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**STRICTLY CONFIDENTIAL**



**KENYA HOUSEHOLD HEALTH EXPENDITURE AND  
UTILISATION SURVEY (KHHEUS), 2013**

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**I. INTRODUCTION AND HOUSEHOLD RESPONDENT CONSENT**

This questionnaire is addressed to the heads of households and/or those familiar with their households' finances.

*Interviewer: Read the following out loud:*

Hello. My name is \_\_\_\_\_ and I'm representing the Ministry of Health (MoH) and the Kenya National Bureau of Statistics (KNBS). We are presently carrying out a household survey on use of health care services and health spending in Kenya. This information is part of a National Health Accounts (NHA) exercise that aims to estimate the total amount of health spending in Kenya (both public and private) and to describe the flow of funds from sources to ultimate uses. The information collected from this household survey will help Kenya's policymakers and program managers better allocate health resources in more efficient, effective, and equitable ways. For this purpose, the MoH seeks to gather information from you about your household spending and use of health care services and products. The information collected will be strictly confidential. Furthermore, the information given to us will under no circumstances be used for tax purposes. I would now like to ask you a series of questions that will take approximately 45 minutes.

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## SECTION A: IDENTIFICATION INFORMATION

Questions 1-11 should be filled by the survey enumerator him/herself. Section B onwards should be asked to the household respondent.

	Name		Code			
1. County						
2. District/Sub-county						
3. Cluster						
4. Household Number						
5. Cluster Type						
6. Survey administrator information:						
6.1: Name of Interviewer: _____			6.5. Interviewer Code ___/___/___/___/___/			
6.2: Signature of Interviewer: _____						
6.3: Name of Supervising Officer: _____			6.6. Supervisor's code: ___/___/___/___/			
6.4: Signature of Supervising Officer: _____						
<b>7. INTERVIEWER VISITS</b>						
	1	2	3	FINAL VISIT		
VISIT DATE:	_____	_____	_____	DAY:	<input type="text"/>	<input type="text"/>
INTERVIEWER NAME:	_____	_____	_____	MONTH:	<input type="text"/>	<input type="text"/>
RESULT*	_____	_____	_____	YEAR:	<input type="text"/>	<input type="text"/>
				RESULT*:	<input type="text"/>	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS:	<input type="text"/>	
NEXT VISIT: TIME	_____	_____				
TIME STARTED:	HOUR:	<input type="text"/>	<input type="text"/>	TIME ENDED:	HOUR:	<input type="text"/>
	MINUTES:	<input type="text"/>	<input type="text"/>		MINUTES:	<input type="text"/>

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**\* RESULTS CODES:**

1. COMPLETED
2. NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME
3. ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4. POSTPONED
5. REFUSED
6. DWELLING VACANT OR ADDRESS NOT A DWELLING
7. DWELLING DESTROYED
8. DWELLING NOT FOUND
9. PARTLY COMPLETED
10. OTHERS (SPECIFY)

8. Name of Household respondent: .....Line Number: \_\_\_/\_\_\_/

9. Relationship of household respondent to household head:

***(Circle the appropriate code)***

1. Head of Household
2. Wife/Husband/Partner
3. Co-Wife
4. Son or Daughter
5. Sister/Brother
6. Son or Daughter in-law
7. Grandchild
8. Parent
9. Parent in-law
10. Other Relatives
11. Adopted/Foster/ Stepchild
12. Not related

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**SECTION B: COMPOSITION OF HOUSEHOLD AND ITS CHARACTERISTICS**

01	Usual residents 02	Relationship to Head 03	Sex 04	Religion 05	Age 06	
Household Member Number	Please give me the names of the people who <b>usually</b> live in your household, starting with the head of the household	What is the relationship of the <name> to the household head?  1. Head of Household 2. Wife/Husband/Partner 3. Co-Wife 4. Son or Daughter 5. Sister/Brother 6. Son or Daughter in-law 7. Grandchild 8. Parent 9. Parent in-law 10. Other Relatives 11. Adopted/Foster/ Stepchild/orphan 12. Not related 13. Other (specify) 98. Don't Know  <u>Write code</u>	What is the sex of <Name>?  1 Male  2 Female  <u>Write code</u>	What is <name>'s religion?  1. Christian (Catholic) 2. Christian (Protestant) 3. Muslim 4. Traditionalist 5. Atheist 6. Others (specify)  <u>Write code</u>	How old was <Name> at his /her last birthday?  a. Date of birth (month and Year)  b. Age (age in completed years)  <b>Interviewer: Under-1 = 0</b>	
01					...../.....	
02					...../.....	
03					...../.....	
04					...../.....	
05					...../.....	
06					...../.....	
07					...../.....	
08					...../.....	
09					...../.....	
10					...../.....	
11					...../.....	
12					...../.....	

**Note: Please make sure you have listed all members of the household in column 01**



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### EALTH SEEKING BEHAVIOUR

01	16	17	18	19	20	21	22
Household Membership Number	Was <NAME> ill in the <b>last four weeks</b> ?  1) Yes 2) No (Go to 21)	If <b>Yes, to Q16</b> did <name> visit/consult a health provider (hospital/ health centre/ clinic/ Dispensary/ Pharmacy/chemist /shop/ Traditional Birth Attendant (TBA) & Traditional Healers, Religious/cultural healers?)  1. Yes (go to 18) 2. No (go to 20) 8. Don't Know (go to 21)	If <b>Yes to Q17</b> , did <Name> make all the visits that were required? ( <b>All the visits recommended by the provider</b> )  1. Yes go to Q21 2. No (go to Q19) 8. Don't know (Go to 21)	If <b>No to Q18</b> , what was <name>'s <b>main reasons</b> for not making all the visits? A. Lacked Money B. Prescribed drugs not available C. Self-medication D. Poor quality service E. High Cost of Care F. Religious /cultural reasons G. Fear of discovering serious illness H. Long distance to provider I. Illness not considered serious enough J. Others (____specify)  <b>(Multiple responses allowed)</b>	If <b>No to Q17</b> , what was <name>'s <b>main reasons</b> for not seeking care? A. Lacked Money B. Prescribed drugs not available C. Self-medication D. Poor quality service E. High Cost of Care F. Religious /cultural reasons G. Fear of discovering serious illness H. Long distance to provider I. Illness not considered serious enough J. Others (____specify)  <b>(Multiple responses allowed)</b>	Did <name> seek <b>preventive/promotive health</b> care services in the <b>last 4 weeks</b> ?  1. Yes 2. No 8. Don't know  <b>(List of preventive services)</b> • <b>Family Planning</b> • <b>Immunization</b> • <b>Voluntary Counselling and Testing (VCT)</b> • <b>Counselling</b> • <b>Ante/post natal care</b>	Did [Name] need to be admitted in a hospital in the <b>last twelve months</b> ?  1. Yes 2. No (go to Section C1) 8. Don't Know (go to Section C1)  <b>The need may have been advised/recommended by a health provider</b>
01							
02							
03							
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12							

