

**Family Care International - SKILLED CARE INITIATIVE
HOUSEHOLD SURVEY - KENYA**

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
LOCALITY: DIVISION _____ LOCATION _____ SUBLOCATION _____	
NAME OF HOUSEHOLD HEAD _____	[][]
DISTRICT.....	[][][]
SCI EA NUMBER.....	[][][]
HOUSEHOLD NUMBER.....	[][][]
URBAN/RURAL (URBAN=1, RURAL=2).....	[]

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

*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 OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)		TOTAL PERSONS IN HOUSEHOLD..... [][] TOTAL ELIGIBLE WOMEN (Q.9)..... [][] TOTAL ELIGIBLE MEN (Q.10)..... [][]
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LANGUAGE OF QUESTIONNAIRE **..... [][]	LANGUAGE OF INTERVIEW **..... [][]
NATIVE LANGUAGE OF RESPONDENT **..... [][]	TRANSLATOR USED YES..... 1 NO..... 2

** LANGUAGE CODES:
 01 ENGLISH 02 SWAHILI 03 DHOLUO 96 OTHER _____
 (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [][]	NAME _____ [][]	[][]	[][]
DATE _____	DATE _____		

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with Family Care International. We are conducting a survey about the health of women. We would very much appreciate your participation in this survey. I would like to ask some questions about the people in this household, and then I will ask to interview certain household members to talk about health and about issues related to pregnancy and childbirth. This information will be used to improve health services. There are no risks involved in participating in the study. Only survey organizers and the Committee that oversees the ethical aspects of this study (Allendale Investigational Review Board) may view the data. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this survey or refusal to participate will not affect your ability to access health services or any other services. The interview usually takes between 10 and 20 minutes to complete.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate fully in this survey since your views are important. At this time, do you want to ask me anything about the survey? For additional information about the survey and your participation in it, you can contact SCI Research Coordinator, Family Care International.

By consenting, you indicate that you understand the information I just read about the study and that you are willing to participate.

Signature of interviewer:

Date:

May I begin the interview now?

RESPONDENT AGREES TO BE INTERVIEWED.....1 ↓ CONTINUE RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2→END

Now we would like some information about the people who usually live in your household.

NOTE: LIST ALL USUAL RESIDENTS AND VISITORS UNDER Q.2 AND THEN ASK Q.3-9 AND INDICATE ELIGIBILITY.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		AGE	IF FEMALE AGE 15 YEARS OR OLDER				ELIGIBILITY	
			1	2		YES	NO	YES	NO	CIRCLE LINE N ^o . OF ALL WOMEN AGE 15-49	CIRCLE LINE N ^o . OF ALL HUSBANDS OF ELIGIBLE WOMEN
Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9	Q.10		
	Please give me the names of the persons who usually live in your household, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	How old is (NAME)?	Is (NAME) married or living with a partner?	Does (NAME)'s husband usually live in this house-hold?	RECORD HUSBAND'S LINE NUMBER				
			M F	IN YEARS	YES NO	YES NO	LINE NO.				
(1)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	1	1		
(2)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	2	2		
(3)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	3	3		
(4)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	4	4		
(5)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	5	5		
(6)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	6	6		
(7)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	7	7		
(8)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	8	8		
(9)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	9	9		
(10)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	10	10		
(11)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	11	11		
(12)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	12	12		
(13)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	13	13		
(14)		<input type="text"/>	1 2	<input type="text"/>	1 2 (Q.9) ⚡	1 2 (Q.9) ⚡	<input type="text"/>	14	14		

CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD (Q.3):

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
| 02 = WIFE OR HUSBAND | 08 = BROTHER OR SISTER |
| 03 = SON OR DAUGHTER | 10 = OTHER RELATIVE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD | 12 = NOT RELATED |
| 06 = FATHER OR MOTHER | 98 = DON'T KNOW |

