

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER
CONCERN WORLDWIDE
INDICATORS FOR URBAN EMERGENCIES**

1.0 BACKGROUND

1.1.	START TIME (24 HRS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.2.	FIELD WORKER'S CODE	<input type="text"/> <input type="text"/>
1.3.	DATE OF INTERVIEW (DDMMYYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.4.	HOUSEHOLD HEAD NAME.....	
1.6.	STUDY HOUSEHOLD ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.7.	GPS COORDINATES	<div style="display: flex; justify-content: space-between;"> <div>S01</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>E036</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>
1.8.	FW: INFORMED CONSENT SIGNED 0=NO, 1=YES, 2=WILLING BUT UNABLE TO SIGN, 3=ACCEPTED INT BUT REFUSED SIGN <div style="float: right;"><input type="checkbox"/></div>	

RESPONDENT'S PARTICULARS AND OTHER INTERVIEW DETAILS

1.12.	FW: IS RESPONDENT REFERENCE PERSON NAMED IN Q1.4? 1=YES; 2=NO	<input type="checkbox"/>
[IF 1, SKIP TO 1.17]		
1.13.	What is your name?	
1.14.	FW: DOES RESPONDENT LIVE IN THIS HOUSEHOLD? 1=YES; 2=NO	<input type="checkbox"/>
[IF 2, SKIP TO 1.16]		
1.15.	FW: RECORD RESPONDENT'S LINE NUMBER IN HOUSEHOLD LISTING	
1.16.	How are you related to (NAME OF INDIVIDUAL IN Q1.4)? (CODESHEET A ¹)	<input type="text"/> <input type="text"/> <input type="text"/>

HOUSEHOLD LIVING ARRANGEMENTS

1.17'	How many adults and children live in this household?	<div style="display: flex; justify-content: space-between;"> <div>Total number of children under 5 years</div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Total number of children 5 -15 years</div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Total number of adults 15+ years</div> <div><input type="text"/></div> </div>																															
1.18	How long has your household lived in this village?	<div style="display: flex; justify-content: space-between;"> <div>Months</div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Years</div> <div><input type="text"/></div> </div>																															
1.19	Where did this household come from before settling in this slum?	<div style="display: flex; justify-content: space-between;"> <div>Same slum different village/location</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other Slum</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Non-slum urban area</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Rural area</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other (Specify)</div> <div><input type="checkbox"/></div> </div>	<div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">96</div>																														
1.20	Child anthropometrics (for each child in HH between 6 and 59 months (5 years) record anthropometrics) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>child name</th> <th>Age (in months)</th> <th>Sex (M/F)</th> <th>MUAC</th> <th>Oedema</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			child name	Age (in months)	Sex (M/F)	MUAC	Oedema																									
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2.1. SOURCE OF DRINKING WATER:

2.1.	What is the main source of drinking water members of your household have used in the last 2 weeks?	<div style="display: flex; justify-content: space-between;"> <div> Piped / tap water Tanks Hawkers/water vendor Well/river/other surfacewater Other _____ (specify) </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	<div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">96</div>
2.2	How long does it take you to walk from your house to this water source (one-way)?	<input type="text"/> Minutes	