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01	23	24	Eligibility Criteria	
Household Membership Number	If Yes to Q22, was <name> admitted? 1. Yes (go to section C1) 2. No (go to Q24) 8. Don't Know (go to section C1)  <b>Insert code</b>	If No to Q23, why was <name> not admitted? A. Lacked Money B. Prescribed drugs not available C. Self medication D. Poor quality service E. High Cost of Care F. Religious /cultural reasons G. Fear of discovering serious illness H. Long distance to provider I. Illness considered NOT serious enough J. Others (____specify) Z. Don't know  <b>(Multiple responses allowed)</b> <b>Insert Code</b>	<b>E1. Eligibility for section C1</b>  <b>DO NOT READ</b>  <b>IS &lt;NAME&gt; ELIGIBLE FOR C1</b> (If the response to question 16, 17 and 21 is "YES")  1. Yes 2. No	<b>E2. Eligibility for section C3</b>  <b>DO NOT READ</b>  <b>IS &lt;NAME&gt; ELIGIBLE FOR C3</b> (If the response to question 23 is "YES")  1. Yes 2. No
01				
02				
03				
04				
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**SECTION C 1: UTILIZATION OF OUT PATIENT AND OTHER HEALTH RELATED SERVICES IN THE PAST 4 WEEKS**  
**This section is for all household members whose response in E1 is code 1 (YES)**

Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, 17 and Q21) ..... How many out patient visits did you make in the last four weeks: _____ (number)  (Get information ONLY for last four visits)	VISIT 1	VISIT 2	VISIT 3	VISIT 4	Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, Q17 and 21).....  How many out patient visits did you make in the last four weeks: _____ (number)  (Get information ONLY for last four visits)	VISIT 1	VISIT 2	VISIT 3	VISIT 4
25.What were the <b>Reasons</b> for (name) seeking care:  <b>Enumerator to probe to ensure no reason is missed]</b>  <b>a) ILLNESS</b>	<b>Circle all that apply</b>	25.What were the <b>Reasons</b> for (name) seeking care:  <b>[Enumerator to probe to ensure no reason is missed]</b>  <b>a) ILLNESS</b>	<b>Circle all that apply</b>						
1) Malaria/fever	1	1	1	1	1) Malaria/fever	1	1	1	1
2) Diseases of Respiratory including pneumonia	2	2	2	2	2) Diseases of Respiratory including pneumonia	2	2	2	2
3) Skin diseases (e.g. boils, lesions etc	3	3	3	3	3) Skin diseases (e.g. boils, lesions etc	3	3	3	3
4) TB	4	4	4	4	4) TB	4	4	4	4
5) HIV/AIDS	5	5	5	5	5) HIV/AIDS	5	5	5	5
6) Diabetes	6	6	6	6	6) Diabetes	6	6	6	6
7) Diarrhoea	7	7	7	7	7) Diarrhoea	7	7	7	7
8) Intestinal worms	8	8	8	8	8) Intestinal worms	8	8	8	8
9) Accidents and injuries	9	9	9	9	9) Accidents and injuries	9	9	9	9
10) STD (Syphilis etc)	10	10	10	10	10) STD (Syphilis etc)	10	10	10	10
11) Eye infections	11	11	11	11	11) Eye infections	11	11	11	11
12) Gender Based Violence related injuries	12	12	12	12	12) Gender Based Violence related injuries	12	12	12	12
13) Cancer	13	13	13	13	13) Cancer	13	13	13	13
14) Hypertension	14	14	14	14	14) Hypertension	14	14	14	14
15) Other (Specify)	15	15	15	15	15) Other (Specify)	15	15	15	15
<b>b) SERVICES</b>					<b>b) SERVICES</b>				
16) Physical check-up (prevention)	16	16	16	16	16) Physical check-up (prevention)	16	16	16	16
17) Immunizations (prevention)	17	17	17	17	17) Immunizations (prevention)	17	17	17	17
18) Family planning (prevention)					18) Family planning (prevention)	18a	18a	18a	18a
a) Oral contraceptives	18a	18a	18a	18a	a) Oral contraceptives	18b	18b	18b	18b
b) Condoms	18b	18b	18b	18b	b) Condoms	18c	18c	18c	18c
c) Intrauterine device	18c	18c	18c	18c	c) Intrauterine device	18d	18d	18d	18d
d) Injections	18d	18d	18d	18d	d) Injections	18e	18e	18e	18e
e) others (specify)	18e	18e	18e	18e	e) Others (specify)				
19) Prenatal/antenatal care	19	19	19	19	19) Prenatal/antenatal care	19	19	19	19
20) Post natal care	20	20	20	20	20) Post natal care	20	20	20	20
21) Dental	21	21	21	21	21) Dental	21	21	21	21
22) Circumcision	22	22	22	22	22) Circumcision	22	22	22	22
23) VCT	23	23	23	23	23) VCT	23	23	23	23
24) Other forms of Counselling	24	24	24	24	24) Other forms of Counselling	24	24	24	24
25) Physiotherapy	25	25	25	25	25) Physiotherapy	25	25	25	25
26) Other Services (specify)	26	26	26	26	26) Other Services (specify)	26	26	26	26

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Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, 17 and Q21) ..... <b>How many out patient visits did you make in the last four weeks:</b> _____ (number) <i>(Get information ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
26. What was the <b>name</b> of the health provider <name> visited? <i>(Including Chemists &amp; Traditional Healers)</i>				
27. What was the type of the health provider that <name> visited? <i>(Including Chemists &amp; Traditional Healers)</i>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1) Govt. Hospital	1	1	1	1
2) Private hospital	2	2	2	2
3) Mission hospital	3	3	3	3
4) Govt. Health Centre	4	4	4	4
5) Mission health centre	5	5	5	5
6) Govt. Dispensary	6	6	6	6
7) Mission Dispensary	7	7	7	7
8) Nursing/Maternity Home	8	8	8	8
9) Private Clinic	9	9	9	9
10) NGO Clinic	10	10	10	10
11) Company/parastatal clinic	11	11	11	11
12) Community pharmacies)	12	12	12	12
13) Chemist/pharmacy/shop	13	13	13	13
14) Traditional/Religious/Cultural healer	14	14	14	14
15) Village health Worker (TBA, CHW, CHEW)	15	15	15	15
16) Other (specify).....	16	16	16	16
28. Is this the nearest facility/health provider to your home 1. Yes 2. No 8. Don't know (go to Q31)	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle Code</b>
1. Yes	1	1	1	1
2. No	2	2	2	2
8. Don't know (go to Q31)	8	8	8	8
29. Who owns the facility/health provider nearest your home 1) Government 2) Private 3) Faith Based Organisations 4) NGO 8) Don't know	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1) Government	1	1	1	1
2) Private	2	2	2	2
3) Faith Based Organisations	3	3	3	3
4) NGO	4	4	4	4
8) Don't know	8	8	8	8

Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, Q17 and 21).....  How many out patient visits did you make in the last four weeks: _____ (number) <i>(Get information ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
26. What was the <b>name</b> of the health provider <name> visited? <i>(Including Chemists &amp; Traditional Healers)</i>				
27. What was the type of the health provider that <name> visited? <i>(Including Chemists &amp; Traditional Healers)</i>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1) Govt. Hospital	1	1	1	1
2) Private hospital	2	2	2	2
3) Mission hospital	3	3	3	3
4) Govt. Health Centre	4	4	4	4
5) Mission health centre	5	5	5	5
6) Govt. Dispensary	6	6	6	6
7) Mission Dispensary	7	7	7	7
8) Nursing/Maternity Home	8	8	8	8
9) Private Clinic	9	9	9	9
10) NGO Clinic	10	10	10	10
11) Company/parastatal clinic	11	11	11	11
12) Community pharmacies(Bamako)	12	12	12	12
13) Chemist/pharmacy/shop	13	13	13	13
14) Traditional/Religious/Cultural heale	14	14	14	14
15) Village health Worker (TBA, CHEW, CHW)	15	15	15	15
16) Other (specify).....	16	16	16	16
28. Is this the nearest facility/health provider to your home 1. Yes 2. No 8. Don't know (go to Q31)	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1. Yes	1	1	1	1
2. No	2	2	2	2
8. Don't know (go to Q31)	8	8	8	8
29. Who owns the facility/health provider nearest your home 1) Government 2) Private 3) Faith Based Organisations 4) NGO 8) Don't know	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1) Government	1	1	1	1
2) Private	2	2	2	2
3) Faith Based Organisations	3	3	3	3
4) NGO	4	4	4	4
8) Don't know	8	8	8	8

