



United Republic of Tanzania
National Bureau of Statistics

CONFIDENTIAL

NATIONAL PANEL SURVEY (NPS 2010/2011)

This information is collected under the Act of the Parliament (Act No. 1 of 2002)

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE

SECTION A-1: HOUSEHOLD IDENTIFICATION

1. REGION:

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2. DISTRICT:

--

3. WARD:

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4. VILLAGE/ENUMERATION AREA:

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5. KITONGOJI OR MTAA NAME: _____

7. HOUSEHOLD ID (FROM LIST) :

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8. NAME OF HOUSEHOLD HEAD: _____

9. NAME OF HOUSEHOLD HEAD FROM NPS YEAR 1: _____

10. FULL HOUSEHOLD IDENTIFICATION FROM NPS YEAR 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. IS THIS HOUSEHOLD:

--

12. NAME OF TRACKING TARGET: _____

13. ROSTER ID OF TRACKING TARGET FROM NPS YEAR 1:

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MARK BOX WITH AN 'X' AND
NUMBER FORMS BELOW IF YOU
USE MORE THAN THIS SINGLE
FORM TO COLLECT INFORMATION
FROM THIS HOUSEHOLD. IF SO,
BE SURE TO MARK IN THE SAME
WAY THE OTHER FORMS USED
FOR THIS HOUSEHOLD

--

FORM ____ OF ____ TOTAL

ORIGINAL HOUSEHOLD IN SAME LOCATION..1 ▶14
ORIGINAL HOUSEHOLD IN NEW LOCATION...2 ▶14
SPLIT-OFF HOUSEHOLD.....3

14. DESCRIPTION OF LOCATION OF HOUSEHOLD - INCLUDE ANY IDENTIFYING CHARACTERISTICS OF DWELLING, NAME OF NEIGHBOURING HOUSEHOLDS & KEY PERMANENT CONTACTS, PHONE NUMBER (IF ANY). SKETCH MAP OF DWELLING LOCATION IN SPACE AT PAGE BOTTOM.

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SECTION A-2: SURVEY STAFF DETAILS

15. NAME OF ENUMERATOR:

16. ENUMERATOR CODE:

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17. TIME INTERVIEW START:

:

18. DATE OF INTERVIEW:

/	/
---	---

 (ENUMERATOR ►NEXT PAGE)

19. NAME OF FIELD SUPERVISOR:

20. FIELD SUPERVISOR CODE:

--	--	--

21. DATE OF QUESTIONNAIRE INSPECTION:

/	/
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22. NAME OF DATA ENTRY CLERK:

23. DATA ENTRY CLERK CODE:

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24. DATE OF DATA ENTRY:

/	/
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25. 2ND DATA ENTRY CLERK CODE:

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26. DATE OF 2ND DATA ENTRY:

/	/
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OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

In 2008/2009, the National Bureau of Statistics in Tanzania selected over one hundred households in each region of the country to ask them questions about how they were living. The responses which were provided by the households to these questions were used to help the government of Tanzania do a better job in meeting the needs of all Tanzanians.

NEW HOUSEHOLDS IN MOROGORO, DAR ES SALAAM AND PWANI:

Now in 2010/2011 we are expanding these efforts. Your household was selected as one of those to which the questions will be asked this time. You were not selected for any specific reason. Simply your name appeared on a list of all of the households in this area, and your name was chosen randomly.

NPS HOUSEHOLDS:

Now in 2010/2011, we are returning the these same households to see how things are progressing.

SPLIT-OFF HOUSEHOLDS:

At the time of that survey, one of your household members was living in a selected household, and we would like to see how things are progressing and how they, and the rest of their new household, are living now.

ALL:

I would like to ask the questions in this form to you as head of household or spouse of the head. I will also need to ask questions to other members of your household, as well as weigh and measure the height of everyone who lives in your household. These questions will take several hours to complete. All of your answers will be held in confidence. The answers which you and the members of your household might give me will only be used by the NBS or under its supervision.

Before I start, do you have any questions or is there anything which I have said on which you would like any further clarification? May I proceed with interviewing you and members of your household?

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SECTION B: HOUSEHOLD MEMBER ROSTER

IN ORDER TO MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USE THE FOLLOWING PROBE QUESTIONS:

FIRST, ASK NAMES OF ALL THE MEMBERS OF YOUR IMMEDIATE (NUCLEAR) FAMILY WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD

FILL IN QUESTIONS 1 TO 6 THEN, ASK NAMES OF ANY OTHER PERSONS RELATED TO YOU OR OTHER HOUSEHOLD MEMBERS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE.

FILL IN QUESTIONS 1 TO 6 ALSO ASK OTHER PERSONS NOT HERE NOW WHO NORMALLY LIVE AND EAT THEIR MEALS HERE? FOR EXAMPLE, HOUSEHOLD MEMBERS STUDYING ELSEWHERE OR TRAVELING.

FILL IN QUESTIONS 1 TO 6 THEN, ASK NAMES OF ANY OTHER PERSONS NOT RELATED TO YOU OR OTHER HOUSEHOLD MEMBERS, BUT WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE, SUCH AS LIVE-IN SERVANTS.

FILL IN QUESTIONS 1 TO 6 IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.

Q.9 EXCEPTIONS
 INFANTS LESS THAN 3 MONTHS
 NEW HOUSEHOLD MEMBERS
 BOARDING SCHOOL STUDENTS

I N D I V I D U A L I D	1.	2.	3.	4.	5.	6.	7.	8.	9.	I N D I V I D U A L I D
	NAME LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.)	Sex M . . 1 F . . 2	In what month and year was [NAME] born? PUT "99" IF DON'T KNOW	How old is [NAME]? IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE. CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN QUESTION 3 ARE CONSISTENT.	What is [NAME]'s relationship to the head of household? HEAD 1 SPOUSE 2 SON/DAUGHTER 3 STEP SON / DAUGHTER 4 SISTER/BROTHER . . . 5 GRANDCHILD 6 FATHER/MOTHER . . . 7 OTHER RELATIVE (SPECIFY) 8 LIVE-IN SERVANT . . 9 OTHER NON-RELATIVES (SPECIFY) 10	IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y1 HH ID FROM TRACKING FORM ELSE, ENTER 99 NPS Y1 ROSTER ID	Did [NAME] eat meals in this household in the last 7 days? YES . . NO . . .	For how many days in the last month was [NAME] present? DAYS	For the last 12 months has [NAME] stayed in this household for 3 months or more? CROSS OUT ID CODE IN THE FLAP AND DO NOT ADMINISTER OTHER SECTIONS FOR INDIVIDUALS WITH CODE 2 YES . . . 1 NO 2	

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2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12

I N D I V I D U A L I D	10. For how many cumulative months during the last 12 months has [NAME] been away from this household?	11. What was [NAME]'s main occupation for the past 12 months? AGRICULTURE / LIVESTOCK.....1 FISHING.....2 MINING.....3 TOURISM.....4 EMPLOYED: GOVERNMENT.....5 PARASTATAL.....6 PRIVATE SECTOR.....7 NGO/RELIGIOUS.....8 EMPLOYED (NOT AGRICULTURE): WITH EMPLOYEES.....9 WITHOUT EMPLOYEES..10 UNPAID FAMILY WORK.....11 PAID FAMILY WORK..12 JOB SEEKERS.....13 STUDENT.....14 DISABLED.....15 NO JOB.....16 TOO YOUNG17	12. Where is [NAME]'s biological father? IF FATHER IS MEMBER OF HH, COPY ID. (▶15) LIVING OUTSIDE OF HH.....97 (▶14) DEAD.....98 DOES NOT KNOW.....99 (▶14)	13. What was [NAME]'s age when [NAME]'s father died? <div style="border: 1px solid black; padding: 2px; display: inline-block;">AGE OF CHILD</div> YEARS	14. How many years of school did/does [NAME]'s father have? NO SCHOOL.....1 SOME PRIMARY...2 COMPLETED PRIMARY.....3 SOME SECONDARY...4 COMPLETED SECONDARY...5 MORE THAN SECONDARY...6 DON'T KNOW7	15. Where is [NAME]'s biological mother? IF MOTHER IS MEMBER OF HH, COPY ID. (▶18) LIVING OUTSIDE OF HH.....97 (▶17) DEAD.....98 DOES NOT KNOW.....99 (▶17)	16. What was [NAME]'s age when [NAME]'s mother died? <div style="border: 1px solid black; padding: 2px; display: inline-block;">AGE OF CHILD</div> YEARS	17. How many years of school did/does [NAME]'s mother have? NO SCHOOL.....1 SOME PRIMARY...2 COMPLETED PRIMARY.....3 SOME SECONDARY...4 COMPLETED SECONDARY...5 MORE THAN SECONDARY...6 DON'T KNOW..7	18. IS [NAME] AGED 12 YEARS OR ABOVE? YES..1 NO...2 (▶NEXT)	19. What is [NAME]'s marital status? MONOGAMOUS MARRIED...1 POLYGAMOUS MARRIED...2 LIVING TOGETHER...3 (▶21) SEPARATED...4 (▶25) DIVORCED...5 (▶25) NEVER MARRIED...6 (▶25) WIDOW (ER)...7 (▶25)	20. What type of marriage ceremony did [NAME] have? GOVERNMENT..1 RELIGIOUS...2 TRADITIONAL.3 Wife Number 1 2 3 4
	MONTHS										

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SECTION C: EDUCATION

RESPONDENTS: 5 YEARS AND ABOVE

INDIVIDUAL	1. IS [NAME] 5 YEARS OR ABOVE?	2. Can [NAME] read and write? KISWAHILI...1 ENGLISH...2 KISWAHILI & ENGLISH...3 ANY OTHER LANGUAGE...4 NO...5	3. Did [NAME] ever go to school?	4. At what age did [NAME] start school?	5. Is [NAME] currently in school?	6. Was [NAME] in school last year?	7. What is the highest grade completed by [NAME]?	8. What year did [NAME] leave school for the last time?	9. What grade is [NAME] currently attending?	10. What grade was [NAME] attending last year?	11. CHECK Q5: IS [NAME] CURRENTLY ATTENDING SCHOOL?
	YES...1 NO...2 (▶NEXT)		YES...1 NO...2 (▶29)	AGE	YES...1 (▶9) NO...2	YES...1 (▶10) NO...2	PP.....1 ADULT.....2 PRIMARY SECONDARY D1.....11 F1.....21 D2.....12 F2.....22 D3.....13 F3.....23 D4.....14 F4.....24 D5.....15 'O'+COURSE.25 D6.....16 F5.....31 D7.....17 F6.....32 D8.....18 'A'+COURSE.33 OSC.....19 DIPLOMA...34 MS+COURSE.20 UNIVERSITY U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45	PUT "9999" IF DON'T KNOW	PP.....1 ADULT.....2 PRIMARY SECONDARY D1.....11 F1.....21 D2.....12 F2.....22 D3.....13 F3.....23 D4.....14 F4.....24 D5.....15 'O'+COURSE.25 D6.....16 F5.....31 D7.....17 F6.....32 D8.....18 'A'+COURSE.33 OSC.....19 DIPLOMA...34 MS+COURSE.20 UNIVERSITY U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45	PP.....1 ADULT.....2 PRIMARY SECONDARY D1.....11 F1.....21 D2.....12 F2.....22 D3.....13 F3.....23 D4.....14 F4.....24 D5.....15 'O'+COURSE.25 D6.....16 F5.....31 D7.....17 F6.....32 D8.....18 'A'+COURSE.33 OSC.....19 DIPLOMA...34 MS+COURSE.20 UNIVERSITY U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45	NOT YET STARTED90

