|  |
| --- |
| **IDENTIFICATON**  |
| **Gender of the interviewer**  |  | **Questionnaire checked by:** | **Enumeration Area (EA)** |  | **Location** |
| Male  | 1 |  | Urban  | 1 |  |
| Female  | 2 | Rural  | 2 |
| **Date of interview**  |  |
| **Start time**  |  |
| **End time**  |  |
| **Interviewers Name**  |  |
| **Results of the interview**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Household** **1** | **Household** **2** | **Household** **3** | **Household** **4** | **Household** **5** | **Household** **6** |
| **Interview complete** | 1 | 1 | 1 | 1 | 1 | 1 |
| **No one at home after two visits** | 2 | 2 | 2 | 2 | 2 | 2 |
| **Deaf/ did not speak the survey language**  | 3 | 3 | 3 | 3 | 3 | 3 |
| **Did not fall within the target quota** | 4 | 4 | 4 | 4 | 4 | 4 |
| **Refused to be interviewed**  | 5 | 5 | 5 | 5 | 5 | 5 |

 |
| **Household Selection Procedure***Interviewer: it is your job to select a random household. A household is a group of people who presently eat together from the same pot.**Start your walk pattern from the start point that has been randomly chosen by your team leader. Team members must walk in opposite directions to each other. If A walks towards the sun, B must walk away from the sun; C and D must walk at right angles to A and B.**Use a 5/10 interval pattern to select a household. That is, walking in your designated direction away from the start point, select the 5th household for the first interview. Continue on in the same direction, this time selecting the 10th household, again counting houses on both the right and the left. If the settlement comes to an end and there are no houses, turn at right angles to the right and keep walking. Continue the count until finding the tenth dwelling.**If no one is at home(i.e. premises empty), substitute with the very next household. If the interview is refused, use an interval of 10 to select a substitute household, counting houses on both the right and the left.* |
| **Introduction**Good morning/ good afternoon. My name is………………………….. I am from Research Solutions Africa; an independent market and social research firm that conduct research in Africa.We are currently carrying out a survey on technological innovations in use at the household level. The households are randomly selected and this happens to be one of the selected households. The interview will take approximately 40 minutes. We are only interested in your views and the information you will provide will be strictly confidential. Your name will not feature anywhere in the report.If there is any part of the explanation that you do not understand, please ask.May I proceed with the interview? |

**LIVING STANDARD MEASURES:** To start off, I will ask you a few questions about the household. Which of the following things do you have in your house hold?

|  |  |
| --- | --- |
| **Item or service title** | **STEP 1 – Score****Circle all that apply** |
| Do you have a Colour TV*?* | 18 |
| Did you access the Internet during the past 4 weeks?  | 49 |
| Do you have a Satellite dish/ DSTV/Cable TV subscription?  | 34 |
| Do you have a built in kitchen sink in your household?  | 31 |
| Do you have a Microwave oven?  | 32 |
| Did you read a newspaper in the last 7 days?  | 17 |
| Do you have a video recorder? | 18 |
| Do you have a mobile / cell phone with a working line?  | 16 |
| Do you have an electric iron?  | 17 |
| Do you have a personal computer for your own personal use at home? | 34 |
| Do you have a fixed telephone line at home or an outstanding application for one?  | 14 |
| Have you watched TV in the last 7 days?  | 17 |
| Do you have access to e-mail?  | 41 |
| Do you have washing machine?  | 32 |
| Do you have refrigerator?  | 20 |
| Do you have a Hi-Fi or music centre?  | 17 |
| Do you have a Free Standing Deep Freezer? | 19 |
| Do you have a Video camera/camcorder?  | 35 |
| Do you have an account with a Commercial Bank?  | 15 |
| Do you live in a Brick house/ cluster house/ condominium/flat? | 11 |
| Do you have one or more cars in your household? | 12 |
| Have you Bought adult clothing in the past six months? | 10 |
| Add this every time (constant)? | 32 |
|  Step 2: Add all circled scores including the constant? |
|  |
| **STEP 3 : Look up PAN AFRICAN 2004 LSM group** |
| If total score is | LSM Group |
|  |  |
| Up to | 37 | 1**Recruit**  |
| 38 | to | 54 | 2 |
| 55 | to | 70 | 3**SEC D** |
| 71 | to | 87 | 4 |
| 88 | to | 103 | 5 |
| 104 | to | 120 | 6**SEC C2** |
| 121 | to | 153 | 7 |
| 154 | to | 186 | 8 |
| 187 | to | 219 | 9**SEC C1** |
| 220 | to | 252 | 10 |
| 253 | to | 285 | 11 |
| 286 | to | 318 | 12**SEC B** |
| 319 | to | 352 | 13 |
| 353 | to | 385 | 14 |
| 386 | to | 418 | 15**SEC A** |
| 419 | to | 451 | 16 |
| 452 |    to                       999 | 17 |