2.3	How long have you Normally had to queue to get water in the last 2 weeks?	<input type="text"/> Minutes	
2.4	Do you usually pay for this water?	YES NO	01 02
		[IF NO, SKIP TO 2.6]	
2.6	How many 20 litre jerricans of water has your household normally used per day in the last one week?	Number of 20 litre Jerrycans <input type="text"/>	
2.7	How would you rate the quality of water from your usual source in the last one week? [FW: TICK AS APPROPRIATE]	Very clean Clean Dirty Very dirty	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.0. HYGIENE & SANITATION DOMAIN			
3.1	What kind of toilet facility has your household mainly/most commonly used during the day in the last 4 weeks?	[CIRCLE THE APPROPRIATE RESPONSES] Own flush/traditional pit/VIP toilet 01 Shared flush/traditional pit/VIP toilet 02 Flush trench toilet 03 Toilet without pit/working flush 04 NO facility/bush/field/flying toilet 05 Other _____(specify) 96	
3.2	What kind of toilet facility does your household mainly/most commonly used at night in the last 4 weeks?	Own flush/traditional pit/VIP toilet 01 Shared flush/traditional pit/VIP Toilet 02 Flush trench toilet 03 Toilet without pit/working flush 04 NO facility/bush/field/flying toilet 05 Other _____(specify) 96	
3.6	Does your HH pay to use the toilet facility?	YES NO	01 02
3.9	At what times or after/before what activities did you wash your hands with soap Yesterday?	[1=Yes; 2=No] After visiting toilet Before eating Before preparing food After handling child's waste Before feeding a child After eating	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.10	Where has your household MAINLY disposed of garbage in the last 4 weeks? [CIRCLE THE APPROPRIATE RESPONSE]	Garbage dump/pit Garbage disposal services Road/railway/riverdrainage /trench/all over Burning Other _____(specify)	01 02 03 04 96
4.0. FOOD SECURITY DOMAIN			
Now I would like to ask you a few questions about food: sources, cost, consumption			
4.1.	In last 4 weeks, what was the main source of food for your household? [CIRCLE THE APPROPRIATE RESPONSES]	Purchase from market (raw) Purchase from street vendors/kiosks (cooked) Own production Borrow/relief food/ safetytnets Discarded food (from dump sites, market etc) Other(specify.....)	01 02 03 04 05 96

4.2.	How many meals did you consume yesterday (day and night)? [FW: PROBE TO EXCLUDE TEA ALONE; IF TEA WAS SERVED WITH SOMETHING ELSE LIKE BREAD, THEN INCLUDE]	Number of meals (no tea alone)	<input type="text"/>	
4.3.	Did you consume a meal prepared outside the home yesterday (day & night)? [FW: PROBE TO EXCLUDE TEA ALONE]	YES NO	<input type="text"/> <input type="text"/>	01 02
4.5	Did you eat cooked food purchased from the streets Yesterday?	YES NO	<input type="text"/> <input type="text"/>	01 02
4.6	How many meals did children in your household eat Yesterday? [FW: PROBE TO EXCLUDE TEA ALONE]	FW: If NO CHILDREN IN THE HH skip to Q4.10 Number <input type="text"/>		
4.7	Did children in your household eat a meal served outside the home yesterday? [FW: PROBE TO EXCLUDE TEA ALONE]	YES NO	<input type="text"/> <input type="text"/>	01 02
4.9	Did children eat cooked food purchased from the streets Yesterday?	YES NO	<input type="text"/> <input type="text"/>	01 02
4.1	<p>Now I would like to ask you about the types of foods that you ate Yesterday during the day and night</p> <p>(Ask respondent to recount foods consumed and record each mentioned under appropriate food group) [INDICATE 1 FOR CONSUMED AND 0 FOR NOT CONSUMED]</p> <p>a. Grains/cereals (Bread, Nyoyo or any other food made from millet, sorghum, maize, rice, ugali, porridge, mandazi, chapati) <input type="text"/></p> <p>b. Roots and tubers (potatoes, sweet potato, cassava, nduma or any foods made from roots) <input type="text"/></p> <p>c. Legumes and nuts (Beans, peas, nyoyo, ndengu, nuts seeds or other foods made from these) <input type="text"/></p> <p>d. Dairy products (milk, yogurt, cheese, mala or food made from dairy) <input type="text"/></p> <p>e. Flesh foods (meat, cow, goat, poultry, pork and liver/organ meats) <input type="text"/></p> <p>L. Fish (all types of fish e.g. omena, tilapia,..et.c.) <input type="text"/></p> <p>f. Eggs <input type="text"/></p> <p>g. Vegetables (Carrot, dark green leafy vegetables (cassava, sweet potato leaves, osuga, kunde, etc), pumpkin, sukuma wiki, managu, terere, sucha, saga, mitoo, mrenda, pumpkin leaves, cabbage and locally available leaves) etc <input type="text"/></p> <p>h. <input type="text"/></p> <p>i. Oils and fat (Oils, fats or butter added to food/used for cooking) <input type="text"/></p> <p>j. Sugar or honey (Sugar/honey added to food such as tea, porridge, bread) <input type="text"/></p> <p>k. Others (condiments, tea, coffee) <input type="text"/></p>			