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I N D I V I D U A L I D	12. Who owns the school [NAME] attends? LOCAL GOV'T.....1 CENTRAL GOV'T....2 LOCAL PEOPLE.....3 FOREIGN PEOPLE...4 RELIGIOUS.....5 CHARITABLE ORG ..6 PRIVATE ORG.....7 OTHER, SPECIFY...8	13. Is this school a boarding school? YES..1 (►16) NO...2	14. How does [NAME] usually travel to school? ON FOOT.....1 BY BIKE.....2 BY PRIVATE CAR/ VEHICLE.....3 BY PUBLIC VEHICLE MINIBUS.....4 OTHER, SPECIFY..5	15. How long does it take [NAME] to get to school by this means of transportation? MINUTES	16. Does [NAME] get meals at the school (school feeding)? FREE MEALS YES...1 NO...2	17. Has [NAME] missed school in the last two schooling weeks? YES..1 NO...2 (►19)	18. Why was [NAME] absent from school? PUBLIC HOLIDAY....1 SCHOOL CLOSED NOT IN BREAK...2 SCHOOL CLOSED IN BREAK.....3 ABSENCE TEACHER...4 ILLNESS CHILD....5 ILLNESS HH MEMBER.6 FUNERAL.....7 DISCIPLINARY ACTION.....8 CANNOT MEET COSTS.....9 CHILD REFUSED....10 CHILD HAD TO WORK.....11 OTHER, SPECIFY...12	19. What is the status of the textbooks [NAME] uses for school? NO TEXTBOOKS USED.1 ALL BORROWED FROM SCHOOL BUT CAN'T TAKE HOME.....2 ALL BORROWED FROM SCHOOL, SOME/ALL CAN TAKE HOME...3 SOME OWNED BY HOUSEHOLD.....4 OTHER, SPECIFY....5	20. In the last week, approximately how many hours did [NAME] spend on homework or studying? IF NONE, WRITE '0' HOURS MINUTES	21. Has [NAME] had any problems at school? <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;">SELECT UP TO 2</div> NO PROBLEMS (SATISFIED)....1 INADEQUATE BOOKS/TOOLS...2 POOR TEACHING...3 INADEQUATE TEACHERS.....4 POOR ATTENDANCE OF TEACHERS...5 OVERCROWDED CLASSROOMS....6 TOO EXPENSIVE...7 OTHER, SPECIFY...8 1 2

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INDIVIDUAL	22. Did [NAME] take the Primary School Leaving Exam [PSLE]?	23. How did [NAME] score in the exam?	24. Did [NAME] take the Form 4 or Form 6 exam? YES, FORM 4..1 YES, FORM 6..2 NO, DID NO TAKE..3 (▶28)	25. In what year did [NAME] take the exam? IF DON'T KNOW, WRITE 9999	26. Will you show me the exam certificate? YES, IT WAS SHOWN.....1 NOT SHOWN, HOUSEHOLD HAS BUT REFUSED...2 NOT FOUND...3	27. How did [NAME] score in the exam? DIVISION 1..1 DIVISION 2..2 DIVISION 3..3 DIVISION 4..4 FAIL.....5 DON'T KNOW..6	28. How much was spent on [NAME]'s education in the last 12 months by members of your household: <div style="border: 1px solid black; padding: 5px; text-align: center;">IF THERE WAS NO EXPENDITURE, WRITE '0'</div>							29. Has [NAME] ever attended an adult education class? Which one? KCM (MUKEJA) ..1 KCK (MUKEJA) ..2 OTHER, NOT MUKEJA, SPECIFY...3 NEVER ATTENDED..4 (▶NEXT)	30. How many months did [NAME] attend this adult education class? NUMBER OF MONTHS
	YES..1 NO...2 (▶24)	PASS.....1 FAIL.....2 DON'T KNOW..3						School Fees TSH	Books & Material TSH	Uniform TSH	Transport TSH	Extra tuition TSH	Other Contrib. TSH	Cost of Meals TSH	TOTAL CASH & IN KIND TSH

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SECTION D: HEALTH

RESPONDENTS 12 AND OLDER SHOULD RESPOND FOR THEMSELVES

I N D I V I D U A L I D	1. IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	2. Has [NAME] visited a health care provider in the last 4 weeks?	3. What type of health provider did [NAME] visit? <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;">LIST UP TO TWO VISITS BY ORDER OF IMPORTANCE</div>		4. How was the treatment financed?	5. How much did [NAME] spend when you visited [PROVIDER]?	6. Did [NAME] have any problems during the visit to the health provider?	7. How much in total did the household spend on [NAME] in the <u>past 4 weeks</u> for all illnesses and injuries, including for prescription medicine, tests, consultation, & in-patient fees, if any?	8. How much in total did the household spend on [NAME] in the <u>past 4 weeks</u> for <u>medical care not related to an illness</u> , including preventative health care, pre-natal visits, check-ups, etc., if any?	9. How much in total did the household spend on [NAME] in the <u>past 4 weeks</u> for <u>non-prescription medicines</u> , including Panadol, Fansidar, cough syrup, etc.?																									
		YES..1 NO...2	YES..1 NO...2 (▶7)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> GOV. PARASTATAL REFERRAL/SPEC. HOSP...1 REGIONAL HOSPITAL ...2 DISTRICT HOSPITAL ...3 HEALTH CENTER4 DISPENSARY5 VILLAGE HEALTH POST (WORKER).....6 CBD WORKER7 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP...8 DISTRICT HOSPITAL ...9 HEALTH CENTER10 DISPENSARY11 </td> <td style="width:50%;"> PRIVATE SPECIALISED HOSP...12 HEALTH CENTER13 DISPENSARY14 OTHER PHARMACY15 NGO.....16 OTHER, SPECIFY.....17 </td> </tr> <tr> <td style="border-right: 1px solid black; text-align:center;">PROVIDER 1</td> <td style="text-align:center;">PROVIDER 2</td> </tr> </table>		GOV. PARASTATAL REFERRAL/SPEC. HOSP...1 REGIONAL HOSPITAL ...2 DISTRICT HOSPITAL ...3 HEALTH CENTER4 DISPENSARY5 VILLAGE HEALTH POST (WORKER).....6 CBD WORKER7 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP...8 DISTRICT HOSPITAL ...9 HEALTH CENTER10 DISPENSARY11	PRIVATE SPECIALISED HOSP...12 HEALTH CENTER13 DISPENSARY14 OTHER PHARMACY15 NGO.....16 OTHER, SPECIFY.....17	PROVIDER 1	PROVIDER 2	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> FREE TREATMENT.....1 HEALTH INSURANCE...2 OWN CASH.....3 HAD TO WORK FOR PROVIDER...4 USE OF ASSET...5 TOOK LOAN.....6 GOT ASSISTANCE..7 DIFFERED BY PROVIDER...8 OTHER, SPECIFY.....9 </td> <td style="width:50%; text-align:center; vertical-align:middle;"> <div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div> </td> </tr> <tr> <td style="border-right: 1px solid black; text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </table>	FREE TREATMENT.....1 HEALTH INSURANCE...2 OWN CASH.....3 HAD TO WORK FOR PROVIDER...4 USE OF ASSET...5 TOOK LOAN.....6 GOT ASSISTANCE..7 DIFFERED BY PROVIDER...8 OTHER, SPECIFY.....9	<div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div>	1	2		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> NO PROBLEMS (SATISFIED).....1 POOR BUILDING / TOOLS.....2 LONG WAITING TIME.3 INADEQUATE TRAINED STAFF.....4 TOO EXPENSIVE.....5 LACK OF MEDICINE..6 OTHER, SPECIFY...7 </td> <td style="width:50%; text-align:center; vertical-align:middle;"> <div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div> </td> </tr> <tr> <td style="border-right: 1px solid black; text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </table>	NO PROBLEMS (SATISFIED).....1 POOR BUILDING / TOOLS.....2 LONG WAITING TIME.3 INADEQUATE TRAINED STAFF.....4 TOO EXPENSIVE.....5 LACK OF MEDICINE..6 OTHER, SPECIFY...7	<div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div>	1	2	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> INCLUDE VALUE REPORTED IN Q5 </td> <td style="width:50%; text-align:center; vertical-align:middle;"> <div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div> </td> </tr> <tr> <td style="border-right: 1px solid black; text-align:center;">TSHS</td> <td style="text-align:center;">TSHS</td> </tr> </table>	INCLUDE VALUE REPORTED IN Q5	<div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div>	TSHS	TSHS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS </td> <td style="width:50%; text-align:center; vertical-align:middle;"> <div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div> </td> </tr> <tr> <td style="border-right: 1px solid black; text-align:center;">TSHS</td> <td style="text-align:center;">TSHS</td> </tr> </table>	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS	<div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div>	TSHS	TSHS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS </td> <td style="width:50%; text-align:center; vertical-align:middle;"> <div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div> </td> </tr> <tr> <td style="border-right: 1px solid black; text-align:center;">TSHS</td> <td style="text-align:center;">TSHS</td> </tr> </table>	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS	<div style="border: 1px solid black; padding: 5px; margin: 0 auto;">TSHS</div>	TSHS	TSHS
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I N D I V I D U A L	10.	11.		12.		13.	14.	15.	16.	17.						18.	19.	20.	21.	22.
	During the last 12 months, were you hospital-ized or did [NAME] have an overnight stay(s) in a medical facility?	How many stays and for how many nights was [NAME] hospitalized?		What type of illness or injury did [NAME] have that led to his/her hospitalization?		What was the total cost of [NAME]'s hospital-ization(s) or overnight stay(s) in a medical facility?	During the last 12 months, did [NAME] stay overnight(s) at a traditional healer's or faith healer's dwelling?	What was the total cost of [NAME]'s stay(s) at the traditional healer or faith healer?	IS THE RESPONDEN T A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD)	Because of a physical, mental or emotional health condition...						How old was [NAME] when the difficulty seeing began?	Does [NAME] have difficulty seeing, even if he/she is wearing glasses?	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid?	How old was [NAME] when the difficulty hearing began?	Does [NAME] have difficulty walking or climbing steps?
	YES..1 NO...2 (▶14)	NEW STAYS	TOTAL NIGHTS FOR ALL STAYS	1	2	TSHS	YES..1 NO...2 (▶16)	TSHS	YES..1 (▶31) NO...2	NO, NOT AT ALL.....1▶! NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY..3 YES, A LOT OF DIFFICULTY..4 CANNOT PERFORM.....5	AGE	USE CODES FROM Q17	AGE	USE CODES FROM Q17	AGE					
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I N D I V I D U A L I D	Does [NAME] have difficulty remembering or concentrating?	How old was [NAME] when the difficulty remembering or concentrating began?	Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting etc)?	How old was [NAME] when the difficulty began?	Using your usual [NAME] OF LANGUAGE] does [NAME] have difficulty communicating; for example understanding or being understood?	How old was [NAME] when the difficulty communicating began?	<p>CHECK QUESTIONS 17, 19, 21, 23, 25,27 IF [NAME] HAS ANY DIFFICULTY (ANSWERS 2, 3, 4, 5):</p> <p>Does this difficulty reduce the amount of work [NAME] can do at home, at work or at school?</p> <p>YES, ALL THE TIME.....1 YES, SOMETIMES..2 NO.....3 NA (IF NOT WORKING OR ATTENDING SCHOOL).....4</p> <p>At Home At School At Work</p>	<p>During the past 12 months, what measures were taken to improve [NAME]'s performance of activities?</p> <p>NONE.....1 SURGICAL OPERATION...2 MEDICATION.....3 ASSISTIVE DEVICES (GLASSES, WHEELCHAIR, BRACES, HEARING AID, ARTIFICIAL LIMB)....4 SPECIAL EDUCATION.....5 SKILLS TRAINING (VOCATIONAL).....6 ACTIVITY OF DAILY LIVING (ADL) TRAINING.....7 COUNSELING.....8 SPIRITUAL / TRADITIONAL.....9 OTHER (SPECIFY).....10</p>	<p>Did [NAME] sleep under a bednet yesterday?</p> <p>YES UNTREATED NET.....1 YES TREATED NET < 6 MONTHS...2 YES TREATED NET > 6 MONTHS...3 NO.....4 DONT KNOW.....5</p>	<p>How did the household obtain this bednet?</p> <p>FREE GIFT.....1 (▶34) PURCHASED.....2 PURCHASED W/ VOUCHER..3</p>	<p>How much did the household pay for the bednet?</p> <p>IF THE NET IS SHARED, ENTER THE AMOUNT FOR ONE MEMBER ONLY.</p> <p>TSHS</p>
	USE CODES FROM Q17	AGE	USE CODES FROM Q17	AGE	USE CODES FROM Q17	AGE					