INTERVIEWER RECRUIT HOUSEHOLDS THAT FALL BETWEEN LSM 1-6

**Back ground information**

Interviewer: I would like to start by asking a few questions about you and your household

| **Questions and Filters** | **Coding Categories**  | **Skip to**  |
| --- | --- | --- |
| 1. What is your name? (*optional*) |  |  |
| 2..Gender of the respondent(*observe)* | 1. MALE
2. FEMALE
 |  |
| 3. How old are you? |

|  |
| --- |
| 1. 18-29 years
 |
| 1. 30-39 years
 |
| 1. 40-49 years
 |
| 1. 50-59 years
 |
| 1. 60-69 years
 |
| 1. 70 years and above
 |

 |  |
| 4. Have you ever attended school? |

|  |
| --- |
| 1. YES
 |
| 1. NO
 |

 |  **B GO TO 6** |
| 5. What is the highest level of education you have attained?  |

|  |
| --- |
| 1. PRIMARY-INCOMPLETE
 |
| 1. PRIMARY-COMPLETE
 |
| 1. SECONDARY-INCOMPLETE
 |
| 1. SECONDARY-COMPLETE
 |
| 1. TERTIARY
 |
| 1. UNIVERSITY-COMPLETE
 |
| 1. UNIVERSITY-INCOMPLETE
 |
| 1. POSTGRADUATE
 |
| 1. OTHER
 |

 |  |
|  6. What languages do you speak at home?  |  |  |
|  7. What is your **MAIN** occupation?  |

|  |
| --- |
| 1. CASUAL LABORER
 |
| 1. FARMING
 |
| 1. BUSINESS
 |
| 1. GOVERNMENT EMPLOYEE
 |
| 1. HOUSE WIFE
 |
| 1. STUDENT
 |
| 1. RETIRED
 |
| 1. UNEMPLOYED
 |
| 1. OTHER
 |
| 1. REFUSED TO ANSWER
 |

 |  |
|  8. What is your relationship with the head of the household?  |

|  |
| --- |
| 1. HEAD OF HOUSEHOLD
 |
| 1. SPOUSE
2. OTHER
 |

 |  |
| 9.type of dwelling ( *observe*) |

|  |
| --- |
| 1. HOUSE
 |
| 1. FLAT IN A BLOCK OF FLATS
 |
| 1. SEMI DETACHED HOUSE
 |
| 1. INFORMAL DWELLING UNIT( SHACK, CARTON,POLYTHENE,CANVAS)
 |
| 1. TRADITIONAL DWELLING OR HUT( MUD, WOOD, IRON SHEETS)
 |
| 1. OTHER DWELLING UNITS NOT CLASSIFIED ABOVE
 |

 |  |
| 10. Do you rent or own your house? |

|  |
| --- |
| 1. RENT
 |
| 1. OWN
 |

 |  |
| 11. How many people do you live within your household?  | NUMBER OF PEOPLE……………………………….. |  |
| 12.What is your monthly household income?(*circle appropriately)* | 1. KSHS. 0-5,000
2. KSHS. 5,001-10,000
3. KSHS. 10,001-15,000
4. KSHS. 15,001-20,000
5. KSHS. 20,001-50,000
6. OVER KSHS. 50,000
7. REFUSED TO ANSWER
8. DON’T KNOW
 |  |
| 13. On average how much does your household spend on the following items, per month? | **Item**  | **Amount per month(Kshs)** |  |
| 1. FOOD
 |  |
| 1. WATER
 |  |
| 1. ENERGY
 |  |
| 1. CLOTHING
 |  |
| 1. MEDICATION
 |  |
| 1. TRANSPORT
 |  |
| 1. OTHER
 |  |
| **Water and Sanitation** |  |  |
| 14. What is the **MAIN** source of drinking water for members of your household? |

|  |
| --- |
| 1. PIPED INTO DWELLING
 |
| 1. PUBLIC TAP
 |
| 1. PIPED INTO NEIGHBOURS DWELLING
 |
| 1. PROTECTED WELL
 |
| 1. UNPROTECTED WELL
 |
| 1. SPRING WATER
 |
| 1. RAIN WATER COLLECTION
 |
| 1. TANKER- TRUCK
 |
| 1. CART WITH SMALL TANK
 |
| 1. SURFACE WATER
 |
| 1. BOTTLED WATER
 |
| 1. OTHER
 |

