

2.0 MARITAL STATUS2.1 Are you currently married or living with a man/woman? (Y=YES; N=NO) [IF NO, SKIP TO 2.3] 2.2 How would you best describe your type of marriage - did you have a religious ceremony, a civil registration, customary or traditional ceremony or just living together? 1=religious ceremony, 2=civil registration only, 3=customary/traditional marriage only, 4=just living together? [SKIP TO 2.5] 2.3 Have you ever been married or lived with a man/woman? (N=NO; Y=YES) [IF NO, SKIP TO 3.0] 2.4 How did your last marriage/union end? Are you currently widowed, divorced, or separated? (W=WIDOWED; D=DIVORCED; S=SEPARATED) 2.5 How many times have you been married or lived with a man/woman in your lifetime?
[INCLUDE CURRENT SPOUSE FOR THOSE CURRENTLY MARRIED/LIVING WITH A MAN/WOMAN].2.6 How old were you when you got married or started living with a man/woman for the first time? **CHECK QN. 2.3, IF ANSWER IS YES, SKIP TO 2.16****IF RESPONDENT IS MALE (I.E. QN 1.5 =M) AND CURRENTLY MARRIED/LIVING TOGETHER I.E. QN. 2.1 IS YES, SKIP TO 2.12****DETAILS ABOUT CURRENT/MOST RECENT SPOUSE FOR WOMEN CURRENTLY MARRIED/LIVING TOGETHER**2.7 Does your husband/partner usually live in this household? (Y=YES; N=NO) [IF YES SKIP TO 2.9] 2.8 Where does he live? [CODE SHEET A²] 2.9 In what month and year did you get married/start living together with your current husband/partner?
MONTH YEAR 2.10 Does your husband/partner have any other wife/wives besides yourself? (N=NO; Y=YES)
[IF "NO", SKIP TO 3.0]2.11 How many other wives does he have? NUMBER
[SKIP TO 3.0]**DETAILS ABOUT CURRENT/MOST RECENT SPOUSE FOR MEN CURRENTLY MARRIED/LIVING TOGETHER**2.12 How many wives/partners do you currently have? 2.13 [IF MORE THAN ONE] Are you living with your wife/partner in this household? (N=NO; Y=YES)
[IF HAS ONLY ONE] Does your wife/partner usually live in this household? (N=NO; Y=YES)
[IF YES SKIP TO 2.15]2.14 Where does your/your most recent wife live? [CODE SHEET A²] 2.15 In what month and year did you get married/living together started with your (MOST) recent wife/partner?
MONTH YEAR
[SKIP TO 3.0]2.16 In what month and year did you get separated/divorced/widowed in your most recent marriage/union?
MONTH YEAR

3.0 CHILD BEARING HISTORY, CARE AND SUPPORT

Now I would like to ask about all the births/children you have had during your life including any children whom you raised as your own and are now grown up. We will also talk about children who are deceased if any. It may be painful to talk about this but it is important that we get the right information.

3.1 Have you ever given birth/Have you ever had any children of your own?

(Y=YES; N=NO; If 'NO' skip to 3.3)

3.2 In total, how many children have you given birth to/have you had, including those that have died?

3.3 Do you have any children you did not give birth to but whom you raised as your own?

(Y=YES; N=NO)

[If 'NO' in 3.1 & 'NO' in 3.3; SKIP TO 3.21; IF 'YES' IN 3.1 & 'NO' IN 3.3 SKIP TO 3.5]

3.4 In total how many children did you not give birth to but raised as your own?

Now, I would like to ask you some questions about the support you provide to your children and the support that you may receive from others.

GO TO QUESTIONS 3.5 TO 3.18 IN THE BIRTH HISTORY TABLES ON PAGES 4 AND 5 OF THE QUESTIONNAIRE

Now I would like us to talk about all your biological children including any children you may have raised as your own even if you did not give birth to them. We are interested in both those who are still alive and those who have passed away. We will begin by talking about your biological children first starting with the first one you had.

| 3.5 | 3.6 | 3.7 | 3.8 | 3.9 | 3.10 | 3.11 | 3.12 | 3.13 | 3.14 | 3.15 | 3.16 | 3.17 | 3.18 |
|-------------------------------------------------|-----------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| What name was given to your first (next) child? | Is (NAME) male (M) or female (F)? | Is (NAME) still alive or not? (Y=Alive; N=Dead) | In what month and year was (NAME) born? (If 'Alive' skip to 3.10) | (FOR THOSE DEAD ONLY), In what month and year did (NAME) die? | IF 12 YRS OR OLDER Has/ was (NAME) ever/been married? IF YES What is/was (NAME)'s marital status? (CODE SHEET A ³) | How many children does/ did (NAME) have, if any? IF NO ENTER 00 | Where did (NAME) live? (NAME) currently live? (CODE SHEET A ²) | How frequently do you see each other with (NAME)? (UNITS D=DAILY, W=WEEK, M=MONTH, Y=YEAR, O=IN A WHILE X=DK) | IF ALIVE On average, how much money (in Ksh.) do you receive from (NAME) each month? | In what other ways does (NAME) support you? 1=No other support 2=Household chores 3=Health care 4=2&3 5=Other | Did (NAME) die of injury or illness? [1=ILLNESS 2=INJURY 3=OTHER] IF 2 SKIP TO 3.18 | (If died of illness) Did you regularly provide care to (NAME) at the time of his/her illness? (Y=YES; N=NO) | Did (NAME) regularly contribute financially toward your upkeep/ support before his/her death? (Y=YES; N=NO) |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | U <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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | U <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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | U <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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | U <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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | U <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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | U <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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 3.5 | 3.6 | 3.7 | 3.8 | 3.9 | 3.10 | 3.11 | 3.12 | 3.13 | 3.14 | 3.15 | 3.16 | 3.17 | 3.18 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| What name was given to your first (next) child? | Is (NAME) male (M) or female (F)? | Is (NAME) still alive or not? (Y=Alive; N=Dead) | In what month and year was (NAME) born? (If 'Alive' skip to 3.10) | (FOR THOSE DEAD ONLY), In what month and year did (NAME) die? | IF 12 YRS OR OLDER Has/ was (NAME) ever/been married? IF YES What is/was (NAME)'s marital status? (CODE SHEET A ³) | How many children does/ did (NAME) have, if any? IF NO ENTER 00 | Where did (NAME)/ does (NAME) currently live? (CODE SHEET A ²) | How frequently do you see each other with (NAME)? (UNITS: D=DAILY, W=WEEK, M=MONTH, Y=YEAR, O=IN A WHILE X=DK) | IF ALIVE On average, how much money (in Ksh.) do you receive from (NAME) each month? | In what other ways does (NAME) support you? 1=No other support 2=Household chores 3=Health care 4=2&3 5=Other | Did (NAME) die of injury or illness? [1=ILLNESS 2=INJURY 3=OTHER] IF 2 SKIP TO 3.18 | (If died of illness) Did you regularly provide care to (NAME) at the time of his/her illness? (Y=YES; N=NO) | Did (NAME) regularly contribute financially towards your upkeep/ support before his/her death? (Y=YES; N=NO) |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="checkbox"/> | U <input type="text"/> # <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="checkbox"/> | U <input type="text"/> # <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="checkbox"/> | U <input type="text"/> # <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Now I would like us to talk about the children you did not give birth to but raised as your own, both those who are alive and those who have passed away. Starting with the eldest/oldest. | | | | | | | | | | | | | |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RETURN TO QUESTION 3.19a ON PAGE 6 OF THE QUESTIONNAIRE AFTER FILLING THIS TABLE

3.19a FW: CHECK BIRTH HISTORY TABLE: Does respondent have any surviving children?
 (Y=YES; N=NO; IF NO SKIP TO 3.21)

3.19b Do you provide any of your children with financial support or assistance? (Y=YES; N=NO)

3.19c How many children do you provide financial support to? NUMBER
 IF NONE SKIP TO 3.20

| 3.19d. Please give me the names of all children you provide support to. FW: TRANSFER CHILDREN'S NAMES FROM BIRTH HISTORY TABLE | 3.19e: How often do you offer support? D=Daily, M=Monthly, Y=Yearly, O=Once in a while | 3.19f: About how much money do you provide each time? In KShs | 3.19g: What is the main reason why you give support to (NAME) (CODE SHEET A ¹⁰) |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

3.20 Do you assist any of your children in/by

| | Y=YES | N=NO |
|--------------------------------------------------|-------|------|
| a. Caring for their children | Y | N |
| b. Doing domestic chores for them | Y | N |
| c. Providing material support (food, clothing..) | Y | N |
| d. Providing advice or counseling | Y | N |
| e. Other (specify) | Y | N |

3.21 Who normally provides the most assistance (physical) to you with work around the house such as cooking, cleaning, collecting water and so on?
RECORD RELATIONSHIP TO RESPONDENT (CODE SHEET A⁴)

3.21a **FW: IF RESPONSE IN 3.21 IS NO ONE or INSTITUTION, SKIP TO 3.22, ELSE ASK:**
 Where does the person mentioned in 3.21 live? (CODE SHEET A²)

3.22 Do you usually require assistance (physical) to get somewhere outside the community, for example going to town, to the market etc?
 (Y=YES; N=NO; If 'NO' SKIP TO 3.24)

3.23 Suppose you wanted to go somewhere outside the community, who normally assists you or accompanies you to places outside the community?
RECORD RELATIONSHIP TO RESPONDENT (CODE SHEET A⁴)

3.24 Do you receive any kind of assistance or support from any of your relatives (other than your children) ?
 (Y=YES; N=NO; If 'NO' SKIP TO 3.26)

3.25a: What type of assistance do you receive from your relatives?
CIRCLE ALL MENTIONED.