SECTION 4: FOOD CONSUMPTION AND EXPENDITURE QUESTIONS						
Have you or members of your household consumed (eaten)... [FOOD ITEM] ... during the past week?			How much of this food did your household CONSUME during the last week (7 days) - including food that was purchased, and food produced or grown by your household or received as a payment or a gift?		What was the total value of that food consumed?	What was the main source of this food? Did you obtain some from any other source?
Ask QUESTION 1 for full list of items first, then ask for details (Q2 – Q5) only for items coded '1' in Q1						
Unit Table			Unit codes			
1 Debe	= 18kg		Kilogramme	kg		Purchased
1 gorogoro	= 2.25kg		Number	nu		Home produced
1 mkebe	= 250g		Gramme	g		Gathered
1 small glass/cup	= 200g/200ml		Debe	de		Payment in kind
1 mokoroff (tin of tomato paste)	= 70g		Litre	L		Gift from any source
1 teaspoon	= 5ml/5g		Gorogoro	go		Credit
1 tablespoon	= 10ml/10g		Millilitre	ml		
1 serving spoon	=		Mkebe	mk		
1 plate	=					
1 whole cob maize	=					
			LAST 1 WEEK			
Item	Item Code	1 = Yes 2 = No	Quantity	Unit (circle most applicable unit)	Ksh	Main
Maize – grain	1		2	3	4	5
Maize – flour	2			kg / g / de / go /		
Rice	3			kg / g / de / go /		
Other grains (wheat, sorghum, millet, other types)	4			kg / g / de / go /		
Bread	5			kg / g		
Potatoes (Irish)	6			kg / g / de / go /		
Sweet potatoes, cassava, arrow roots, yams,	7			kg / g / de / go /		
Cooking banana (Matooke)	8					
Beans	9			kg / g / de / go /		
Other pulses/nuts (peas, grams, groundnuts)	10			kg / g / de / go /		
Eggs	11			nu		
Fresh fish	12			nu		
Dried/smoked fish/omena	13			nu		
Beef	14			kg / g / de / go /		
Chicken	15			kg / g / de / go / mk /		
Other meat (goat meat, mutton, pork, etc)	16			kg / g / de / go /		
Sukuma wiki (kales) [bunches]	17			nu		
Tomatoes	18					
Onions	19					
Cabbage	20					
Carrots	21					
Other vegetables e.g lettuce, butternut, pumpkin, etc	22					
Milk	23			L / ml		
Bananas (ripe)	24			nu		
Mangoes	25			nu		
Avocados	26			nu		
Oranges	27			nu		
Pawpaws	28			nu		
Other fruits	29					
Cooking fat	30			kg / g		
Other cooking oils	31			L / ml		
Sugars (white/brown, sugarcane, etc.)	32			kg / g		
Spices (salt and others, etc.)	33					
Tea leaves / tea bags [1 tea-spoon = 2g]	34			kg / g		
Coffee and other non-alcoholic drinks i.e soda, juice	35					
Alcoholic beverages (beer, wines, spirits, home-brew)	36					
Cooked foods eaten outside of the home (excluding school paid meals)	37			nu		
Street foods (cooked) (Total)	38					
Mandazi	39			nu		
Githeri	40			plate		
Rice	41			plate/ serving spoon		
Ugali	42					
Chapati	43					
Soup	44					
Chips	45			plate		
Chai	46			cup		
Uji	47			cup		
Other street foods	48					
Other ready made foods (biscuits/cakes/pasta/baby foods)	49					
Sweets/candy/purchased snacks	50					
Bread spreads e.g. margarine/blueband	51					

