



United Republic of Tanzania  
National Bureau of Statistics

# CONFIDENTIAL

PUBLIC DISCLOSURE  
AUTHORIZED

## NATIONAL PANEL SURVEY

*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

	CODE	NAME
1. REGION:	<input type="text"/> <input type="text"/>	.....
2. DISTRICT	<input type="text"/>	.....
3. WARD	<input type="text"/> <input type="text"/> <input type="text"/>	.....
4. VILLAGE/ENUMERATION AREA	<input type="text"/> <input type="text"/> <input type="text"/>	.....
5. KITONGOJI OR MTAA NAME		.....
7. HOUSEHOLD ID (FROM LIST) :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8. NAME OF HOUSEHOLD HEAD:		.....
9. IS THIS AN HBS HOUSEHOLD?      YES..1    NO..2    ►Q12		<input type="checkbox"/>
10. NAME OF HOUSEHOLD HEAD FROM HBS:		.....
11. FULL HOUSEHOLD IDENTIFICATION FROM HBS:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

12. 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.

.....

.....

.....

13. DOES THIS HOUSEHOLD REPLACE ANOTHER SAMPLE HOUSEHOLD CHOSEN FOR THE SURVEY? YES..1; NO..2 (▶15)

14. WHICH HOUSEHOLD IN THIS EA DOES IT REPLACE? HOUSEHOLD ID OF ORIGINALLY SELECTED HOUSEHOLD

**SECTION A-2: SURVEY STAFF DETAILS**

15. NAME OF ENUMERATOR: .....

16. ENUMERATOR CODE:

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:  /  /

22. NAME OF DATA ENTRY CLERK: .....

23. DATA ENTRY CLERK CODE:

24. DATE OF DATA ENTRY:  /  /

**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.

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## **INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED**

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

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

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.

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?

## **TABLE OF CONTENTS**

SECTION A-1: HOUSEHOLD IDENTIFICATION

SECTION A-2: SURVEY STAFF DETAILS

SECTION B: HOUSEHOLD MEMBER ROSTER

SECTION C: EDUCATION

SECTION D: HEALTH

SECTION E: LABOUR

SECTION F: FOOD OUTSIDE THE HOUSEHOLD

SECTION G: CHILDREN LIVING ELSEWHERE

SEHEMU H. GOVERNANCE

SECTION I-1: VIOLENCE AGAINST WOMEN

SECTION J: HOUSING, WATER AND SANITATION

SECTION K: CONSUMPTION OF FOOD OVER PAST ONE WEEK

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

SECTION M: NON-FOOD EXPENDITURES – Past twelve months

SECTION N: HOUSEHOLD ASSETS

SECTION O: ASSISTANCE AND GROUPS

SECTION P: CREDIT

SECTION Q: CRIME & JUSTICE

SECTION R: RECENT SHOCKS TO HOUSEHOLD WELFARE

SECTION S: DEATHS IN HOUSEHOLD

SECTION T-1: HOUSEHOLD RECONTACT INFORMATION

SECTION U: ANTHROPOMETRY

**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.7 Exceptions**

- Infants less than 3 months
- New household members
- Boarding school students

INDIVIDUAL ID	1.	2.	3.	4.	5.	6.	7.	8.	INDIVIDUAL ID
	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  YEAR MONTH	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.  YEARS	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 IS AN HBS HOUSEHOLD MEMBER, ENTER THE HBS ID NUMBER  ELSE, ENTER 99  HH ROSTER ID	Did [NAME] eat meals in this household in the last 7 days?  YES . . . 1 NO . . . . 2	For the last 12 months has [NAME] stayed in this household for 3 months or more?  YES . . . 1 NO . . . . 2	

CROSS OUT ID CODE AND DO NOT ADMINISTER OTHER SECTIONS FOR INDIVIDUALS WITH CODE 2

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I N D I V I D U A L I D	9. For how many cumulative months during the last 12 months has [NAME] been away from this household?	10. 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 UNPAID FAMILY WORK.....12 JOB SEEKERS.....13 STUDENT.....14 DISABLED.....15 NO JOB.....16 TOO YOUNG.....17	11. Where is [NAME]'s biological father?  IF FATHER IS MEMBER OF HH, COPY ID. (▶14) LIVING OUTSIDE OF HH . 97 (▶13) DEAD. . 98 DOES NOT KNOW . 99 (▶13)	12. What was [NAME]'s age when [NAME]'s father died?  AGE OF CHILD	13. 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 KNOW ....7	14. Where is [NAME]'s biological mother?  IF MOTHER IS MEMBER OF HH, COPY ID. (▶17) LIVING OUTSIDE OF HH . 97 (▶16) DEAD. . 98 DOES NOT KNOW . 99 (▶16)	15. What was [NAME]'s age when [NAME]'s mother died?  AGE OF CHILD	16. 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	17. IS [NAME] AGED 12 YEARS OR ABOVE?  YES..1 NO...2 (▶NEXT ROW)	18. What is [NAME]'s marital status? MONOGAMOUS MARRIED.1 POLYGAMOUS MARRIED.2 LIVING TOGETHER..3 (▶21) SEPARATED.4 (▶24) DIVORCED..5 (▶24) NEVER MARRIED.6 (▶24) WIDOW(ER).7 (▶24)	19. What type of marriage ceremony did [NAME] have?  GOVERNMENT...1 RELIGIOUS...2 TRADITIONAL...3  Wife Number 1   2   3   4
	MONTHS			YEARS	YEARS	YEARS	YEARS	YEARS			

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<b>I N D I V I D U A L  I D</b>	20. Does spouse/partner live in this household now?	21. WRITE ID CODES OF SPOUSES WHO LIVE IN THE HOUSEHOLD				22. Does [NAME] have a spouse living outside of this household?	23. How many spouses does [NAME] have who are residing outside of this household?  ENTER 0 IF NONE	24. For how many years have you lived in this community?  ENTER 99 IF LIVED HERE SINCE BIRTH  IF 99 ► NEXT ROW	25. From which district did you move? [WRITE THE COUNTRY IF OUTSIDE TANZANIA]  SEE CODES AT BACK OF QUESTIONNAIRE			26. Why did you move here? WORK RELATED.1 SCHOOL/STUDIES...2 MARRIAGE...3 OTHER FAMILY REASONS...4 BETTER SERVICES/ HOUSING...5 LAND/PLOT..6 OTHER, SPECIFY...7	27. In which district were you born? [WRITE THE COUNTRY IF OUTSIDE TANZANIA]  SEE CODES AT BACK OF QUESTIONNAIRE	
	YES . 1 NO . . 2 (►22)	1	2	3	4	YES . . 1 NO . . 2 (►24)	ONLY MEN SHOULD BE ASKED	NUMBER	Number of years	DISTRICT/COUNTRY NAME	REGION	CODES DISTRICT	DISTRICT/COUNTRY NAME	REGION