- Financial 1
- Food/Clothing 2
- Health care..... 3
- Shelter 4
- Rent payment..... 5
- Domestic chores 6
- Advice or counsel 7
- Emotional support 8
- Other(specify)..... 9
- Other (specify)..... 10

3.25b: **FW: FOR ALL RESPONSES CIRCLED IN 3.25a ASK:**
How often do you receive (...) support from your relatives?
(CODE SHEET A¹¹)

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| |
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| |

3.26 Are you aware of any organizations or groups that provide assistance such as financial, material, or emotional support to older people in this community?
(Y=YES; N=NO; If 'NO' SKIP TO 4.0)

3.27 Which are these groups or organizations that provide assistance to older people?

CIRCLE ALL MENTIONED

- Catholic Church/SistersA
- Muslim groupsB
- Redeemed Gospel ChurchC
- TAK (Takataka Afya Korogocho)D
- Women's GroupsE
- KENWA\ Orphans\ HIVAIDSF
- Government/DO/ChiefG
- Other(Specify) H

3.28 Have you received assistance from any of these groups or organizations in the last 12 months?
(Y=YES; N=NO; If 'NO' SKIP TO 4.0)

3.29 From which groups or organizations have you received the most assistance?

CIRCLE ONLY ONE RESPONSE

- Catholic Church/SistersA
- Muslim groupsB
- Redeemed Gospel ChurchC
- TAK (Takataka Afya Korogocho)D
- Women's GroupsE
- KENWA\ Orphans\ HIVAIDSF
- Government/DO/ChiefG
- Other(Specify)H

3.30 What is the main type of assistance or support have you received from this organization or group?

CIRCLE ONLY ONE RESPONSE

- Financial 1
- Material support(food, clothing) 2
- Shelter 3
- Care and support for PLWHA 5
- Other(specify) 6
- Rent payment 7
- Medical care 8

3.31 How often do you receive assistance from this organization of group?

W=WEEKLY; M=MONTHLY; Y=YEARLY; O=OTHER

NO. OF TIMES

Other (Specify) _____

4.0 LINKS WITH PLACE OF ORIGIN

4.1 What is the name of the area where you consider as your place of origin?

(RECORD THE PROVINCE/DISTRICT/LOCATION/VILLAGE OR ESTATE)

(P).....(D).....(L).....(V/E).....

4.2 RECORD CODE FOR AREA OF ORIGIN MENTIONED IN 4.1

(CODE SHEET A²)

[IF ANSWER IS 1, 2, 3 or 4, SKIP TO 4.7A]

4.3 When was the last time you visited your place of origin?

MONTH

YEAR

[IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.5]

[IF RESPONDENT LAST VISITED PLACE OF ORIGIN MORE THAN 12 MONTHS AGO SKIP 4.5]

4.4 In the last 12 months, how many times have you visited your place of origin?

4.5 When was the last time you had visitors from your place of origin?

MONTH

YEAR

[IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.7]

4.6 In the last 12 months, how many times have you had visitors from your place of origin?

4.7a. Do any of the following family members live at your place of origin?

| | YES | NO | NA |
|-----------------------------|-----|----|----|
| A. Parent/parents-in-law | Y | N | X |
| B. Spouse/partner | Y | N | X |
| C. Siblings/siblings in-law | Y | N | X |
| D. Child/Children | Y | N | X |

4.7b In the last 12 months, did you have the following family members as visitors?

| | YES | NO |
|-----------------------------|-----|----|
| A. Parent/parents-in-law | Y | N |
| B. Spouse/partner | Y | N |
| C. Siblings/siblings in-law | Y | N |
| D. Child/Children | Y | N |

4.8 Do you have a piece of land anywhere outside Nairobi? (Y=YES; N=NO)

4.9 Do you have a house anywhere outside Nairobi?

(Y=YES; N=NO)

4.10 Do you intend to move away from Korogocho/Wiwandani any time in the future?

(Y=YES; N=NO; If 'YES SKIP TO 4.12)

4.11 What is the most important reason why you don't intend to move away from Korogocho/Viwandani?

CIRCLE ONLY ONE RESPONSE

- Has no land anywhere else1
- Has no house anywhere else2
- Family disputes/ Other disputes at orig ...3
- Dispossessed of land ownerst....4
- Has property in Nairobi5
- Has family/social networks in Nairobi ...6
- Lack finances to migrate back7
- Conflict of culture e.g intermarriag ...8
- Living condition is better here ..10
- Rent is affordable/cheap ..11
- Get used to the area ..12
- Convenient to me/my family members work place ..16
- Have no other choice ..17
- Other (Specify) ..18

[SKIP TO SECTION 5.0]

4.12 Where do you intend to move to?

CIRCLE ONLY ONE RESPONSE

- Place of origin/Place of birth1
- Another rural place in Kenya2
- Another urban place in Kenya3
- Another slum in Nairobi.....4
- Non-slum in Nairobi.....5
- Outside Kenya.....6
- Don't know/Unsure of where to go7

4.13 How long from now do you intend to move away from Korogocho or Viwandani?

W=WEEK; M=MONTH; Y=YEAR; D=DON'T KNOW

Duration

5.0 WORK HISTORY AND BENEFITS

Now I would like to ask you some questions about any work that you may be doing now or have done in the past.

5.1 As you know, some people take jobs for which they are paid in cash or kind. Other people sell things, have a small business, or work on the family farm or family business. Are you currently working or doing any of these activities (not including housework)? **(Y=YES; N=NO; IF 'YES' SKIP TO 5.6)**

5.2 What is the main reason you are not currently working or engaged in any income generating activity?

CIRCLE ONLY ONE RESPONSE

- Homemaker / caring for family1
- Cannot find a job2
- Do voluntary work (not paid)3
- Seasonality of work4
- (specify) Health problems/Disabled5
- Have to take care of someone with disability/health condition6
- Do not have the need to work7
- My family/spouse doesn't want me to work8
- Retired / too old to work9
- Laid off / made redundant10
- Vacation / sick leave / voluntary and temporary time off11
- Other, specify: ...98

5.3 When was the last time you were engaged in an income generating activity?

MONTH

YEAR

[IF NEVER WORKED RECORD '99'=NOT APPLICABLE IN 'MONTH' THEN ASK 5.4 OTHERWISE SKIP TO 5.5]

5.4 What is the main reason that you have never worked?

Homemaker / caring for family1

Could not find a job2

Do voluntary work (not paid)3

(Specify) Health problems/Disabled4

Have to take care of someone with disability/health condition5

Do not have the economic need6

Parents / spouse did not let him/her7

Other, specify:8

CIRCLE ONLY ONE RESPONSE

5.5 Are you actively looking for work at this time?

(Y=YES; N=NO)

IF ANSWER IS 'NO' AND 5.3 IS '99', SKIP TO 5.16; IF ANSWER IS 'NO' AND 5.3 IS NOT "99", SKIP TO 5.7

5.6 [NOT CURRENTLY WORKING & LOOKING] When people become older, they would like to retire from active employment. Why would you like to work at present?

[CURRENTLY WORKING] When people become older, they would like to retire from active employment. Why are you currently working?

Need the income for selfA

Need income to support spouseB

Need income to support childrenC

Need income to support grand childrenD

Need income to support other family membersE

Want to/need to be activeF

Want to feel usefulG

Not reached retirement ageH

Other (Specify)I

CIRCLE ALL MENTIONED

5.7 [CURRENTLY WORKING] Now I will ask you some questions about your current work. What activity are you engaging in?

[NOT CURRENTLY WORKING] Now I will ask you some questions about your most recent work. What activity were you engaged in?

Unestablished own business.....1

Established own business.....2

Informal casual.....3

Informal salaried.....4

Formal salaried.....5

Formal casual.....6

Rural agriculture.....7

Urban agriculture.....8

Other (Specify).....9

CIRCLE ONLY ONE RESPONSE

5.8 Do/did you usually work throughout the year, seasonally, or only once in a while?

(1=Work Throughout the year; 2=Seasonally/Part of the year; 3=Once in a while)