4.12	In the past 4 weeks, did you worry that your household would NOT have enough food? How often? 0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) [CIRCLE THE APPROPRIATE RESPONSE]	<div>0</div> <div>1</div> <div>2</div> <div>3</div>
4.13	In the past 4 weeks, were you or any household member NOT able to eat the kinds of food you preferred because of a lack of resources? How often? 0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) [CIRCLE THE APPROPRIATE RESPONSE]	<div>0</div> <div>1</div> <div>2</div> <div>3</div>
4.14a	In the past 4 weeks, did you or any household member have to eat a limited variety of foods due to lack of resources? 0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) [CIRCLE THE APPROPRIATE RESPONSE]	<div>0</div> <div>1</div> <div>2</div> <div>3</div>
4.14	In the past 4 weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was NOT enough food? 0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) [CIRCLE THE APPROPRIATE RESPONSE]	<div>0</div> <div>1</div> <div>2</div> <div>3</div>
4.15	In the past 4 weeks, did you or any household member have to eat fewer numbers of meals in a day because there was NOT enough food? 0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) [CIRCLE THE APPROPRIATE RESPONSE]	<div>0</div> <div>1</div> <div>2</div> <div>3</div>
4.16	In the past 4 weeks, was there ever NO food of any kind to eat in your household because of lack of resources to get food? How Often? 0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) [CIRCLE THE APPROPRIATE RESPONSE]	<div>0</div> <div>1</div> <div>2</div> <div>3</div>
4.17	In the past 4 weeks, did you or any household member go to sleep at night hungry because there was NOT enough food? How often? 0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) [CIRCLE THE APPROPRIATE RESPONSE]	<div>0</div> <div>1</div> <div>2</div> <div>3</div>
4.18	In the past 4 weeks, did you or any household member go a whole day and night without eating anything because there was NOT enough food? 0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) [CIRCLE THE APPROPRIATE RESPONSE]	<div>0</div> <div>1</div> <div>2</div> <div>3</div>