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INDIVIDUAL	34. Does [NAME] possess their birth certificate? IF NO, PROBE: Has [NAME]'s birth ever been registered with the civil authority?	35. In the last year, did [NAME] access a medical exemption at a public health facility?	36. IS THE RESPONDENT A WOMAN AGED 12 TO 49 YEARS?
	HAS CERTIFICATE..1 REGISTERED...2 NEITHER3 DON'T KNOW...4		
		YES.....1 NO.....2 DON'T KNOW..3	YES..1 NO...2 (▶42)

WOMEN 12-49 YEARS (Q 37-41)				
37. In the past 24 months, did [NAME] give birth to a child, even if born dead?	38. Did [NAME] regularly go to a health clinic when you were pregnant with your last child born in the last 24 months?	39. Where did [NAME] deliver [NAME]'s last child born in the last 24 months?	40. Who delivered this child? DOCTOR OR CLINICAL OFFICER...1 NURSE.....2 MIDWIFE.....3 TRADITIONAL BIRTH ATTENDANT..4 FRIEND OR RELATIVE...5 SELF.....6 OTHER, SPECIFY...4	41. Was this birth registered?
YES..1 NO...2 (▶NEXT)	YES..1 NO...2	HOSPITAL/MATERNITY..1 CLINIC.....2 AT HOME.....3 OTHER, SPECIFY...4		YES..1 NO...2

CHILDREN <5 YEARS (Q 43-49)		
42. IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD)	43. Has [NAME] had diarrhea in the last two weeks?	44. Now I would like to know how much [NAME] was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less? MUCH LESS.....1 SOMEWHAT LESS....2 ABOUT THE SAME...3 MORE.....4 NOTHING TO DRINK..5 DON'T KNOW.....6
YES..1 NO...2 (▶NEXT)	YES..1 NO...2 (▶NEXT)	

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45. When [NAME] had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less? MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME....3 MORE.....4 NOTHING TO EAT....5 DON'T KNOW.....6	46.	47.	48.	49.
	Was he/she given any of the following to drink: Oral rehydration salts (ORS)? YES..1 NO...2	A health worker-recommended homemade fluid? YES..1 NO...2	Did [NAME] seek advice or treatment for the diarrhea? YES..1 NO...2 (▶NEXT)	Where did [NAME] seek advice or treatment? Anywhere else? RECORD UP TO 3 FROM LIST IN QUESTION 3 1 2 3

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SECTION E: LABOUR

RESPONDENTS 5 AND OLDER

I N D I V I D U A L I D	1. IS THE HOUSEHOLD MEMBER 5 YEARS OR ABOVE?	2. IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	3. WHAT IS THE ID CODE OF THE PERSON ANSWERING FOR [NAME]?	4. Did you do any work of any type for pay, profit, barter or home use during the last 7 days?	5. Although you did not do any work during the last 7 days, did you have a job or own farm or enterprise at which you did not work during the last 7 days and to which you will definitely return to work?	6. The following question refers to the economic activity on which you spend most of your time if you have more than one activity: Are you working as: A PAID EMPLOYEE.....1 SELF EMPLOYED (NON-AGRIC) : WITH EMPLOYEES.....2 WITHOUT EMPLOYEES.....3 UNPAID FAMILY HELPER (NON-AGRIC)4 UNPAID FAMILY HELPER (AGRIC)5 ON YOUR OWN FARM OR SHAMBA.....6	7. How often in a week do you work in your current job?
	YES...1 NO...2 ▶NEXT	YES...1 (▶4) NO...2	ID CODE	YES...1 (▶6) NO...2	YES...1 NO...2 (▶8)		EVERY DAY..1 OFTEN.....2 SOMETIMES..3 SELDOM.....4
							▶12

Unemployment

8. Were you available for work during the last 7 days?	9. Why were you not available for work during the last 7 days? IN SCHOOL.....1 BUSY WITH HOUSEHOLD DUTIES.....2 UNABLE TO WORK: TOO YOUNG.....3 TOO OLD.....4 SICK.....5 DISABLED.....6	10. Have you taken any steps within the past 4 weeks to look for work?	11. When was the last time you did work for pay, profit or gain? [ENTER '0 / 0' IF NEVER]
YES...1 (▶10) NO...2	▶11	YES...1 NO...2	▶13 MONTH YEAR

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Wage Jobs

INDIVIDUAL	12. Did you do any wage work during the <u>last 7 days?</u> (i.e. work for someone else for pay)	13. Did you do any wage work during the <u>last 12 months?</u> (i.e. work for someone else for pay)	14. What is the name of the company or organization that you work for? <div style="border: 1px solid black; padding: 2px; width: fit-content;">IF WORKING FOR MORE THAN 1 EMPLOYER, LIST PRIMARY JOB</div>	15. Is your employer for this work... CENTRAL GOVT...1 LOCAL GOVT.....2 PARASTATAL.....3 POLITICAL PARTY.4 COOPERATIVE.....5 NGO6 INT'L ORG.....7 RELIGIOUS ORG...8 PRIVATE SECTOR..9 OTHER, SPECIFY.10	16. What kind of work do you usually do in this job? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.	17. What kind of trade or business is it connected with? [CODE: ISIC SECTOR]	18. How many people altogether work at the place where you do this work? TOTAL NUMBER	19. How long does it take you to get to work from here? (TIME ONE WAY ONLY) <div style="border: 1px solid black; padding: 2px; width: fit-content;">TIME ONE WAY ONLY</div>	20. Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work? YES...1 (▶22) NO...2	21. What is the main reason you receive no payment for this work? APPRENTICESHIP OR UNPAID TRAINEESHIP...1 LABOR PAYING OFF DEBT.....2 OTHER, SPECIFY..3 <div style="border: 1px solid black; padding: 2px; width: fit-content; text-align: center;">▶25</div>
	YES..1 (▶14) NO...2	YES..1 NO...2 (▶44)	WRITE NAME	DESCRIPTION CODE	DESCRIPTION CODE	TOTAL NUMBER	HOURS MINUTES	YES...1 (▶22) NO...2		

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Wage Jobs

INDIVIDUAL	22. How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect? What period of time did this payment cover?	23. Do you receive any payment for this work in any other form?	24. What is the value of those payments? Over what time interval?	25. How many hours did you work last week?	26. During the last 12 months, for how many months did you work in this job?	27. During the last 12 months, how many weeks per month do you usually work in this job?	28. During the last 12 months, how many hours per week do you usually work in this job?
	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	YES...1 NO....2 (▶25)	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	TSH UNIT	HOURS	MONTHS	WEEKS

Wage Job (Secondary)