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Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, 17 and Q21)				
How many out patient visits did you make in the last four weeks: _____ (number)	VISIT 1	VISIT 2	VISIT 3	VISIT 4
<i>(Get information ONLY for last four visits)</i>				

Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, Q17 and Q21).....				
How many out patient visits did you make in the last four weeks: _____ (number)	VISIT 1	VISIT 2	VISIT 3	VISIT 4
<i>(Get information ONLY for last four visits)</i>				

**CHECK QN 28**

**IF "YES" GO TO QN 31**  
**IF "NO" GO TO QN 30**

**CHECK QN 28**

**IF "YES" GO TO QN 31**  
**IF "NO" GO TO QN 30**

30. What were the <b>main three reasons</b> for <name> by passing the facility/health provider nearest to his/her home	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1) Unfriendly staff	1	1	1	1
2) Long waiting time	2	2	2	2
3) Medicine unavailable	3	3	3	3
4) Staff are unqualified	4	4	4	4
5) More expensive services	5	5	5	5
6) Dirty facility	6	6	6	6
7) Would have been required to pay	7	7	7	7
8) No privacy	8	8	8	8
9) Was referred	9	9	9	9
10) Other (specify)	10	10	10	10
<b>(Multiple answers acceptable)</b>				

30. What were the <b>main three reasons</b> for <name> by passing the facility/health provider nearest to his/her home	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1) Unfriendly staff	1	1	1	1
2) Long waiting time	2	2	2	2
3) Medicine unavailable	3	3	3	3
4) Staff are unqualified	4	4	4	4
5) More expensive services	5	5	5	5
6) Dirty facility	6	6	6	6
7) Would have been required to pay	7	7	7	7
8) No privacy	8	8	8	8
9) Was referred	9	9	9	9
10) Other (specify)	10	10	10	10
<b>(Multiple answers acceptable)</b>				

31. What were the <b>main three reasons</b> for <name> choosing the health provider that you visited?	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1) Close to home	1	1	1	1
2) Staff give good advice	2	2	2	2
3) Good staff attitude	3	3	3	3
4) Knew someone in the facility	4	4	4	4
5) Less waiting time	5	5	5	5
6) Medicine available	6	6	6	6
7) Staff are qualified	7	7	7	7
8) Less costly	8	8	8	8
9) Felt not seriously ill (minor ailment)	9	9	9	9
10) Do not have to pay	10	10	10	10
11) Cleaner facility	11	11	11	11
12) More privacy	12	12	12	12
13) Employer/Insurance requirement	13	13	13	13
14) Was referred	14	14	14	14
15) Other (specify)	15	15	15	15
<b>(Multiple answers acceptable)</b>				

31. What were the <b>main three reasons</b> for <name> choosing the health provider that you visited?	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1) Close to home	1	1	1	1
2) Staff give good advice	2	2	2	2
3) Good staff attitude	3	3	3	3
4) Knew someone in the facility	4	4	4	4
5) Less waiting time	5	5	5	5
6) Medicine available	6	6	6	6
7) Staff are qualified	7	7	7	7
8) Less costly	8	8	8	8
9) Felt not seriously ill (minor ailment)	9	9	9	9
10) Do not have to pay	10	10	10	10
11) Cleaner facility	11	11	11	11
12) More privacy	12	12	12	12
13) Employer/Insurance requirement	13	13	13	13
14) Was referred	14	14	14	14
15) Other (specify)	15	15	15	15
<b>(Multiple answers acceptable)</b>				

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Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, 17 and Q21) ..... How many out patient visits did you make in the last four weeks: _____ (number) <i>(Get information ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
32. Did you obtain medicine/drugs there?  1) Yes (all)-Go to Q35 2) Yes (some) 3) No – Go to Q34 8) Don't know-Go to Q35	<b>Circle code</b> 1 2 3 8	<b>Circle code</b> 1 2 3 8	<b>Circle code</b> 1 2 3 8	<b>Circle code</b> 1 2 3 8
33. If Yes to Q32-2 (i.e. some of the needed drugs), what were <b>the main reasons</b> ?  1) Drugs not available 2) Used drugs available at home 3) Decided to do without drugs 4) Did not have any money 5) Did not need drugs 6) Referred  <u>Multiple responses allowed</u>	<b>Circle code</b> 1 2 3 4 5 6	<b>Circle code</b> 1 2 3 4 5 6	<b>Circle code</b> 1 2 3 4 5 6	<b>Circle code</b> 1 2 3 4 5 6
34. If No to Q32, what were the reasons?  1) Drugs not available 2) Bought drugs from elsewhere 3) Used drugs available at home 4) Decided to do without drugs 5) Did not need drugs 6) Did not have any money <b>Multiple responses allowed</b>	<b>Circle code(s)</b> 1 2 3 4 5 6	<b>Circle code(s)</b> 1 2 3 4 5 6	<b>Circle code(s)</b> 1 2 3 4 5 6	<b>Circle code(s)</b> 1 2 3 4 5 6
35. Did you pay money for the services you received? 1) Yes 2) No (go to Q40A) 8) Don't know (Go to 40A)	<b>Circle code</b> 1 2 8	<b>Circle code</b> 1 2 8	<b>Circle code</b> 1 2 8	<b>Circle code</b> 1 2 8

Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, Q17 and 21)..... How many out patient visits did you make in the last four weeks: _____ (number) <i>(Get information ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
32. Did you obtain medicine/drugs there?  1) Yes (all)-Go to Q35 2) Yes (some) 3) No – Go to Q34 8) Don't know-Go to Q35	<b>Circle code</b> 1 2 3 8	<b>Circle code</b> 1 2 3 8	<b>Circle code</b> 1 2 3 8	<b>Circle code</b> 1 2 3 8
33. If Yes to Q32-2 (i.e. some of the needed drugs), what were <b>the main reasons</b> ?  1. Drugs not available 2. Used drugs available at home 3. Decided to do without drugs 4. Did not have any money 5. Did not need drugs 6. Referred  <u>Multiple responses allowed</u>	<b>Circle code</b> 1 2 3 4 5 6	<b>Circle code</b> 1 2 3 4 5 6	<b>Circle code</b> 1 2 3 4 5 6	<b>Circle code</b> 1 2 3 4 5 6
34. If No to Q32, what were the reasons?  1) Drugs not available 2) Bought drugs from elsewhere 3) Used drugs available at home 4) Decided to do without drugs 5) Did not need drugs 6) Did not have any money <b>Multiple responses allowed</b>	<b>Circle code(s)</b> 1 2 3 4 5 6	<b>Circle code(s)</b> 1 2 3 4 5 6	<b>Circle code(s)</b> 1 2 3 4 5 6	<b>Circle code(s)</b> 1 2 3 4 5 6
35. Did you pay money for the services you received? 1) Yes 2) No (go to Q40A) 8) Don't know (Go to 40A)	<b>Circle code</b> 1 2 8	<b>Circle code</b> 1 2 8	<b>Circle code</b> 1 2 8	<b>Circle code</b> 1 2 8