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**SECTION C: EDUCATION**

**RESPONDENTS: 5 YEARS AND ABOVE**

I N D I V I D U A L I D	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	
	IS [NAME] 5 YEARS OR ABOVE?	Did [NAME] ever go to school?	At what age did [NAME] start school?	Is [NAME] currently in school?	Was [NAME] in school last year?	What is the highest grade completed by [NAME]?	What grade is [NAME] currently attending?	What grade was [NAME] attending last year?	CHECK Q4: IS [NAME] CURRENTLY ATTENDING SCHOOL?	Who owns the school [NAME] attends?	
	PP...01 ADULT... 02 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 MS+COURSE...19 DIPLOMA..34 UNIVERSITY U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45										
	YES..1 NO...2 (▶NEXT)	YES..1 NO...2	AGE	YES..1 (▶7) NO...2	YES..1 (▶8) NO...2	(▶NEXT SECTION)			NOT IN SCHOOL LAST YEAR.90	YES..1 NO...2 (▶14)	LOCAL GOV'T.....1 CENTRAL GOV'T....2 LOCAL PEOPLE....3 FOREIGN PEOPLE...4 RELIGIOUS - BOARDING.....5 RELIGIOUS - DAY..6 CHARITABLE ORG - BOARDING.....7 CHARITABLE ORG - DAY.....8 PRIVATE ORG - BOARDING.....9 PRIVATE ORG - DAY.....10 OTHER (SPECIFY).11

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INDIVIDUAL	11. Does [NAME] get meals at the school (school feeding)? [FREE MEALS]	12. Has [NAME] missed school in the last two schooling weeks?	13. 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	14. 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: 10px; text-align: center;">IF THERE WAS NO EXPENDITURE, WRITE '0'</div>						
	YES..1 NO...2	YES..1 NO...2 (►14)		School Fees TSH	Books & Materials TSH	Uniforms TSH	Trans- port TSH	Extra tuition TSH	Other Contrib. TSH	Cost of Meals TSH

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**SECTION D: HEALTH** RESPONDENTS 12 AND OLDER SHOULD RESPOND FOR THEMSELVE

<b>I N D I V I D U A L I D</b>	1a IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	1b Did you visit a health provider in the ast 4 weeks?	2. What type of health provider did you visit?  <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>LIST UP TO TWO VISITS BY ORDER OF IMPORTANCE</b></div>		3. How was the treatment financed?  <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>UP TO TWO PROVIDERS</b></div>		4. For the last 4 weeks were you hospita-lized or did you stay overnight in a medical facility?	5. How much in total did the household spend on you in the <u>past 4 weeks</u> for all <u>illnesses and injuries</u> , including for medicine, tests, con-sultation, & in-patient fees, if any?	6. How much in total did the household spend on you 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?	7. How much in total did the household spend on you in the <u>past 4 weeks</u> for <u>non-prescription medicines</u> , including Panadol, Fansidar, cough syrup, etc.?	8. During the last <u>12 months</u> , were you hospital-ized or did you have an overnight stay(s) in a medical facility?
	YES...1  NO...2	YES...1  NO...2  (▶6)	<b>GOV. PARASTATAL</b> REFERAL/SPEC. HOSP...1 REGIONAL HOSPITAL ...2 DISTRICT HOSPITAL ...3 HEALTH CENTER .....4 DISPENSARY .....5 VILLAGE HEALTH POST (WORKER).....6 CBD WORKER .....8  <b>RELIGIOUS/VOLUNTARY</b> REFERAL/SPEC. HOSP...9 DISTRICT HOSPITAL ...10 HEALTH CENTER .....11 DISPENSARY .....12	<b>PRIVATE</b> SPECIALISED HOSP...13 HEALTH CENTER .....14 DISPENSARY .....15  <b>OTHER</b> PHARMACY .....16 NGO.....17 OTHER : _____ ...18	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.....9	YES...1  NO...2	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS			YES...1  NO...2	
			PROVIDER1	PROVIDER2	1	2		TSHS	TSHS	TSHS	(▶10)
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INDIVIDUAL	9. What was the total cost of your hospitalization(s) or overnight stay(s) in a medical facility?  <b>INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.</b>	10. During the last <u>12 months</u> , did you stay <u>overnight(s) at a traditional healer's</u> or faith healer's dwelling?  YES...1 NO...2 <b>(▶12)</b>	11. What was the total cost of your stay(s) at the traditional healer or faith healer?  <b>INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.</b>	12. Are you physically handicapped?  YES...1 NO...2 <b>(▶16)</b>	13. In what way are you handicapped?  <b>TAKE THE MOST SERIOUS PROBLEM</b> POOR EYESIGHT /BLIND.....1 POOR HEARING /DEAF.....2 UNABLE TO SPEAK.....3 MISSING LIMB (ARM/LEG/HAND /FOOT).....4 PARALYSED/LAME /CRIPPLED.....5 MENTALLY DISABLED.....6 OTHER (SPECIFY).....7	14. Does your physical handicap in any way limit or prevent activities or work?  YES...1 NO...2	15. How does your disability affect your daily activities compared to 12 months ago?  WORSE NOW.1 SAME.....2 IMPROVED...3	16. Can you do the following activities?  A. Vigorous activities like running, lifting heavy objects, participating in sports or doing hard labour? B. Walking uphill? C. Bending over or stooping? D. Walking more than one kilometer? E. Walking over 100 meters? F. Eating, bathing or using the toilet?  YES...1 NO...2					
	TSHS		TSHS					YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2

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INDIVIDUAL	17.	18.	19.	20.
	Did you sleep under a bednet yesterday?	How did the household obtain this bednet?	How much did the household pay for the bednet?	IS THE RESPONDENT A WOMAN AGED 12 TO 49 YEARS?
	YES UNTREATED NET.....1 YES TREATED NET<6MONTHS.2 YES TREATED NET>6MONTHS.3 NO.....4 (▶20) DONT KNOW....5	FREE GIFT...1 (▶20) PURCHASED...2 PURCHASED W/ VOUCHER.3	[IF THE NET IS SHARED, ENTER THE AMOUNT FOR ONE MEMBER ONLY.]	YES . . 1 NO . . . 2  TSHS (▶26)

WOMEN 12-49 YEARS (Q.21-Q.25)				
21.	22.	23.	24.	25.
In the past 24 months, did you give birth to a child, even if born dead?	Did you regularly go to a health clinic when you were pregnant with your last child born in the last 24 months?	Where did you deliver your last child born in the last 24 months?	Who delivered this child?	Was this birth registered?
YES . . 1 NO . . . 2 (▶26)	YES . . 1 NO . . . 2	HOSPITAL/ MATERNITY.1 CLINIC....2 AT HOME...3 OTHER, SPECIFY...4	DOCTOR OR CLINICAL OFFICER . . 1 NURSE . . . 2 MIDWIFE . . 3 TRADITIONAL BIRTH ATTENDANT . 4 FRIEND OR RELATIVE . . 5 SELF . . . . 6 OTHER . . . . 7	YES . . 1 NO . . . 2 (▶NEXT)