29. Other than the job just listed, have you had any other sort of wage employment in the last 12 months?	30. Is your main employer in this secondary wage work... CENTRAL GOVT.....1 LOCAL GOVT.....2 PARASTATAL.....3 POLITICAL PARTY...4 COOPERATIVE.....5 NGO6 INT'L ORG.....7 RELIGIOUS ORG....8 PRIVATE SECTOR...9 OTHER, SPECIFY...10	31. What kind of work do you usually do in this (second) job? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.
YES...1 NO....2 (▶44)		
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I N D I V I D U A L I D	32. What kind of trade or business is it connected with? [CODE: ISIC SECTOR]	33. How many people altogether work at the place where you do this work? TOTAL NUMBER	34. How long does it take you to get to work from here? TIME ONE WAY ONLY		35. Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work? YES...1 (▶37) NO...2	36. What is the main reason you receive no payment for this work? APPRENTICESHIP OR UNPAID TRAINEESHIP.1 LABOR PAYING OFF DEBT...2 OTHER, SPECIFY...3 ▶38	37. How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect? What period of time did this payment cover? TSH UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER...6 HALF YEAR..7 YEAR.....8	38. Do you receive any payment for this work in any other form? [APART FROM SALARY] YES...1 NO...2 (▶40)	39. What is the value of those payments? Over what time interval? TSH UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER...6 HALF YEAR..7 YEAR.....8	40. How many hours did you work last week? HOURS	41. During the last 12 months, for how many months did you work in this job? MONTHS	42. During the last 12 months, how many weeks per month do you usually work in this job? WEEKS	43. During the last 12 months, how many hours per week do you usually work in this job? HOURS	
	DESCRIPTION	CODE	NUMBER	HOURS	MINUTES	NO...2	TSH	UNIT	(▶40)	TSH	UNIT	HOURS	MONTHS	WEEKS

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Apprenticeships

I N D I V I D U A L I D	44. At any time over past 12 months, were you an unpaid apprentice for anyone who is not a member of your household? YES...1 NO...2 (►51)	45. What kind of work do you usually do in this unpaid apprenticeship? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.	46. What kind of trade or business was this apprenticeship connected with? [CODE: ISIC SECTOR]	47. Is your main employer in this unpaid apprenticeship... CENTRAL GOVT.....1 LOCAL GOVT.....2 PARASTATAL.....3 POLITICAL PARTY...4 COOPERATIVE.....5 NGO6 INT'L ORG.....7 RELIGIOUS ORG.....8 PRIVATE SECTOR....9 OTHER, SPECIFY...10	48. During the last 12 months, for how many months did you work in this unpaid apprenticeship?	49. How many weeks per month do you usually work in this unpaid apprenticeship?	50. How many hours per week do you usually work in this unpaid apprenticeship?
	DESCRIPTION	CODE	DESCRIPTION	CODE	MONTHS	WEEKS	HOURS

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Self-employment

I N D I V I D U A L I D	51. Did you operate any business or do any self-employed activity during the last week, other than agriculture?	52. Did you operate any business or do any self-employed activity during the last 12 months, other than agriculture?	53. What kind of business do you operate?	54. Who in the household owns this business? CAN LIST UP TO TWO	55. How many individuals outside this household co-own this income generating activity? IF NONE, WRITE 0	56. BUSINESS ID ENTER "A" FOR THE 1ST SELF-EMPLOYED BUSINESS IN THE HOUSEHOLD, "B" FOR THE 2ND, AND SO ON. IF TWO OR MORE MEMBERS WORK IN THE SAME BUSINESS, THEY SHOULD GET THE SAME BUSINESS ID.
	YES...1 (▶53)	YES...1 NO...2 (▶74)	[CODE: ISIC SECTOR]	ID CODE OWNER 1	TOTAL NUMBER	ID
	NO...2		DESCRIPTION	ID CODE OWNER 2		

IF THE ACTIVITIES HAVE BEEN OWNED BY MORE THAN ONE HOUSEHOLD MEMBERS, ANSWER QUESTION 57-71 BY INTERVIEWING ONLY ONE HOUSEHOLD MEMBER.

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LINES FOR SECONDARY ACTIVITIES	ID OF MEMBER						
	ID OF MEMBER						

Self-employment

INDIVIDUAL	57. Where do you do business?	58. How long has this business existed?		59. What was the main source of start-up capital for this income-generating activity?			60. To whom do you sell your products or services?		61. What is the total value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the business?	62. What is the total value of your current stock of inputs or supplies?	63. What is the total value of your current stock of finished merchandise (goods for sale)?
	W/IN OWN OR BUS. PARTNER'S HOME - WITH SPECIAL BUS. SPACE.....1 W/IN OWN OR BUS. PARTNER'S HOME - WITHOUT SPECIAL BUS. SPACE...2 STRUCTURE ATTACHED TO/OUTSIDE OWN OR BUS. PARTNER'S HOUSE.....3 PERMANENT BLDG. OTHER THAN HOME..4 FIXED STALL/KIOSK - IN MARKET...5 VEHICLE, CART, TEMP. STALL - IN MARKET.....6 FIXED STALL/KIOSK - STREET.....7 VEHICLE,CART,TEMP.STALL - STREET.8 OTHER TEMP. STRUCTURE.....9 CONSTRUCTION SITE.....10 CLIENT'S/EMPLOYER'S HOUSE.....11 NO FIXED LOCATION/MOBILE.....12	YEARS	MONTHS	SOURCE OF CAPITAL			1st	2nd	TSH	TSH	TSH
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Self-employment

INDIVIDUAL	64. What gross income/takings did you get from your business or businesses in the last week/month?		65. What was your net income (profit) from your business or businesses in the last week/month?		66. How many employees do you have who are not household members?		67. What is/was your total expenditure on wages in the last month?		68. What was your total expenditure on raw materials in the last month?		69. How much were your other operating expenses (for this business) such as fuel, kerosene, electricity etc. in the last month?		70. How many months during the last 12 months did you operate this business?		71. What was your AVERAGE net monthly income (profit) during the months when you operated this business?		72. In addition to this business, did you operate any OTHER business or do any OTHER self-employed activity during the last week, other than agriculture?		73. Did you operate any OTHER business or do any OTHER self-employed activity during the last 12 months, other than agriculture?	
	WEEK...1 MONTH..2	TSH	WEEK...1 MONTH..2	TSH	IF NONE WRITE '0'	IF NONE WRITE '0'	IF NONE WRITE '0'	IF NONE WRITE '0'							YES...1 ▶53 BOTTOM	YES...1 ▶53 BOTTOM	NO...2	NO...2		
	PERIOD	TSH	PERIOD	TSH	NON HOUSEHOLD EMPLOYEES	TSH	TSH	TSH	TSH	TSH	TSH	MONTHS	TSH							

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General

I N D I V I D U A L I D	74. In the <u>last 7 days</u> , did you <u>help without being paid</u> in any kind of <u>business</u> run by this household, even if it was only for one hour?	75. In the <u>last 7 days</u> , how many hours did you work as an unpaid family worker on a non-farm household business?	76. Did you do this in the <u>last 12 months</u> ?	77. In the last week, did you work on this household's farm? EXAMPLE: TENDING CROPS, FEEDING ANIMALS, ETC.	78. In the <u>last 7 days</u> , how many hours did you spend on household agricultural activities (including livestock or fishing, whether for sale or for household food)?	79. Did you work on the household's farm in the past <u>12 months</u> ?	80. How many hours did you spend <u>yesterday</u> collecting firewood (or other fuel materials)?	81. How many hours did you spend <u>yesterday</u> collecting/ fetching water?
	YES...1 NO...2 (▶76)	[IF NONE WRITE '0'] ▶77 HOURS	YES...1 NO...2	YES...1 NO...2 (▶79)	▶80 HOURS	YES...1 NO...2	[IF NONE WRITE '0'] HOURS MINUTES	[ROUND TRIP] [IF NONE WRITE '0'] HOURS MINUTES

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DO NOT INCLUDE GIFTS OF [ITEM] GIVEN OUT BY [NAME] BUT DO INCLUDE GIFTS OF [ITEM] RECEIVED BY [NAME]. IF CONSUMED BUT NOT PURCHASED ASK MARKET VALUE.

SECTION F: FOOD CONSUMPTION OUTSIDE THE HH

INDIVIDUAL	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
	Did [NAME] consume any meals/snacks/drinks outside the household in the past 7 days?	In the past 7 days did [NAME] consume any full meals (<u>breakfast, lunch or dinner</u>) outside of the household?	What was the value of this consumption?	In the past 7 days did [NAME] consume any <u>barbecued meat, chips, roast bananas and other snacks</u> prepared on charcoal outside of the household?	What was the value of this consumption?	In the past 7 days did [NAME] consume any <u>kibuku and other local brews</u> outside of the household?	What was the value of this consumption?	In the past 7 days did [NAME] consume any <u>wine, commercial beer and spirits</u> outside of the household?	What was the value of this consumption?	In the past 7 days did [NAME] consume any <u>sodas and other non-coholic drinks</u> outside of the household?	What was the value of this consumption?	In the past 7 days did [NAME] consume any <u>sweets, ice-cream</u> outside of the household?	What was the value of this consumption?	In the past 7 days did [NAME] consume any <u>tea, coffee, samosa, cake and other hoteli snacks</u> outside of the household?	What was the value of this consumption?
	YES...1 NO...2	YES...1 NO...2	TSH	YES...1 NO...2	TSH	YES...1 NO...2	TSH	YES...1 NO...2	TSH	YES...1 NO...2	TSH	YES...1 NO...2	TSH	YES...1 NO...2	TSH
	▶NEXT	▶4		▶6		▶8		▶10		▶12		▶14		▶NEXT	

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SECTION G. SUBJECTIVE WELFARE

RESPONDENTS 15 AND OLDER

INDIVIDUAL ID	1. IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	2. IS NAME OVER AGE 15?	3. Now we'd like to ask a few questions about your level of satisfaction with various components of your life. How satisfied or dissatisfied would you say you are with... [ITEM]?								4. Just thinking about your current circumstances, would you describe yourself as:	5. Just thinking about your circumstances that you were living in about 3 years ago, would you describe yourself then as:	6. Just thinking about your circumstances you were living in about 10 years ago, would you describe yourself then as:
	YES...1 NO...2 ▶ NEXT	YES...1 NO...2 ▶ NEXT	A. Your health?	B. Your financial situation?	C. Your housing ?	D. Your job?	E. The health care available to you?	F. The education available for your household?	G. Your protection against crime/your safety?	H. Your life as a whole?	VERY RICH.....1 RICH.....2 COMFORTABLE...3 CAN MANAGE TO GET BY.....4 NEVER HAVE QUITE ENOUGH.....5 POOR.....6 DESTITUTE.....7 NO OPINION.....8	VERY RICH.....1 RICH.....2 COMFORTABLE...3 CAN MANAGE TO GET BY.....4 NEVER HAVE QUITE ENOUGH.....5 POOR.....6 DESTITUTE.....7 NO OPINION.....8	VERY RICH.....1 RICH.....2 COMFORTABLE...3 CAN MANAGE TO GET BY.....4 NEVER HAVE QUITE ENOUGH.....5 POOR.....6 DESTITUTE.....7 NO OPINION.....8 (▶ NEXT PERSON)