5.9 On average, how many days in a week do/did you work in your main job?

DAYS

| | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------|---------------------------------------|--------|----------------------------|--------|--------------------------|--------|------------------------------|--------|------------------------------------|--------|--------------------------------|--------|----------------------|---|
| 5.10 On average, how many hours a day do/did you work in your <u>main</u> job? | HOURS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | |
| 5.11 Are/were you paid a salary monthly (1), weekly (2), daily (3) or per job done (4)? | <input style="width: 20px; height: 20px;" type="checkbox"/> | | | | | | | | | | | | | | | | |
| 5.12 Have you ever made any contribution to NSSF or any other pensions or retirement scheme? (Y=YES; N=NO; D=DON'T KNOW; If 'N' or 'D' SKIP TO 5.15a) | <input style="width: 20px; height: 20px;" type="checkbox"/> | | | | | | | | | | | | | | | | |
| 5.13 Which pension scheme have you contributed to? | RECORD ALL MENTIONED NSSF ..A.. Other schemes (specify) ...B.. Other schemes (specify) ...C.. | | | | | | | | | | | | | | | | |
| 5.14 Have you been paid your pension or gratuities? (Y=YES; N=NO; IF 'N', SKIP TO 5.15a) | <input style="width: 20px; height: 20px;" type="checkbox"/> | | | | | | | | | | | | | | | | |
| 5.14a How much of your monthly expenditure for food and accomodation does your pension/gratiuity cover? | | | | | | | | | | | | | | | | | |
| CIRCLE ONLY ONE | <table style="width: 100%; border: none;"> <tr><td>Less than half.....</td><td style="text-align: right;">1</td></tr> <tr><td>About half.....</td><td style="text-align: right;">2</td></tr> <tr><td>More than half.....</td><td style="text-align: right;">3</td></tr> <tr><td>All of it.....</td><td style="text-align: right;">4</td></tr> <tr><td>N/A.....</td><td style="text-align: right;">5</td></tr> </table> | Less than half..... | 1 | About half..... | 2 | More than half..... | 3 | All of it..... | 4 | N/A..... | 5 | | | | | | |
| Less than half..... | 1 | | | | | | | | | | | | | | | | |
| About half..... | 2 | | | | | | | | | | | | | | | | |
| More than half..... | 3 | | | | | | | | | | | | | | | | |
| All of it..... | 4 | | | | | | | | | | | | | | | | |
| N/A..... | 5 | | | | | | | | | | | | | | | | |
| 5.15a At what age did you start enganging in an Income Generating Activity (for most of your time)? | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | |
| IF DON'T KNOW, CIRCLE 98 | Don't Know.....98 | | | | | | | | | | | | | | | | |
| 5.16 What would you say is your main source of livelihood currently? | | | | | | | | | | | | | | | | | |
| CIRCLE ONLY <u>ONE</u> RESPONSE | <table style="width: 100%; border: none;"> <tr><td>Own and/or spouse's work</td><td style="text-align: right;">.....1</td></tr> <tr><td>Own savings/Investments</td><td style="text-align: right;">.....2</td></tr> <tr><td>Pension/retirement benefit</td><td style="text-align: right;">.....3</td></tr> <tr><td>Support from children</td><td style="text-align: right;">.....4</td></tr> <tr><td>Support from other relatives</td><td style="text-align: right;">.....5</td></tr> <tr><td>Donations/welfare</td><td style="text-align: right;">.....6</td></tr> <tr><td>Other(Specify)</td><td style="text-align: right;">.....8</td></tr> </table> | Own and/or spouse's work |1 | Own savings/Investments |2 | Pension/retirement benefit |3 | Support from children |4 | Support from other relatives |5 | Donations/welfare |6 | Other(Specify) |8 | | |
| Own and/or spouse's work |1 | | | | | | | | | | | | | | | | |
| Own savings/Investments |2 | | | | | | | | | | | | | | | | |
| Pension/retirement benefit |3 | | | | | | | | | | | | | | | | |
| Support from children |4 | | | | | | | | | | | | | | | | |
| Support from other relatives |5 | | | | | | | | | | | | | | | | |
| Donations/welfare |6 | | | | | | | | | | | | | | | | |
| Other(Specify) |8 | | | | | | | | | | | | | | | | |
| 6.0 HEALTH CARE UTILIZATION | | | | | | | | | | | | | | | | | |
| 6.1 In the last 3 months, have you gone to seek health care outside the home? | <input style="width: 20px; height: 20px;" type="checkbox"/> | | | | | | | | | | | | | | | | |
| | (Y=YES; N=NO; If 'NO' SKIP TO 6.4) | | | | | | | | | | | | | | | | |
| 6.2 Where did you go to seek health care? | | | | | | | | | | | | | | | | | |
| RECORD THE NAME OF FACILITY/PROVIDER FIRST, THEN CIRCLE THE TYPE OF FACILITY. IF MORE THAN ONE, RECORD MOST RECENT | | | | | | | | | | | | | | | | | |
| NAME OF FACILITY _____ _____ | <table style="width: 100%; border: none;"> <tr><td>Govt health center/dispensary.....</td><td style="text-align: right;">1</td></tr> <tr><td>Private Health center/dispensary. ...</td><td style="text-align: right;">2</td></tr> <tr><td>Pharmacist/Drug store.....</td><td style="text-align: right;">3</td></tr> <tr><td>Government hospital.....</td><td style="text-align: right;">4</td></tr> <tr><td>Private hospital.....</td><td style="text-align: right;">5</td></tr> <tr><td>Traditional healer/herbalists.....</td><td style="text-align: right;">6</td></tr> <tr><td>Religious / Prayer houses.....</td><td style="text-align: right;">7</td></tr> <tr><td>Other (specify).....</td><td style="text-align: right;">8</td></tr> </table> | Govt health center/dispensary..... | 1 | Private Health center/dispensary. ... | 2 | Pharmacist/Drug store..... | 3 | Government hospital..... | 4 | Private hospital..... | 5 | Traditional healer/herbalists..... | 6 | Religious / Prayer houses..... | 7 | Other (specify)..... | 8 |
| Govt health center/dispensary..... | 1 | | | | | | | | | | | | | | | | |
| Private Health center/dispensary. ... | 2 | | | | | | | | | | | | | | | | |
| Pharmacist/Drug store..... | 3 | | | | | | | | | | | | | | | | |
| Government hospital..... | 4 | | | | | | | | | | | | | | | | |
| Private hospital..... | 5 | | | | | | | | | | | | | | | | |
| Traditional healer/herbalists..... | 6 | | | | | | | | | | | | | | | | |
| Religious / Prayer houses..... | 7 | | | | | | | | | | | | | | | | |
| Other (specify)..... | 8 | | | | | | | | | | | | | | | | |

6.3 How much have you spent on the following health related costs in the last 3 months?

(RECORD '00000' IF FOR FREE. LEAVE BLANK IF N/A)

6.6.1 Consultation

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.6.2 Hospitalization

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.6.3 Medicine/drugs

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.6.4 Transportation to/from health facility

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.6.5 Other (specify)

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.4 CHRONIC ILLNESSES

6.4.1 Arthritis

6.4.1a Have you ever been diagnosed with/told you have arthritis (or by other names rheumatism or osteoarthritis)? (Y=YES; N=NO; If 'NO' skip to 6.4.1d)

6.4.1b Have you been taking medications or other treatment for it in the last 2 weeks? (Y=YES; N=NO)

6.4.1c Have you been taking medications or other treatment for it in the last 12 months? (Y=YES; N=NO)

6.4.1d During the last 12 months have you experienced, pain, aching, stiffness or swelling in or around the joints (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month? (Y=YES; N=NO)

6.4.1e During the last 12 months have you experienced, stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement? (Y=YES; N=NO; If 'NO' skip to instruction above 6.4.1h)

6.4.1f How long did this stiffness last? (1=about 30 minutes or less; 2=More than 30 minutes)

6.4.1g Did this stiffness go away after exercise or movement in the joint? (Y=YES; N=NO)

(FW: IF THE ANSWER TO 6.4.1d IS YES OR ANSWER TO 6.4.1e IS YES ASK 6.4.1h; ELSE SKIP TO 6.4.1i)

6.4.1h These symptoms that you have said you experienced in the last 12 months, have you experienced them in the last 2 weeks? (Y=YES; N=NO)

6.4.1i Have you experienced back pain during the last 30 days? (Y=YES; N=NO; IF 'NO' SKIP TO 6.4.2)

6.4.1j On how many days did you have this back pain during the last 30 days? DAYS

6.4.2 Diabetes

6.4.2a Have you ever been diagnosed with diabetes (high blood sugar)? (Not including diabetes associated with a pregnancy) (Y=YES; N=NO; If 'NO' SKIP TO 6.4.3)

6.4.2b Have you been taking insulin or other blood sugar lowering medications in the last 2 weeks? (Y=YES; N=NO)

6.4.2c Have you been taking insulin or other blood sugar lowering medications in the last 12 months? (Y=YES; N=NO)

6.4.2d Are you following a special diet, exercise regime or weight control program for diabetes during the last 2 weeks? (As recommended by a health professional) (Y=YES; N=NO)

6.4.3 Chronic Lung Disease6.4.3a Have you ever been diagnosed with chronic lung disease (emphysema, bronchitis, COPD)?

(Y=YES; N=NO; If 'NO' SKIP TO 6.4.3d)

6.4.3b Have you been taking any medications or other treatment (like oxygen) for it in the last 2 weeks?

(Y=YES; N=NO)

6.4.3c Have you been taking any medications or other treatment (like oxygen) for it in the last 12 months?

(Y=YES; N=NO)

6.4.3d During the last 12 months, have you experienced any shortness of breath at rest? (while awake)

(Y=YES; N=NO)

6.4.3e During the last 12 months, have you experienced any coughing or wheezing for ten minutes or more at a time?

(Y=YES; N=NO)

6.4.3f During the last 12 months, have you experienced any coughing up sputum or phlegm for most days of the month for at least 3 months?

(Y=YES; N=NO; IF 'NO' SKIP TO INSTRUCTION JUST ABOVE 6.4.3h)

6.4.3g Have you had blood in your phlegm or have you coughed blood?