CHILDREN <5 YEARS	
26.	27.
IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD)	Do you have a card where [NAME's] vaccinations are written down?  IF YES: May I see it please?  USE THE VACCINATION CARD TO FILL IN QUESTIONS 28-36.
YES . . 1 NO . . . 2 (▶NEXT)	YES 1 NO 2 ▶30

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**CHILDREN <5 YEARS (Q27-Q58)**

INDIVIDUAL	28. IS THE VACCINATION CARD FOR [NAME] AVAILABLE?	29. Has [NAME] received any other vaccinations that are not included in this card, including vaccinations received in a national immunization day campaign?  RECORD "YES" ONLY IF RESPONDENT MENTIONS: - BCG (Q4), - POLIO 0-3 (Q5-7) - DPT 1-3 (Q8-9), - AND/OR MEASLES (Q10).  USE THE INFORMATION HERE TO COMPLEMENT THE VACINATION CARD FOR Q4-10.	30. Did [NAME] ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?
	YES 1	YES 1 ► 31	YES 1
	NO 2	NO 2 ► 31	NO 2 ► 38
		DON'T KNOW 3 ► 31	DON'T KNOW 3 ► 38

**Please  
tell me if  
[NAME]  
received  
any of  
the  
following  
vaccinat  
ions:**

31. A BCG vaccination against Tuberculosis, i.e., an injection in the arm or shoulder that usually causes a scar?	32. Polio vaccine, i.e., drops in the mouth?	33. When was the first polio vaccine received, just after birth or later?	34. How many times was the polio vaccine received?	35. A DPT-HP vaccination, i.e., an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	36. How many times?	37. An injection to prevent measles?
YES 1	YES 1			YES 1		YES 1
NO 2	NO 2 ► 35	JUST AFTER 1		NO 2 ► 37		NO 2
DON'T KNOW 3	DON'T KNOW 35	LATER 2	NUMBER	DON'T KNOW 3 ► 37	NUMBER	DON'T KNOW 3

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**CHILDREN <5 YEARS (Q27-Q58)**

I N D I V I D U A L  I D	38. Has [NAME] been ill with a fever in the last two weeks?	39. Has [NAME] had an illness with a cough at any time in the last two weeks?	40. When [NAME] had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	41. CHECK: DID [NAME] HAVE A FEVER (Q38) OR COUGH (Q39)?	42. Did you seek advice or treatment for the fever/cough?	43. Where did you seek advice or treatment? Anywhere else?  RECORD UP TO 3 FROM LIST IN QUES 2	44. CHECK: DID [NAME] HAVE A FEVER (Q38)?	45. Does [NAME] have a fever now?	46. Has [NAME] been ill with convulsions at any time during the last two weeks?
	YES 1	YES 1	YES 1	YES 1	YES 1		YES 1	YES 1	
	NO 2	NO 2 ► 41	NO 2	NO 2 ► 50	NO 2 ► 44	1   2   3	NO 2 ► 50	NO 2	NO 2
	DON'T KNOW 3 ► 41	DON'T KNOW 3						DON'T KNOW 3	

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**CHILDREN <5 YEARS (Q27-Q58)**

I N D I V I D U A L  I D	47. Was [NAME] given any drugs for the fever/convulsions?	48. What drugs did [NAME] take?  LIST UP TO 3  ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.  <b>ANTI-MALARIAL</b> SP.....1 CHLOROQUINE...2 AMODIAQUINE...3 QUININE.....4 ARTESUNATE....5  <b>OTHER DRUGS</b> ASPIRIN.....6 IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL..7 OTHER.....8 DON'T KNOW....9	49. Did [NAME] get any injection or suppository for the fever/convulsions?	50. Has [NAME] had diarrhea in the last two weeks?	51. 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	52. 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
	YES 1 NO 2 ▶ 50	1 2 3	INJECTION...1 SUPPOSITORY.2 NONE.....3 DON'T KNOW..4	YES 1 NO 2 ▶ 56		

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**CHILDREN <5 YEARS (Q27-Q58)**

INDIVIDUAL	53. Was he/she given any of the following to drink:		54. Did you seek advice or treatment for the diarrhea?	55. Where did you seek advice or treatment? Anywhere else?	56. For how many months was [NAME] exclusively breastfed?	57. For how long was [NAME] breastfed?	58. How many times did [NAME] receive [...] yesterday? ENTER "0" IF NONE			
	Oral rehydration salts (ORS)?	A government-recommended homemade fluid?		RECORD UP TO 3 FROM LIST IN QUESTION 2	ENTER 98 IF MOTHER NOT IN THE HOUSEHOLD	ENTER 98 IF MOTHER NOT IN THE HOUSEHOLD				
	NDIYO 1 HAPANA 2	NDIYO 1 HAPANA 2	NDIYO 1 HAPANA 2 ▶ 56.	1   2   3	COMPLETED MONTH	COMPLETED MONTH	A BREAST MILK	B LIQUID FOOD	C SOLID SNACK	D SOLID MEAL

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2												
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**SECTION E: LABOUR**

<b>I N D I V I D U A L  I D</b>	1. IS THE HOUSEHOLD MEMBER 5 YEARS OR ABOVE?	2. IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?	3. Did [NAME] do any work of any type for pay, profit, barter or home use during the <u>last 7 days</u> ?	4. Although [NAME] 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 <u>last 7 days</u> and to which you will definitely return to work?
	YES..1 NO...2 <b>▶NEXT</b>	YES..1 NO...2	YES..1 <b>▶9</b> NO...2	YES..1 <b>▶9</b> NO...2

<b>Unemployment</b>			
5. Was [NAME] available for work during the <u>last 7</u> <u>days</u> ?	6. Why was [NAME] not available for work during the <u>last 7 days</u> ?  In school ..... 1 Busy with household duties ..... 2 Unable to work: too young .... 3 too old ..... 4 sick ..... 5 disabled ..... 6	7. Has [NAME] taken any steps within the past 4 weeks to look for work?	8. When was the last time [NAME] did work for pay, profit or gain (if any)?          <b>▶45</b>          <b>▶45</b>  MONTH   YEAR
YES..1 <b>▶7</b> NO...2	<b>▶45</b>	YES..1 NO...2	

<b>Wage Jobs</b>
9. Did [NAME] do any wage work during the <u>last 7 days</u> ? (i.e work for someone else for pay)  (WAGE EMPLOYMENT)
YES..1 <b>▶11</b> NO...2