Identification #

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Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, 17 and Q21)						VISIT 1	VISIT 2	VISIT 3	VISIT 4
How many out patient visits did you make in the last four weeks: _____ (number)									
<i>(Get information ONLY for last four visits)</i>									
36. How much <u>money</u> did <name> spend on treatment/ services received?						KSh	KSh	KSh	KSh
1) Registration/ Card						1.....	1.....	1.....	1.....
2) Drugs/vaccines (including outside purchase)						2.....	2.....	2.....	2.....
3) Consultation						3.....	3.....	3.....	3.....
4) Diagnosis tests (x-ray, lab etc.)						4.....	4.....	4.....	4.....
5) Medical Check up						5.....	5.....	5.....	5.....
6) Other (specify)						6.....	6.....	6.....	6.....
7) Overall*						7.....	7.....	7.....	7.....
8) Don't know (enter 9999)						8.....	8.....	8.....	8.....
* Enter overall estimate (7) only if detail not remembered.									
<b>Question</b>						<b>Visit 1</b>	<b>Visit 2</b>	<b>Visit 3</b>	<b>Visit 4</b>
37. How did <name> pay for the services received						<b>Circle code(s)</b>	<b>Circle code(s)</b>	<b>Circle code(s)</b>	<b>Circle code(s)</b>
1.Cash						1	1	1	1
2.Community health insurance scheme						2	2	2	2
3.Given opportunity to pay later (credit)						3	3	3	3
4.Waived/exempted						4	4	4	4
5. Paid in kind						5	5	5	5
6. NHIF						6	6	6	6
7.Private Insurance						7	7	7	7
8.Don't Know						8	8	8	8
38. If you indicated in Q37 that you paid in kind, please list down the items and cost them using the prevailing market rates in that region						<b>Total Value in KSh</b>			
<b>Items Qty Unit Price</b>									
1.....									
2.....									
3.....									

Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, Q17 and Q21).....						VISIT 1	VISIT 2	VISIT 3	VISIT 4
How many out patient visits did you make in the last four weeks: _____ (number)									
<i>(Get information ONLY for last four visits)</i>									
36. How much <u>money</u> did <name> spend on treatment/ services received?						KSh	KSh	KSh	KSh
1) Registration/ Card						1.....	1.....	1.....	1.....
2) Drugs/vaccines (including outside purchase)						2.....	2.....	2.....	2.....
3) Consultation						3.....	3.....	3.....	3.....
4) Diagnosis tests (x-ray, lab etc.)						4.....	4.....	4.....	4.....
5) Medical Check up						5.....	5.....	5.....	5.....
6) Other (specify)						6.....	6.....	6.....	6.....
7) Overall*						7.....	7.....	7.....	7.....
8) Don't know (enter 9999)						8.....	8.....	8.....	8.....
* Enter overall estimate (7) only if detail not remembered.									
<b>Question</b>						<b>Visit 1</b>	<b>Visit 2</b>	<b>Visit 3</b>	<b>Visit 4</b>
37. How did <name> pay for the services received						<b>Circle code(s)</b>	<b>Circle code(s)</b>	<b>Circle code(s)</b>	<b>Circle code(s)</b>
1.Cash						1	1	1	1
2. Community health insurance scheme						2	2	2	2
3. Given opportunity to pay later (credit)						3	3	3	3
4.Waived/exempted						4	4	4	4
5.Paid in kind						5	5	5	5
6.NHIF						6	6	6	6
7.Private Insurance						7	7	7	7
8. Don't Know						8	8	8	8
38. If you indicated in Q37 that you paid in kind, please list down the items and cost them using the prevailing market rates in that region						<b>Total Value in KSh</b>			
<b>Items Qty Unit Price</b>									
1.....									
2.....									
3.....									

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39. Where did <Name> get the funds to pay for the services and how much was paid from each source [Record all that apply]				
<b>Source of funds</b>	<b>Amount in KSh</b>	<b>Amount in KSh</b>	<b>Amount in KSh</b>	<b>Amount in KSh</b>
1 Had own cash available				
2. Was given money by (friends, family members & relatives- <b>No repayment was expected</b> )				
3. "Harambee" contributions				
4. Borrowed money				
5. Community health insurance (paid directly to provider or reimbursed to patient after service was rendered)				
6. Sold household assets				
7. Waived/exempted				
8 Reimbursed by well wisher				
9. Given opportunity to pay later (Credit)				
10. Others (specify)				
98. Don't Know (Enter 00)				
40A .How long did <Name> wait between arrival and being seen by a clinician?	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_
<b>For those who don't know enter 99</b>	-	-	.....	.....
40B. How long <name> had to spend after consultation and the point of exit?	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_
<b>For those who don't know enter 99</b>	-	-	.....	.....
41. How much did <name> spend on transport to get to the health provider and back (return) in KSh	<i>KSh</i> _____	<i>KSh</i> _____	<i>KSh</i> _____	<i>KSh</i> _____
For those who walked, please estimate the cost				
<b>Enter 99999 = for those who don't know</b>				
42. How long did it take <name> to get to the health provider and back?	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_
Enter 99 = for those who don't know Interviewer – Exclude time spend in the health facility	.....	.....	.....	.....

39. Where did <Name> get the funds to pay for the services and how much was paid from each source. [Record all that apply]				
<b>Source of funds</b>	<b>Amount in KSh</b>	<b>Amount in KSh</b>	<b>Amount in KSh</b>	<b>Amount in KSh</b>
1 Had own cash available				
2. Was given money by (friends, family members & relatives- <b>No repayment was expected</b> )				
3. "Harambee" contributions				
4. Borrowed money				
5. Community health insurance (paid directly to provider or reimbursed to patient after service was rendered)				
6. Sold household assets				
7. Waived/exempted				
8. Reimbursed by well wisher				
9. Given opportunity to pay later (Credit)				
10. Others (specify)				
98. Don't know (Enter 00)				
40A .How long did <Name> wait between arrival and being seen by a clinician?	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_
<b>For those who don't know enter 99</b>	.....	.....	.....	.....
40B. How long <name> had to spend after consultation and the point of exit?	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_
<b>For those who don't know, enter 99</b>	.....	.....	-	.....
41. How much did <name> spend on transport to get to the health provider and back (return) in KSh	<i>KSh</i> _____	<i>KSh</i> _____	<i>KSh</i> _____	<i>KSh</i> _____
For those who walked, please estimate the cost			-	-
<b>Enter 99999 = for those who don't know</b>				
42. How long did it take <name> to get to the health provider and back?	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_	<i>Hr/Min</i> _/_
Enter 99 = for those who don't know Interviewer – Exclude time spend in the health facility	.....	.....	.....	.....