(Y=YES; N=NO)

**(FW: IF THE ANSWER TO 6.4.3d IS YES OR ANSWER TO 6.4.3e IS YES ASK 6.4.3h;
ELSE SKIP TO 6.4.3i)**6.4.3h These symptoms that you said you experienced in the last 12 months, have you

experienced them in the last 2 weeks?

(Y=YES; N=NO)

6.4.3i In the last 12 months, have you had a tuberculosis (TB) test? I mean, has a doctor examined your sputum (taken a sample of the substance spit out from a deep cough and sent it to
a laboratory for analysis) or made an x-ray of your chest?

(Y=YES; N=NO; If 'NO' SKIP TO 6.4.4)

6.4.3j Have you taken any medications or other treatment for TB during the last 2 weeks? (Y=YES; N=NO) 6.4.3k Have you taken any medications or other treatment for TB in the last 12 months? (Y=YES; N=NO) **6.4.4 Hypertension (High blood Pressure)**6.4.4a Have you ever been diagnosed with high blood pressure (high blood pressure/hypertension)?

(Y=YES; N=NO; If 'NO' SKIP TO 6.4.5)

6.4.4b Have you been taking medications or other treatment for it during the last 2 weeks? (Y=YES; N=NO) 6.4.4c Have you been taking medications or other treatment for it during the last 12 months? (Y=YES; N=NO) **6.4.5 Stroke**6.4.5a Have you ever been told by a health professional that you have had a stroke?

(Y=YES; N=NO; If 'NO' skip to 6.4.5d)

6.4.5b Have you been taking any medications or other treatment for stroke during the last 2 weeks?

(Y=YES; N=NO)

6.4.5c Have you been taking any medications or other treatment for stroke during the last 12 months?
 (Y=YES; N=NO)

6.4.5d Have you ever suffered from sudden onset of paralysis or weakness in your arms or legs on one side of your body for more than 24 hours?
 (Y=YES; N=NO)

6.4.5e Have you ever had, for more than 24 hours, sudden onset of loss of feeling on one side of your body without anything having happened to you immediately before?
 (Y=YES; N=NO)

6.4.6 Angina

6.4.6a Have you ever been diagnosed with angina or angina pectoris (a heart disease)?
 (Y=YES; N=NO; If 'NO' skip to 6.4.6d)

6.4.6b Have you been taking any medications or other treatment for it in the last 2 weeks? (Y=YES; N=NO)

6.4.6c Have you been taking any medications or other treatment for it in the last 12 months?
 (Y=YES; N=NO)

6.4.6d During the last 12 months, have you experienced any pain or discomfort in your chest when you walk uphill or hurry?
 (Y=YES; N=NO; K=NEVER WALKS UPHILL OR HURRIES)

6.4.6e During the last 12 months, have you experienced any pain or discomfort in your chest when you walk at an ordinary pace on level ground?
 (Y=YES; N=NO; If 'NO' skip to 6.4.7)

6.4.6f What do you do if you get the pain or discomfort when you are walking?
READ CHOICES
 1... Stop or slow down
 2... Carry on after taking a pain relieving medicine that dissolves in your mouth
 3... Carry on walking

6.4.6g If you stand still, what happens to the pain or discomfort?
READ CHOICES
 1... Pain is relieved
 2... Pain is not relieved

6.4.6h Will you show me where you usually experience the pain or discomfort?
RECORD ALL AREAS OF BODY MENTIONED

| | | | |
|-------------|-----------------------|---|---|
| A | Upper or middle chest | Y | N |
| B | Lower chest | Y | N |
| C | Left arm | Y | N |
| (Specify) D | Other | Y | N |
| (Specify) E | Other | Y | N |

6.4.6i These symptoms that you have said you experienced in the last 12 months, have you experienced them in the last 2 weeks?
 (Y=YES; N=NO)

6.4.7 Asthma

6.4.7a Have you ever been diagnosed with asthma (an allergic respiratory disease)?
 (Y=YES; N=NO; If 'NO' skip to 6.4.7d)

6.4.7b Have you been taking any medications or other treatment for it in the last 2 weeks? (Y=YES; N=NO)

6.4.7c Have you been taking any medications or other treatment for it in the last 12 months?

(Y=YES; N=NO)

During the last 12 months, have you experienced any of the following:

6.4.7dAttacks of wheezing or whistling breathing? (Y=YES; N=NO)

6.4.7eAttack of wheezing that came on after you stopped exercising or some other physical

activity?

(Y=YES; N=NO)

6.4.7fA feeling of tightness in your chest? (Y=YES; N=NO)

6.4.7gHaving woken up with a feeling of tightness in your chest in the morning or any other time?

(Y=YES; N=NO)

6.4.7hAn attack of shortness of breath that came on without obvious cause when you were not

exercising or doing some physical activity?

(Y=YES; N=NO)

6.4.8 Depression

6.4.8a Have you ever been diagnosed with depression? (Y=YES; N=NO; If 'NO' skip to 6.4.8d)

6.4.8b Have you taken any medications or other treatment for it in the last 2 weeks?

(other treatment can include attending therapy or counseling sessions)

(Y=YES; N=NO)

6.4.8c Have you taken any medications or other treatment for it in the last 12 months? (Y=YES; N=NO)

6.4.8d During the last 12 months, have you had a period lasting several days when you felt sad, empty or depressed? (Y=YES; N=NO)

6.4.8e During the last 12 months, have you had a period lasting several days when you lost interest in most things you usually enjoy such as hobbies, personal relationships or work? (Y=YES; N=NO)

6.4.8f During the last 12 months, have you had a period lasting several days when you have been feeling your energy decreased or that you are tired all the time?

FW: IF ALL RESPONSES TO QNS 6.4.8d, 6.4.8e and 6.4.8f ARE "NO" SKIP TO 6.5 ELSE ASK:

6.4.8g Was this period [of sadness/loss of interest/low energy] for more than 2 weeks?

(Y=YES; N=NO; If 'NO' skip to 6.5)

6.4.8h Was this period [of sadness/loss of interest/low energy] most of the day, nearly every day?

(Y=YES; N=NO)

6.4.8i During this period, did you lose your appetite? (Y=YES; N=NO)

6.4.8j Did you notice any slowing down in your thinking? (Y=YES; N=NO)

6.4.8k Did you notice any problems falling asleep? (Y=YES; N=NO)
(i.e. Respondent found it hard to fall asleep)

| | | | |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|
| 6.4.8l | Did you notice any problems of waking up too early? (i.e. Respondent woke up much earlier than they would have liked to) | (Y=YES; N=NO) | <input type="checkbox"/> |
| 6.4.8m | During this period, did you have any difficulties concentrating; for example, listening to others, working, watching TV, listening to the radio? | (Y=YES; N=NO) | <input type="checkbox"/> |
| 6.4.8n | Did you notice any slowing down in your moving around? | (Y=YES; N=NO) | <input type="checkbox"/> |
| 6.4.8o | During this period, did you feel anxious and worried most days? | (Y=YES; N=NO) | <input type="checkbox"/> |
| 6.4.8p | During this period, were you so restless or jittery nearly every day that you paced up and down and couldn't sit still? | (Y=YES; N=NO) | <input type="checkbox"/> |
| 6.4.8q | During this period, did you feel negative about yourself or like you had lost confidence? | (Y=YES; N=NO) | <input type="checkbox"/> |
| 6.4.8r | Did you frequently feel hopeless - that there was no way to improve things? | (Y=YES; N=NO) | <input type="checkbox"/> |
| 6.4.8s | During this period, did your interest in sex decrease? | (Y=YES; N=NO; K=HAVE NO PARTNER) | <input type="checkbox"/> |
| 6.4.8t | Did you think of death, or wish you were dead? | (Y=YES; N=NO) | <input type="checkbox"/> |
| 6.4.8u | During this period, did you ever try to end your life? | (Y=YES; N=NO) | <input type="checkbox"/> |

6.5 What do you consider to be the most severe health problem you have currently?

- | | | |
|---------------------------------------|--------------------------------------------------------------------|------|
| | Communicable disease (malaria, tuberculosis, HIV/AIDS, other)..... | ..1 |
| | Acute conditions (diarrhea, flu, headaches, cough, other)..... | ..2 |
| | Injury or disability as a result of injury..... | ..3 |
| | Post-Surgery complications..... | ..4 |
| | Sleep problems..... | ..5 |
| CIRCLE ONLY ONE RESPONSE | Chronic pain in joints/arthritis (joints, back, neck)..... | ..6 |
| | Diabetes or related complications..... | ..7 |
| | Problems with heart including unexplained pain in chest | ..8 |
| | Problems with mouth, teeth or swallowing..... | ..9 |
| | Problems with breathing..... | ..10 |
| | High blood pressure / hypertension..... | ..11 |
| | Stroke/sudden paralysis of one side of body..... | ..12 |
| | Generalized pain (stomach, muscle or other non specific pain)..... | ..13 |
| | Depression or anxiety..... | ..14 |
| | Cancer..... | ..15 |
| | Poor sight/Blind..... | ..16 |
| | Impaired hearing..... | ..17 |
| | Have no severe health problem | ..18 |
| [IF ANSWER IS 18 SKIP TO 6.11] | Other (specify)..... | ..98 |

| | | | |
|-----|-------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 6.6 | In the last 3 months, have you gone to seek health care outside of home for this problem? | (Y=YES; N=NO; If 'NO' SKIP TO 6.10) | <input type="checkbox"/> |
|-----|-------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|

6.7 Where did you go to seek health care?

**RECORD THE NAME OF FACILITY/PROVIDER FIRST,
THEN CIRCLE THE TYPE OF FACILITY. IF MORE THAN ONE,
RECORD MOST RECENT**

NAME OF FACILITY

- Govt health center/dispensary.....1
- Private Health center/dispensary.....2
- Pharmacist/Drug store.....3
- Government hospital.....4
- Private hospital.....5
- Traditional healer/herbalists.....6
- Religious / Prayer houses.....7
- Other (specify).....8

6.8 What was the outcome of the last visit to seek care for this health problem? Did your condition greatly improve, slightly improve, not change, slightly worsen or greatly worsen?