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**Wage Jobs**

INDIVIDUAL	10. Did [NAME] do any wage work during the last 12 months? (i.e work for someone else for pay?)  (WAGE EMPLOYMENT)	11. What is the name of the company or organization that [NAME] works for?          <b>IF WORKING FOR MORE THAN 1 EMPLOYER, LIST PRIMARY JOB</b>	12. Is [NAME]'s employer for this work...  Central gov. .... 1 Local gov. .... 2 Parastatal ..... 3 Political party . 4 Cooperative ..... 5 NGO ..... 6 Int'l Org. .... 7 Religious Org. .. 8 Private sector .. 9	13. What kind of trade or business is it connected with?          <b>[CODE: ISIC SECTOR]</b>	14. How many people altogether work at the place where [NAME] does this work?          <b>TOTAL</b>	15. How long does it take [NAME] to get to work from here? (TIME ONE WAY ONLY)	16. Do [NAME] receive wages, salary or other payments either in cash or in other forms from this employer for this work?          <b>YES...1</b> <b>▶ 18</b>	17. What is the main reason [NAME] receive no payment for this work?          <b>APPRENTICESHIP OR UNPAID TRAINEESHIP....1</b> <b>LABOR PAYING OFF DEBT.2</b> <b>OTHER (SPECIFY__)...3</b>
	YES...1 NO...2 <b>▶22</b>	WRITE NAME		<b>DESCRIPTION</b>	<b>CODE</b>	<b>NUMBER</b>	<b>HOURS</b>   <b>MINUTES</b>	NO....2

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**Wage Jobs**

I N D I V I D U A L I D	18. How much was [NAME]'s last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover?		19. How many hours did [NAME] work last week?	20. Does [NAME] receive any payment for this work in any other form?  [APART FROM SALARY]	21. What is the value of those payments? Over what time interval?
	TSH.	TIME UNIT	HOURS	YES...1 NO...2  ▶ 22	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER...6 HALF YEAR..7 YEAR.....8  TSH                      UNIT

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**Self-employment**

I N D I V I D U A L I D	22. Did you operate any business or do any self-employed activity during the last week, other than agriculture?	23. Did you operate any business or do any self-employed activity during the last 12 months, other than agriculture?	24. What kind of business do you operate?
	YES...1 ▶ 24 NO...2	YES...1 NO...2  ▶45	[CODE: ISIC SECTOR]

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		12		

LINES FOR SECONDARY ACTIVITIES	ID OF MEMBER		
	ID OF MEMBER		

**Self-employment**

<b>I N D I V I D U A L  I D</b>	25. Who in the household owns this business?  CAN LIST UP TO TWO	26. How many individuals outside this household co-own this income generating activity?  IF NONE, WRITE 0	27. 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.
	ID CODE OWNER 1   ID CODE OWNER 2	TOTAL NUMBER	ID

**IF THE ACTIVITIES HAVE BEEN OWNED BY MORE THAN ONE HOUSEHOLD MEMBERS, ANSWER QUESTION 27-41 BY INTERVIEWING ONLY ONE HOUSEHOLD MEMBERS.**

28. Where does [NAME] do business?  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	29. How long, has this business existed?  YEARS   MONTHS	30. What was the main source of start-up capital for this income-generating activity?  LOAN FROM FAMILY/FRIENDS.....1 GIFT FROM FAMILY/FRIENDS.....2 SALE OF ASSETS OWNED.....3 PROCEEDS FROM ANOTHER BUSINESS.4 OWN SAVINGS.....5 LOAN FROM SACCOS.....6 NON-AGRICULTURAL CREDIT.....7 BANK OR OTHER INSTITUTION.....8 LOAN FROM MONEY LENDER.....9 INHERITED.....10 OTHER (SPECIFY).....11
		1ST   2ND   3RD

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**Self-employment**

I N D I V I D U A L  I D	31. To whom does [NAME] sell your products or services?	32. What is the total value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the business?	33. What is the total value of your current stock of inputs or supplies?	34. What is the total value of your current stock of finished merchandise (goods for sale)?	35. What gross income/takings did you get from your business or businesses last week/month?	36. What was your net income (profit) from your business or businesses last week/month?  [NET PROFITS (Q 36) SHOULD BE LESS THAN OR EQUAL TO GROSS INCOME (Q 35).]	37. How many employees does [NAME] have who are not household members?	38. What is/was [NAME]'s total expenditure on wages last month?	39. What was [NAME]'s total expenditure on raw materials last month?
	FINAL CONSUMERS..1 SMALL BUSINESS..2 LARGE ESTABLISHED BUSINESS.....3 INSTITUTIONS....4 EXPORT.....5 MANUFACTURERS...6 GOVERNMENT.....7 OTHER (SPECIFY) ..8					WEEK 1 MONTH 2	WEEK 1 MONTH 2	NON HOUSEHOLD EMPLOYEES	IF NONE WRITE '0'
	1st   2nd	TSH	TSH	TSH	TSH   PERIOD	TSH   PERIOD		TSH	TSH

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Self-employment				GENERAL							
I N D I V I D U A L  I D	40. How much were your other operating expenses (for this business) such as fuel, kerosene, electricity etc. last month?	41. How many months during the last 12 months did you operate this business?	42. What was your AVERAGE net income (profit) during the months when you operated this business?	43. 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?  YES...1  ▶24 BOTTOM NO....2	44. Did you operate any OTHER business or do any OTHER self-employed activity during the last 12 months, other than agriculture?  YES...1  ▶24 BOTTOM NO....2	45. In the last 7 days, how many hours did [NAME] work as an unpaid family worker on a non-farm household business?  [IF NONE WRITE '0']	46. In the last 7 days, how many hours did (NAME) spend on household agricultural activities (including livestock or fishing, whether for sale or for household food)? [IF NONE WRITE '0']	47. How many hours did you spend yesterday collecting firewood (or other fuel materials)?  [IF NONE WRITE '0']	48. How many hours did you spend yesterday collecting/ fetching water?  [ROUND TRIP]  [IF NONE WRITE '0']		
	TSH	MONTHS	TSH			HOURS	HOURS	HOURS    MINUTES	HOURS    MINUTES		

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**GENERAL**

49.  
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]?

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D

- VERY SATISFIED.....1
- SATISFIED.....2
- SOMEWHAT SATISFIED.....3
- NEITHER SATISFIED NOR DISSATISFIED..4
- SOMEWHAT DISSATISFIED.....5
- DISSATISFIED.....6
- VERY DISSATISFIED.....7
- DOES NOT APPLY.....8

- |              |                           |               |                    |           |                       |
|--------------|---------------------------|---------------|--------------------|-----------|-----------------------|
| a.           | b.                        | c.            | d.                 | e.        | f.                    |
| Your health? | Your financial situation? | Your housing? | Your husband/wife? | Your job? | Your life as a whole? |

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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**

I N D I V I D U A L  I D	1. Did [NAME] consume any meals/ snacks/ drinks outside the household in the past 7 days?	2. In the past 7 days did [NAME] consume any full meals ( <u>breakfast, lunch or dinner</u> ) outside of the household?	3. What was the value of this consumption?	4. In the past 7 days did [NAME] consume any <u>barbecued meat, chips, roast bananas and other snacks</u> prepared on characoal outside of the household?	5. What was the value of this consumption?	6. In the past 7 days did [NAME] consume any <u>kibuku and other local brews</u> outside of the household?	7. What was the value of this consumption?	8. In the past 7 days did [NAME] consume any <u>wine, commercial beer and spirits</u> outside of the household?	9. 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
	(▶NEXT)	(▶4)		(▶6)		(▶8)		(▶10)	

