030 Better housing conditions and amenities	030 Poor housing conditions and amenities
CHD = Child;	CHD = Child;	040 Better job or business prospects	040 Poor job or business prospects
COU=Cousin;	PAR=Parent	050 Low general cost of living	050 High general cost of living
CWF = Co-wife;	OTM=Other household member;	051=Rent is cheap;	051=Rent was expensive or could not afford to pay rent (evicted)
DIL = Daughter-in-law;	RNB=Related neighbor;	060 Health services and environment are good	060 Poor health services and Environment
GCH = Grand child;	NRB= Not related neighbor	063 Was sick and needed medical or other care here	063 To seek medical/care
GDP = Grand parent;	ONM= Other related non HH member.	064 (Female) respondent was pregnant and came here to deliver	064 (Female) respondent was pregnant and left to deliver elsewhere
HHH=Household head;	NRH= Other non related non HH member.	070 Accessible or close to the road and other services	070 Not accessible or far from the road and other services
HUS = Husband;		080 To go to school or college	080 To go to school or college
NEP= Nephew; NIE=Niece;		091= For a change	100 Civil conflict and other forms of conflict
NRL = Not related;		096=Other reasons	091= For a change or to be independent
PAR = Parent;		097= Refused to say reason	096=Other reasons
PIL = Parent-in-Law;		098 = Don't Know reason	097= Refused to say reason
SIL=Sister-in-law;			098 = Don't Know reason
SIS=Sister;			
SOL= Son-in-law;			
STC=Step child;			
STP=Step parent;			
UNC=Uncle;			
UNK = Unknown relation;			
WIF = Wife;			
OTH = Other (specify_____)			
INS= Institution			

⁵ Code for Area/Place	⁶ Ethnicity	⁷ Result of interview	⁸ Usage of room
1=Within same DSA Slum, 2=Other DSA Nairobi slum, 3=Non-DSA Nairobi slum, 4=Nairobi non-slum, 5= Other urban area of Kenya, 6=Rural Kenya, 7=Outside Kenya, 8=Don't know)	KIK=Kikuyu; LUH=Luhya; LUO=Luo; KAM=Kamba; MER=Meru; EMB=Embu; KIS=Kisii; MIJ=Mijikenda; SWA=Swahili; SOM=Somali; TAI=Taita; TAV=Taveta; MAS=Masai; KAL=Kalenjin; OTH=Other (specify)_____	1=Completed; 2=No competent respondent at home; 3=Entire household absent for extended period; 4=Refused; 5=Whereabouts unknown (HRB) 6=Structure owner/others refused access(HRB) 8=Other (specify)	<p><i>For sleeping</i> SR=Sleeping Room; SB=Sleeping & Business Room; ST=Sleeping & traditional facility; SM=Sleeping room & modern health facility; SC= Sleeping room & church; SQ= Sleeping room & Mosque SS=Sleeping room & school</p> <p><i>Other usages</i> KT=Kitchen MG=Merged PT= Partitioned PD= Partially demolished TD= Totally demolished UC= Under construction MH= Modern health facility TH= Traditional health facility TB= Toilet/bathroom WP= Water point BT= Bathroom TL= Toilet AS= Animal shed PH= Pharmacy SH= School MQ= Mosque CH= Church VC=Vacant OT= Other</p>