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SECTION H. GOVERNANCE

- 1 WRITE THE NUMBER OF THE
SELECTED HOUSEHOLD MEMBER
FROM PRE-PRINTED TRACKING FORM
- 2 WAS THIS HOUSEHOLD MEMBER INTERVIEWED?
YES...1 ▶4
NO....2
- 3 WRITE THE NUMBER OF THE
REPLACEMENT HOUSEHOLD MEMBER

	4 What is the name of your [OFFICIAL]?	5 When is the last time you spoke to your [OFFICIAL]?	6 Overall, would you say you approve or disapprove of the job your [OFFICIAL] is doing?
	IF POST IS VACANT, WRITE 00	PAST WEEK.....1 PAST MONTH.....2 PAST YEAR.....3 MORE THAN 1 YEAR..4 NEVER.....5	STRONGLY APPROVE....1 APPROVE.....2 DISAPPROVE.....3 STRONGLY DISAPPROVE.4 DON'T KNOW.....5
A.	Village Chairperson		
B.	Village Executive Officer		
C.	Ward Executive Officer		
D.	Ward Councillor		
E.	Headmaster/Headmistress		
F.	Extension Officer		
G.	Police Officer (Chief)		
H.	MP		

	7 In the past year did you attend all of the [MEETING]?	8 Main reason for missing meetings?
	YES, ALL....1 ▶NEXT ROW YES, SOME...2 NO.....3	NOT INTERESTED.....1 FEEL THEY ARE NOT USEFUL..2 NOT INFORMED.....3 TRAVELING/WORKING.....4 NO MEETINGS.....5 OTHER, SPECIFY.....6
A.	Kitongoji Meetings	
B.	Village Meetings	
C.	Farmers' cooperative meetings	
D.	SACCOS or self-help group meeting	
E.	School meetings (SMC or parents)	

	9 In the past year, how often have you done the following?
	ALMOST DAILY.....1 A FEW TIMES A WEEK....2 A FEW TIMES A MONTH....3 A FEW TIMES A YEAR....4 NEVER.....5
A.	Attended a religious service
B.	Listened to the radio
C.	Watched TV
D.	Read newspaper
E.	Visited the district capital

SECTION J: HOUSING, WATER AND SANITATION

IN ZANZIBAR, USE THE WORD "MAJI YA MFEREJI" FOR PIPED WATER.

CODES FOR Q2
 OFFER OF THE RIGHT OF OCCUPANCY.....1
 TITLE DEED FOR LAND.2
 LETTER OR ALLOCATION FROM VILLAGE GOV'T.3
 SETTLEMENT PERMIT...4
 TRADITIONAL RIGHT OF OCCUPANCY.....5
 LAND SALE AGREEMENT.....6
 INHERITANCE LETTER..7
 OTHER TITLE (SPECIFY).....8
 LEASE (FOR RENTERS)..9
 NO DOCUMENTATION AT ALL.....10

CODES FOR Q8
 SALE OF FOOD CROPS.1
 SALE OF LIVESTOCK..2
 SALE OF LIVESTOCK PRODUCTS.....3
 SALE OF CASH CROPS.4
 BUSINESS INCOME...5
 WAGES OR SALARIES IN CASH.....6
 OTHER CASUAL CASH EARNINGS.....7
 CASH REMITTANCES...8
 FISHING.....9
 OTHER (SPECIFY)...10

<p>1. What is HH tenure status of main residence?</p> <p>OWNER OCCUPIED..1 EMPLOYER PROVIDED - SUBSIDIZED...2 ▶3 EMPLOYER PROVIDED - FREE.....3 ▶4 RENTED.....4 ▶3 FREE.....5 ▶4 NOMADS.....6 ▶4</p>	<p>2. Do you have any documentation of ownership of the dwelling?</p> <p>▶4</p> <p>USE CODES AT RIGHT</p>	<p>3. How much does this household pay per month to rent this dwelling?</p> <p>INCLUDE VALUE OF IN-KIND PAYMENTS FOR RENT</p> <p>TSH</p>	<p>4. How many habitable rooms in each unit does this household occupy?</p> <p>DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE</p> <p>MAIN DWELLING OTHER DWELLING (S)</p>	<p>5. The walls of the main dwelling are predominantly made of what materials?</p> <p>POLES (INCLUDING BAMBOO), BRANCHES, GRASS.....1 POLES AND MUD/MUD AND STONES.....2 MUD ONLY.....3 MUD BRICKS.....4 BAKED/BURNT BRICKS.....5 CONCRETE, CEMENT, STONES.....6 OTHER, SPECIFY.....7</p>	<p>6. The roof of the main dwelling is predominantly made of what materials?</p> <p>GRASS, LEAVES, BAMBOO.....1 MUD AND GRASS..2 CONCRETE, CEMENT.....3 METAL SHEETS (GCI).....4 ASBESTOS SHEETS.....5 TILES.....6 OTHER, SPECIFY..7</p>	<p>7. The floor of the main dwelling is predominantly made of what materials?</p> <p>EARTH.....1 CONCRETE, CEMENT, TILES, TIMBER.....2 OTHER, SPECIFY....3</p>	<p>8. Which is the household main source of cash income?</p> <p>USE CODES AT RIGHT</p> <p>UP TO TWO SOURCES</p> <p>SOURCE 1 SOURCE 2</p>
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<p>9. How does the household dispose of its garbage?</p> <p>COLLECTED BY GOVERNMENT..1 COLLECTED BY PRIVATE FIRM.....2 GOVERNMENT BIN.....3 DISPOSAL WITHIN COMPOUND....4 NONE OR UNAUTHORISED HEAP.....5 OTHER, SPECIFY....6</p>	<p>10. What is the main toilet facilities usually used in this household?</p> <p>NO TOILET.....1 ▶14 FLUSH TOILET...2 POUR FLUSH.....3 VIP.....4 ▶12 ECOSAN.....5 ▶14 UNIMPROVED PIT LATRINE (SLAB NOT WASHABLE).....6 ▶12 IMPROVED PIT LATRINE (SLAB WASHABLE).....7 ▶12 OTHER, SPECIFY..8</p>	<p>11. Where does this toilet flush to?</p> <p>PIPED SEWER SYSTEM.....1 (▶15) SEPTIC TANK.2 PIT LATRINE.3 DON'T KNOW..4</p>	<p>12. In the last 12 months, have you paid to have your latrine pit or septic tank emptied?</p> <p>YES..1 NO...2 (▶14)</p>	<p>13. How much did you pay to for this service?</p> <p>TSH</p>	<p>14. What is the main reason you do not have a sewer connection?</p> <p>CONNECTION COST TOO HIGH.....1 MONTHLY CHARGE TOO HIGH.....2 SEWER NETWORK NOT AVAILABLE.....3 PRESENT ARRANGEMENT SATISFACTORY...4 RENTED HOUSE....5 ON INSTALLATION WAITING LIST...6 OTHER, SPECIFY..7</p>	<p>15. Do you share this toilet facility with other households?</p> <p>YES...1 NO....2</p>	<p>16. Major fuel used for cooking?</p> <p>FIREWOOD.....1 PARAFFIN.....2 ELECTRICITY..3 GAS4 CHARCOAL.....5 ANIMAL RESIDUAL....6 GAS (BIOGAS)..7 OTHER, SPECIFY.....8</p>	<p>17. Major fuel used for lighting?</p> <p>IF NO ELECTRICITY OR SOLAR ▶19</p> <p>ELECTRICITY..1 SOLAR.....2 GAS.....3 GAS (BIOGAS)..4 LAMP OIL5 CANDLE6 FIREWOOD.....7 PRIVATE GENERATOR...8 OTHER, SPECIFY.....9</p>	<p>18. What is HH main source of electricity?</p> <p>TANESCO.....1 COMMUNITY GENERATOR..2 SOLAR PANELS....3 OWN GENERATOR...4 CAR BATTERY.....5 MOTORCYCLE BATTERY.....6 OTHER, SPECIFY.....7</p>
--	--	--	--	---	--	---	--	---	---

19. What is the household's main source of drinking water in the rainy season? USE CODES FROM BELOW IF 1 ▶22	20. How long does it take to get water from drinking water source to this dwelling in the rainy season? GO AND RETURN TRIP INCLUDE WAITING MINUTES	21. Out of these [READ] minutes, how long do you spend waiting? MINUTES	22. What is the household's main source of drinking water in the dry season? USE CODES FROM BELOW IF 1 ▶25	23. How long does it take to get water from drinking water source to this dwelling in the dry season? GO AND RETURN TRIP INCLUDE WAITING TIME MINUTES	24. Out of these [READ] minutes, how long do you spend waiting? MINUTES	25. What measures does this household take to ensure the safety of drinking water? BOIL.....1 USE WATER FILTER.....2 STRAIN THROUGH A CLOTH.....3 TREATED WITH CHEMICALS.....4 BOTTLED WATER..5 OTHER, SPECIFY.6 NONE.....7 MARK UP TO 2 1 2		26. What is the household's main source of water for cooking? USE CODES FROM BELOW RAINY SEASON DRY SEASON		27. What is the household's main source of water for washing (for example laundry, bathing, etc)? USE CODES FROM BELOW RAINY SEASON DRY SEASON		28. What is the household's main source of water for gardening? USE CODES FROM BELOW WRITE '00' IF NO GARDEN RAINY SEASON DRY SEASON	

	29 MARK X FOR EACH WATER SOURCE REPORTED IN QUESTIONS 19, 22, 26, 27, 28. THEN ASK 30-32 FOR EACH OF THESE SOURCES.	30 What type of container is used to collect water from [SOURCE]? USE CODES AT RIGHT	31 What is the average number of containers fetched from [SOURCE]? USE CODES AT RIGHT		32 What is the average price for a 20 liter jerry can from [SOURCE]? TSH
1 Piped water inside dwelling			NUMBER	FREQUENCY	
2 Private outside standpipe/tap					
3 Public standpipe/tap					
4 Neighbouring household					
5 Water vendor					
6 Subsidized water vending station					
7 Water truck/Tanker service					
8 Protected well with pump					
9 Unprotected well with pump					
10 Protected well without pump					
11 Unprotected well without pump					
12 River, lake, spring, pond					
13 Rainwater					
14 Other, specify					

CODES FOR 19, 22, 26, 27, & 28
 PIPED WATER INSIDE DWELLING.....1
 PRIVATE OUTSIDE STANDPIPE/TAP....2
 PUBLIC STANDPIPE/TAP.....3
 NEIGHBOURING HOUSEHOLD.....4
 WATER VENDOR.....5
 SUBSIDIZED WATER VENDING STATION.6
 WATER TRUCK/TANKER SERVICE.....7
 PROTECTED WELL WITH PUMP.....8
 UNPROTECTED WELL WITH PUMP.....9
 PROTECTED WELL WITHOUT PUMP.....10
 UNPROTECTED WELL WITHOUT PUMP...11
 RIVER, LAKE, SPRING, POND.....12
 RAINWATER.....13
 OTHER, SPECIFY.....14