Greatly improved (1), slightly improved (2) No change (3) Slightly worsened (4), Greatly worsened (5)

6.9 In total, how much have you spent on the health care for this problem in the last 3 months?

(LEAVE BLANK IF N/A; RECORD '00000' IF FOR FREE)

6.6.1 Consultation

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.6.2 Hospitalization

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.6.3 Medicine/drugs

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.6.4 Transportation to seek treatment

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.6.5 Lab, X-Ray etc

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

6.6.6 Other (specify)

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

[SKIP TO 6.11]

6.10 What is/was the main reason why you did not seek health care outside the home/when you needed it?

CIRCLE ONLY ONE RESPONSE

- | | |
|---------------------------------------------------------------------|--------------------------------------------------------|
| Could not afford the cost of the visit.....1 | The health care provider's skills are inadequate.....7 |
| No transport available.....2 | You did not know where to go.....8 |
| Could not afford the cost of transport.....3 | You tried but were denied health care.....9 |
| Was previously badly treated by health workers.....4 | You thought you were not sick enough.....10 |
| Could not take time off work or had other commitments.....5 | You did not need health care.....11 |
| The health care provider's drugs or equipment are inadequate6 | Other (specify) _____98 |

6.11 Are there times in the past 3 months when you needed health care but you did not get it?

(Y=YES; N=NO; If 'NO' SKIP TO 7.0)

6.12 What is/was the main reason why you did not get health care when you needed it?

CIRCLE ONE RESPONSE

- | | |
|---------------------------------------------------------------------|--------------------------------------------------------|
| Could not afford the cost of the visit.....1 | The health care provider's skills are inadequate.....7 |
| No transport available.....2 | You did not know where to go.....8 |
| Could not afford the cost of transport.....3 | You tried but were denied health care.....9 |
| Was previously badly treated by health workers.....4 | You thought you were not sick enough.....10 |
| Could not take time off work or had other commitments.....5 | You did not need health care.....11 |
| The health care provider's drugs or equipment are inadequate6 | Other (specify).....98 |

In the last 12 months did you ever feel that you were treated differently by health care providers for any of the following reasons. **[CIRCLE THE APPROPRIATE RESPONSE]**

6.13a . Because of your ...

6.13b. If YES were you treated better or worse?

| | Y=YES | N=NO | | B=BETTER | W=WORSE |
|---------------|--------------|-------------|-----------------------------|-----------------|----------------|
| Sex | Y | N | IF YES ASK -----> | B | W |
| Age | Y | N | IF YES ASK -----> | B | W |
| Social class | Y | N | IF YES ASK -----> | B | W |
| Lack of money | Y | N | IF YES ASK -----> | B | W |
| Ethnic group | Y | N | IF YES ASK -----> | B | W |

7.0 HEALTH STATE DESCRIPTIONS

I would like to ask you questions about your health and well-being. I know some of these questions may be sensitive or difficult to answer, but please try to provide an answer to the best of your knowledge. I will ask about your overall health, including both your physical and your mental health. Some of the questions may sound similar or repetitive, but I need to ask all of the questions so we have complete understanding of your health.

7.2 In general, how would you rate your health today, would you say your health is Very good (1), Good (2), Moderate (3), Bad (4), or Very bad (5)?

7.3 Overall in the last 30 days, how much difficulty did you have with work or household activities?
 Would you say No difficulty (1), Mild difficulty (2), Moderate (3), Severe (4) or Extreme/can't do anything (5)?

Now I would like to review the different functions of your body. When answering these questions, I would like you to think about the last 30 days, taking both good and bad days into account. When I ask about difficulty, I would like you to consider how much difficulty you have had, on average, in the last 30 days, while doing the activity in the same way that you usually do it. By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity. I would like you to provide me your response whether you have No difficulty, Mild difficulty, Moderate difficulty, Severe difficulty or Extreme difficulty regarding the following functions of your body. By moderate difficulty I mean between mild and severe difficulty.

(CIRCLE APPROPRIATE CODE)

| | NONE | MILD | MODERATE | SEVERE | EXTREME/ CANNOT DO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|----------|--------|-----------------------|
| Mobility | | | | | |
| 7.4 Overall in the last 30 days how much difficulty did you have with <u>moving around</u> ? | 1 | 2 | 3 | 4 | 5 |
| 7.5 Overall in the last 30 days how much difficulty did you have in <u>vigorous activities</u> (such as walking fast)? | 1 | 2 | 3 | 4 | 5 |
| Self-Care | | | | | |
| 7.6 Overall in the last 30 days how much difficulty did you have with <u>self-care</u> , such as bathing/washing yourself or dressing? | 1 | 2 | 3 | 4 | 5 |
| 7.7 Overall in the last 30 days how much difficulty did you have in <u>taking care of and maintaining your general appearance</u> (e.g. grooming, looking tidy)? | 1 | 2 | 3 | 4 | 5 |
| Pains and discomfort | | | | | |
| 7.8 Overall in the last 30 days how much of <u>bodily aches or pains</u> did you have? | 1 | 2 | 3 |4 | 5 |
| 7.9 Overall in the last 30 days how much bodily <u>discomfort</u> did you have? | 1 | 2 | 3 | 4 | 5 |
| Cognition | | | | | |
| 7.10 Overall in the last 30 days how much difficulty did you have with <u>concentrating or remembering things</u> ? | 1 | 2 | 3 | 4 | 5 |
| 7.11 Overall in the last 30 days how much difficulty did you have in <u>learning a new task</u> (for example, learning how to get to a new place)? | 1 | 2 | 3 | 4 | 5 |
| 7.12 Overall in the last 30 days how much difficulty did you have with <u>personal relationships or participation in the community</u> ? | | | | | |
| Interpersonal Activities | | | | | |
| 7.12 Overall in the last 30 days how much difficulty did you have with <u>personal relationships or participation in the community</u> ? | 1 | 2 | 3 | 4 | 5 |

| | (CIRCLE APPROPRIATE CODE) | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------|----------|--------|----------|
| | NONE | MILD | MODERATE | SEVERE | EXTREME/ |
| 7.13 Overall in the last 30 days how much difficulty did you have in <u>dealing with conflicts and tensions</u> with others? | 1 | 2 | 3 | 4 | 5 |
| Breathing | | | | | |
| 7.14 Overall in the last 30 days how much of a problem did you have with breathing, such as <u>shortness of breath when not doing anything</u> ? | 1 | 2 | 3 | 4 | 5 |
| 7.15 Overall in the last 30 days how much of a problem did you have with <u>shortness of breath when doing mild activity</u> , such as climbing uphill for 20 meters or climbing stairs? | 1 | 2 | 3 | 4 | 5 |
| Sleep and Energy | | | | | |
| 7.16 Overall in the last 30 days how much of a problem did you have with sleeping, such as <u>falling asleep</u> , waking up <u>frequently during the night</u> or waking up <u>too early in the morning</u> ? | 1 | 2 | 3 | 4 | 5 |
| 7.17 Overall in the last 30 days how much of a problem did you have due to <u>not feeling rested</u> and refreshed during the day (e.g. feeling tired, not having energy)? | 1 | 2 | 3 | 4 | 5 |
| Affect | | | | | |
| 7.18 Overall in the last 30 days how much of a problem did you have with <u>feeling sad, low or depressed</u> ? | 1 | 2 | 3 | 4 | 5 |
| 7.19 Overall in the last 30 days how much of a problem did you have with <u>worry or anxiety</u> ? | 1 | 2 | 3 | 4 | 5 |
| Vision | | | | | |
| 7.20 When was the last time you had your <u>eyes</u> examined by a health care professional? (1=Never; 2=Within the last 12 months; 3=1-2 years ago; 4=3-4 years ago; 5=5 or more years ago) | <input type="checkbox"/> | | | | |
| 7.21 Do you use eyeglasses or contact lenses to <u>see far away</u> (for example across the street)? (Y=YES; N=NO) | <input type="checkbox"/> | | | | |
| 7.22 Do you use eyeglasses or contact lenses to <u>see up close</u> (for example at arms length, like when you are reading)? (Y=YES; N=NO) | <input type="checkbox"/> | | | | |

(CIRCLE APPROPRIATE CODE)

| | NONE | MILD | MODERATE | SEVERE | EXTREME/ CANNOT DO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|----------|--------|-----------------------|
| 7.23 Overall in the last 30 days how much difficulty did you have in <u>seeing and recognising a person or object you know across the road</u> (from a distance of about 20 meters)? | 1 | 2 | 3 | 4 | 5 |
| 7.24 Overall in the last 30 days how much difficulty did you have in seeing and recognising <u>an object at arm's length</u> (for example reading)? | 1 | 2 | 3 | 4 | 5 |