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43. What distance did <name> cover in Km to get to the facility (One way)		<b>Kms</b>	<b>Kms</b>	<b>Kms</b>	<b>Kms</b>	43. What distance did <name> cover in Km to get to the facility (One way)		<b>Kms</b>	<b>Kms</b>	<b>Kms</b>	<b>Kms</b>
Enter 9999 = for those who don't know		_____	_____	_____	_____	Enter 9999 = for those who don't know		_____	_____	_____	_____
44. What was <name>'s <b>MAIN METHOD</b> of transportation used to get to the health provider?		<b>Circle Code</b>	<b>Circle Code</b>	<b>Circle Code</b>	<b>Circle Code</b>	44. What was <name>'s <b>MAIN METHOD</b> of transportation used to get to the health provider?		<b>Circle Code</b>	<b>Circle Code</b>	<b>Circle Code</b>	<b>Circle Code</b>
1) Public transport (e.g. Bus, Matatu)		1	1	1	1	1. Public transport (e.g. Bus, Matatu)		1	1	1	1
2) Private (own means)		2	2	2	2	2. Private (own means)		2	2	2	2
3) Taxi		3	3	3	3	3. Taxi		3	3	3	3
4) Boat		4	4	4	4	4. Boat		4	4	4	4
5) Walked		5	5	5	5	5. Walked		5	5	5	5
6) Bicycle		6	6	6	6	6. Bicycle		6	6	6	6
7) Motor cycle		7	7	7	7	7. Motor cycle		7	7	7	7
8) Animal (e.g. camel)		8	8	8	8	8. Animal (e.g. camel)		8	8	8	8
9) Air		9	9	9	9	9. Air		9	9	9	9
10) Other (specify)		10	10	10	10	10. Other (specify)		10	10	10	10
45. Was <name> satisfied with the quality of care that he/she received from <name> health facility		<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	45. Was <name> satisfied with the quality of care that he/she received from <name> health facility		<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>	<b>Circle code</b>
1. Yes		1	1	1	1	1. Yes		1	1	1	1
2. No		2	2	2	2	2. No		2	2	2	2
8) Don't Know		8	8	8	8	8) Don't Know		8	8	8	8
		<b>Visit 1</b>	<b>Visit 2</b>	<b>Visit 3</b>	<b>Visit 4</b>			<b>Visit 1</b>	<b>Visit 2</b>	<b>Visit 3</b>	<b>Visit 4</b>
		<b>Enter code</b>	<b>Enter code</b>	<b>Enter code</b>	<b>Enter code</b>			<b>Enter code</b>	<b>Enter code</b>	<b>Enter code</b>	<b>Enter code</b>
46. How would <name> assess the following aspects of quality care in the <Name > health facility visited? 1) <b>Very Satisfied</b> 2) <b>Satisfied</b> 3) <b>Not satisfied</b> 4) <b>Not at all satisfied</b> 8) <b>Don't know</b>	a) Time spent with the Clinician					46. How would <name> assess the following aspects of quality care in the <name > health facility visited? 1) <b>Very Satisfied</b> 2) <b>Satisfied</b> 3) <b>Not satisfied</b> 4) <b>Not at all satisfied</b> 8) <b>Don't know</b>	a). Time spent with the Clinician				
	b) Waiting time						b.) Waiting time				
	c) Courtesy of staff						c.) Courtesy of staff				
	d) Availability of drugs						d) Availability of drugs				
	e) Cleanliness of facility						e) Cleanliness of facility				
	f) Privacy during consultation						f) Privacy during consultation				
<b>Start next column/visit, otherwise provide information for the next person as appropriate</b>											
<b>IF THERE ARE MORE THAN TWO HOUSEHOLD MEMBERS WHO SOUGHT CARE, please use additional forms.</b>											

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**SECTION C2: ROUTINE HEALTH EXPENSES in the last four weeks (Apply to all Household Members)**

<p>47. Apart from the above health expenses, did any member of your household incur other expenses on health and health related commodities in the <b>last four weeks</b> (e.g. routine medication, family planning commodities and services like condoms, pills etc; ORS, Vitamin supplements e.g. Cod liver Oil etc.)</p> <p>1. Yes 2. No (go to section C3) 8. Don't know (go to section C3)</p>	<p style="text-align: center;"><i>Insert code</i></p> <div style="text-align: center; border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>				
<p><b>INTERVIEW CHECK:</b> 48. If yes to <b>Question 47</b>, please indicate the household membership number and name of the person who incurred other expenses on health and health related commodities?</p>	<p style="text-align: center;">HH membership No.</p> <div style="text-align: center; border: 1px solid black; width: 50px; height: 25px; margin: 0 auto;"></div> <p style="text-align: center;">Name:</p> <hr style="border: 0.5px solid black; margin-top: 5px;"/>	<p style="text-align: center;">HH membership No.</p> <div style="text-align: center; border: 1px solid black; width: 50px; height: 25px; margin: 0 auto;"></div> <p style="text-align: center;">Name:</p> <hr style="border: 0.5px solid black; margin-top: 5px;"/>	<p style="text-align: center;">HH membership No.</p> <div style="text-align: center; border: 1px solid black; width: 50px; height: 25px; margin: 0 auto;"></div> <p style="text-align: center;">Name:</p> <hr style="border: 0.5px solid black; margin-top: 5px;"/>	<p style="text-align: center;">HH membership No.</p> <div style="text-align: center; border: 1px solid black; width: 50px; height: 25px; margin: 0 auto;"></div> <p style="text-align: center;">Name:</p> <hr style="border: 0.5px solid black; margin-top: 5px;"/>	<p style="text-align: center;">HH membership No.</p> <div style="text-align: center; border: 1px solid black; width: 50px; height: 25px; margin: 0 auto;"></div> <p style="text-align: center;">Name:</p> <hr style="border: 0.5px solid black; margin-top: 5px;"/>

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<p>49. How much did &lt;name&gt; spend on the following items/commodities?</p> <p>1. Drugs/Medicine</p> <p>2. Others (specify) – <b>other health related items/commodities</b></p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>8. Don't know (<i>Enter 99999</i>)</p>	<p>1. KSh_____</p> <p>2a.KSh_____</p> <p>2b.Kshs._____</p> <p>2c. Kshs._____</p> <p>2d. Kshs._____</p> <p>2e. Kshs._____</p> <p>2f. Kshs._____</p> <p>8._____</p>	<p>1. KSh_____</p> <p>2a.KSh_____</p> <p>2b. Kshs._____</p> <p>2c. Kshs._____</p> <p>2d. Kshs._____</p> <p>2e. Kshs._____</p> <p>2f. Kshs._____</p> <p>8._____</p>	<p>1. KSh_____</p> <p>2a.KSh_____</p> <p>2b. Kshs._____</p> <p>2c. Kshs._____</p> <p>2d. Kshs._____</p> <p>2e. Kshs._____</p> <p>2f. Kshs._____</p> <p>8._____</p>	<p>1. KSh_____</p> <p>2a.KSh_____</p> <p>2b. Kshs._____</p> <p>2c. Kshs._____</p> <p>2d. Kshs._____</p> <p>2e. Kshs._____</p> <p>2f. Kshs._____</p> <p>8._____</p>	<p>1. KSh_____</p> <p>2a.KSh_____</p> <p>2b. Kshs._____</p> <p>2c. Kshs._____</p> <p>2d. Kshs._____</p> <p>2e. Kshs._____</p> <p>2f. Kshs._____</p> <p>8._____</p>
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**SECTION C3: IN-PATIENT ADMISSION IN THE LAST ONE YEAR**

This section is for all household members whose response in E2 is code 1 (YES)  
 (Only the last two inpatient admissions should be considered for all household members)