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	IF FEMALE AGE 15 YEARS OR OLDER				ELIGIBILITY	
					Is (NAME) married or living with a partner?	Does (NAME)'s husband usually live in this house-hold?	RECORD HUSBAND'S LINE NUMBER	CIRCLE LINE N ^o OF ALL WOMEN AGE 15-49	CIRCLE LINE N ^o OF ALL HUSBANDS OF ELIGIBLE WOMEN	
Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9	Q.10	
(15)	Please give me the names of the persons who usually live in your household, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female? M F 1 2	How old is (NAME)? IN YEARS [][]	Is (NAME) married or living with a partner? YES NO 1 2 (Q.9) ◀▶	Does (NAME)'s husband usually live in this house-hold? YES NO 1 2 (Q.9) ◀▶	RECORD HUSBAND'S LINE NUMBER [][]	CIRCLE LINE N ^o OF ALL WOMEN AGE 15-49 15	CIRCLE LINE N ^o OF ALL HUSBANDS OF ELIGIBLE WOMEN 15	
(16)		[][]	1 2	[][]	1 2 (Q.9) ◀▶	1 2 (Q.9) ◀▶	[][]	16	16	
(17)		[][]	1 2	[][]	1 2 (Q.9) ◀▶	1 2 (Q.9) ◀▶	[][]	17	17	
(18)		[][]	1 2	[][]	1 2 (Q.9) ◀▶	1 2 (Q.9) ◀▶	[][]	18	18	
(19)		[][]	1 2	[][]	1 2 (Q.9) ◀▶	1 2 (Q.9) ◀▶	[][]	19	19	
(20)		[][]	1 2	[][]	1 2 (Q.9) ◀▶	1 2 (Q.9) ◀▶	[][]	20	20	
(21)		[][]	1 2	[][]	1 2 (Q.9) ◀▶	1 2 (Q.9) ◀▶	[][]	21	21	
(22)		[][]	1 2	[][]	1 2 (Q.9) ◀▶	1 2 (Q.9) ◀▶	[][]	22	22	
(23)		[][]	1 2	[][]	1 2 (Q.9) ◀▶	1 2 (Q.9) ◀▶	[][]	23	23	
(24)		[][]	1 2	[][]	1 2 (Q.9) ◀▶	1 2 (Q.9) ◀▶	[][]	24	24	

CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD (Q.3):

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
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| 05 = GRANDCHILD | 12 = NOT RELATED |
| 06 = FATHER OR MOTHER | 98 = DON'T KNOW |

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>			
Just to make sure that I have a complete listing:			
Q.11	Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/> →	ENTER EACH IN TABLE NO <input type="checkbox"/>
Q.12	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 <input type="checkbox"/> →	ENTER EACH IN TABLE NO <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q.13	Since January 2001, have any adult female members (aged 15-49) of this household died?	YES..... 1 NO..... 2	→ Q.20
Q.14	How many female household members have died?	NUMBER OF WOMEN..... <input type="text"/> <input type="text"/>	