Hearing (respondent should answer when wearing hearing aid if one is used)

| | |
|-------------------------------------------------------|--------------------------|
| 7.25 Do you wear a <u>hearing aid</u> ? (Y=YES; N=NO) | <input type="checkbox"/> |
|-------------------------------------------------------|--------------------------|

| | NONE | MILD | MODERATE | SEVERE | EXTREME/ CANNOT DO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|----------|--------|-----------------------|
| 7.26 Overall in the last 30 days how much difficulty did you have in <u>hearing someone talking on the other side of the room in a normal voice</u> (even with hearing aid on if you use one)? | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 7.27 How much difficulty did you have in <u>hearing what is said in a conversation with one other person in a quiet room</u> (even with your hearing aid on if you use one)? | 1 | 2 | 3 | 4 | 5 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|

FUNCTIONING ASSESSMENT

The next questions ask about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the last 30 days and I would like you to provide me your response whether you have No difficulty, Mild difficulty, Severe difficulty or Extreme difficulty in doing the following activities:

(CIRCLE APPROPRIATE CODE)

In the last 30 days, how much difficulty did you have

| | NONE | MILD | MODERATE | SEVERE | EXTREME/ CANNOT DO | N/A |
|----------------------------------------------------------------------------------------|------|------|----------|--------|-----------------------|-----|
| 7.28 ...in sitting for long periods? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.29 ... in walking 100 meters? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.30 ... in standing up from sitting down? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.31 ... in standing for long periods? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.32 ... with climbing one flight of stairs without resting? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.33 ... with stooping, kneeling or crouching? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.34 ... picking up things with your fingers (such as picking up a coin from a table)? | 1 | 2 | 3 | 4 | 5 | 9 |

| | (CIRCLE APPROPRIATE CODE) | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|-------------------|----------------|-----------------------|-----|
| | NONE | MILD | MODERATE | SEVERE | EXTREME/ CANNOT DO | N/A |
| In the <u>last 30 days</u> , how much difficulty did you have | | | | | | |
| 7.35 ... in taking care of your household responsibilities? | 1 | 2 | 3 | 4 | 5 | 9 |
| In the last 30 days, how much difficulty did you have | | | | | | |
| 7.36 ... in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.37 ... in extending your arms above shoulder level? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.38 ... concentrating on doing something for 10 minutes? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.39 ... in walking a long distance such as a kilometer? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.40 ... in bathing/washing your whole body? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.41 ... in getting dressed? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.42 ... in your day to day work? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.43 ... with carrying things? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.44 ... with moving around inside your home (such as walking across a room)? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.45 ... with eating (including cutting up your food)? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.46 ... with getting up from lying down? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.47 ... with getting to and using the toilet? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.48 ... with getting where you want to go, using private or public transport if needed? | 1 | 2 | 3 | 4 | 5 | 9 |
| 7.49 ... getting out of your home? | 1 | 2 | 3 | 4 | 5 | 9 |
| | NOT AT ALL | A LITTLE | MODERATELY | GREATLY | SEVERELY | |
| 7.50 In the <u>last 30 days</u> , how much have you been emotionally affected by your health condition(s)? | 1 | 2 | 3 | 4 | 5 | |
| 7.51 Overall, how much did these difficulties interfere with your life? | 1 | 2 | 3 | 4 | 5 | |

7.52 Besides any vision (eyeglasses, contact lenses) or hearing aids, do you use any other assistive devices (such as a cane, walker, or other devices) to help you with any difficulties you may have?

(Y=YES; N=NO)

(IF YES Please Specify) _____

7.53 Have you lost your tooth/teeth? (Y=YES; N=NO; If NO skip to 7.55)

7.54 Do you have any difficulty in feeding as a result of losing your teeth? (Y=YES; N=NO)

SUBJECTIVE WELLBEING AND QUALITY OF LIFE

Now, I would like to ask for your thoughts about your life and life situation. By telling me whether you Completely, Mostly, Moderately, A little, or Not at all agree with the statement.

| | (CIRCLE APPROPRIATE CODE) | | | | |
|---------------------------------------------------------|---------------------------|--------|------------|----------|-------------|
| | COMPLETELY | MOSTLY | MODERATELY | A LITTLE | NONE AT ALL |
| 7.55 Do you have enough energy for everyday life? | 1 | 2 | 3 | 4 | 5 |
| 7.56 Do you have enough money to meet your basic needs? | 1 | 2 | 3 | 4 | 5 |

Please tell us how satisfied you are with the following issues. By telling me whether you are Very Satisfied, Satisfied, Neither Satisfied nor Dissatisfied, Dissatisfied, or Very Dissatisfied

| | VERY SATISFIED | SATISFIED | NEITHER SATISFIED NOR DISSATISFIED | DISSATISFIED | VERY DISSATISFIED |
|----------------------------------------------------------------------------------------------|----------------|-----------|------------------------------------|--------------|-------------------|
| 7.57 How satisfied are you with your health? | 1 | 2 | 3 | 4 | 5 |
| 7.58 How satisfied are you with your ability to perform your daily living activities? | 1 | 2 | 3 | 4 | 5 |
| 7.59 How satisfied are you with your personal relationships? | 1 | 2 | 3 | 4 | 5 |
| 7.60 How satisfied are you with the conditions of your living place? | 1 | 2 | 3 | 4 | 5 |
| 7.61 Taking all things together, how satisfied are you with your life as a whole these days? | 1 | 2 | 3 | 4 | 5 |

7.62 How would you rate your overall quality of life? Is it Very Good (1), Good (2), Moderate (3), Bad (4), or Very Bad (5)? Don't Know (8).

7.63 Taking all things together, how would you say you are these days? Are you Very happy (1), Happy (2), Neither happy nor unhappy (3), Unhappy (4), or Very unhappy (5)? IF DON'T KNOW (8)

8.0 CARING FOR PERSONS WITH PROLONGED ILLNESS

In the following questions, I would like to find out how families and households cope and support each other through prolonged illnesses. People who are ill may need care and assistance from others. This includes both daily personal care at home, assistance outside the house such as to go see a doctor, going to buy medicines, health care, emotional well-being or other personal activities.

I would like to ask you some questions about this type of care given to people who have had prolonged illness that is, people who have been ill continuously for three months or more.

8.1 Are you currently taking care of someone who has had a prolonged illness?

(Y=YES; N=NO; IF 'NO' SKIP TO 8.4)

8.2 How many people who have a prolonged illness are you currently caring for?

8.3 (IF MORE THAN ONE IN 8.2) Please give me the name of the person who got ill most recently.
(OTHERWISE ASK) Please give me the name of the person you are currently providing care to?

8.4 [IF CURRENTLY CARING] Other than those you are caring for, in the past 3 years, have you cared for someone who had a prolonged illness?

[IF NOT CURRENTLY CARING] in the past 3 years, have you cared for someone who had a prolonged illness?

(Y=YES; N=NO; IF 'NO' SKIP TO FILTER 1)

8.5 [IF CURRENTLY CARING] Apart from those you are currently caring for, how many people have you cared for in the past 3 years?

[IF NOT CURRENTLY CARING] how many people have you cared for in the past 3 years?

8.6 (IF MORE THAN ONE IN 8.5) Please give me the name of the person who started getting ill later than the others. (OTHERWISE ASK) Please give me the name of the person whom you provided care.

8.7 In what month and year did you start providing care to (PERSON MENTIONED IN 8.6)?

MONTH

YEAR

**[FILTER 1: CHECK 8.1 AND 8.4, IF ANS IS 'NO' IN 8.1 AND 'NO' IN 8.4, SKIP TO SECTION 9;
IF 'YES' IN 8.1 AND 'NO' IN 8.4 ASK ABOUT THE PERSON MENTIONED IN 8.3; OR
IF 'NO' IN 8.1 AND 'YES' IN 8.4 ASK ABOUT THE PERSON MENTIONED IN 8.6]
IF 'YES' IN 8.1 AND 'YES' IN 8.4 ASK ABOUT THE PERSON MENTIONED IN 8.3]**

I would like us to talk briefly about _____ (NAME OF PERSON)

8.8 What is your relationship to (NAME)? (CODE SHEET A⁴)

8.9 How old is (NAME)?/How old was (NAME) at the time you started providing care to him/her? |

8.10 Where is (NAME) currently residing?/Where was (NAME) residing at the time you were caring for him/her? |
(CODE SHEET A²)

8.11 Before you started providing care, was (NAME) living at the location (MENTIONED IN 8.10) |
(Y=YES; N=NO)

8.12 IF NAME WAS 12 YEARS OR OLDER: At the time you provided care, what is/was (NAME)'s marital status?

(N=Never married; M=Married; L=Living together; W=Widowed; D=Divorced; S=Separated/Not living together)

8.13 What main illness is/was (NAME) suffering from? _____

8.14 For how long has/was (NAME) been ill?
 M=MONTHS; Y=YEARS; D=DON'T KNOW DURATION

8.15 For how long has/was (NAME) critically ill that he/she needed someone to provide a lot of personal care?
 W=WEEKS; M=MONTHS; Y=YEARS; D=DON'T KNOW DURATION

CARING ROLE

8.16 For how long have you been caring for/did you provide care to (NAME)?
 M=MONTHS; Y=YEARS; D=DON'T KNOW DURATION

8.17 Is there anyone else assisting you/who assisted you in providing care to (NAME)?
 (Y=YES; N=NO; If 'NO' SKIP TO 8.20)