4.19	In the past 4 weeks, did your household get relief food from any source?	YES NO	<input type="checkbox"/> 01 <input type="checkbox"/> 02																																																				
4.20	In the past 4 weeks, has your household been enrolled in any social safety net? (e.g. merry go round)	YES NO	<input type="checkbox"/> 01 <input type="checkbox"/> 02																																																				
4.21	In the past 4 weeks, did any child in the household benefit from a feeding program?	YES NO	<input type="checkbox"/> 01 <input type="checkbox"/> 02																																																				
5.0. HEALTH AND HEALTH SEEKING BEHAVIOUR																																																							
5.1.	Has any member of your household (adult or child) been ill in the last 2 weeks?	YES NO	<input type="checkbox"/> 01 <input type="checkbox"/> 02																																																				
		[IF NO, SKIP TO 6.0]																																																					
5.2.	If YES, how many people were ill?	Number of people	<input type="text"/> <input type="text"/>																																																				
5.3.	If YES, how old is the person who was ill?	<p>If age is not known, fill in the person's age group? IF < 5 yrs=1, 5-14 yrs=2, 15+ yrs=3</p> <table border="1"> <thead> <tr> <th></th> <th>Years</th> <th>Age Group</th> </tr> </thead> <tbody> <tr> <td>Person 1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Person 2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Person 3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>			Years	Age Group	Person 1	<input type="text"/>	<input type="text"/>	Person 2	<input type="text"/>	<input type="text"/>	Person 3	<input type="text"/>	<input type="text"/>																																								
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5.4	What illness did the person(s) have? (TICK ALL THAT APPLY TO EACH PERSON)	<table border="1"> <thead> <tr> <th></th> <th>P1</th> <th>P2</th> <th>P3</th> </tr> </thead> <tbody> <tr><td>diarrhea</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>fever</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>cough</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>headache</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>vomiting</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>convulsions/seizures</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>difficult/fast breathing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>measles</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Injuries</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>other (specify.....)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>other (specify.....)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>other (specify.....)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>			P1	P2	P3	diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	difficult/fast breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5.5.	Was care/treatment sought for the illness from any source? (FW: TICK AS APPROPRIATE)	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Person 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Person 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Person 3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>[IF NO, SKIP TO 6.0]</p>			YES	NO	Person 1	<input type="checkbox"/>	<input type="checkbox"/>	Person 2	<input type="checkbox"/>	<input type="checkbox"/>	Person 3	<input type="checkbox"/>	<input type="checkbox"/>																																								
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5.6.	If YES, where was care/treatment sought outside of the home? (FW: TICK ALL THAT APPLY)	<table border="1"> <thead> <tr> <th></th> <th>P1</th> <th>P2</th> <th>P3</th> </tr> </thead> <tbody> <tr><td>01=Public hospital</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>02=Public health center/clinic</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>03=Private hospital</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>04=Private health center/clinic</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>05=NGO/Mission hospital</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>06=NGO/Mission health center/clinic</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>07=Pharmacy/chemist</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>08=Traditional healer/herbalist</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>96=other=specify.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>			P1	P2	P3	01=Public hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02=Public health center/clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03=Private hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04=Private health center/clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05=NGO/Mission hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06=NGO/Mission health center/clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07=Pharmacy/chemist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08=Traditional healer/herbalist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96=other=specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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6.0. INTERPERSONAL RELATIONSHIPS																																																							
Now I would like to know how you live with your household members, friends and neighbours...																																																							
6.1	How often have you had disputes with any person in the household in the last four weeks? (CIRCLE AS APPROPRIATE)	<p>0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) 4=Not applicable for those that live alone [IF 0 OR 4, SKIP TO 6.3]</p>																																																					
6.2	What was the severity of the dispute? (CIRCLE AS APPROPRIATE)	<p>1=Mild (just quarreling) 2=Moderate (verbal assault) 3=Very severe (physical violence and/or abandonment)</p>																																																					

6.3	How often have you or another HH member had disputes with friends/neighbours outside your husehold in the last four weeks? (CIRCLE AS APPROPRIATE)	0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks) [IF 0, SKIP TO 7.0]																																								
6.4	What was the severity of the dispute? (CIRCLE AS APPROPRIATE)	1=Mild (just quarrel) 2=Moderate (verbal assault) 3=Very severe (physical violence)																																								
6.5	How often in the last 4 weeks have you shared food with your neighbours	0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks)																																								
6.6	How often in the last 4 weeks has your neighbour shared food with you?	0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks)																																								
7.0. PERSONAL AND PROPERTY SECURITY DOMAIN																																										
7.1	Has your household or any member experienced () in the last 4 weeks? CIRCLE THE APPROPRIATE RESPONSES 1= YES 2= NO 8= DON'T KNOW IF 2 or 8 SKIP TO THE NEXT SHOCK	<table border="1"> <thead> <tr> <th></th> <th colspan="3">Q 7.1 (CIRCLE)</th> <th>Q7.2 #</th> </tr> </thead> <tbody> <tr> <td>Fire</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>Floods</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>Mugging/stabbing</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>Buglary/'Poof'</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>Eviction</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>Property destruction</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>Rape/sodomy</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		Q 7.1 (CIRCLE)			Q7.2 #	Fire	1	2	8		Floods	1	2	8		Mugging/stabbing	1	2	8		Buglary/'Poof'	1	2	8		Eviction	1	2	8		Property destruction	1	2	8		Rape/sodomy	1	2	8	
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7.2	How many such events have occurred in the household in the last four weeks?																																									
7.3	How often have you felt scared walking in the community in the last 4 weeks? (CIRCLE AS APPROPRIATE)	0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks)																																								
7.4	How often have you felt scared being in your house in the last 4 weeks? (CIRCLE AS APPROPRIATE)	0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks)																																								
7.5	How often have you/household member used avoidance measures in the last 4 weeks due to insecurity such as using escorts, using unusual routes, coming home earlier than usual etc? (CIRCLE AS APPROPRIATE)	0=Never 1=Rarely (once or twice in the last 4 weeks) 2=Sometimes (once every week) 3=Often (more than once a week in the last 4 weeks)																																								
7.6	How would you rate security situation in the community? (CIRCLE AS APPROPRIATE)	1=Very bad 2=Bad 3=Not very bad 4=Good 5=Very good																																								
8.0. HOUSING & TENURE DOMAIN																																										
8.1	Is your household renting or does it own this dwelling unit/the rooms in which it is living in this structure?	Owned Renting Free of charge..... Other(specify)																																								
8.3	How many sleeping rooms does the house have?	Number																																								

