

VIOLENCE AGAINST CHILDREN SURVEY — KENYA: Head of Household Questionnaire

H1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																									
H2	RECORD THE SEX OF THE HEAD OF HOUSEHOLD: MALE OR FEMALE	MALE 1 FEMALE 2																																									
H3	I would like to start by asking you some questions about yourself: How old are you?	YEARS OLD: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98 DECLINED 99																																									
Please remember we are looking only for the MAIN option (for questions H4, H5, H8, H9, H10 and H11)																																											
H4	Now, I will continue by asking you questions about your household. What is the <u>main source</u> of drinking water for members of your household? <i>Interviewer probe : If response is "neighbor", ask where does the neighbor get drinking water?</i>	PIPED WATER 1 TUBE WELL 2 PROTECTED DUG WELL 3 UNPROTECTED DUG WELL 4 WATER FROM SPRING 5 RAINWATER 6 TANKER WATER 7 CART WITH SMALL TANK 8 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM) 9 BOTTLED WATER 10 OTHER (SPECIFY) 66 DON'T KNOW 98 DECLINED 99																																									
H5	What kind of toilet facility do members of your household <u>mostly use</u> ? <i>IF "FLUSH" OR "POUR FLUSH", PROBE: Where does it flush to?</i> <i>Interviewer probe: If response is "neighbor", ask what does the neighbor use for a toilet?</i>	FLUSH TOILET 1 PIT LATRINE VENTILATED 2 PIT LATRINE WITH SLAB 3 PIT LATRINE WITHOUT SLAB/OPEN PIT 4 COMPOSITING TOILET 5 BUCKET TOILET 6 HANGING TOILET/ HANGING LATRINE 7 OTHER (SPECIFY) 66 NO FACILITY/BUSH/FIELD 8 DON'T KNOW 98 DECLINED 99	→ H7																																								
H6	Do you share this facility with other households?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99																																									
H7	Does your household have:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A. ELECTRICITY</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>B. PARAFFIN LAMP</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>C. RADIO</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>D. TELEVISION</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>E. MOBILE/CELL TELEPHONE</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>F. LANDLINE</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>G. REFRIGERATOR</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK	DTA	A. ELECTRICITY	1	2	98	99	B. PARAFFIN LAMP	1	2	98	99	C. RADIO	1	2	98	99	D. TELEVISION	1	2	98	99	E. MOBILE/CELL TELEPHONE	1	2	98	99	F. LANDLINE	1	2	98	99	G. REFRIGERATOR	1	2	98	99	
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H8	What type of fuel does your household mainly use for cooking?	ELECTRICITY 1 LIQUEFIED PETROLEUM GAS (LPG) 2 BIOGAS 3 KEROSENE 4 COAL, LIGNITE 5 CHARCOAL 6 WOOD 7 STRAW/SHRUB/SGRASS 8 ANIMAL DUNG 9																																									

		NO FOOD COOKED IN HOUSEHOLD	10	
		OTHER (SPECIFY).....	66	
		DON'T KNOW	98	
		DECLINED	99	
H9	RECORD THE MAIN MATERIAL OF THE DWELLING FLOOR. (OBSERVE OR ASK)	EARTH/SAND	1	
		DUNG.....	2	
		WOOD PLANKS.....	3	
		PALM/BAMBOO.....	4	
		BROKEN BRICKS.....	5	
		PARQUET /POLISHED WOOD.....	6	
		VINYL/ASPHALT STRIPS	7	
		CERAMIC TILES	8	
		CEMENT.....	9	
		CARPET	10	
		OTHER (SPECIFY):.....	66	
		DON'T KNOW.....	98	
		DECLINED	99	
H10	RECORD THE MAIN MATERIAL OF THE ROOF. (OBSERVE OR ASK)	NO ROOF.....	1	
		THATCH/PALM LEAF	2	
		RUSTIC MAT	3	
		PALM/BAMBOO/GRASS.....	4	
		WOOD PLANKS.....	5	
		CARDBOARD	6	
		IRON SHEETS	7	
		WOOD.....	8	
		CALAMINE/CEMENT FIBER.....	9	
		CERAMIC TILES	10	
		CEMENT.....	11	
		ROOFING SHINGLES.....	12	
		OTHER (SPECIFY):.....	66	
		DON'T KNOW.....	98	
		DECLINED	99	
H11	RECORD THE MAIN MATERIAL OF THE WALLS. (OBSERVE OR ASK)	NO WALLS.....	1	
		CANE/PALM/TRUNKS	2	
		PLASTERED DIRT.....	3	
		UNPLASTERED DIRT.....	4	
		BAMBOO/TREE TRUNKS WITH MUD.....	5	
		STONE WITH MUD.....	6	
		PLYWOOD	7	
		CARDBOARD/TARP/TIN/PLASTICS/CONSTRUCTION WASTE	8	
		REUSED WOOD.....	9	
		CEMENT.....	10	
		STONE WITH LIME CEMENT	11	
		BURNT BRICKS.....	12	
		UNBURNT BRICKS	13	
		CEMENT BLOCKS	14	
		WOOD PLANKS.....	15	
		OTHER (SPECIFY):.....	66	
		DON'T KNOW.....	98	
		DECLINED	99	
H12	How many rooms are there in this household?	NO. OF ROOMS: <input type="text"/> <input type="text"/>		
		DON'T KNOW	98	
		DECLINED	99	
H13	How many rooms in this household are used for sleeping?	NO. OF ROOMS: <input type="text"/> <input type="text"/>		
		DON'T KNOW	98	
		DECLINED	99	