8.18 Between you and the other people or person, who is/was the main person who provides/provided care?
 (1=Respondent; 2=Someone else; If '1' SKIP TO 8.20)

8.19 What is this other person's relationship to (NAME)? (CODE SHEET A⁴)

| | NONE | MILD | MODERATE | SEVERE | EXTREME |
|----------------------------------------------------------------------------------------------|------|------|----------|--------|---------|
| As a result of providing care to (NAME), how much difficulty have you had/did you have with: | | | | | |
| 8.20 Getting enough sleep? | 1 | 2 | 3 | 4 | 5 |
| 8.21 Eating enough food? | 1 | 2 | 3 | 4 | 5 |
| 8.22 Having enough time to do other extra work? | 1 | 2 | 3 | 4 | 5 |
| 8.23 Having muscle aches and pains? | 1 | 2 | 3 | 4 | 5 |

MEDICAL COSTS

FW: IF (NAME) DIED OR RECOVERED FROM ILLNESS BEFORE 12 MONTHS SKIP TO 8.37

8.24 Has/did (NAME) gone/go to seek treatment for his/her illness in the last 12 months (of the illness)?
 (Y=YES; N=NO; D=DON'T KNOW)
 (IF 'YES' AND CURRENTLY CARING SKIP TO 8.26. IF CARE WAS IN THE PAST SKIP TO 8.27)

8.25 What is the main reason why (NAME) has not gone/did not go to seek treatment? (CODE SHEET A⁵)
 (SKIP TO 8.27)

8.26 Is (NAME) currently on treatment? (Y=YES; N=NO; D=DON'T KNOW)

8.27 Has/did (NAME) incurred any medical costs in the last 12 months?
 (Y=YES; N=NO; IF 'NO' SKIP TO 8.37)

8.28 How much has been spent for (NAME) on the following costs during the last 12 months?

(RECORD '00000' IF NONE; BLANK IF N/A)

| | | | | | |
|-------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 8.28.1 Consultation | <input type="text"/> |
| 8.28.2 Hospitalization | <input type="text"/> |
| 8.28.3 Medicine/drugs | <input type="text"/> |
| 8.28.4 Transportation for treatment | <input type="text"/> |
| _____ 8.28.5 Other (specify) | <input type="text"/> |

8.29 Have you personally contributed financially to meet the medical costs incurred by (NAME)?
 (Y=YES; N=NO; IF 'NO' SKIP TO 8.35)

8.30 About how much would you say you have contributed to meet the medical costs:
 Would you say it is all or nearly all (1), over half (2), half (3), less than half (4), or, very little or nothing at all (5)?

8.31 As a result of the medical expenses, have you had/did you have to borrow any money to cover these expenses?
 (Y=YES; N=NO)

8.32 As a result of the medical expenses, have you had/did you have to sell any items or assets to cover these expenses?
 (Y=YES; N=NO; IF 'NO' SKIP TO 8.34)

8.33 What asset(s) have you sold/did you sell?
 Household utensils/ClothingA
 Furniture(table/chair/stool/sofa)B
 Electronic household appliancesC
 Production tools/EquipmentD
 LivestockE
 _____ Other (Specify)F
 _____ Other (Specify)G

CIRCLE ALL MENTIONED

8.34 What has been your main source for the money you have contributed to meet the costs of (NAME's) medical expenses?
 Own income generating activity1
 Savings/Investments2
 Pension/retirement benefits3
 Donations from friends/relatives4
 Sale of assets/property5
 _____ Other (Specify)6

CIRCLE ONLY ONE RESPONSE

8.35 What or who has been the primary source of finances used to pay (NAME's) medical bills?
 (CODE SHEET A⁶)

8.36 What would you say is/was the most costly medical expense?
 Consultation1
 Hospitalization2
 Medicine/drugs3
 Transportation4
 _____ Other (specify)8

INCOME LOSS**FW: IF (NAME) IS LESS THAN 12 YEARS SKIP TO 8.41**8.37 Is/was (NAME) engaged in any livelihood activity/at the time of providing care? **(Y=YES; N=NO If 'YES' SKIP TO 8.39)**8.38 Was (NAME) engaged in any livelihood activity at least 4 months before s/he became ill? **(Y=YES; N=NO; If 'NO' SKIP TO 8.41)**8.39 Does/did (NAME) contribute to your household income/upkeep? **(Y=YES; N=NO; If 'NO' SKIP TO 8.41)**8.40 About how much would you say (NAME) contributed/contributes to your household income/upkeep:

Would you say it was/is all or nearly all (1), over half (2), half (3), less than half (4), or, very little/nothing at all (5)?

8.41 Has/did the caring responsibility interfered/interfere with your livelihood activities? **(Y=YES; N=NO)** 8.42 What is the main reason why the caring responsibility interfered/did not interfere with your livelihood activities?

Was not working/Not looking for work1

Caring tasks took too much time2

Care required constant presence3

Lost job/laid off because of caring4

Health problems/Disabled5

Retired / too old to work6

Livelihood activity not too demanding7

Other, specify:8

CIRCLE ONLY ONE RESPONSE8.43 Have/did you tried/try to engage in (another) an income generating activity to cope with the financial costs of caring for (NAME) since (NAME) fell sick? **(Y=YES; N=NO)****(CHECK QUESTION 8.1, IF CURRENTLY CARING SKIP TO SECTION 9 OTHERWISE ASK QUESTION 8.44)****FUNERAL COSTS**8.44 Did (NAME) survive the illness? **(Y=YES; N=NO; If 'YES' SKIP TO SECTION 9)**

Now I would like to talk briefly about (NAME's) death. I know it may be painful to talk about this but it is important that we get the right information

8.45 How long after (NAME) became ill did he/she die from the illness?

M=MONTHS; Y=YEARS; D=DON'T KNOW DURATION 8.46 Where was (NAME) buried? Was s/he buried in Nairobi (1), other urban area of Kenya (2),

rural Kenya (3) or elsewhere (4, specify)? _____

8.47 How long after the death of (NAME) did the burial take place?

D=Days; W=WEEKS; M=MONTHS; D=DON'T KNOW DURATION 8.48 Did you contribute financially to meet the funeral costs incurred by (NAME)'s death? **(Y=YES; N=NO; IF 'NO' SKIP TO 8.53)**

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.49 About how much would you say you have contributed to meet the funeral costs: Would you say it was all or nearly all (1) , over half (2) , half (3) , less than half (4) , or, very little or nothing at all (5) ? | <input type="checkbox"/> |
| 8.50 As a result of the funeral expenses, did you have to borrow any money to cover the funeral expenses? (Y=YES; N=NO) | <input type="checkbox"/> |
| 8.51 As a result of the funeral expenses, have you had/did you have to sell any item or asset to cover the funeral expenses? (Y=YES; N=NO; If 'NO' SKIP TO 8.53) | <input type="checkbox"/> |
| 8.52 What asset(s) have you sold/did you sell? CIRCLE <u>ALL</u> MENTIONED | Household utensils/ClothingA Furniture(table/chair/stool/sofa)B Electronic household appliancesC Production tools/EquipmentD LivestockE _____ Other (Specify)F _____ Other (Specify)G |
| 8.53 What or who has been the <u>primary</u> source of finances used to offset (NAME's) funeral costs? (CODE SHEET A⁶) | <input type="checkbox"/> |
| 8.54 What would you say was the <u>most</u> costly funeral item? _____ | Transportation1 Mortuary fees2 Food3 Coffin4 Other (specify)8 |
| OTHER COSTS AND SOCIAL SUPPORT | |
| 8.55 What would you say is/was the <u>most</u> difficult task of providing care to (NAME)? CIRCLE ONLY <u>ONE</u> RESPONSE | Personal care (dressing/bathing/feeding)1 Physical (lifting, transportation, moving around)2 Heath care (hospital visits, giving medicines)3 Financial (medical, funeral, foodstuff)4 Being helpless/Unable to assist5 Don't know/cannot determine6 Emotional (Bearing with the suffering)7 Other (specify)8 |
| 8.56 What would you say is/was the most costly item/aspect of providing care to (NAME)? _____ | Foodstuff/groceries Medical costs Funeral costs Don't know/cannot determine Other (specify) |
| 8.57 Are there any activities/social roles that you have been unable to perform because of <u>providing care</u> to (NAME)? | <input type="checkbox"/> (Y=YES; N=NO) |
| 8.58 As a result of providing care to (NAME), has it resulted in any friction between members of your household or family? | <input type="checkbox"/> (Y=YES; N=NO) |

8.59 Do you/did you or (NAME) experience any negative reaction from neighbours/community members as a result of his/her illness? (Y=YES; N=NO)

The next few questions ask about what help or assistance you as a person who has provided care, received from other people or groups to assist you in providing care to (NAME) during their illness.

| | Personal care | Physical care | Health care | Financial care | Emotional care | Other | No Support |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|-------------|----------------|----------------|-------|------------|
| 8.60 What sort of help do/did you receive from <u>your family/relatives</u> during (NAME's) illness. PROBE: Any other help? | A | B | C | D | E | F | N |
| 8.61 What sort of help do/did you receive from <u>your neighbours/community</u> during (NAME's) illness. PROBE: Any other help? | A | B | C | D | E | F | N |
| 8.62 What sort of help do/did you receive from <u>any NGO/CBOs</u> during (NAME's) illness. PROBE: Any other help? | A | B | C | D | E | F | N |
| 8.63 What sort of help do/did you receive from <u>any religious groups/organizations</u> during (NAME's) illness? PROBE: Any other help? | A | B | C | D | E | F | N |