Question	Household membership No.... Name		Household membership No.. Name:		Household membership No Name		Household membership No.. Name:	
	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2
50. How many times was <Name> Admitted?	times		times		times		times	
51. How long was <Name> admitted?	Adm1	Adm2	Adm1	Adm2	Adm1	Adm2	Adm1	Adm2
	days	days	days	days	days	days	days	days
52. What was the name of the health provider that <Name> was admitted in?								
53. What was the type and ownership of health provider that <name> was admitted in?	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code
1) Govt. Hospitals	1	1	1	1	1	1	1	1
2) Private hospitals	2	2	2	2	2	2	2	2
3) Mission Hospital	3	3	3	3	3	3	3	3
4) Govt. Health Centre	4	4	4	4	4	4	4	4
5) Private Health Centre	5	5	5	5	5	5	5	5
6) Mission health centre	6	6	6	6	6	6	6	6
7) Nursing/Maternity Homes	7	7	7	7	7	7	7	7
8) Other Country (Specify)	8	8	8	8	8	8	8	8
9) Traditional healer	9	9	9	9	9	9	9	9
10) Othe(specify)	10	10	10	10	10	10	10	10
54. Is this the nearest in-patient health facility to your home? 1. Yes 2. No 8. Don't Know (go to Qs.57)	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Who owns the in-patient health facility nearest your home 1 Government 2 Private 3 Mission 4 NGO 8. Don't know	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHECK QUESTION 54:</b>								
<b>IF "YES" GO TO QUESTION 57</b>								
<b>IF "NO" CONTINUE TO 56</b>								

Identification #														
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Question	Household membership No..... Name		Household membership No.. Name:		Household membership No Name		Household membership No.. Name:	
	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2
56. What were the <b>three main reasons</b> for by passing the facility nearest to your home								
1) Unfriendly staff	1	1	1	1	1	1	1	1
2) Long waiting time	2	2	2	2	2	2	2	2
3) Medicine unavailable	3	3	3	3	3	3	3	3
4) Staff are unqualified	4	4	4	4	4	4	4	4
5) Services are expensive	5	5	5	5	5	5	5	5
6) Dirty facility	6	6	6	6	6	6	6	6
7) Would have paid	7	7	7	7	7	7	7	7
8) No privacy	8	8	8	8	8	8	8	8
9) Was referred	9	9	9	9	9	9	9	9
10) Beds not available	10	10	10	10	10	10	10	10
11) Other (specify)	11	11	11	11	11	11	11	11
57. What are the <b>three main reasons</b> for choosing the health provider that you were admitted in?	<i>Circle code</i>	<i>Circle code</i>	<i>Circle code</i>	<i>Circle code</i>	<i>Circle code</i>	<i>Circle code</i>	<i>Circle code</i>	<i>Circle code</i>
1) Close to home	1	1	1	1	1	1	1	1
2) Staff give good advice	2	2	2	2	2	2	2	2
3) Good staff attitude	3	3	3	3	3	3	3	3
4) Knew someone in the facility	4	4	4	4	4	4	4	4
5) Less waiting time	5	5	5	5	5	5	5	5
6) Medicine available	6	6	6	6	6	6	6	6
7) Staff are qualified	7	7	7	7	7	7	7	7
8) Less costly	8	8	8	8	8	8	8	8
9) Do not have to pay	9	9	9	9	9	9	9	9
10) Cleaner facility	10	10	10	10	10	10	10	10
11) More privacy	11	11	11	11	11	11	11	11
12) Insurance recommendation	12	12	12	12	12	12	12	12
13) Was referred	13	13	13	13	13	13	13	13
14) Other (specify)	14	14	14	14	14	14	14	14
	15	15	15	15	15	15	15	15

Identification #														
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Question	Household membership No..... Name		Household membership No..... Name:		Household membership No... Name		Household membership No..... Name:	
	Admission 1 <i>Circle code</i>	Admission 2 <i>Circle code</i>	Admission 1 <i>Circle code</i>	Admission 2 <i>Circle code</i>	58. <i>Circle code</i>	Admission 1 <i>Circle code</i>	Admission 2 <i>Circle code</i>	Admission 1 <i>Circle code</i>
58. What were the <b>reasons</b> for (name) seeking admission: <i>(multiple choices allowed Enumerator to probe to ensure no reason is missed)</i>								
<b>a) Illness</b>								
1) Malaria/fever	1	1	1	1	1	1	1	1
2) Diseases of Respiratory including pneumonia	2	2	2	2	2	2	2	2
3) Skin diseases (e.g. boils, lesions etc)	3	3	3	3	3	3	3	3
4) TB	4	4	4	4	4	4	4	4
5) HIV/AIDS	5	5	5	5	5	5	5	5
6) Diabetes	6	6	6	6	6	6	6	6
7) Diarrhoea	7	7	7	7	7	7	7	7
8) Intestinal worms	8	8	8	8	8	8	8	8
9) Accidents and injuries	9	9	9	9	9	9	9	9
10) STD (Syphilis etc)	10	10	10	10	10	10	10	10
11) Eye infections	11	11	11	11	11	11	11	11
12) Gender Based Violence related injuries	12	12	12	12	12	12	12	12
13) Cancer	13	13	13	13	13	13	13	13
14) Hypertension	14	14	14	14	14	14	14	14
15) Other (Specify)	15	15	15	15	15	15	15	15
<b>b) Services</b>								
16) Delivery								
16a) caesarean	16a	16a	16a	16a	16a	16a	16a	16a
16b) normal delivery	16b	16b	16b	16b	16b	16b	16b	16b
17) Family planning -- Sterilization	17	17	17	17	17	17	17	17
18) Treatment/surgery for reproductive health related cancers etc.	18	18	18	18	18	18	18	18
19) Post natal care/delivery complications	19	19	19	19	19	19	19	19
20) Other Services (specify)	20	20	20	20	20	20	20	20
59. Did <name> pay for the services received?	<i>Enter code</i>	<i>Enter code</i>	<i>Enter code</i>	<i>Enter code</i>	<i>Enter code</i>	<i>Enter code</i>	<i>Enter code</i>	<i>Enter code</i>
1. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. No - (go to Q 64)								
8. Don't Know (go to Q64)								

Identification #														
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Question		Household membership No. Name		Household membership No.. Name		Household membership N... Name		Household membership No.. Name	
		Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2
		Enter Amount in KSh	Enter Amount in KSh	Enter Amount in KSh	Enter Amount in KSh	Enter Amount in KSh	Enter Amount in KSh	Enter Amount in KSh	Enter Amount in KSh
60. If yes to Q59, how much did <Name> spend on the following?  <b>Interviewer:- Amount paid by item should correspond to each admission</b>	1. Registration/Card								
	2. Drugs (including outside purchases)								
	3. Consultation								
	4. Surgical operation								
	5. Diagnosis and imaging (x-ray, lab etc)								
	6. Daily bed rate/accommodation								
	7. Other (include cost paid to facility by the person accompanying the patient)								
	8) Overall Enter overall estimate only if detail not remembered								
	9. Don't know, Enter 99999	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code
61. How did <name> pay for the services received  <b>(Circle all that apply)</b>	<b>MODE OF PAYMENT</b>	<i>Admin 1</i>	<i>Admin 2</i>	<i>Admin 1</i>	<i>Admin 2</i>	<i>Admin 1</i>	<i>Admin 2</i>	<i>Admin 1</i>	<i>Admin 2</i>
		<i>Circle code(s)</i>	<i>Circle code(s)</i>	<i>Circle code(s)</i>	<i>Circle code (s)</i>	<i>Circle code (s)</i>	<i>Circle code (s)</i>	<i>Circle code (s)</i>	<i>Circle code (s)</i>
	1. Cash	1	1	1	1	1	1	1	1
	2. Community health insurance scheme	2	2	2	2	2	2	2	2
	3. Given opportunity to pay later (credit)	3	3	3	3	3	3	3	3
	4. Waived/exempted	4	4	4	4	4	4	4	4
	5. Paid in kind	5	5	5	5	5	5	5	5
	6. National Hospital Insurance Fund (NHIF)	6	6	6	6	6	6	6	6
	7. Private health insurance	7	7	7	7	7	7	7	7
8. Don't Know	8	8	8	8	8	8	8	8	

