1. **General**
2. Name:
3. Gender - Male/Female:
4. County:
5. Ward:
6. Nearest Town:
7. GPS reading: (should be collected automatically by the survey app)
8. Location of the household**:** Rural, Peri-urban\*, Urban (\*How will we define peri-urban)
9. Respondent’s mobile number: Mobile allocated for survey if different from respondent’s number:
10. **State of Energy Use**
    1. Electric energy sources and generators
11. Are you connected to the KPLC grid? YES/NO
12. If yes, how long have you been a KPLC client (in months)?
13. Do you have the following energy generation devices at your house?

|  |  |  |  |
| --- | --- | --- | --- |
| **DEVICE** | **YES** | **NO** | **TOTAL RATING** |
| Solar panels (W) |  |  |  |
| Biogas digester (m3) |  |  |  |
| Diesel generator (kVA) |  |  |  |
| Battery system (Ah) |  |  |  |
| Wind (W) |  |  |  |

* 1. Other energy sources

Do you use any of the following energy sources?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DEVICE** | **YES** | **NO** | **PERIOD** | | | |
| Daily | Weekly | Monthly | Quarterly |
| Charcoal |  |  |  |  |  |  |
| Firewood |  |  |  |  |  |  |
| Paraffin |  |  |  |  |  |  |
| Briquettes |  |  |  |  |  |  |
| LPG |  |  |  |  |  |  |

* 1. Lighting devices

Do you have the following lighting devices at your house?

|  |  |  |  |
| --- | --- | --- | --- |
| **DEVICE** | **YES** | **NO** | **NUMBER** |
| Solar lanterns |  |  |  |
| Electric light bulbs |  |  |  |
| Koroboi |  |  |  |
| Paraffin lamp |  |  |  |
| Paraffin pressure lamp |  |  |  |
| Gas lamp |  |  |  |
| Battery torch |  |  |  |

* 1. Cooking devices

Do you have the following cooking devices at your house?

|  |  |  |  |
| --- | --- | --- | --- |
| **DEVICE** | **YES** | **NO** | **NUMBER** |
| Open cooking area (if yes, do you have a chimney? Yes/No) |  |  |  |
| Ceramic charcoal stove |  |  |  |
| Improved stove |  |  |  |
| Paraffin stove |  |  |  |
| Gas cooker |  |  |  |
| Electric cooker |  |  |  |

* 1. Other electric devices

Do you have the following devices at your house?

|  |  |  |  |
| --- | --- | --- | --- |
| **DEVICE** | **YES** | **NO** | **NUMBER** |
| Black and white TV |  |  |  |
| Colour TV |  |  |  |
| Mobile Phone |  |  |  |
| Radio |  |  |  |
| DVD player |  |  |  |
| Fridge |  |  |  |
| Microwave |  |  |  |
| Electric water heater |  |  |  |
| Computer |  |  |  |
| Electric iron box |  |  |  |

1. **Household Setup and Livelihoods**
   1. Size and structure of the household
2. How many people reside in your household?
3. Type of household: Married – Monogamous, Married – Polygamous, Single parent, Shared friends/relatives, Single occupancy
   1. Structure of the house
4. Enumerator to take picture of the house and upload on questionnaire
5. What is the roof structure? Grass/Reeds, Mud, Wood, Paper, Iron-sheets, Brick tiles
6. What is the wall structure? Grass/Reeds, Mud, Wood, Paper, Iron-sheets, Brick, Blocks
7. Source of drinking water? Own tap, Own well, Own borehole, Purchased, River, Community Dam
8. How many rooms does your household have? (Including external kitchen and toilets)
   1. Sources of income
9. How many people in your household have an income?
10. What is the MAIN source of income? Crop agriculture, Livestock, Employment, Remittances, Commerce, Pension, Charity
11. What is the estimated combined source of income in your household per month (enumerator to determine the average monthly income in case of seasonal or annual sources e.g. income from harvest of maize/coffee/tea etc.) **Category 1 of less than 100,000** - <20,000; 20,001 – 40,000, 40,001 – 60,000; 60,001 – 80,000; 80,001 – 100,000 | **Category 2 of 100,001 – 200,000 –** 100,001 – 150,000; 150,001 – 200,000.**| Category 3 of >200,000 –** 200,001 – 400,000; 400,001 – 600,000; 600,001 – 800,000; 800,001 – 1,000,000. **| Category 4 of greater than 1,000,000**