SECTION 9: Non-food Consumption & Expenditure (1 week, 1 month & 3 month recall)		
LAST 1 WEEK		What is the total value of all [ITEM] PURCHASED, PRODUCED AT HOME and RECEIVED AS GIFT during the LAST 1 WEEK ?
Items	Item code	Amount in Ksh (Write 0 if none)
Tobacco (cigarettes, tobacco) and miraa	1	
Paraffin/ kerosene	2	
Water (for drinking and other household consumption / use)	3	
Charcoal, firewood (including gathered)	4	
Toilet soap, washing powder, laundry soap, detergents, bar soap etc	5	
Garbage collection fees	6	
Toilet use fees	7	
Matches, candles	8	
Bus fares, matatu, taxis	9	
Other transport expenses (bicycle, car repair, petrol etc) <i>excluding transport to and from school or health facilities (regular transport, i.e to & from work, etc)</i>	10	
Books, notebooks, newspapers, stationary, etc (not for school)	11	
Communications (phone calls -- fixed and mobile, post office	12	
Is there an expense you have expended in the last one week that I have not asked you about?	13	
LAST 1 MONTH		What is the total value of all [ITEM] PURCHASED, PRODUCED AT HOME and RECEIVED AS GIFT
Item	Item code	Amount in Ksh (Write 0 if none)
Utilities (electricity, gas)	14	
Other toileteries (shampoo, toothpaste, hair cream, etc)	15	
Other cleaning expenses, equipment (brushes, shoe polish)	16	
Batteries, bulbs	17	
HAIR CUT AND OTHER PERSONAL SERVICES	18	
TOA KITU KIDOGO (TKK) ('to cooperate)	19	
Rent, including if paid together as a lump sum	20	
Tuition fees, registration fees, exam fees & other fees <i>either paid or owed</i>	21	
Private tuition	22	
Transport to and from school (day schoolers)	23	
Uniforms including school shoes	24	
School supplies including textbooks, exercise books, pencils etc	25	
Food (including any pocket money to buy lunch at school) Interviewer: This does NOT include food expenditure if child eats lunch at home	26	
Loans , Debts and Contributions		
Loans taken this month	27	
Debts incurred this month	28	
Contributions to sacco, merry-go-rounds etc	29	
Debt payments made this month	30	
Is there an expense you have expended in the last one month that I have not asked you about?	31	