 |  |
| 15. What is the **MAIN** source of water used by members of your household for other purposes such as washing, cooking? |

|  |
| --- |
| 1. PIPED INTO DWELLING
 |
| 1. PUBLIC TAP
 |
| 1. PIPED INTO NEIGHBOURS DWELLING
 |
| 1. PROTECTED WELL
 |
| 1. UNPROTECTED WELL
 |
| 1. SPRING WATER
 |
| 1. RAIN WATER COLLECTION
 |
| 1. TANKER- TRUCK
 |
| 1. CART WITH SMALL TANK
 |
| 1. SURFACE WATER
 |
| 1. BOTTLED WATER
 |
| 1. OTHER
 |

 |  |
| 16. Type of container used for washing clothes?(*multiple responses)* | A. PLASTIC BASINB. PLASTIC BUCKETC. METALIC BASIND. METALIC BUCKETE. OTHER (SPECIFY)………………………. |  |
| 17. Type of container used for washing utensils?(*multiple responses)* | A. PLASTIC BASINB. PLASTIC BUCKETC. METALIC BASIND. METALIC BUCKETE. OTHER (SPECIFY)……………………. |  |
| 18. Type of container used for water storage?(*multiple responses)* | A. JERRICANB.BUCKETC.METALIC TANKD.PLASTIC TANKE. CLAY MADE CONTAINERF. OTHER( SPCIFY)………………………………… |  |
| 19. Do you have a special container for storing drinking water? |

|  |
| --- |
| 1. YES
 |
| 1. NO
 |

 | **B GO TO 22** |
| 20. Type of the special container for storing drinking water? | A. JERRICANB.BUCKETC. BASIND.METALIC TANKE.PLASTIC TANKF. CLAY MADE CONTAINERG. OTHER (SPCIFY)………………………………… |  |
| 21. How was this container obtained? |

|  |
| --- |
| 1. FREE DISTRIBUTION
 |
| 1. HOME MADE
 |
| 1. LOCALLY BOUGHT
 |
| 1. IMPORTED- NEW
 |
| 1. IMPORTED- SECOND HAND
 |
| 1. GIFT FROM A FRIEND/ RELATIVE
2. OTHER
 |

 |  |
| 22. Do you treat your water in any way to make it safer for drinking? |

|  |
| --- |
| 1. YES
 |
| 1. NO
 |

 | **B GO TO 24** |
| 23.what do you usually do to the drinking water to make it safer to drink?( *multiple responses*) |

|  |
| --- |
| 1. BOIL
 |
| 1. ADD BLEACH/CHLORINE
 |
| 1. USE WATER FILTER( HOME MADE)
 |
| 1. USE WATER FILTER(READY MADE)
 |
| 1. SOLAR DIS-INFECTION
 |
| 1. LET IT STAND AND SETTLE
 |
| 1. OTHER ( *SPECIFY)*
 |
| 1. DON’T KNOW
 |

 |  |
| 24. What kind of toilet facility does members of your household use? |

|  |
| --- |
| 1. FLUSH
 |
| 1. VENTILATED PIT LATRINE
 |
| 1. PIT LATRINE( WITH/ WITHOUT A SLAB)
 |
| 1. BUCKET
 |
| 1. TOILET/ HANGING TOILET
 |
| 1. NO FACILITIES/ BUSH
 |
| 1. ECO-TOILET
 |
| 1. OTHER( *SPECIFY)*
 |

 |  |
| 25. A. Is this the type of toilet facility that you prefer using? | A. YES B. NO  | **B GO TO 25B** |
| 25. B. if no, what constraints you from using the preferred toilet facility? | A. COSTB. AVAILABILITYC. NOT AWARE OF ANY OTHER TYPED. OTHER( SPECIFY) |  |
| 26. Do you share the facility with members of other households? |

|  |
| --- |
| 1. YES
 |
| 1. NO
 |

 | **B GO TO 28** |
| 27. How many households in total use this toilet facility? | NUMBER OF HOUSEHOLDS……………………………….. |  |
| 28. How do members of your household **MAINLY** get rid of garbage? |