Identification #														
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Question	Household membership No. Name		Household membership No.. Name		Household membership N... Name		Household membership No.. Name	
	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2
62. If you indicated in Q61, that you paid in kind, please list down the items and cost them using the prevailing market rates in that region <b>Items Qty Unit Cost</b> 1..... 2..... 3.....	<b>Total Value in KSh</b>	<b>Total Value in KSh</b>	<b>Total Value in KSh</b>	<b>Total Value in KSh</b>	<b>Total Value in KSh</b>	<b>Total Value in KSh</b>	<b>Total Value in KSh</b>	<b>Total Value in KSh</b>
63. Where did <NAME> get the funds to pay for the services and how much was paid from each source  <i>Interviewer:- Amounts paid by source should correspond to Total for each admission shown in Q60.</i>	<b>Enter Amount KSh</b>	<b>Enter Amount KSh</b>	<b>Enter Amount KSh</b>	<b>Enter Amount KSh</b>	<b>Enter Amount KSh</b>	<b>Enter Amount KSh</b>	<b>Enter Amount KSh</b>	<b>Enter Amount KSh</b>
1) Had cash available								
2) Was given money (by friends, relatives & family members - <b>No repayment was expected</b> )								
3) "Harambee" contributions								
4) Borrowed money								
5) Community health Insurance scheme (paid directly to provider or reimbursed to patient after service was rendered)								
6) Private health insurance (paid directly to provider or reimbursed to patient after service was rendered)								
7) NHIF (paid directly to provider or reimbursed to patient after service was rendered)								
8) Sold household assets								
9) Waived/exempted								
10) Reimbursed by Employer								
11) Was given opportunity to pay later(credit)								
98) Don't Know (enter 99999)								
64. Who provided drugs and pharmaceuticals?  1) By the health facility 2) Purchase from outside 3) Both (1 and 2) 8) Don't know	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>
	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>
	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>
65. Was <name> satisfied with the quality of care that he/she received from <name> health facility 1) Yes 2) No 8) Don't know	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>	<b>circle code</b>
	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>
	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>

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Question	Household membership No. Name		Household membership No.. Name		Household membership N... Name		Household membership No.. Name		
	Admission 1	Admission 2							
		Household number:		Household number:		Household number:		Household number:	
		Adm1	Adm2	Adm1	Adm2	Adm1	Adm2	Adm1	Adm2
		Enter code							
66. How would you assess the following aspects of quality care in the facility <Name> admitted?  1) Very Satisfied 2) Satisfied 3) Not satisfied 4) Not at all satisfied 8) Don't know (Can't Assess)	1) Time spent with the Clinician								
	2) Waiting time								
	3) Courtesy of staff								
	4) Availability of drugs								
	5) Cleanliness of facility/wards								
	6) Bed linen								
	7) Food quality								
	8) Consultation Privacy								
67A). How long did it take <name> to arrive at the facility?  Enter 99 = for those who don't know	Hrs____ Min____								
67B). How long did it take <name> to be admitted?  Enter 99 = for those who don't know	Hrs____ Min____								
68). What distance did <name> cover in Kms to get to the inpatient facility. (One way)  Enter 999 = for those who don't know Interviewer – Exclude time spend in the health facility)	Kms								
69). How much did <name> spend on transport (one way)  If don't know enter 99999	KSh____								
70A). Did any member of your household accompany <NAME> during his/her hospital stay? 1. Yes 2. No If "No" (go to Section D)	Enter code <input type="checkbox"/>								
70B). If yes in Q70A, for how many days was <name> accompanied?	____Days								
71) Indicate the household membership number for the person who accompanied (Name) to the health provider	Insert No. <input type="text"/>								

**Note: Start next column/admission, otherwise provide information for the next person as appropriate**



Identification #														
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**Section E: Housing Conditions, Amenities and Assets (These questions to be asked to Household head)**