CODES FOR 30
 OVERHEAD TANK.....1
 UNDERGROUND TANK....2
 DRUMS/TANKS
 (METAL OR PLASTIC).3
 BUCKETS/JERRY CAN...4
 OTHER, SPECIFY.....5

CODES FOR 31
 DAY....1
 WEEK...2
 MONTH...3

<p>33. Does your household get water from the local water utility (ie DAWASA or MORUWASA) ?</p> <p>YES..1 NO...2 (▶40)</p>	<p>34. Can you show me your monthly bill?</p> <p>YES, SHOWN....1 NO, CAN'T FIND OR REFUSED..2 (▶37) NO BILL RECEIVED.3 (▶37)</p>	<p>35. DOES HOUSEHOLD PAY FOR SEWAGE AND WATER TOGETHER?</p> <p>YES..1 NO...2</p>	<p>36. RECORD INFORMATION FROM BILL</p> <p>WRITE '00' IF NO SEWAGE CHARGE APPEARS ON BILL.</p> <table border="1"> <thead> <tr> <th>DATE</th> <th>DAYS</th> <th colspan="2">WATER</th> <th>SEWAGE</th> </tr> <tr> <th></th> <th></th> <th>TSH</th> <th>M3</th> <th>TSH</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					DATE	DAYS	WATER		SEWAGE			TSH	M3	TSH						<p>37. How satisfied are you in terms of the quality of the piped water delivered (taste, smell, color, etc)?</p> <p>VERY SATISFIED.....1 SOMEWHAT SATISFIED.....2 NEITHER SATISFIED NOR UNSAT.....3 SOMEWHAT UNSAT..4 VERY UNSAT.....5</p>	<p>38. On days when the water is running, on average, how many hours of supply per day do you receive water from the piped system?</p> <p>HOURS</p>	<p>39. On average, how many days per week do you receive water from the piped system?</p> <p>DAYS</p> <p>▶41</p>	<p>40. What is the main reason that you do not have a connection in your house/yard?</p> <p>SEE CODES BELOW</p>	<p>41. What is your assessment of the water availability from the local utility water system?</p> <p>SUFFICIENT ALL YEAR.....1 INSUFFICIENT IN DRY SEASON.....2 SOMETIMES INSUFFICIENT.....3 INSUFFICIENT MOSTLY.....4 NOT AVAILABLE HERE.5 OTHER, SPECIFY.....6</p>	<p>42. If the local water utility supply service is improved (24 hour supply with adequate pressure and good water quality), what is the maximum amount you would be willing to pay for a 20 liter bucket?</p> <p>TSH</p>
DATE	DAYS	WATER		SEWAGE																								
		TSH	M3	TSH																								

CODES FOR 40

CONNECTION COST TOO HIGH.1
MONTHLY CHARGE TOO HIGH..2
CONNECTION NETWORK NOT AVAILABLE.....3
PRESENT ARRANGEMENT SATISFACTORY.....4
RENTED HOUSE.....5
CONNECTION INSTALLATION WAITING LIST.....6
OTHER, SPECIFY.....7

SECTION K: CONSUMPTION OF FOOD OVER PAST ONE WEEK

QUESTIONS 3, 5, 6: USE CODES FROM QUESTION 2

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES	YES . . 1 NO . . . 2 (▶NEXT)	2. How much in total did your household consume in the <u>past 7 days</u> ? KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5		3. How much came from purchases during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5		4. How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6		6. How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		D E L I N E N U M B E R
			UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY		
Cereals and Cereal products													1
0101	Rice (paddy)												2
0102	Rice (husked)												3
0103	Maize (green, cob)												4
0104	Maize (grain)												5
0105	Maize (flour)												6
0106	Millet and sorghum (grain)												7
0107	Millet and sorghum (flour)												8
0108	Wheat, barley grain and other cereals												9
0109	Bread												10
0110	Buns, cakes and biscuits												11
0111	Macaroni, spaghetti												12
0112	Other cereal products												13
Starches													14
0201	Cassava fresh												15

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES . . . 1 NO . . . 2 (▶NEXT)	2. How much in total did your household consume in the <u>past 7 days</u> ? KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5		3. How much came from purchases during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5		4. How much did you spend?	5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6		6. How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		D E L I N E N U M B E R
		UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY	
0202	Cassava dry/flour										16
0203	Sweet potatoes										17
0204	Yams/cocoyams										18
0205	Irish potatoes										19
0206	Cooking bananas, plantains										20
0207	Other starches										21
Sugar and Sweets											22
0301	Sugar										23
0302	Sweets										24
0303	Honey, syrups, jams, marmalade, jellies, canned fruits										25
Pulses, Dry											26
0401	Peas, beans, lentils and other pulses										27
Nuts and Seeds											28
0501	Groundnuts in shell/shelled										29
0502	Coconuts (mature/immature)										30
0503	Cashew, almonds and other nuts										31
0504	Seeds and products from nuts/seeds (excl. cooking oil)										32

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. .] within the household?		2. How much in total did your household consume in the <u>past 7 days</u> ?		3. How much came from purchases during the <u>past 7 days</u> ?		4. How much did you spend?		5. How much came from own-production?		6. How much came from gifts and other sources?		D E L I N E N U M B E R
	PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.		KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5		IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5		THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6		EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		
	YES . . . 1	NO . . . 2	UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY		
Vegetables												33	
0601	Onions, tomatoes, carrots and green pepper, other viungo												34
0602	Spinach, cabbage and other green vegetables												35
0603	Canned, dried and wild vegetables												36
Fruits												37	
0701	Ripe bananas												38
0702	Citrus fruits (oranges, lemon, tangerines, etc.)												39
0703	Mangoes, avocados and other fruits												40
0704	Sugarcane												41
Meat, meat products, fish												42	
0801	Goat meat												43
0802	Beef including minced sausage												44
0803	Pork including sausages and bacon												45
0804	Chicken and other poultry												46
0805	Wild birds and insects												47

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. .] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES . . . 1 NO . . . 2 (▶NEXT)	2. How much in total did your household consume in the <u>past 7 days</u> ? KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5		3. How much came from purchases during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5		4. How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6		6. How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		D E L I N E N U M B E R
		UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY		
0806	Other domestic/wild meat products											48
0807	Eggs											49
0808	Fresh fish and seafood (including dagaa)											50
0809	Dried/salted fish and seafood (incl. dagaa)											51
0810	Package/Canned fish											52
Milk and milk products											53	
0901	Fresh milk											54
0902	Milk products (like cream, cheese, yoghurt etc)											55
0903	Canned milk/milk powder											56
Oil and fats											57	
1001	Cooking oil											58
1002	Butter, margarine, ghee and other fat products											59
Spices and other foods											60	
1003	Salt											61
1004	Other spices											62
Beverages											63	
1101	Tea dry											64

I T E M C O D E	1. Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES	YES . . . 1 NO . . . 2 (▶NEXT)	2. How much in total did your household consume in the <u>past 7 days</u> ? KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5		3. How much came from purchases during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5		4. How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6		6. How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		D E L I N E N U M B E R
			UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY		
1102	Coffee and cocoa												65
1103	Other raw materials for drinks												66
Beverages												67	
1104	Bottled/canned soft drinks (soda, juice, water)												68
1105	Prepared tea, coffee												69
1106	Bottled beer												70
1107	Local brews												71
1108	Wine and spirits												72

7. ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) . . . 1 BELOW 15 PPM 2 15 PPM AND ABOVE . . . 3 NO SALT IN HH 4 SALT NOT TESTED, SPECIFY REASON . . . 5	<input type="text"/>
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8. Over the past one week (7 days), how many days did you or others in your household consume any [...]?	NUMBER OF DAYS
A. Cereals, Grains and Cereal Products (Maize Grain/Flour; Green Maize; Rice; Finger Millet ; Pearl Millet; Sorghum; Wheat Flour; Bread; Pasta; Other Cereal)	
B. Roots, Tubers, and Plantains (Cassava Tuber/Flour; Sweet Potato; Irish Potato; Other Tuber/Plantain)	
C. Nuts and Pulses (Bean; Pigeon Pea; Macadamia Nut; Groundnut; Green Bean; Cow Pea; Other Nut/Pulse)	
D. Vegetables (Onion; Cabbage; Wild Green Leaves; Tomato; Cucumber; Other Vegetables/Leaves)	
E. Meat, Fish and Animal Products (Egg; Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Poultry; Other Meat)	
F. Fruits (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit)	
G. Milk/Milk Products (Fresh/Powdered/Soured Milk; Yogurt; Cheese; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
H. Fats/Oil (Cooking Oil; Butter; Margarine; Other Fat/Oil)	
I. Sugar/Sugar Products/Honey (Sugar; Sugar Cane; Honey; Jam; Jelly; Sweets/Candy/Chocolate; Other Sugar Product)	
J. Spices/Condiments (Tea; Coffee/Cocoa/Milo; Salt; Spices; Yeast/Baking Powder; Tomato/Hot Sauce; Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

9. Over the past one week (7 days), did any people that you did not list as household members [READ LIST FROM HH ROSTER] eat any meals in your household?		
YES...1 NO...2 (▶NEXT SECTION)		
<input type="checkbox"/>		
IF NOT SHARED, RECORD ZERO IN BOTH COLUMNS.	10 What was the total number of days in which any meal was shared with people [...]?	11 What was the total number of meals that were shared over past 7 days with [...]?
	NUMBER OF DAYS	NUMBER OF MEALS
A	Children 0-5 years	
B	Children 6-15 years	
C	Adults 16-65 years	
D	People over 65 years old	

SECTION L: NON-FOOD EXPENDITURES – Past one week & one month

ONE WEEK RECALL

ITEM CODE	1. Over the past 7 days, did you purchase any [...]?	2. How much did you pay in total?		D E N U M B E R
		YES . . . 1 NO . . . 2 (▶NEXT ITEM)	TSH	
101	Cigarettes or tobacco			1
102	Matches			2
103	Public transport			3