FOR EACH ADULT FEMALE HOUSEHOLD MEMBER (AGE 15-49) WHO DIED SINCE JANUARY 2001, ASK THE FOLLOWING:							
	What are the names of each of the adult female household members who have died since January 2001? Q.15	ENTER AGE IN YEARS Q.16	In what year did she die? Q.17	Was she pregnant when she died OR had she been pregnant or given birth within 42 days prior to her death (i.e. six weeks)? Q.18		Was her death caused by a traffic or other kind of accident? Q.19	
				YES	NO	YES	NO
(1)		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	1	2 (Q.15) ← ^J	1	2
(2)		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	1	2 (Q.15) ← ^J	1	2
(3)		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	1	2 (Q.15) ← ^J	1	2
(4)		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	1	2 (Q.15) ← ^J	1	2
(5)		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	1	2 (Q.15) ← ^J	1	2
(6)		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	1	2 (Q.15) ← ^J	1	2
(7)		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	1	2 (Q.15) ← ^J	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
Q.20	What is the <u>main</u> source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING..... 11 PIPED INTO YARD/PLOT..... 12 PUBLIC TAP..... 13 WATER FROM OPEN WELL OPEN WELL IN DWELLING..... 21 OPEN WELL IN YARD/PLOT..... 22 OPEN PUBLIC WELL..... 23 WATER FROM COVERED WELL/BOREHOLE OPEN WELL IN DWELLING..... 31 PROTECTED WELL IN YARD/PLOT... 32 PROTECTED PUBLIC WELL..... 33 SURFACE WATER SPRING..... 41 RIVER/STREAM..... 42 POND/LAKE..... 43 DAM..... 44 RAINWATER..... 51 TANKER TRUCK..... 61 BOTTLED WATER..... 71 OTHER _____ 96 (SPECIFY)	→ Q.22 → Q.22 → Q.22 → Q.22 → Q.22 → Q.22 → Q.22 → Q.22																					
Q.21	How long does it take you to go there, get water, and come back? RECORD IN MINUTES. 1 Hour = 60 Min 2 Hours=120 Min 3 Hours=180 Min 4 Hours=240 Min 5 Hours = 300 Min 6 Hours=360 Min 7 Hours=420 Min 8 Hours=480 Min	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES..... 996 DON'T KNOW MINUTES..... 998																						
Q.22	What kind of toilet facilities does your household have?	FLUSH TOILET..... 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET..... 21 VENTILATED IMPROVED PIT (VIP) LATRINE..... 22 NO FACILITY/BUSH/FIELD..... 31 OTHER _____ 96 (SPECIFY)	→ Q.24																					
Q.23	Do you share these facilities with other households?	YES..... 1 NO..... 2																						
Q.24	Does your household have: Electricity? A radio? A television? A landline telephone? A cell phone? A refrigerator?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>ELECTRICITY.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEPHONE - LANDLINE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEPHONE - CELLULAIRE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	TELEPHONE - LANDLINE.....	1	2	TELEPHONE - CELLULAIRE	1	2	REFRIGERATOR.....	1	2	
	YES	NO																						
ELECTRICITY.....	1	2																						
RADIO.....	1	2																						
TELEVISION.....	1	2																						
TELEPHONE - LANDLINE.....	1	2																						
TELEPHONE - CELLULAIRE	1	2																						
REFRIGERATOR.....	1	2																						
Q.25	What type of fuel does your household <u>mainly</u> use for cooking?	ELECTRICITY..... 01 LPG/NATURAL GAS..... 02 BIOGAS..... 03 KEROSENE..... 04 CHARCOAL..... 06 FIREWOOD, STRAW..... 07 DUNG..... 08 OTHER _____ 96 (SPECIFY)																						
Q.26	MAIN MATERIAL OF THE FLOOR.	NATURAL FLOOR EARTH/SAND..... 11																						

NO.	QUESTIONS AND FILTERS RECORD OBSERVATION. ASK IF UNABLE TO SEE FLOORS IN ALL THE ROOMS.	CODING CATEGORIES EARTH & DUNG..... 12 RUDIMENTARY FLOOR WOOD PLANKS..... 21 PALM/BAMBOO..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD..... 31 VINYL OR ASPHALT STRIPS..... 32 CERAMIC TILES..... 33 CEMENT..... 34 CARPET..... 35 OTHER _____ 96 (SPECIFY)	SKIP																					
Q.27	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A tractor? An animal-drawn cart? Boat?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>BICYCLE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TRACTOR.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>ANIMAL DRAWN CART.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BOAT.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK.....	1	2	TRACTOR.....	1	2	ANIMAL DRAWN CART.....	1	2	BOAT.....	1	2	
	YES	NO																						
BICYCLE.....	1	2																						
MOTORCYCLE/SCOOTER.....	1	2																						
CAR/TRUCK.....	1	2																						
TRACTOR.....	1	2																						
ANIMAL DRAWN CART.....	1	2																						
BOAT.....	1	2																						
Q.28	What is the closest health facility at which a woman can go to deliver a baby with assistance from a doctor, nurse, or midwife? What is the name of the facility? _____ (NAME OF PLACE)	PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH CENTER..... 22 GVT. DISPENSARY..... 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL..... 31 PVT MATERNITY/NURSING HOME..... 32 MISSION HEALTH CENTRE..... 33 PVT./MISSION CLINIC/DISPENSARY..... 34 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	 ▶ Q.31																					
Q.29	How far is it from here to (FACILITY MENTIONED IN Q.28)? IF LESS THAN 1 KM, RECORD "000".	DISTANCE IN KMS..... <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW..... 998																						
Q.30	How long does it take to walk from here to (FACILITY MENTIONED IN Q.28)? RECORD IN MINUTES. 1 Hour = 60 Min 2 Hours=120 Min 3 Hours=180 Min 4 Hours=240 Min 5 Hours = 300 Min 6 Hours=360 Min 7 Hours=420 Min 8 Hours=480 Min	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES..... 9996 DON'T KNOW MINUTES..... 9998																						
Q.31	RETURN TO COVER PAGE																							