79	What is <u>main type of dwelling</u> of the household?	<p style="text-align: right;"><i>Enter code</i></p> <p>1) <i>Permanent building</i> <input type="checkbox"/></p> <p>2) <i>Semi Permanent</i></p> <p>3) <i>Temporary</i></p>																														
80	Who owns the dwelling the household occupies?	<p>1) <i>Owned by family or one of it's members</i></p> <p>2) <i>Rented</i></p> <p>3) <i>Occupied without payment</i></p> <p>4) <i>Other (specify _____)</i> <input type="checkbox"/></p> <p style="text-align: right;"><i>Enter code</i></p>																														
81	What is the <u>main</u> material of the <u>floor</u> ? <b>(Record Observation)</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>NATURAL FLOOR</b></td> </tr> <tr> <td style="padding-left: 20px;">EARTH/SAND</td> <td style="text-align: right;">11</td> </tr> <tr> <td style="padding-left: 20px;">DUNG</td> <td style="text-align: right;">12</td> </tr> <tr> <td colspan="2"><b>RUDIMENTARY FLOOR</b></td> </tr> <tr> <td style="padding-left: 20px;">WOOD PLANKS</td> <td style="text-align: right;">21</td> </tr> <tr> <td style="padding-left: 20px;">PALM/BAMBOO</td> <td style="text-align: right;">22</td> </tr> <tr> <td colspan="2"><b>FINISHED FLOOR</b></td> </tr> <tr> <td style="padding-left: 20px;">PARQUET OR POLISHED</td> <td></td> </tr> <tr> <td style="padding-left: 40px;">WOOD</td> <td style="text-align: right;">31</td> </tr> <tr> <td style="padding-left: 20px;">VINYL OR ASPHALT STRIPS</td> <td style="text-align: right;">32</td> </tr> <tr> <td style="padding-left: 20px;">CERAMIC TILES</td> <td style="text-align: right;">33</td> </tr> <tr> <td style="padding-left: 20px;">CEMENT/TERAZO</td> <td style="text-align: right;">34</td> </tr> <tr> <td style="padding-left: 20px;">CARPET</td> <td style="text-align: right;">35</td> </tr> <tr> <td style="padding-left: 20px;">OTHER</td> <td style="text-align: right;">96</td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">(SPECIFY)</td> <td></td> </tr> </table>	<b>NATURAL FLOOR</b>		EARTH/SAND	11	DUNG	12	<b>RUDIMENTARY FLOOR</b>		WOOD PLANKS	21	PALM/BAMBOO	22	<b>FINISHED FLOOR</b>		PARQUET OR POLISHED		WOOD	31	VINYL OR ASPHALT STRIPS	32	CERAMIC TILES	33	CEMENT/TERAZO	34	CARPET	35	OTHER	96	(SPECIFY)	
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82	<p>What is the <b>main</b> material of the <b>Exterior wall</b>? <b>(Record Observation)</b></p>	<table border="1"> <tr><td colspan="2"><b>NATURAL WALLS</b></td></tr> <tr><td>NO WALLS.....</td><td>11</td></tr> <tr><td>CANE/PALM/TRUNKS</td><td>12</td></tr> <tr><td>MUD/DUNG</td><td>13</td></tr> <tr><td colspan="2"><b>RUDIMENTARY WALLS</b></td></tr> <tr><td>BAMBOO WITH MUD</td><td>21</td></tr> <tr><td>STONE WITH MUD/CEMENT WITH MUD</td><td>22</td></tr> <tr><td>PLYWOOD/CARDBOARD</td><td>23</td></tr> <tr><td>REUSED WOOD</td><td>24</td></tr> <tr><td>CARTON</td><td>25</td></tr> <tr><td colspan="2"><b>FINISHED WALLS</b></td></tr> <tr><td>CEMENT</td><td>31</td></tr> <tr><td>STONE WITH LIME/CEMENT</td><td>32</td></tr> <tr><td>BRICKS</td><td>33</td></tr> <tr><td>CEMENT BLOCKS</td><td>34</td></tr> <tr><td>WOOD PLANKS/SHINGLES</td><td>35</td></tr> <tr><td>OTHER (SPECIFY)</td><td>96</td></tr> </table>	<b>NATURAL WALLS</b>		NO WALLS.....	11	CANE/PALM/TRUNKS	12	MUD/DUNG	13	<b>RUDIMENTARY WALLS</b>		BAMBOO WITH MUD	21	STONE WITH MUD/CEMENT WITH MUD	22	PLYWOOD/CARDBOARD	23	REUSED WOOD	24	CARTON	25	<b>FINISHED WALLS</b>		CEMENT	31	STONE WITH LIME/CEMENT	32	BRICKS	33	CEMENT BLOCKS	34	WOOD PLANKS/SHINGLES	35	OTHER (SPECIFY)	96	
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83	<p>What is the <b>main</b> material of the <b>roof</b>? <b>(Record Observation)</b></p>	<table border="1"> <tr><td colspan="2"><b>NATURAL ROOFING</b></td></tr> <tr><td>NO ROOF</td><td>11</td></tr> <tr><td>THATCH / PALM LEAF (MAKUTI)</td><td>12</td></tr> <tr><td>DUNG / MUD</td><td>13</td></tr> <tr><td colspan="2"><b>RUDIMENTARY ROOFING</b></td></tr> <tr><td>CORRUGATED IRON (MABATI)</td><td>21</td></tr> <tr><td>TIN CANS</td><td>22</td></tr> <tr><td colspan="2"><b>FINISHED ROOFING</b></td></tr> <tr><td>ASBESTOS SHEET</td><td>31</td></tr> <tr><td>CONCRETE</td><td>32</td></tr> <tr><td>TILES</td><td>33</td></tr> <tr><td>OTHER (SPECIFY)</td><td>96</td></tr> </table>	<b>NATURAL ROOFING</b>		NO ROOF	11	THATCH / PALM LEAF (MAKUTI)	12	DUNG / MUD	13	<b>RUDIMENTARY ROOFING</b>		CORRUGATED IRON (MABATI)	21	TIN CANS	22	<b>FINISHED ROOFING</b>		ASBESTOS SHEET	31	CONCRETE	32	TILES	33	OTHER (SPECIFY)	96											
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84	<p>What is the <b>main source of cooking fuel</b>?  <i>Circle the appropriate code</i></p>	<ol style="list-style-type: none"> <li>1. Firewood</li> <li>2. Charcoal</li> <li>3. Kerosene /paraffin</li> <li>4. Gas</li> <li>5. Electricity</li> <li>6. Other (specify) _____</li> </ol>	<input type="checkbox"/>																																		
85	<p>What is the <b>main source of lighting</b>?</p>	<table border="0"> <tr> <td>1 Electricity</td> <td>5 Firewood</td> </tr> <tr> <td>2 Kerosene (Lamp/Koroboi)</td> <td>6 Solar</td> </tr> <tr> <td>3 Gas</td> <td>7 Other (specify) _____</td> </tr> <tr> <td>4 Candle</td> <td></td> </tr> </table>	1 Electricity	5 Firewood	2 Kerosene (Lamp/Koroboi)	6 Solar	3 Gas	7 Other (specify) _____	4 Candle		<input type="checkbox"/>																										
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86	<p>Does your household have any of the following items?</p> <p style="text-align: center;"><b>(Circle all that apply)</b></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>1. Radio .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>2. Television .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>3. Bicycle .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>4. Motorcycle.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>5. Sewing Machine .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>6. Mobile/Telephone .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>7. Ox Plough .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>8. Oxen/donkey drawn Cart .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>9. Car/Truck.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>10. Motor Boat.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>11. Refrigerator.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>12. Other (Specify)</td><td></td><td></td></tr> </tbody> </table>		Yes	No	1. Radio .....	1	2	2. Television .....	1	2	3. Bicycle .....	1	2	4. Motorcycle.....	1	2	5. Sewing Machine .....	1	2	6. Mobile/Telephone .....	1	2	7. Ox Plough .....	1	2	8. Oxen/donkey drawn Cart .....	1	2	9. Car/Truck.....	1	2	10. Motor Boat.....	1	2	11. Refrigerator.....	1	2	12. Other (Specify)																																										
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**SECTION F: HOUSEHOLD EXPENDITURE AND CONSUMPTION: Respondent - Household Head**

*I would like to ask you questions about your household expenditures and consumption (include estimates on direct purchases, consumption from bulk purchases, consumption from own produce and gifts/in-kind)*

90	<b>How much did your household spend in last 7 days on the following key foods and beverages?</b>	<b>Kshs</b>
	1 Oil and fats (include vegetable oil etc.) .....	.....
	2 Cereals (including maize grains, maize and wheat flour, beans, rice etc) .....	.....
	3 Livestock/ Poultry produce e.g. Milk and eggs.....	.....
	4 Fish .....	.....
	5 Meat including (/liver, "matumbo", chicken, pork etc. ....	.....
	6 Sugar and beverage (tea, coffee etc. ....	.....
	7 Bread .....	.....
	8 Spices e.g. "Curry powder" .....	.....
	9 Vegetables, carrots .....	.....
	10 Fruits .....	.....
	11 Roots (sweet potatoes, yams, arrow roots etc.) .....	.....
	12 Soft drinks (soda, Juice etc) .....	.....
	13. Beer/ Wines/Miraa (includes wines, beers, spirits, "muratina"/ "karubu"/ "mnazi" etc.).....	.....
	14. Soap and detergents.....	.....
	15 Meals (Kiosk, restaurant, road side vendors) .....	.....
<b>[If you can't give a break down, please provide the total amount spent on food and beverages]</b>	.....	

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<b>MONTHLY HOUSEHOLD EXPENDITURE AND CONSUMPTION</b>		
91	How much did your household spend in <b>last one month</b> on the following?	<b>Amount (KSh)</b>
	1) Cosmetics	
	2) Soap and detergent	
	3) Hair dressing/barber	
	4) Rent	
	5) Electricity	
	6) Water	
	7) Kerosene/paraffin	
	8) Telephone bills/Airtime	
	9) Transport	
	10) Charcoal	
	11) Fire wood	
	12) Cooking gas	
	13) Salaries including salaries/wages for domestic workers	
	14) Remittances (in cash and kind)	
	15) Sanitary towels	
	16) Others (Specify)	
<b>Total amount</b>		
<b>ANNUAL HOUSEHOLD EXPENDITURE AND CONSUMPTION</b>		
92	How much did your household spend in the last <b>one year</b> on the following?	<b>Amount (KSh)</b>
	1) Education (registration, uniforms, books, tuition, exam fees)	
	2) Maintenance and repairs including car and buildings etc.	
	3) Clothing and footwear	
	4) Wedding/dowry including contributions/harambees for the same to other HHs	
	5) Funerals including contributions/harambees for the same to other HHs	
	6) Capital expenditures including cars, plots etc.	
	7) Others (specify)	
<b>Total amount</b>	.....	

**THE END**