ONE MONTH RECALL

ITEM CODE	1. Over the past 30 days, did you purchase or pay for any [...]?	2. How much did you pay in total?		D E N U M B E R
		YES . . . 1 NO . . . 2 (▶NEXT ITEM)	TSH	
207	Charcoal			10
208	Milling fees, grain			11
209	Bar soap (body soap or clothes soap)			12
210	Clothes soap (powder)			13
211	Toothpaste, toothbrush			14
212	Toilet paper			15
213	Glycerine, Vaseline, skin creams			16
214	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)			17
215	Household cleaning products (dish soap, toilet cleansers, etc.)			18
216	Light bulbs			19
217	Phone, internet, postage stamps or other postal fees			20
218	Donation - to church, charity, beggar, etc.			21
219	Motor vehicle service, repair, or parts			22
220	Bicycle service, repair, or parts			23
221	Wages paid to servants			24
222	Mortgage - regular payment to purchase house			25
223	Repairs & maintenance to dwelling			26
224	Repairs to household and personal items (radios, watches, etc.)			27

ONE MONTH RECALL

ITEM CODE	1. Over the past 30 days, did you purchase or pay for any [...]?	2. How much did you pay in total?		D E N U M B E R
		YES . . . 1 NO . . . 2 (▶NEXT ITEM)	TSH	
201	Kerosene			4
202	Electricity, including electricity vouchers			5
203	Gas (for lighting/cooking)			6
204	Water			7
205	Petrol or diesel			8
206	Cell phone voucher			9

SECTION M: NON-FOOD EXPENDITURES – Past twelve months

ITEM CODE	1.	2.	
	Over the past twelve months, did you purchase or pay for any [...]?	YES...1 NO...2 (▶NEXT ITEM)	How much did you pay in total? TSH
301	Carpet, rugs, drapes, curtains		
302	Linen - towels, sheets, blankets		
303	Mat - sleeping or for drying maize flour		
304	Mosquito net		
305	Mattress		
306	Sports & hobby equipment, musical instruments, toys		
307	Film, film processing, camera		
308	Building items - cement, bricks, timber, iron sheets, tools, etc.		
309	Council rates		
310	Insurance - health (MASM, etc.), auto, home, life		
311	Losses to theft (value of items or cash lost)		
312	Fines or legal fees		
313	Bride price /Marriage costs		
314	Funeral costs		
315	Other costs not stated elsewhere		
316	Repairs to consumer durables		
317	Taxes for income, property, etc.		

Non-food items that may not have been purchased.

ITEM CODE	1.	2.	3.
	Over the past 12 months did you gather, purchase, or pay for any [...]?	YES...1 NO...2 (▶NEXT ITEM)	What was the estimated total value of [...] consumed? TSH
318	Wood poles, bamboo		
319	Grass for thatching roof or other use		

SECTION N: HOUSEHOLD ASSETS

CODE	1. How many [ITEMS] does your household own? [IF NONE WRITE '0']	NUMBER
401	Radio and Radio Cassette	
402	Telephone(landline)	
403	Telephone(mobile)	
404	Refridgerator or freezer	
405	Sewing Machine	
406	Television	
407	Video / DVD	
408	Chairs	
409	Sofas	
410	Tables	
411	Watches	
412	Beds	
413	Cupboards, chest-of-drawers, boxes, wardrobes,bookcases	
414	Lanterns	
415	Computer	
416	Cooking pots, Cups, other kitchen utencils	
417	Mosquito net	
418	Iron (Charcoal or electric)	
419	Electric/gas stove	
420	Other stove	
421	Water-heater	
422	Record/cassette player, tape recorder	
423	Complete music system	
424	Books (not school books)	
425	Motor Vehicles	
426	Motor cycle	
427	Bicycle	

CODE	1. How many [ITEMS] does your household own? [IF NONE WRITE '0']	NUMBER
428	Carts	
429	Animal-drawn cart	
430	Boat/canoe	
431	Wheel barrow	
432	Livestock	
433	Poultry	
434	Outboard engine	
435	Donkeys	
436	Fields/Land	
437	House(s)	
438	Fan/Airconditioner	
439	Dish antena/decoder	
440	Hoes	
441	Spraying machine	
442	Water pumping set	
443	Reapers	
444	Tractor	
445	Trailer for tractors etc.	
446	Plough etc.	
447	Harrow	
448	Milking machine	
449	Harvesting and threshing machine	
450	Hand milling machine	
451	Coffee pulping machine	
452	Fertilizer distributor	

SECTION O: ASSISTANCE AND GROUPS

<p>1. Did you or members of your household receive any [...] in the past 12 months from the government or a non-governmental institution (such as church)?</p> <p>EXCLUDE SACCOS, SELF-HELP GROUPS</p> <p>YES...1 NO...2 (▶NEXT ITEM)</p>	<p>2. What is the name of the organization/program who provided this assistance?</p> <p>NAMES</p>	<p>3. How much cash did your household receive from this organization in the last 12 months?</p> <p>TSH</p>	<p>4. What was the value of food the household received from this organization in the last 12 months?</p> <p>TSH</p>	<p>5. What was the value of any other in-kind assistance received in the last 12 months?</p> <p>TSH</p>	<p>6. Which members of the household participated in this program?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">LIST UP TO 3</div> <p>ROSTER ID</p> <p>1 2 3</p>
A. Free food/maize distribution					
B. Food-for-work programme or cash-for-work programme					
C. Inputs-for work programme					
D. Scholarships or bursaries for primary school					
E. Scholarships or bursaries for secondary school					
F. Other assistance (not listed above), specify:					

7. Is anyone in the household a member of a credit or savings group (SACCOS)?

YES...1
NO...2 (▶NEXT SECTION)

CODES FOR Q14

SUBSISTENCE NEEDS.....1	PURCHASE AGRICULTURAL INPUTS.....6
MEDICAL COST.....2	OTHER BUSINESS INPUTS.....7
SCHOOL FEES.....3	PURCHASE AGRICULTURAL MACHINERY...8
CEREMONY/WEDDING.....4	PURCHASE/CONSTRUCTION OF DWELLING..9
PURCHASE LAND.....5	OTHER, SPECIFY.....10

<p>Please list all household members who are members of groups</p> <p>NAME OF HOUSEHOLD MEMBER</p>	<p>8. What is [NAME] total balance with the group?</p> <p>TSH</p>	<p>9. How often does [NAME] contribute to the group?</p> <p>DAY...1 WEEK...2 MONTH...3 YEAR...4</p> <p>FREQ. UNIT</p>	<p>10. How much does [NAME] give each time?</p> <p>TSH</p>	<p>11. When was the last time [NAME] withdrew money?</p> <p>IF NEVER, ENTER "0" ▶NEXT ROW</p> <p>MONTH YEAR</p>	<p>12. How much did [NAME] withdraw?</p> <p>TSH</p>	<p>13. What was the balance just before the withdrawal?</p> <p>TSH</p>	<p>14. What was the main reason [NAME] took money out this last time?</p> <p>USE CODES ABOVE</p> <p>CODES</p>	<p>15. How much will [NAME] pay for this loan per [PERIOD]?</p> <p>DAY...1 WEEK...2 MONTH...3 YEAR...4</p> <p>TSH PERIOD</p>	<p>16. How long will it take [NAME] to repay the loan?</p> <p>MONTHS</p>
A.									
B.									
C.									
D.									
E.									

SECTION P: CREDIT

1. Over the past 12 months, did you or anyone else in this household borrow from someone outside the household or from an institution receiving either cash, goods, or services?

YES...1
NO...2
(▶NEXT
ITEM)

[INCLUDE LOANS FOR AGRICULTURE. PROBE FOR GOODS OR SERVICES RECEIVED ON CREDIT.]

L O A N / C R E D I T	2. What are the names of the persons or institutions from whom you or anyone else in your household borrowed or took credit? LIST ALL PEOPLE OR ORGANIZATIONS BEFORE GOING TO QUESTION 3	3. CODE SOURCE OF LOAN SEE CODES BELOW	4. Which house-hold member was responsible for the loan? ID CODE	5. Was this a cash loan or goods on credit?	6. How much was borrowed or what was the value of the credit? TSH	7. Is the loan/credit repaid?	8. Approximately when do you expect to pay back the money?		9. Total amount to be paid on the loan including interest. TSH	10. What did you use this loan/credit for?		
				CASH...1 GOODS...2		YES...1 (▶9) NO...2	MONTH	YEAR		FIRST	SECOND	THIRD
1												
2												
3												
4												
5												
6												
7												
8												
9												

CODES FOR Q3

COMMERCIAL BANKS.....1
MICRO-FINANCE INST.....2
BUILDING SOC./MORTGAGE.3
INSURANCE COMPANIES...4
OTHER FINANCIAL INST...5
NEIGHBOURS / FRIENDS...6

GROCERY/LOCAL MERCHANT.7
MONEY LENDER.....8
EMPLOYER.....9
RELIGIOUS INST.....10
NGO.....11
SELF-HELP GROUPS.....12
OTHER, SPECIFY.....13

SECTION S: DEATHS IN HOUSEHOLD

1. Over the past 2 years, did any member of your household die, including any infants, including those listed as "dead" in PRE-PRINTED TRACKING FORM?

YES...1
NO...2 (▶NEXT SECTION)

S E R I A L N O	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
	NAME OF DECEASED	DECEASED'S RELATIONSHIP TO HEAD OF HOUSEHOLD CODES BELOW	IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y1 HH ID NUMBER FROM TRACKING FORM ELSE, ENTER 99 ROSTER ID	SEX MALE...1 FEMALE...2	AGE AT DEATH IF UNDER 5 YEARS, INCLUDE MONTHS IF UNDER 12 (▶9) YEARS MONTHS	Was this event registered with the death registration system? YES...1 NO...2	What kind of work did [NAME] do for most of his/her life? CODES BELOW	Did [NAME] die of old age, an illness, or of some other cause? OLD AGE...1 (▶13) ILLNESS...2 (▶10) OTHER CAUSE...3	What was the non-illness cause of [NAME]'s death? ▶14 TRAFFIC ACCIDENT...1 OTHER ACCIDENT OR INJURY...2 CHILD BIRTH OR COMPLICATIONS...3 MURDER...4 SUICIDE...5 WITCHCRAFT/SORCERY...6 OTHER (SPEC)...7	What was the illness that caused [NAME]'s death? CAN NOTE UP TO TWO. CODES BELOW 1ST ILLNESS 2ND ILLNESS	For how long was [NAME] suffering from this illness before he/she died? DAY...1 WEEK...2 MONTH...3 YEAR...4 TIME UNIT	Was this cause of death diagnosed, or is this only your own perception? MEDICAL DIAGNOSIS...1 NON-MEDICAL DIAGNOSIS...2 OWN PER-	After this person died, did you or members of your household lose any land or other assets due to inheritance traditions? YES...1 NO...2 (▶NEXT DECEASED)	What was the value of the land or assets lost? TSH
D1														
D2														
D3														
D4														
D5														
D6														

