AFRICAN POPULATION AND HEALTH RESEARCH CENTER

URBAN HEALTH AND POVERTY PROJECT
HOUSEHOLD SCHEDULE

CONFIDENTIAL
Data used
for research
purposes only

IDENTIFICATION	

NCSS CLUSTER NUMBER.................................

STRUCTURE OWNER_____

DIVISION_____

LOCATION_____

SUB-LOCATION_____

EA NAME AND CODE_____

STRUCTURE NUMBER.....................................

HOUSEHOLD NUMBER.....................................

NAME OF HOUSEHOLD HEAD_____

INTERVIEWER VISITS	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME	_____	_____	_____	NAME	
RESULT *	_____	_____	_____	RESULT	
NEXT VISIT: DATE / TIME	_____	_____	▓▓▓▓▓	NO. OF VISITS	

TOTAL IN HOUSEHOLD

ELIGIBLE WOMEN

ELIGIBLE MEN

LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

* RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT
    RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER_____
                    (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: ENGLISH		1	0

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
NAME / DATE	_____	_____	_____	

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HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATION TO HEAD OF HOUSEHOLD*	RESIDENCE			SEX	AGE	EDUCATION — IF AGE 6 OR OLDER			DISABILITY	FOR VISITORS AND USUAL RESIDENTS	VISITORS ONLY	FOR FORMER RESIDENTS ONLY	ELIGIBILITY WOMEN	ELIGIBILITY MEN
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Does (NAME) usually live here?	Did (NAME) stay here last night? IF YES SKIP TO COL. 6	Why did (NAME) not stay last night?	Is (NAME) male or female?	How old is (NAME)?	IF ATTENDED SCHOOL — What is the highest level of school (NAME) attended?** What is the highest grade (NAME) completed at that level?	IF AGE LESS THAN 25 YEARS — Is (NAME) still in school?	Which of the following difficulties is the main problem faced by (NAME)?***	FOR VISITORS — How long has (NAME) been staying here?**** FOR USUAL RESIDENTS — How long has (NAME) lived in this household?****	Where did (NAME) come from?*****	ONLY IF "2" IS CIRCLED IN BOTH COLS. 4 & 5 — How long did (NAME) live here before moving out?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL MEN AGE 12-24
(1)	(2)	(3)	(4)	(5)	(5B)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO	YES NO		M F	IN YEARS	LEVEL YEAR	YES NO		UNIT DURATION		UNIT DURATION		
01		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	01	01
02		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	02	02
03		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	03	03
04		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	04	04
05		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	05	05
06		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	06	06
07		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	07	07

LINE (1)	RESIDENTS/VISITORS (2)	RELATION (3)	RESIDENCE (4) YES NO	(5) YES NO	(5B)	SEX (6) M F	AGE (7) IN YEARS	EDUCATION (8) LEVEL YEAR	(9) YES NO	(10)	(11) UNIT DURATION	(12)	(13) UNIT DURATION	(14)	(15)
08		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	08	08
09		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	09	09
10		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	10	10
11		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	11	11
12		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	12	12
13		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	13	13
14		☐☐	1 2	1 2	☐	1 2	☐☐	☐ ☐☐	1 2	☐☐	☐ ☐☐	☐	☐ ☐☐	14	14

TICK HERE IF CONTINUATION SHEET USED ☐

NO. ELIGIBLE WOMEN ☐☐   NO. ELIGIBLE MEN ☐☐

Just to make sure that I have a complete listing:
1) Are there any other persons such as small children or infants that we have not listed? — YES ☐→ ENTER EACH IN TABLE   NO ☐
2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? — YES ☐→ ENTER EACH IN TABLE   NO ☐
3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? — YES ☐→ ENTER EACH IN TABLE   NO ☐
4) Are there any persons who used to live in your household but have moved out in the past 1 year? — YES ☐→ (SKIP ONE ROW) ENTER EACH IN TABLE   NO ☐
HOW MANY? _____

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = SPOUSE
03 = CHILD
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = SISTER/BROTHER
09 = CO-WIFE
10 = OTHER RELATIVE
11 = NOT RELATED
98 = DON'T KNOW

CODES FOR Q. 5B
1 = AT WORK
2 = NO SPACE FOR SLEEPING
3 = TRAVELLED
6 = OTHER
8 = DON'T KNOW

** CODES FOR Q.8
0 = NEVER ATTENDED SCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

*** CODES FOR Q.10
01 = WALKING
02 = SEEING
03 = SPEAKING/HEARING
04 = LEARNING
05 = FEELING
06 = FITS
07 = STRANGE BEHAVIOR
96 = OTHER DIFFICULTIES
00 = NONE
98 = DON'T KNOW