|  |
| --- |
| 1. DUMPED IN STREET/ EMPTY PLOT
 |
| 1. GARBAGE BURNT
 |
| 1. GARBAGE BURRIED
 |
| 1. THROWN IN PIT
 |
| 1. COMPOSTED
 |
| 1. COMMUNITY DISPOSAL POINT
 |
| 1. REGULAR COLLECTION BY GOVERNMENT
 |
| 1. INFREQUENT COLLECTION BY THE GOVERNMENT
 |
| 1. PAY FOR PRIVATE COLLECTION
 |
| 1. RECYCLING OF SOME WASTE MATERIALS
 |
| 1. OTHER( SPECIFY)
 |

 |  |
|  **HEALTH**  |  |  |
| 29. Does your household have mosquito nets that can be used while sleeping? | 1. YES2. NO  | **2 GO TO 31** |
| 30. How many mosquito nets does your household have? | NO. OF MOSUTO NETS……………………. |  |
| 31. Has any member of your household fall sick in the past four weeks? |  1. YES  2. NO  | **2 GO TO 42** |
| 32. How many members of your household fell sick? | NO OF MEMBERS…………………. |  |
| 33. What was he/she suffering from? |  1. MALARIA2. PNEUMONIA3. TYPHOID4. BILHARZIA 5. DIORRHEA 6. TUBERCULOSIS7. OTHER 8. OTHER 9. OTHER  |  |
| 34. When this member of the household was sick, was he/she taken to the hospital? | 1. YES 2. NO  |  |
| 35. Did he/ she get proper medical attention? | 1. YES 2. NO  |  |
| 36. If not taken to hospital, ask why? | 1. THE CONDITION WAS NOT VERY CRITICAL; BOUGHT MEDICINES FROM THE CHEMIST2. USED HERBS3. A CLINICAL OFFICER VISITED THE SICK AT HOME4. THERE WAS NO NEED5. HOSPITALS ARE EXPENSIVE6. OTHER………………………………………………………..7. OTHER………………………………………………………. | **2 GO TO 37****Else go to 42** |
| 37. Why do you prefer this method of treatment over taking the patients to hospital? |  |  |
| 38. Any special equipment used while getting treatment through this method? Please state the name(s) of the equipment | 1. YES2. NO NAME OF THE EQUIPMENT………………………… |  |
| 39. What is the condition of the member of the family now? |  |  |
| 40. Do you intend to take him/ her for further treatment? |  |  |
| 41. Using the same method or a different method of treatment? |  |  |
| **ENERGY CONSUMPTION** |
| 42. Do you use electricity in your household? | 1. YES
2. NO
 |  |
| 43.What is your **MAIN** source of fuel for cooking  |

|  |
| --- |
| 1. ELECTRICITY
 |
| 1. LPG
 |
| 1. NATURAL GAS
 |
| 1. BIOGAS
 |
| 1. KEROSINE
 |
| 1. COAL
 |
| 1. CHARCOAL
 |
| 1. WOOD
 |
| 1. ANIMAL DUNG
 |
| 1. AGRICULTURAL CROP RESIDUE
 |
| 1. OTHER (SPECIFY)………………………………….
 |

 |  |
|  44. What is your **MAIN** source of fuel for lighting?  |

|  |
| --- |
| 1. ELECTRICITY
 |
| 1. LPG
 |
| 1. NATURAL GAS
 |
| 1. BIOGAS
 |
| 1. KEROSINE
 |
| 1. COAL
 |
| 1. CHARCOAL
 |
| 1. WOOD
 |
| 1. ANIMAL DUNG
2. SOLAR ENERGY
 |
| 1. AGRICULTURAL CROP RESIDUE
 |
| 1. OTHER (SPECIFY)…………………………………….
 |

 |  |
| 45. Why is ………… your **MAIN** source of fuel for cooking?(*multiple responses)* |

|  |
| --- |
| 1. RELIABLE SUPPLY
 |
| 1. READILY AVAILABLE
 |
| 1. AFFORDABLE
2. EFFICIENCY
 |
| 1. GOOD CUSTOMER SERVICE FROM THE PROVIDER
 |
| 1. FREQUENTLY ADVERTISED IN THE MEDIA
 |
| 1. NOT AWARE OF ANY OTHER SOURCE
2. OTHER (*SPECIFY)……………………………………….*
 |

 |  |
| 46. Why is ……….. Your **MAIN** source of fuel for lighting?(*multiple responses)* |

|  |
| --- |
| 1. RELIABLE SUPPLY
 |
| 1. AVAILABLE
 |
| 1. AFFORDABLE
2. EFFICIENCY
 |
| 1. GOOD CUSTOMER SERVICE FROM THE PROVIDER
 |
| 1. FREQUENTLY ADVERTISED IN THE MEDIA
 |
| 1. NOT AWARE OF ANY OTHER SOURCE
2. OTHER (*SPECIFY)…………………………..*
 |

