

2018 KENYA SURVEY OF HEALTH AND LIFE EXPERIENCES OF CHILDREN AND YOUNG PEOPLE  
HOUSEHOLD QUESTIONNAIRE  
**REVISION August 14, 2018**

H1	<b>RECORD THE TIME THE INTERVIEW BEGAN (00:00):</b>					
H2	RECORD THE SEX OF THE HEAD OF HOUSEHOLD: MALE OR FEMALE	MALE..... FEMALE .....	1 2			
H3	I would like to start by asking you some questions about yourself:  How old are you?	YEARS OLD: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  DON'T KNOW ..... DECLINED.....	  98 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</i> : If response is "neighbor", ask where does the neighbor get drinking water?	PIPED WATER..... TUBE WELL..... PROTECTED DUG WELL..... UNPROTECTED DUG WELL..... WATER FROM SPRING..... RAINWATER..... TANKER WATER..... CART WITH SMALL TANK..... SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM)..... BOTTLED WATER..... OTHER (SPECIFY)..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 8 9 10 66 98 99			
H5	What kind of toilet facility do members of your household <u>mostly use</u> ?  <i>IF "FLUSH" OR "POUR FLUSH", PROBE:</i> Where does it flush to?  <i>Interviewer probe:</i> If response is "neighbor", ask what does the neighbor use for a toilet?	FLUSH TOILET..... PIT LATRINE VENTILATED..... PIT LATRINE WITH SLAB..... PIT LATRINE WITHOUT SLAB/OPEN PIT..... COMPOSITING TOILET..... BUCKET TOILET..... HANGING TOILET/ HANGING LATRINE..... OTHER (SPECIFY).....  NO FACILITY/BUSH/FIELD..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 66  8 98 99	→ H7		
H6	Do you share this facility with other households?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99			
H7	Does your household have:					
	A. Electricity B. A paraffin lamp C. Radio D. Television E. Mobile/cell telephone F. Non-Mobile Telephone (landline) G. Refrigerator		YES NO DK DTA			
		A. ELECTRICITY B. PARAFFIN LAMP C. RADIO D. TELEVISION E. MOBILE/CELL TELEPHONE F. LANDLINE G. REFRIGERATOR	1 2 98 99 1 2 98 99 1 2 98 99 1 2 98 99 1 2 98 99 1 2 98 99 1 2 98 99			
H8	What type of fuel does your household mainly use for cooking?	ELECTRICITY..... LIQUEFIED PETROLEUM GAS (LPG)..... BIOGAS..... KEROSENE..... COAL, LIGNITE..... CHARCOAL..... WOOD..... STRAW/SHRUB/SGRASS..... ANIMAL DUNG.....	1 2 3 4 5 6 7 8 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			
		E. CAR OR TRUCK	1	2	98	99			
H15	Does any member of this household own any agricultural land?	YES .....	NO .....	DON'T KNOW .....	DECLINED.....	1 2 98 99			
H16	Does this household own any livestock, herds, other farm animals or poultry?	YES .....	NO .....	DON'T KNOW .....	DECLINED.....	1 2 98 99 → H17			
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?  <b>IF PARTICIPANT DOES NOT HAVE ANY OF THE SPECIFIED ANIMAL(S), ENTER "0"</b>  <b>IF PARTICIPANT HAS MORE THAN 1000 OF THE SPECIFIED ANIMAL(S), ENTER "997"</b>  <b>IF PARTICIPANT DOES NOT KNOW HOW MANY OF THE SPECIFIED ANIMALS HE/SHE HAS, ENTER "998" (DK)</b>  <b>IF PARTICIPANT DECLINES TO ANSWER, ENTER "999" (DTA)</b>	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 .....	NO .....	DON'T KNOW .....	DECLINED.....	1 2 98 99			
H18	Does anyone in the household receive outside financial help from a government program?	YES .....	NO .....	DON'T KNOW .....	DECLINED.....	1 2 98 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 .....	NO .....	DON'T KNOW .....	DECLINED.....	1 2 98 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.....	MOST OF THE TIME.....	SOMETIMES.....	SELDOM.....	NEVER.....	DON'T KNOW .....	DECLINED.....	1 2 3 4 5 98 99



<b>ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS, OTHERWISE SKIP TO H27</b>				
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	
<b>ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS</b>				
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
<b>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</b>				
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	
<b>ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS</b>				
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	