**** CODES FOR UNITS
Q.11 & Q13
1. DAYS
2. WEEKS
3. MONTHS
4. YEARS
5. SINCE BIRTH
8. DON'T KNOW

CODES FOR Q.12 *****
1. WITHIN THE SAME SLUM
2. ANOTHER SLUM IN NRB.
3. NON-SLUM PART OF NRB.
4. ANOTHER TOWN
5. RURAL
6. BOARDING SCHOOL
8. DON'T KNOW

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E H-3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

16	What is the main source of drinking water for members of your household?	BUYING WATER
		    TAPS......................01
		    TANKS.....................02
		    HAWKERS...................03
		PIPED WATER
		  PIPED INTO
		    RESIDENCE/COMPOUND/PLOT....11
		  PUBLIC TAP..................12
		WELL WATER
		  WELL ON RESIDENCE/PLOT.......21
		  PUBLIC WELL..................22
		SURFACE WATER
		  RIVER/STREAM................31
		  POND/LAKE...................32
		RAINWATER.....................41
		
		OTHER_____ 96
		(SPECIFY)	

17	What kind of toilet facility does your household use?
	
	(IF LATRINE: PROBE FOR THE TYPE)
		FLUSH TOILET
		  OWN FLUSH TOILET.............11
		  SHARED FLUSH TOILET..........12
		PIT TOILET/LATRINE
		  OWN TRADITIONAL PIT TOILET...21
		  SHARED TRADITIONAL PIT TOIL..22
		  VENTILATED IMPROVED PIT
		    OWN (VIP) LATRINE..........23
		    SHARED (VIP) LATRINE.......24
		NO FACILITY/BUSH/FIELD........31
		
		OTHER_____ 96
		(SPECIFY)	

18	Does your household have:
	  A car?
	  A motorcycle?
	  A bicycle?
	  Electricity?
	  A refrigerator?
	  A television?
	  A radio?
	  Telephone?
	  An elctric/gas stove?
	  Sofa set?
	  Table?
	  A flash light (with working batteries)?
	  Kerosine lamp with glass/lantern?
	  Kerosine stove?
		YES NO
		CAR........................1 2
		MOTOCYCLE..................1 2
		BICYCLE....................1 2
		ELECTRICITY................1 2
		REFRIGERATOR...............1 2
		TELEVISION.................1 2
		RADIO......................1 2
		TELEPHONE..................1 2
		ELECTRIC GAS...............1 2
		SOFA SET...................1 2
		TABLE......................1 2
		FLASH LIGHT................1 2
		KEROSINE LAMP..............1 2
		KEROSINE STOVE.............1 2	

19	How many rooms in your household are usually used for sleeping?	ROOMS.................... ⬚⬚	
20	What is the ethnic group of the head of household	KALENJIN........................01 KAMBA...........................02 KIKUYU..........................03 KISII...........................04 LUHYA...........................05 LUO.............................06 MASAI...........................07 MERU/EMBU.......................08 MIJIKENDA/SWAHILI...............09 SOMALI..........................10 TAITA/TAVETA....................11 OTHER_____96 (SPECIFY)	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

21	MAIN MATERIAL OF THE FLOOR.
	
	RECORD OBSERVATION.
		NATURAL FLOOR
		   MUD/DUNG/SAND.................11
		RUDIMENTARY FLOOR
		   WOOD PLANKS..................21
		FINISHED FLOOR
		   POLISHED WOOD/VINYL/TILES....31
		   CEMENT.......................34
		
		OTHER_____ 96
		          (SPECIFY)	

22	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	GRASS/THATCH...................01 PLASTIC SHEETS.................02 CARDBOARD SHEETS...............03 WOOD/TIMBER....................04 METAL SHEETS/TIN...............05 IRONSHEETS (MABATI)...........06 TILES.........................07 OTHER_____ 96 (SPECIFY)	
23	MAIN MATERIAL OF THE WALL. RECORD OBSERVATION.	MUD............................ 1 WOOD/TIMBER.................... 2 IRONSHEETS (MABATI)........... 3 BRICKS........................ 4 CARDBOARD SHEETS.............. 5 CEMENTED MUD.................. 6 CARTON/PLASTIC................ 7 OTHER_____ 96 (SPECIFY)	

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