- QUESTION 3**
- HEAD.....1
 - SPOUSE.....2
 - CHILD OF HEAD.....3
 - NIECE/NEPHEW.....4
 - BROTHER/SISTER.....5
 - GRANDCHILD OF THE HEAD...6
 - PARENT OF THE HEAD.....7
 - OTHER RELATIVE.....8
 - SERVANT.....9
 - OTHER, SPECIFY.....10

- QUESTION 8**
- AGRICULTURE/LIVESTOCK...1
 - FISHING.....2
 - MINING.....3
 - TOURISM.....4
 - EMPLOYED:
 - GOVERNMENT.....5
 - PARASTATAL.....6
 - PRIVATE SECTOR.....7
 - NGO / RELIGIOUS.....8

- SELF-EMPLOYED (NOT AGRICULTURE):
- WITH EMPLOYEES.....9
- W/OUT EMPLOYEES.....10
- UNPAID HOUSEHOLD
- LABOUR.....11
- JOB SEEKERS.....12
- STUDENT.....13
- DISABLED.....14
- NO JOB.....15

- CODES FOR Q11**
- MALARIA.....1
 - DIARRHEA.....2
 - VOMITING.....3
 - FLU.....4
 - ASTHMA.....5
 - HEADACHE.....6
 - BACKACHE.....7
 - TB.....8
 - DIABETES.....9
 - STDs.....10
 - BURN.....11
 - FRACTURE.....12
 - HIV/AIDS.....13

- EAR/NOSE/THROAT...14
- TYPHOID.....15
- POISONING.....16
- DENTAL.....17
- URINATING IS PAINFUL.....18
- MENTAL DISORDER...19
- STOMACH DISORDER...20
- PROLONGED WOUND...21
- SKIN PROBLEM.....22
- PREGNANCY RELATED.23

- CANCER.....24
- LOWER RESPIRATORY...25
- UPPER RESPIRATORY...26
- HEART PROBLEM/BP...27
- UNSPECIFIED LONG TERM ILLNESS.....28
- BILHARZIA /SCHISTOSOMIASIS...29
- ARTHRITIS/NERVE DISORDER.....30
- RHEUMATISM.....31
- EYE PROBLEM.....32
- WITCHCRAFT.....33
- OTHER, SPECIFY.....34

SECTION V-1: HOUSEHOLD RECONTACT INFORMATION

GIVE DETAILS OF HOW TO FIND THE HOUSEHOLD, IF NO PHONE WRITE 98.

GPS

_____ ° _____ ' S

_____ ° _____ ' E

PROBE AT LEAST FOR THE FOLLOWING:

1. PHONE NUMBER OF HOUSEHOLD HEAD : _____

2. PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

A) NAME : _____ PHONE : _____

B) NAME : _____ PHONE : _____

C) NAME : _____ PHONE : _____

3. REFERENCE PERSON (WITH COMMUNITY)

A) NAME : _____

B) RELATIONSHIP TO HEAD : _____

C) MAIN OCCUPATION : _____

D) LOCATION : _____

E) OTHER : _____

F) PHONE : _____

4. REFERENCE PERSON (OUTSIDE COMMUNITY)

A) NAME : _____

B) RELATIONSHIP TO HEAD : _____

C) MAIN OCCUPATION : _____

D) LOCATION : _____

E) OTHER : _____

F) PHONE : _____

SECTION V-2: FILTER QUESTIONS

1. Does anyone in the household cultivate any plot? YES...1 NO...2

2. Does anyone in the household own a farm plot that they do not cultivate? YES...1 NO...2

3. Did anyone in the household own or cultivate a plot during the long rainy season 2010? YES...1 NO...2

4. Did anyone in the household own or cultivate any plot during the last completed short rainy season? YES...1 NO...2

5. Did anyone in the household own any livestock during the last 12 months? YES...1 NO...2

6. PROCEED TO AGRICULTURE MODULE? YES...1 NO...2

MARK YES IF RESPONDENT SAID 'YES' TO ANY QUESTION 1-5

7. Did anyone in this household do any fishing, operate a fish farm or engage in fish trading in the last 12 months? YES...1 NO...2

8. PROCEED TO FISHERY MODULE? YES...1 NO...2

MARK YES IF RESPONDENT SAID 'YES' TO QUESTION 7

RESPONDENT GIFT:

EXPLAIN TO THE RESPONDENT THAT YOU WOULD LIKE TO GIVE THEM A GIFT AS THANKS FOR THEIR COOPERATION WITH THE SURVEY.

9. WHICH GIFT DID THIS HOUSEHOLD RECEIVE?

RADIO...1 BEDNET...2 OTHER...3

10. WHO IN THE HOUSEHOLD RECEIVED THE GIFT? NAME: _____ ID NUMBER:

ENUMERATOR SIGNATURE _____

SECTION U: ANTHROPOMETRY

INDIVIDUAL ID	1. WAS [NAME] MEASURED?	2. WHY NOT?	3. WEIGHT	4. HEIGHT	5. HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	6. IS [NAME] 5 YEARS OR YOUNGER?	7. UPPER ARM CIRCUMFERENCE
	YES...1 (▶3) NO...2	CURRENTLY NOT HOME...1 TOO ILL...2 UNWILLING...3 OTHER SPECIFY...4 ▶NEXT	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> IF LESS THAN 10 KG, PUT LEADING ZEROS 3.2 KG = 003.2) </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> IF LESS THAN 100 CMS, PUT ZERO (0) ON PRECEEDING SPACE OF THIS COLUMN (97 CM = 097) </div>	STANDING...1 LYING DOWN.2	YES...1 NO...2 ▶NEXT	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> IF LESS THAN 10 CMS, PUT ZERO (0) ON PRECEEDING SPACE OF THIS COLUMN (9 CM = 09) </div>
			KG	CM			CM

1			_ _ _ . _	_ _ _ . _			_ _ _ . _
2			_ _ _ . _	_ _ _ . _			_ _ _ . _
3			_ _ _ . _	_ _ _ . _			_ _ _ . _
4			_ . _	_ . _			_ . _
5			_ . _	_ . _			_ . _
6			_ . _	_ . _			_ . _
7			_ _ _ . _	_ _ _ . _			_ _ _ . _
8			_ _ _ . _	_ _ _ . _			_ _ _ . _
9			_ _ _ . _	_ _ _ . _			_ _ _ . _
10			_ . _	_ . _			_ . _
11			_ . _	_ . _			_ . _
12			_ . _	_ . _			_ . _

END TIME

	:	
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1. DODOMA-01		6. PWANI-06		12.MBEYA-12		17. SHINYANGA-17		51. KASKAZINI UNGUJA-51	
KONDOA	1	BAGAMOYO	1	CHUNYA	1	BARIADI	1	KASKAZINI 'A'	1
MPWAPWA	2	KIBAHA	2	MBEYA RURAL	2	MASWA	2	KASKAZINI 'B'	2
KONGWA	3	KISARAWA	3	KYELA	3	SHINYANGA RURAL	3		
DODOMA RURAL	4	MKURANGA	4	RUNGWE	4	KAHAMA	4	52. KUSINI UNGUJA-52	
DODOMA URBAN	5	RUFJI	5	ILEJE	5	BUKOMBE	5	KATI	1
BAHI	6	MAFIA	6	MBOZI	6	MEATU	6	KUSINI	2
				MBALALI	7	SHINYANGA URBAN	7		
2. ARUSHA-02		7. DAR-ES-SALAAM-07		MBEYA URBAN	8	KISHAPU	8		
MONDULI	1	KINONDONI	1					53. MJINI/MAGHARIBI UNGUJA-53	
ARUMERU	2	ILALA	2	13. SINGIDA-13		18. KAGERA-18		MAGHARIBI	1
ARUSHA	3	TEMEKE	3	IRAMBA	1	KARAGWE	1	MJINI	2
KARATU	4			SINGIDA RURAL	2	BUKOKA RURAL	2		
NGORONGORO	5	8. LINDI-08		MANYONI	3	MULEBA	3	54. KASKAZINI PEMBA-54	
		KILWA	1	SINGIDA URBAN	4	BIHARAMULO	4	WETE	1
3. KILIMANJARO-03		LINDI RURAL	2			NGARA	5	MICHWEWENI	2
ROMBO	1	NACHINGWEA	3	14. TABORA-14		BUKOKA URBAN	6		
MWANGA	2	LIWALE	4	NZEGA	1	CHATO	7	55. KUSINI PEMBA-55	
SAME	3	RUANGWA	5	IGUNGA	2	MISENYE	8	CHAKECHAKE	1
MOSHI RURAL	4	LINDI URBAN	6	UYUI	3			MKOANI	2
HAI	5			URAMBA	4	19. MWANZA-19			
MOSHI URBAN	6	9. MTWARA-09		SIKONGE	5	UKERWE	1		
		MTWARA RURAL	1	TABORA URBAN	6	MAGU	2		
4. TANGA-04		NEWALA	2			NYAMAGANA	3		
LUSHOTO	1	MASASI	3	15. RUKWA-15		KWIMBA	4		
KOROGWE	2	TANDAHIMBA	4	MPANDA	1	SENGEREMA	5		
MUHEZA	3	MTWARA MIKINDANI	5	SUMBAWANGA	2	GEITA	6		
TANGA URBAN	4			NKASI	3	MISUNGWI	7		
PANGANI	5	10. RUVUMA-10		SUMBAWANGA URBAN	4	ILEMELA	8		
HANDENI	6	TUNDURU	1			20. MARA-20			
KILINDI	7	SONGEA RURAL	2	16. KIGOMA-16		TARIME	1		
MKINGA	8	MBINGA	3	KIBONDO	1	SENGEREMA	2		
		SONGEA URBAN	4	KASULU	2	MUSOMA RURAL	3		
5. MOROGORO-05		NAMTUMBO	5	KIGOMA RURAL	3	BUNDA	4		
KILOSA	1			KIGOMA URBAN	4	MUSOMA URBAN	5		
MOROGORO RURAL	2	11. IRINGA-11				21. MANYARA-21			
KILOMBERO	3	IRINGA RURAL	1			BABATI	1		
ULANGA	4	MUFINDI	2			HANANG	2		
MOROGORO URBAN	5	MAKETE	3			MBULU	3		
MVOMERO	6	NJOMBE	4			SIMANJIRO	4		
		LUDEWA	5			KITETO	5		
		IRINGA URBAN	6						
		KILOLO	7						