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I N D I V I D U A L I D	10. In the past 7 days did [NAME] consume any <b>sodas and other non-acholic drinks</b> outside of the household?	11. What was the value of this consumption?	12. In the past 7 days did [NAME] consume any <b>sweets, ice-cream</b> outside of the household?	13. What was the value of this consumption?	14. In the past 7 days did [NAME] consume any <b>tea, coffee, samosa, cake and other hoteli snacks</b> outside of the household?	15. What was the value of this consumption?
	YES..1 NO...2 (▶12)	TSH	YES..1 NO...2 (▶14)	TSH	YES..1 NO...2 (▶NEXT)	TSH

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**SECTION G: CHILDREN LIVING ELSEWHERE**

<b>I N D I V I D U A L</b>	1. IS THE MEMBER A FEMALE OVER 27 YEARS?	2. Do you have any children 15 and older who live elsewhere (outside this household)?	<b>LIST ALL CHILD- REN LIVING OUT-SIDE THE HOUSE- HOLD</b>	<b>M O T H E R</b>	3.	4. Name of child  LIST ALL CHILDREN 15+ LIVING OUTSIDE THE HOUSEHOLD BEFORE MOVING TO QUESTION 5  IF NONE GO TO ANOTHER SECTION	5. Sex	6. Age of [NAME]	7. What is the status of his/her father?  MEMBER OF HH, COPY ID  LIVING OUTSIDE OF HH . 97  DOES NOT KNOW . .98  DEAD.....99	8. Where does [NAME] live?  VILLAGE IN THIS DISTRICT....1 VILLAGE IN THIS REGION.....2 TOWN/CITY IN THIS DISTRICT....3 VILLAGE, OTHER REGION.....4 TOWN/CITY, OTHER REGION.....5 OUTSIDE TANZANIA....6	9. What is the highest grade completed by [NAME]?  NEVER ATTEND . . . . 0 PP.....01 ADULT.....02  <b>PRIMARY</b> <b>SECONDARY</b> P1.....11      F1.....21 P2.....12      F2.....20 P3.....13      F3.....21 P4.....14      F4.....22 P5.....15      S1+COURSE.26 P6.....16      F5.....33 P7.....17      F6.....34 P8.....18      S2+COURSE.37 P+COURSE..19      O DIPLOMA.38 <b>UNIVERSITY</b> U1.....41      U2.....43 U3.....42      U4.....44 U5&+.....45	10. Occupation in last 12 months  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 HOUSEHOLD LABOR WITHOUT PAYMENT.11 HOUSEHOLD LABOR WITHOUT PAYMENT.12 JOB SEEKERS.....13 STUDENT.....14 DISABLED.....15	11. How much cash and in-kind has [NAME] sent to this household in the last 12 months?  INCLUDE VALUE OF IN-KIND  ENTER 0 IF NONE  <b>SHILLINGS</b>
	YES..1 NO..2 ▶NEXT	YES..1 NO..2 ▶NEXT						M..1 F..2	AGE				


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	C2												
	C3												
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	C12												

SECTION G CONTINUED...

LIST ALL CHILDREN LIVING OUTSIDE THE HOUSEHOLD	MO TH ER I D C O D E F R O M H H R O S T E R	4. Name of child  LIST ALL CHILDREN 15+ LIVING OUTSIDE THE HOUSEHOLD BEFORE MOVING TO QUESTION 5	5. Sex  M..1 F..2	6. Age of [NAME]  AGE	7. What is the status of his/her father?  MEMBER OF HH, COPY ID.  LIVING OUTSIDE OF HH . 97  DOES NOT KNOW . .98  DEAD...99	8. Where does [NAME] live?  VILLAGE IN THIS DISTRICT...1 VILLAGE IN THIS REGION.....2 TOWN/CITY IN THIS DISTRICT...3 VILLAGE, OTHER REGION.....4 TOWN/CITY, OTHER REGION.....5 OUTSIDE TANZANIA....6	9. What is the highest grade completed by [NAME]?  NEVER ATTEND .... 0 PP.....01 ADULT.....02  PRIMARY SECONDARY P1.....11 F1.....21 P2.....12 F2.....20 P3.....13 F3.....21 P4.....14 F4.....22 P5.....15 S1+COURSE.26 P6.....16 F5.....33 P7.....17 F6.....34 P8.....18 S2+COURSE.37 P+COURSE..19 O DIPLOMA.38  UNIVERSITY U1.....41 U2.....43 U3.....42 U4.....44 U5&+.....45	10. Occupation in last 12 months  AGRICULTURE /LIVESTOCK....1 FISHING.....2 MINING.....3 TOURISM.....4 EMPLOYED: GOVERNMENT.....5 PARASTATAL.....4 PRIVATE SECTOR...7 NGO/RELIGIOUS....8 SELF EMPLOYED (NOT AGRICULTURE): WITH EMPLOYEES...9 W/OUT EMPLOYEES..10 HOUSE MED WITHOUT PAYMENT.11 JOB SEEKERS.....12 STUDENT.....13 DISABLED.....14 NO JOB.....15 <5 YEARS OLD.....16	11. How much cash and in-kind has [NAME] sent to this household in the last 12 months?  INCLUDE VALUE OF IN-KIND  ENTER 0 IF NONE  SHILLINGS
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C14									
C15									
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C18									
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C22									
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C24									

I N D I V I D U A L  I D	<b>NAME</b>	<b>SEX</b>	<b>AGE</b>	I N D I V I D U A L  I D
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6				6
7				7
8				8
9				9
10				10
11				11
12				12

**SEHEMU H. GOVERNANCE**

1 WRITE THE NUMBER OF THE SELECTED HOUSEHOLD MEMBER

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?	7 If elections were held today, would you vote to re-elect your [OFFICIAL]?
	IF DON'T KNOW WRITE 98	PAST WEEK ... 1 PAST MONTH .. 2 PAST YEAR ... 3 > YEAR ..... 4 NEVER.....5	STRONGLY APPROVE....1 APPROVE.....2 DISAPPROVE.....3 STRONGLY DISAPPROVE.4 DON'T KNOW.....5	YES.....1 NO.....2 ► NEXT DON'T KNOW.....3
A. Village Chairperson				
B. Village Executive Officer				
C. Ward Executive Officer				
D. Ward Councillor				
E. Headmaster/Headmistrees				
F. Extension Officer				
G. Police Officer (Chief)				
H. MP				

(MEETINGS)	8 In the past year did you attend all of the [MEETING]?	9 Main reason for missing meetings?	
	YES, ALL ....1 ►10 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)			

10 What is your religion?
MUSLIM.....1 CATHOLIC.....2 LUTHERANS.....3 OTHER PROTESTANTS.4 OTHER CHRISTIANS..5 OTHER RELIGION...6 TRADITIONALIST...7 AGNOSTIC/ATHIEST..8 OTHER (SPECIFY)...9

11 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 I-1: VIOLENCE AGAINST WOMEN**

1. ENTER THE HOUSEHOLD ROSTER ID OF THE RESPONDENT:

THIS SECTION SHOULD BE ASKED TO EVERY WOMAN, AGE 15-50. QUESTIONS SHOULD BE ASKED IN PRIVATE. REMIND RESPONDENT THAT SHE IS FREE TO STOP AT ANY TIME.

2. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: YES . . 1 NO . . . 2

A. If she goes out without telling him?	<input type="text"/>	E. If there are problems with his or her family	<input type="text"/>
B. If she neglects the children?	<input type="text"/>	F. If there are money problems	<input type="text"/>
C. If she argues with him?	<input type="text"/>	G. If there is no food at home	<input type="text"/>
D. If she refuses to have sex with him?	<input type="text"/>	H. Other (specify)	<input type="text"/>

	3. Has your current partner, or any partner ever.....[...]	4. Has this happened in the past 12 months?	5. In the past 12 months would you say this has happened once, a few times or many times?	6. Before the past 12 months would you say this has happened once, a few times or many times?
	YES...1 NO...2 ▶NEXT ROW	YES...1 NO...2 ▶6	ONE TIME...1 A FEW TIMES...2 MANY TIMES...3	NEVER.....0 ONE TIME.....1 A FEW TIMES...2 MANY TIMES....3
A. Slapped or thrown something at you that could hurt you?				
B. Pushed you or shoved you?				
C. Hit you with his fist or with something else that could hurt you?				
D. Kicked you, dragged you, or beaten you up?				
E. Choked or burnt you on purpose?				
F. Threatened to use or actually used a gun, knife or other weapon against you?				
G. Physically forced you to have sexual intercourse when you did not want to?				
H. Did you ever have sexual intercourse you did not want because you were afraid of what he might do?				

7. DID RESPONDENT REPORT 'YES' TO ANY ITEM IN QUESTION 3?  YES . . . 1  
NO . . . . 2 ▶ END

8. After any of the incidents of physical violence, did you ever go to [...] for help? YES . . . 1 NO . . . . 2

A. Family	<input type="text"/>	D. NGO	<input type="text"/>
B. Hospital/health center	<input type="text"/>	E. Religious leader	<input type="text"/>
C. Village/community leaders	<input type="text"/>	F. Police	<input type="text"/>

**SECTION I-2: VIOLENCE AGAINST WOMEN**

1. ENTER THE HOUSEHOLD ROSTER ID OF THE RESPONDENT:

THIS SECTION SHOULD BE ASKED TO EVERY WOMAN, AGE 15-50. QUESTIONS SHOULD BE ASKED IN PRIVATE. REMIND RESPONDENT THAT SHE IS FREE TO STOP AT ANY TIME.

2. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: YES . . 1 NO . . . 2

A. If she goes out without telling him?	<input type="text"/>	E. If there are problems with his or her family	<input type="text"/>
B. If she neglects the children?	<input type="text"/>	F. If there are money problems	<input type="text"/>
C. If she argues with him?	<input type="text"/>	G. If there is no food at home	<input type="text"/>
D. If she refuses to have sex with him?	<input type="text"/>	H. Other (specify)	<input type="text"/>

	3. Has your current partner, or any partner ever.....[...]  YES...1 NO.2  ▶NEXT ROW	4. Has this happened in the past 12 months?  YES...1 NO...2 ▶6	5. In the past 12 months would you say this has happened once, a few times or many times?  ONE TIME...1 A FEW TIMES.2 MANY TIMES..3	6. Before the past 12 months would you say this has happened once, a few times or many times?  NEVER.....0 ONE TIME.....1 A FEW TIMES...2 MANY TIMES....3
A. Slapped or thrown something at you that could hurt you?				
B. Pushed you or shoved you?				
C. Hit you with his fist or with something else that could hurt you?				
D. Kicked you, dragged you, or beaten you up?				
E. Choked or burnt you on purpose?				
F. Threatened to use or actually used a gun, knife or other weapon against you?				
G. Physically forced you to have sexual intercourse when you did not want to?				
H. Did you ever have sexual intercourse you did not want because you were afraid of what he might do?				

7. DID RESPONDENT REPORT 'YES' TO ANY ITEM IN QUESTION 3?  YES . . . 1 NO . . . . 2 ▶ END

8. After any of the incidents of physical violence, did you ever go to [...] for help? YES . . . 1 NO . . . . 2

A. Family	<input type="text"/>	D. NGO	<input type="text"/>
B. Hospital/health center	<input type="text"/>	E. Religious leader	<input type="text"/>
C. Village/community leaders	<input type="text"/>	F. Police	<input type="text"/>

**SECTION I-3: VIOLENCE AGAINST WOMEN**

1. ENTER THE HOUSEHOLD ROSTER ID OF THE RESPONDENT:

THIS SECTION SHOULD BE ASKED TO EVERY WOMAN, AGE 15-50. QUESTIONS SHOULD BE ASKED IN PRIVATE. REMIND RESPONDENT THAT SHE IS FREE TO STOP AT ANY TIME.

2. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: YES . . 1 NO . . . 2

A. If she goes out without telling him?	<input type="text"/>	E. If there are problems with his or her family	<input type="text"/>
B. If she neglects the children?	<input type="text"/>	F. If there are money problems	<input type="text"/>
C. If she argues with him?	<input type="text"/>	G. If there is no food at home	<input type="text"/>
D. If she refuses to have sex with him?	<input type="text"/>	H. Other (specify)	<input type="text"/>

	3. Has your current partner, or any partner ever.....[...]  YES...1 NO.2  ▶NEXT ROW	4. Has this happened in the past 12 months?  YES...1 NO...2 ▶6	5. In the past 12 months would you say this has happened once, a few times or many times?  ONE TIME...1 A FEW TIMES.2 MANY TIMES..3	6. Before the past 12 months would you say this has happened once, a few times or many times?  NEVER.....0 ONE TIME.....1 A FEW TIMES...2 MANY TIMES....3
A. Slapped or thrown something at you that could hurt you?				
B. Pushed you or shoved you?				
C. Hit you with his fist or with something else that could hurt you?				
D. Kicked you, dragged you, or beaten you up?				
E. Choked or burnt you on purpose?				
F. Threatened to use or actually used a gun, knife or other weapon against you?				
G. Physically forced you to have sexual intercourse when you did not want to?				
H. Did you ever have sexual intercourse you did not want because you were afraid of what he might do?				

7. DID RESPONDENT REPORT 'YES' TO ANY ITEM IN QUESTION 3?  YES . . . 1 NO . . . . 2 ▶ END

8. After any of the incidents of physical violence, did you ever go to [...] for help? YES . . . 1 NO . . . . 2

A. Family	<input type="text"/>	D. NGO	<input type="text"/>
B. Hospital/health center	<input type="text"/>	E. Religious leader	<input type="text"/>
C. Village/community leaders	<input type="text"/>	F. Police	<input type="text"/>

**SECTION I-4: VIOLENCE AGAINST WOMEN**

1. ENTER THE HOUSEHOLD ROSTER ID OF THE RESPONDENT:

THIS SECTION SHOULD BE ASKED TO EVERY WOMAN, AGE 15-50. QUESTIONS SHOULD BE ASKED IN PRIVATE. REMIND RESPONDENT THAT SHE IS FREE TO STOP AT ANY TIME.

2. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: YES . . 1 NO . . . 2

A. If she goes out without telling him?	<input type="text"/>	E. If there are problems with his or her family	<input type="text"/>
B. If she neglects the children?	<input type="text"/>	F. If there are money problems	<input type="text"/>
C. If she argues with him?	<input type="text"/>	G. If there is no food at home	<input type="text"/>
D. If she refuses to have sex with him?	<input type="text"/>	H. Other (specify)	<input type="text"/>

	3. Has your current partner, or any partner ever.....[...]  YES...1 NO.2  ▶NEXT ROW	4. Has this happened in the past 12 months?  YES...1 NO...2 ▶6	5. In the past 12 months would you say this has happened once, a few times or many times?  ONE TIME...1 A FEW TIMES.2 MANY TIMES..3	6. Before the past 12 months would you say this has happened once, a few times or many times?  NEVER.....0 ONE TIME.....1 A FEW TIMES...2 MANY TIMES....3
A. Slapped or thrown something at you that could hurt you?				
B. Pushed you or shoved you?				
C. Hit you with his fist or with something else that could hurt you?				
D. Kicked you, dragged you, or beaten you up?				
E. Choked or burnt you on purpose?				
F. Threatened to use or actually used a gun, knife or other weapon against you?				
G. Physically forced you to have sexual intercourse when you did not want to?				
H. Did you ever have sexual intercourse you did not want because you were afraid of what he might do?				

7. DID RESPONDENT REPORT 'YES' TO ANY ITEM IN QUESTION 3?  YES . . . 1 NO . . . . 2 ▶ END

8. After any of the incidents of physical violence, did you ever go to [...] for help? YES . . . 1 NO . . . . 2

A. Family	<input type="text"/>	D. NGO	<input type="text"/>
B. Hospital/health center	<input type="text"/>	E. Religious leader	<input type="text"/>
C. Village/community leaders	<input type="text"/>	F. Police	<input type="text"/>



**SECTION J: HOUSING, WATER AND SANITATION**

<p>1. What is HH tenure status of main residence?</p> <p>OWNER OCCUPIED...1 ▶3</p> <p>EMPLOYER PROVIDED - SUBSIDIZED.....2</p> <p>EMPLOYER PROVIDED - FREE.....3 ▶3</p> <p>RENTED.....4</p> <p>FREE.....5 ▶3</p> <p>NOMADS.....6 ▶3</p>	<p>2. How much does this household pay per month to rent this dwelling?</p> <p>INCLUDE VALUE OF IN-KIND PAYMENTS FOR RENT</p> <p style="text-align: center;"><b>TSH</b></p>	<p>3. How many habitable rooms in each unit does this household occupy?</p> <p>DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE</p> <p style="text-align: center;"><b>MAIN DWELLING</b></p>	<p>4. The walls of the main dwelling are predominantly made of what materials?</p> <p>poles (including bamboo), branches, grass.....1</p> <p>poles and mud/mud and stones.....2</p> <p>mud only.....3</p> <p>mud bricks.....4</p> <p>baked/burnt bricks.....5</p> <p>concrete, cement, stones.....6</p> <p>other, specify.....7</p> <p style="text-align: center;"><b>OTHER DWELLING (S)</b></p>	<p>5. The roof of the main dwelling is predominantly made of what materials?</p> <p>grass, leaves, bamboo.....1</p> <p>mud and grass..2</p> <p>concrete, cement.....3</p> <p>metal sheets (GCI).....4</p> <p>asbestos sheets.....5</p> <p>tiles.....6</p> <p>other, specify .7</p>	<p>6. The floor\ of the main dwelling is predominantly made of what materials?</p> <p>earth.....1</p> <p>concrete, cement, tiles, timber.....2</p> <p>other, specify.3</p>
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<p>7. Which is the household main source of cash income?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>SEE CODES ON NEXT PAGE</b></p> </div> <p style="text-align: center;">1   2</p>	<p>8. What is the household's main source of drinking water in the rainy season?</p> <p>PIPED WATER INSIDE DWELLING.....1 ▶11</p> <p>PRIVATE OUTSIDE STANDPIPE/TAP...2</p> <p>PUBLIC STANDPIPE /TAP.....3</p> <p>NEIGHBOURING HOUSEHOLD.....4</p> <p>WATER VENDOR.....5</p> <p>WATER TRUCK/ TANKER SERVICE...6</p> <p>WELL WITH PUMP...7</p> <p>WELL WITHOUT PUMP.....8</p> <p>RIVER, LAKE, SPRING, POND.....9</p> <p>RAINWATER.....10</p> <p>OTHER.....11</p>	<p>9. How long does it take to get water from drinking water source to this dwelling in the rainy season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>GO AND RETURN TRIP INCLUDE WAITING TIME</b></p> </div> <p style="text-align: center;"><b>MINUTES</b></p>	<p>10. Out of these [READ] minutes, how long do you spend waiting?</p> <p style="text-align: center;"><b>MINUTES</b></p>	<p>11. What is the household's main source of drinking water in the dry season?</p> <p>PIPED WATER INSIDE DWELLING.....1 ▶14</p> <p>PRIVATE OUTSIDE STANDPIPE/TAP...2</p> <p>PUBLIC STANDPIPE /TAP.....3</p> <p>NEIGHBOURING HOUSEHOLD.....4</p> <p>WATER VENDOR.....5</p> <p>WATER TRUCK/ TANKER SERVICE...6</p> <p>WELL WITH PUMP...7</p> <p>WELL WITHOUT PUMP.....8</p> <p>RIVER, LAKE, SPRING, POND.....9</p> <p>RAINWATER.....10</p> <p>OTHER.....11</p>	<p>12. How long does it take to get water from drinking water source to this dwelling in the dry season?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>GO AND RETURN TRIP INCLUDE WAITING TIME</b></p> </div> <p style="text-align: center;"><b>MINUTES</b></p>	<p>13. Out of these [READ] minutes, how long do you spend waiting?</p> <p style="text-align: center;"><b>MINUTES</b></p>
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<p>14. What measures does this household take to ensure the safety of drinking water?</p> <p>BOILING WATER.....1 BOTTLED WATER.....2 TREATED WATER.....3 NONE.....4</p>	<p>15. 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.....6</p>	<p>16. What is the main toilet facilities for this household?</p> <p>No toilet.....1 Flush toilet.....2 Pit Latrine.....3 VIP.....4 Other.....5</p>	<p>17. Major fuel used for cooking?</p> <p>FIREWOOD.....1 PARAFFIN.....2 ELECTRICITY...3 GAS .....4 CHARCOAL.....5 ANIMAL RESIDUAL.....6 GAS (BIOGAS)...7 OTHER .....8</p> <p style="text-align: center;">1   2</p>	<p>18. Major fuel used for lighting?</p> <p>IF NO ELECTRICITY OR SOLAR ►20.</p> <p>ELECTRICITY...1 SOLAR.....2 GAS.....3 GAS (BIOGAS) ...4 LAMP OIL .....5 CANDLE .....6 FIREWOOD.....7 PRIVATE GENERATOR.....8 OTHER (SPECIFY) .....9</p>
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<p>19. 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.....7</p>	<p>20. Do you have any documentation of ownership of the dwelling?</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>USE CODES FROM THE RIGHT HAND-SIDE OF THIS PAGE</b></p> </div>
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- Q1
- 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