8.64 Who would you say was the most helpful to you during (NAME's) illness? (CODE SHEET A⁷)

9 CARING FOR CHILDREN UNDER 15 YEARS

9.1 Are you currently taking care of children who are not your biological children and who are less than 15 years of age? (Y=YES; N=NO; If 'NO' SKIP TO SECTION 10)

9.2 In total, how many children under the age of 15 years are you taking care of?

9.3 Why did you end up caring for the children under your care?

CIRCLE ALL MENTIONED

- No other person to care for themA
- No one else willing to care for themB
- Out of choiceC
- Children are orphanedD
- Parent(s) living elsewhereE
- Parent (s) refused to care for themF
- Other, specify:G

9.4 How many of the children whom you are caring for live with you in this household?
(If ANSWER for 9.2 is EQUAL to ANSWER for 9.4, SKIP TO 9.6)

9.5 How many of these children are living elsewhere?

GO TO QNS 9.6 TO 9.18 ON CHARACTERISTICS OF CHILDREN UNDER 15 YEARS OF AGE ON PG. 30

CHARACTERISTICS OF CHILDREN UNDER 15 YEARS OF AGE

Now I would like us to talk about the children under the age of 15 years who are currently living with you.

| 9.6 | 9.7 | 9.8 | 9.9 | 9.10 | 9.11 | 9.12 | 9.13 | 9.14 | 9.15 | 9.16 | 9.17 | 9.18 |
|---------------------|--------------------------------|-------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| NAME OF CHILD | SEX: Male (M) Female (F) | Is (NAME'S) mother alive? (Y=YES; N=NO; D=DON'T KNOW) | IF ALIVE Where does (NAME'S) mother live? (CODE SHEET A ²) | Is (NAME'S) father alive? (Y=YES; N=NO; D=DON'T KNOW) | IF ALIVE Where does (NAME'S) father live? (CODE SHEET A ²) | For how long have (NAME) been living with you? (in years) | What is your relationship to (NAME)? (CODE SHEET A ⁴) | IF (NAME) > 5 years Is (NAME) currently attending school? (Y=Yes; N=No) If NO GO TO 9.16 | Which Level (L) and grade (G) is (NAME) in? (CODE SHEET A ⁸) | How would you best describe (NAME's) health? 1=Very Good 2=Good 3=Neither good nor bad 4=Poor 5=very poor | IF (NAME) > 5 years How often does (NAME) feel unhappy or sad? 1=Often 2=Sometimes 3=Rarely 4=Never 5=DK | How often at home does (NAME) act disobediently? 1=Often 2=Sometimes 3=Rarely 4=Never 5=DK |
| 1 _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> G <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> G <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> G <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> G <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> G <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L <input type="checkbox"/> G <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RETURN TO SECTION 10.0 ON SOCIAL NETWORKING ONCE YOU HAVE COMPLETED FILLING THIS FORM

10.0 SOCIAL NETWORKING

I would like to ask you about social aspects of your life and also get your opinion on the community life in general. I will start with the social aspects of your life.

TYPE OF NETWORK and COMMUNITY INVOLVEMENT

10.1 How many people do you have whom you consider as close friends?

10.2 Suppose you had a financial problem, whom would you turn to first for help?
 How is this person related to you? **RECORD RELATIONSHIP (CODE SHEET A⁴)**

10.3 Where does this person live?
(RECORD CODE OF PLACE OF RESIDENCE) (CODE SHEET A²)

10.4 Suppose you needed to confide in someone you trust, whom would you turn to first? How is this person related to you?
RECORD RELATIONSHIP (CODE SHEET A⁴)

10.5 Where does this person live?
(RECORD CODE OF PLACE OF RESIDENCE) (CODE SHEET A²)

10.6 Do you belong to a self-help group such as merry-go-rounds or welfare organization? (Y=YES; N=NO)

10.7 How often in the last 4 months have you met with a community leader?
 1. Never 2. Once or Twice a week 3. Once or twice per month
 4. Once or twice in last 4 months 5. Other (specify)

10.8 How often in the last 4 months have you attended any group, club, society, union or organizational meeting?
 1. Never 2. Once or Twice a week 3. Once or twice per month
 4. Once or twice in last 4 months 5. Other (specify)

10.9 How often in the last 4 months have you worked with other people in your neighborhood to fix or improve something or resolve a community issue?
 1. Never 2. Once or Twice a week 3. Once or twice per month
 4. Once or twice in last 4 months 5. Other (specify)

10.10 What is your religious affiliation?
 1. Roman Catholic 2. Protestant/Other Christian 3. Muslim
 4. No religion [IF '4' SKIP TO 10.12] 5. Other (specify)

10.11 Not including weddings and funerals, how often do you attend religious services?
 1. More than once per week 2. Once per week 3. Once or twice a month
 4. Only on special occasions 5. Once a year or less often 6. Never

12.0 INTERVIEWER ASSESSMENT

FW: PLEASE COMPLETE THE QUESTIONS BELOW BASED ON YOUR OWN OBSERVATION AND ASSESSMENT OF THE ENTIRE INTERVIEW PROCESS AND OF THE RESPONDENT

12.1 What is your assessment of the respondent's cooperation?
1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad

12.2 What is your evaluation of the accuracy and completeness of the respondent's answers?
1=Very high 2=High 3=Average 4=Low 5=Very low

12.3 What is your assessment of the respondent's comprehension of issues discussed?
1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad

12.4 What is your assessment of the respondent's concentration and attentiveness during the interview?
1=Good 2=Moderate 3=Bad 4=Very bad

12.5 What is your assessment on the extent of the respondent digressing during the interview ?
1=To a very great extent; 2=To a great extent; 3=Neither great nor small extent
4=To a small extent; 5=To a very small extent

12.6 Questions with doubtful answers **(Explain)**

12.7 Questions needing follow-up or clarification from supervisor **(Explain)**

12.8 What questions did respondent find difficult, embarrassing or confusing? **(Explain)**

12.9 What questions did you the interviewer find difficult, embarrassing or confusing? **(Explain)**

12.10 **INTERVIEWER NOTES**

| CODE SHEET A | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ¹ Result of interview | ⁴ Relationship | ⁶ Source for finances |
| 1=Completed; 2=No competent respondent at 3=Entire household absent for period; 4=Refused; 5=Whereabouts unknown 6=Structure owner/others refused 7=Incapacitated 8=Other (specify) | AUN= Aunt; BIL=Brother-in-law; BRO= Brother; CHD = Child; COU=Cousin; CWF = Co-wife; DIL = Daughter-in-law; GCH = Grand child; GDP = Grand parent; HHH=Household head; HUS = Husband; NEP= Nephew; NIE=Niece; NRL = Not related; PAR = Parent; PIL = Parent-in-Law; SIL=Sister-in-law; SIS=Sister; SLF =Self; SOL= Son-in-law; STC=Step child; STP=Step parent; UNC=Uncle; UNK = Unknown relation; WIF = Wife; SRV=Servant/Maid INS=Institution/Organisation OTH = Other (specify) | 01=Medical cover/Insurance 02=Respondent's existing income/savings 03=ill person's income/savings 04=Sold assets 05=Other household members 06=Borrowed money/Loan 07=Help from relatives 08=Help from friends 09=Help from NGOs/CBOs 10=Help from religious organizations 11=Formal fundraising 12=Informal welfare group/Merry-go-round 98=Other (specify) |
| ² Code for Area/Place | | Individuals/groups |
| 0=Within same HH, 1=Within same DSA Slum, 2=Other DSA slum, 3=Non-DSA Nairobi slum, 4=Nairobi non-slum, 5= Other urban in Kenya, 6=Rural Kenya, 7=Outside Kenya, 8=Don't know | | 1=Relatives 2=Friends 3=Own children 4=Welfare group 5=Neighbours 6=Community leaders 7=Religious organizations 8=NGOs or CBOs 9=Government 10=Other (specify) 11=No one |
| ³ Marital Status | ⁵ Resons for not seeking care | ⁸ Education Level and Grade |
| N=Never Married M = Married L = Living Together/Cohabiting W = Widowed D = Divorced S = Separated/No longer living together U = Unknown Status | 1=Lack of funds 2=Religion 3=Facility too far 4=Self treatment/use home remedies 5=Did not think treatment would help 6=Did seek treatment but could not help 7=Fear/embarrassment 8=Other | L= Level 0=Never attended school 2=Primary 3=Secondary 4=Higher 8=Do not know G=Grade 0=Less than 1 year completed 8=Do not know |
| ⁹ Reasons for refusal | ¹⁰ Reason for support | ¹¹ How often receive support |
| 1= No benefit 2=Tired of same questions 3=Sick/Incapacitated 4=Exit DSA 5=Other (specify) | 1=To meet basic needs 2=To buy/furnish a house 3=To help with a large item of expenditure 4= For a major family event (marriage, funeral etc) 5=Help following bereavement/illness 6=To help start/maintain an IGA 7=For further education 8=Other | 1=At least once a week 2=At least once a month 3=At least once in 3 months 4=At least once a year 5=Occasionally/Not regularly |