LAST 3 MONTHS		What is the total value of all [ITEM] PURCHASED, PRODUCED AT HOME and RECEIVED AS GIFT during the LAST 3 MONTHS?
Item	Item code	Amount in Ksh (Write 0 if none)
Men's clothing	32	
Women's clothing	33	
Children's clothing NOT INCLUDING school uniforms	34	
Material for clothes, and tailoring	35	
Footwear (including repair costs)	36	
Recreation (toys, cinema, photography, records etc)	37	
Personal articles (umbrella, watch, lighter, belts, etc)	38	
Textiles (blanket, bedsheet, towels, mosquito netting, etc., not for	39	
Kitchen equipment (cutlery, pots, plates, small equipment – kettle and	40	
Lanterns, lamps, torches	41	
Toilet/sewage emptying fees	42	
Medical Expenditure (both inside and outside health facilities) – categories listed below		
Medicines and medical supplies (eg bandages etc) <i>excluding AIDS</i>	43	
Transport to and from health facilities	44	
Consultation & treatment fees including gifts	45	
Laboratory & diagnostic test fees	46	
Visits to traditional healers	47	
Hospitalisation fees including food (“bed bill”)	48	
Other health expenditure	49	
Is there an expense you have expended in the 3 months that I have not asked you about?	50	

9.0. HOUSEHOLD LIVELIHOODS			
9.1	What is main source of livelihood for your household in the past 4 weeks? (CIRCLE AS APPROPRIATE)	1=Formal labor 2=casual labor 3=petty trading (e.g. hawking) 4=Own business 5=remittances, scavenging and safety nets (e.g merry go round) 96=other=specify	<div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>05</div> <div>06</div> <div>96</div>
9.2	How many people in this household currently (have earned income in last 4 weeks) have a source of income?	Number of people <div></div>	
9.3	What are the ages of the people who earn?	9.2(Years)	9.4(sex)
9.4	What are the sexes of the people who earn? (1=Male, 2=Female)		9.5(source)
9.5	What is their source of income (USE CODES IN 9.1)	Person 1 Person 2 Person 3 Person 4	
9.6	Among the persons who earn income in 9.2, who is the breadwinner?	(1=Yes; 2=No)	
		Person 1 Person 2 Person 3 Person 4	
9.7	What is the mode of payment for persons in 9.2? (CIRCLE AS APPROPRIATE)	Hourly Daily Weekly Monthly Other(specify.....)	<div>P1 P2 P3 P4</div> <div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>96</div>

10.0. COPING STRATEGIES		
<p>Now I would like to ask you about things that you may have done in the last four weeks to cope with different situations</p> <p>In the last four weeks... [FOR Q10.1-10.10, CIRCLE AS APPROPRIATE]</p>		
10.1.	Have you purchased food or other essential household goods on credit because you didn't have the money to buy them outright?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.1a	Have you taken a loan to buy food or other essential HH goods?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.2.	Have you had to remove any of your children from school due to lack of school related costs?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.3.	Has any member of your household left/moved due to lack of resources to maintain them?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.4	Have you or any member of your household gone out begging for food or money?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.5	Have you or any household member traded sex for money or food?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.6	Have you or any household member had multiple sexual partners?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.7	Do you know someone in the community who had sex for money or food in the last month?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.8	Have you or any household member stolen food or money to buy food?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.9	Do you know someone in the community who stole food or money to buy food in the last one month?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
10.10.	Have you or any household member received food or money from friend/neighbor/relative?	<div>YES</div> <div>NO</div> <div>01</div> <div>02</div>
11.0. END OF INTERVIEW		
I would like to thank you for taking your time to participate in this interview.		
11.2.	FW: RECORD QUESTIONS AND COMMENTS RAISED BY RESPONDENT	
.....		
.....		
11.3.	FW: RECORD COMMENTS ABOUT THE INTERVIEW	
.....		
.....		
11.4.	RESULT OF INTERVIEW (CODESHEET A⁷)	<input type="checkbox"/>
11.5.	END TIME (24 HRS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OFFICE/FIELD CHECKER'S DETAILS		
11.6.	FIELD SUPERVISOR/TEAM LEADER'S CODE	<input type="text"/> <input type="text"/>