

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE  
NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)

**CHANGE OF RESIDENCE ENTRY FORM**

**1 BACKGROUND**

1.1	START TIME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.2	FIELD WORKER'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.3	DATE OF INTERVIEW (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.4	NAME OF PERSON WHO HAS CHANGED RESIDENCE .....	
1.5	CURRENT HOUSEHOLD ID	<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"/>
1.6	PERSON'S RELATIONSHIP TO CURRENT HOUSEHOLD HEAD (CODE SHEET A <sup>1</sup> )	<input type="text"/> <input type="text"/> <input type="text"/>
1.7	ID OF ROOM WHERE PERSON CURRENTLY SLEEPS	<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"/>
1.8	ID OF PERSON WHO HAS MOVED IN	<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"/>
1.9	RESULT OF INTERVIEW (CODE SHEET A <sup>7</sup> )	<input type="text"/>

**2 RESPONDENT'S PARTICULARS**

2.1	IS RESPONDENT THE PERSON WHO MOVED IN? (1=YES; 2=NO)	[IF 1 SKIP TO Q3.1]	<input type="text"/>
2.2	What is your <b>full</b> name?.....		
2.3	Do you live in the same household as (NAME OF PERSON WHO MOVED IN)? (1=YES; 2=NO)	[IF 1 SKIP TO Q2.5]	<input type="text"/>
2.4	RECORD ID OF ROOM WHERE RESPONDENT SLEEPS	<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"/>	
2.5	What is your relationship to (NAME OF PERSON WHO MOVED IN)?	(CODE SHEET A <sup>2</sup> )	<input type="text"/> <input type="text"/> <input type="text"/>

**3 PREVIOUS RESIDENCE AND CIRCUMSTANCES OF CHANGE OF RESIDENCE**

3.1	FW: DID THE CHANGE OF RESIDENCE INVOLVE: [1=A PHYSICAL CHANGE IN LOCATION OR 2=IS IT A SPLIT FROM PREVIOUS HOUSEHOLD WHILE MAINTAINING SAME ROOM ID]	[IF 2; SKIP TO Q3.3; IF 3; SKIP TO 8.1]	<input type="text"/>
3.2	What is the name of the village (DSA VILLAGE) where you/(NAME) moved from? .....	[CODE SHEET B]	<input type="text"/> <input type="text"/> <input type="text"/>
3.3	On which date did you/(NAME) change residence?(DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3.4	What was the most important reason why you/(NAME) moved to the current residence?	(CODE SHEET A <sup>3</sup> )	<input type="text"/> <input type="text"/> <input type="text"/>
3.5	What was the most important reason why you/(NAME) moved from the previous residence?	(CODE SHEET A <sup>4</sup> )	<input type="text"/> <input type="text"/> <input type="text"/>
3.6	Did you/(NAME) move here (A) alone, (W) with whole previous household, (P) with part of the previous household, (D) with member(s) of other DSS Household(s) or (N) with non DSS household members?		
3.7	FW: PROBE TO ESTABLISH WHETHER THE PERSON MOVED HERE TO (F) FORM A NEW HOUSEHOLD, (J) JOIN A HOUSEHOLD OR (R) RELOCATED WITH WHOLE HOUSEHOLD?		
3.8	FW: IS THIS AN ARBITRARY HOUSEHOLD? (1=YES; 2=NO)	<input type="text"/>	
8.1	FW: RATE THE INTERVIEW. [5=VERY GOOD TO 1= VERY BAD]	<input type="text"/>	
<b>[FW: REQUEST THE RESPONDENT TO HELP YOU IDENTIFY THE EXACT ROOM WHERE THE PERSON MOVED FROM AND RECORD THE ROOM ID IN Q3.9]</b>			
3.9	<b>FW: YOU <u>MUST</u> RECORD ID OF SLEEPING ROOM WHERE PERSON MOVED FROM</b>		
		<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"/>	
3.10	RECORD END TIME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**9 OFFICE/FIELD CHECKERS**

9.1	TEAM LEADER'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9.2	FIELD SUPERVISOR'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

9.3 DSS COORDINATOR'S CODE  
9.4 DATA ENTRY CLERK'S CODE  
9.5 DATA ENTRY SUPERVISOR'S CODE