 |  |
| 47.How much does …………. cost you in a month | Fuel for cooking  | Fuel for lighting  |  |
| **Kshs.**  | **Kshs.**  |
|  |  |  |
| 48.type of stove/ jiko that is used for cooking  |

|  |
| --- |
| 1. OPEN FIRE
 |
| 1. OPEN STOVE
 |
| 1. CLOSED STOVE
 |
| 1. ENERGY SAVING JIKO
 |
| 1. OTHER( SPECIFY)
 |

 |  |
|  49. How was this stove/ jiko obtained? |

|  |
| --- |
| 1. LOCALLY MADE( AT HOME)
 |
| 1. LOCALLY BOUGHT -NEW
2. LOCALLY BOUGHT- SECOND HAND
 |
| 1. IMPORTED- NEW
 |
| 1. IMPORTED- SECOND HAND
 |

 |  |
| 50. Do you have a preferred jiko/ stove other than the one you are currently using? | A. YES B. NO  | **A go to 52** |
| 51. What hinders you from using the preferred type of stove/jiko? | A. COSTB. AVAILABILITYC. COMPLEX TO USED. OTHER( SPECIFY) |  |
| **Mobile phone usage**  |  |  |
| 52. Do you have or use a cell phone? |

|  |
| --- |
| 1. Yes
 |
| 1. No
 |

 | **B go to 56** |
| 53. Type of mobile in use? | A. ORDINARYB. SMART PHONEC. OTHER (SPECIFY)……………..D. DO NOT KNOW |  |
|

|  |
| --- |
| 54.How often do you use: ( *read out the options*) |
| i. A mobile phone? |
| ii. A computer? |
|  |

 | Every day1 | A few times a week2 | A few times a month3 | Less than once a month4 | Never 5 |
|  |  |  |  |  |
|  |  |  |  |  |
|

|  |
| --- |
| 55.how often do you do the following by using your mobile:  |
| 1. send sms
 |
| 1. calling
 |
| 1. mobile banking
 |
| 1. send money through mobile phone
 |
| 1. payment of bills
 |
| 1. access internet
 |

 | Every day1 | A few times a week2 | A few times a month3 | Less than once a month4 |  Never 5 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| i will now end the interview by asking you about various household equipments that you own.  |
| 56.Does your household own any of the following?(*multiple responses)* |

|  |
| --- |
| 1. RADIO
 |
| 1. TELEVISION
 |
| 1. COMPUTER
 |
| 1. BICYCLE
 |
| 1. MOTOR CYCLE
 |
| 1. MOBILE PHONE
 |
| 1. WATCH
 |
| 1. REFRIGERATOR
 |
| 1. FAN
 |
| 1. ANIMAL DRAWN CART
2. JEMBE
3. PANGA
4. OTHER
5. OTHER
 |

 |  |
| 57. For each of the mentioned equipment above, please give the following |
| **Equipment**  | **State when acquired**1. **New**
2. **Second hand**
3. **Don’t know**
 | **Does it need any maintenance**1. **Yes**
2. **No**
3. **Don’t know**
 | **Is the equipment shared with other households?**1. **Yes**
2. **No**
3. **Don’t know**
 |
|

|  |
| --- |
| 1. RADIO
 |
| 1. TELEVISION
 |
| 1. COMPUTER
 |
| 1. BICYCLE
 |
| 1. MOTOR CYCLE
 |
| 1. MOBILE PHONE
 |
| 1. WATCH
 |
| 1. REFRIGERATOR
 |
| 1. FAN
 |
| 1. ANIMAL DRAWN CART
2. JEMBE
3. PANGA
4. OTHER
5. OTHER
 |

 |  |  |  |
| **Equipment**  | **Main Purpose**  |
|

|  |
| --- |
| 1. RADIO
 |
| 1. TELEVISION
 |
| 1. COMPUTER
 |
| 1. BICYCLE
 |
| 1. MOTOR CYCLE
 |
| 1. MOBILE PHONE
 |
| 1. WATCH
 |
| 1. REFRIGERATOR
 |
| 1. FAN
 |
| 1. ANIMAL DRAWN CART
2. JEMBE
3. PANGA
4. OTHER
5. OTHER
 |

 |  |

**THANK YOU VERY MUCH FOR YOUR TIME.**