H14	Now, I would like to ask you about your belongings/financial assistance Does any member of your household own: A. Bicycle B. Motorcycle or Scooter C. Motorbike taxi D. Oxcart E. Car or Truck		YES	NO	DK	DTA
		A. BICYCLE	1	2	98	99
		B. MOTORCYCLE OR SCOOTER	1	2	98	99
		C. MOTORBIKE TAXI	1	2	98	99
		C. OXCART	1	2	98	99
		E. CAR OR TRUCK	1	2	98	99
H15	Does any member of this household own any agricultural land?	YES.....	1			
		NO	2			
		DON'T KNOW.....	98			
		DECLINED	99			
H16	Does this household own any livestock, herds, other farm animals or poultry?	YES.....	1			
		NO	2			
		DON'T KNOW.....	98			
		DECLINED	99			
H16a	How many of the following animals does this household have? A. Cattle/Milk Cows/Bulls? B. Horses? C. Donkeys/Mules? D. Goats? E. Sheep? F. Poultry (e.g. chickens, ducks, etc.)? G. Pigs? H. Rabbits? IF PARTICIPANT DOES NOT HAVE ANY OF THE SPECIFIED ANIMAL(S), ENTER "0" IF PARTICIPANT HAS MORE THAN 1000 OF THE SPECIFIED ANIMAL(S), ENTER "997" IF PARTICIPANT DOES NOT KNOW HOW MANY OF THE SPECIFIED ANIMALS HE/SHE HAS, ENTER "998" (DK) IF PARTICIPANT DECLINES TO ANSWER, ENTER "999" (DTA)	A. CATTLE.....	<input type="text"/>	<input type="text"/>		
		B. HORSES.....	<input type="text"/>	<input type="text"/>		
		C. DONKEY/MULE.....	<input type="text"/>	<input type="text"/>		
		D. GOATS.....	<input type="text"/>	<input type="text"/>		
		E. SHEEP.....	<input type="text"/>	<input type="text"/>		
		F. POULTRY.....	<input type="text"/>	<input type="text"/>		
		G. PIGS.....	<input type="text"/>	<input type="text"/>		
		H. RABBITS.....	<input type="text"/>	<input type="text"/>		
H17	Does any member of this household have a bank account?	YES.....	1			
		NO	2			
		DON'T KNOW.....	98			
		DECLINED	99			
H18	Does anyone in the household receive outside financial help from a government program?	YES.....	1			
		NO	2			
		DON'T KNOW.....	98			
		DECLINED	99			
H19	Does anyone in the household receive outside financial help from a non-government program, or does someone participate in a community based program that provides income, such as micro finance, loan, or community savings group?	YES.....	1			
		NO	2			
		DON'T KNOW.....	98			
		DECLINED	99			
H20	In the past 12 months, how often would you say you or your family were worried or stressed out about having enough money to pay for meals? Would you say all the time, most of the time, sometimes, seldom, or never?	ALL THE TIME	1			
		MOST OF THE TIME.....	2			
		SOMETIMES	3			
		SELDOM.....	4			
		NEVER.....	5			
		DON'T KNOW.....	98			
		DECLINED	99			

ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS, OTHERWISE SKIP TO H27				
H21	Now I will ask you about the health and wellness of the members of your household: In the past year, have any of the adults in the household, who contribute to the household income, been ill for 3 or more months?	YES NO DON'T KNOW DECLINED	1 2 98 99	
H22	Have any adults in this household, who were contributors to the household income, died in the past 12 months?	YES NO DON'T KNOW DECLINED	1 2 98 99	
H23	How often during the last 12 months did you have problems in getting enough food for the household? Would you say all the time, most of the time, sometimes, seldom, or never?	ALL THE TIME MOST OF THE TIME..... SOMETIMES SELDOM..... NEVER..... DON'T KNOW DECLINED	1 2 3 4 5 98 99	
ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS				
H24	Are you currently heading this household because your own parent is sick, has died or has moved away?	YES, PARENT IS SICK..... YES, PARENT DIED..... YES, PARENT MOVED AWAY NO DON'T KNOW DECLINED	1 2 3 4 98 99	→ H27
H25	Have you lived outside of family care in the last five years? For example an orphanage, shelter or foster care, detention center or with other relatives/families/friends [Adapt to country context]	YES NO DON'T KNOW DECLINED	1 2 98 99	→ H27
H26	Have you lived on the street in the last 5 years?	YES NO DON'T KNOW DECLINED	1 2 98 99	→ END
ONLY ASKED IF RESPONDENT HAS BEEN SELECTED, AND IS LESS THAN 18 YEARS, AND HAS OTHER MEMBERS LESS THAN 18 YEARS LIVING IN THE HOUSEHOLD				
H27	Are/is the (other) child(ren) living in this household because their own parent is sick, has died or has moved away?	YES, PARENT IS SICK..... YES, PARENT DIED..... YES, PARENT MOVED AWAY NO DON'T KNOW DECLINED	1 2 3 4 98 99	
ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS				
H				

H28	Has/have the (other) child(ren) in this household lived outside of family care in the last five years? For example an orphanage, shelter or foster care, prison, or with other relatives/families/friends	YES NO DON'T KNOW DECLINED	1 2 98 99	If '1', END
H29	Has/have the other child(ren) in this household lived on the street at any point during the last 5 years?	YES NO DON'T KNOW DECLINED	1 2 98 99	