- Q20
- 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

**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?		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?	
	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		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	QUANTITY	UNIT	QUANTITY	UNIT	TSH	QUANTITY	UNIT	QUANTITY	UNIT	
<b>Cereals and Cereal products</b>												
0101	Rice (paddy)											
0102	Rice (husked)											
0103	Maize (green, cob)											
0104	Maize (grain)											
0105	Maize (flour)											
0106	Millet and sorghum (grain)											
0107	Millet and sorghum (flour)											
0108	Wheat, barley grain and other cereals											
0109	Bread											
0110	Buns, cakes and biscuits											
0111	Macaroini, spaghetti											
0112	Other cereal products											
<b>Starches</b>												
0201	Cassava fresh											

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	
			QUANTITY	UNIT	QUANTITY	UNIT	TSH	QUANTITY	UNIT	QUANTITY	UNIT	
0202	Cassava dry/flour											
0203	Sweet potatoes											
0204	Yams/cocoyams											
0205	Irish potatoes											
0206	Cooking bananas, plantains											
0207	Other starches											
<b>Sugar and Sweets</b>												
0301	Sugar											
0302	Sweets											
0303	Honey, syrups, jams, marmalade, jellies, canned fruits											
<b>Pulses, Dry</b>												
0401	Peas, beans, lentils and other pulses											
<b>Nuts and Seeds</b>												
0501	Groundnuts in shell/shelled											
0502	Coconuts (mature/immature)											
0503	Cashew, almonds and other nuts											
0504	Seeds and products from nuts/seeds ( <i>excl.</i> cooking oil)											

<b>I T E M  C O D E</b>	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?
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</div> <div style="border: 1px solid black; padding: 5px;">ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</div>	YES . . . 1 NO . . . 2 (▶NEXT)	KILOGRAMS . . . . . 1 GRAMS . . . . . 2 LITRE . . . . . 3 MILLILITRE . . . . . 4 PIECES . . . . . 5	<div style="border: 1px solid black; padding: 5px; text-align: center;">IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6</div>
		QUANTITY UNIT	QUANTITY UNIT	TSH	QUANTITY UNIT	QUANTITY UNIT

<b>Vegetables</b>						
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0601	Onions, tomatoes, carrots and green pepper, other viungo								
0602	Spinach, cabbage and other green vegetables								
0603	Canned, dried and wild vegetables								

<b>Fruits</b>						
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0701	Ripe bananas								
0702	Citrus fruits (oranges, lemon, tangarines, etc.)								
0703	Mangoes, avocados and other fruits								
0704	Sugarcane								

<b>Meat, meat products, fish</b>						
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0801	Goat meat								
0802	Beef including minced sausage								
0803	Pork including sausages and bacon								
0804	Chicken and other poultry								
0805	Wild birds and insects								

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	
			QUANTITY	UNIT	QUANTITY	UNIT	TSH	QUANTITY	UNIT	QUANTITY	UNIT	
0806	Other domestic/wild meat products											
0807	Eggs											
0808	Fresh fish and seafood (including dagaa)											
0809	Dried/salted/canned fish and seafood (incl. dagaa)											
0810	Package fish											
<b><u>Milk and milk products</u></b>												
0901	Fresh milk											
0902	Milk products (like cream, cheese, yoghurt etc)											
0903	Canned milk/milk powder											
<b><u>Oil, fats, spices</u></b>												
1001	Cooking oil											
1002	Butter, margarine, ghee and other fat products											
<b><u>Spices and other foods</u></b>												
1003	Salt											
1004	Other spices											
<b><u>Beverages</u></b>												
1101	Tea dry											

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?					
	<p>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</p> <p>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</p> <p>YES . . . 1 NO . . . 2 (▶NEXT)</p>	<p>KILOGRAMS . . . . . 1 GRAMS . . . . . 2 LITRE . . . . . 3 MILLILITRE . . . . . 4 PIECES . . . . . 5</p>	<p>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5</p>	<p>THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</p>	<p>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6</p>	<p>EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD</p> <p>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</p>	QUANTITY	UNIT	QUANTITY	UNIT	TSH	QUANTITY	UNIT	QUANTITY	UNIT
1102	Coffee and cocoa														
1103	Other raw materials for drinks														
<b>Beverages</b>															
1104	Bottled/canned soft drinks (soda, juice, water)														
1105	Prepared tea, coffee														
1106	Bottled beer														
1107	Local brews														
1108	Wine and spirits														

7. In the past 7 days did any people that you did not list as household members eat any meals in your household?		<p>YES . . . 1 NO . . . 2 ▶NEXT SECTION</p>	<input type="checkbox"/>
	8. What was the total number of days in which any meal was shared with people [...]?	9. What was the total number of meals that were shared over past 7 days with [...]?	
A.	Children 0-5 years		
B.	Children 6-15 years		
C.	Adults 16-65 years		
D.	People 66 years and above		

**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?
	YES...1 NO...2 (▶NEXT ITEM)	TSH
101	Cigarettes or tobacco	
102	Matches	
103	Public transport	

**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?
	YES.....1 NO.....2 (▶NEXT ITEM)	TSH
201	Kerosene	
202	Electricity, including electricity vouchers	
203	Gas (for lighting/cooking)	
204	Water	
205	Petrol or diesel	
206	Cellphone voucher	

**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?
	YES...1 NO...2 (▶NEXT ITEM)	TSH
207	Charcoal	
208	Milling fees, grain	
209	Bar soap (body soap or clothes soap)	
210	Clothes soap (powder)	
211	Toothpaste, toothbrush	
212	Toilet paper	
213	Glycerine, Vaseline, skin creams	
214	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)	
215	Household cleaning products (dish soap, toilet cleansers, etc.)	
216	Light bulbs	
217	Phone, internet, postage stamps or other postal fees	
218	Donation - to church, charity, beggar, etc.	
219	Motor vehicle service, repair, or parts	
220	Bicycle service, repair, or parts	
221	Wages paid to servants	
222	Mortgage - regular payment to purchase house	
223	Repairs & maintenance to dwelling	
224	Repairs to household and personal items (radios, watches, etc.)	



**SECTION M: NON-FOOD EXPENDITURES – Past twelve months**

ITEM CODE	1. Over the past twelve months, did you purchase or pay for any [...]?	2. How much did you pay in total?
	YES . . . 1 NO . . . 2 (▶NEXT ITEM)	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 costs	
314	Marriage ceremony costs	
315	Funeral costs	
316	Repairs to consumer durables	
317	Taxes for income, property, etc.	

**Non-food items that may not have been purchased.**

ITEM CODE	1. Over the past 12 months did you gather, purchase, or pay for any [...]?	2. What was the estimated total value of [...] consumed?	3. What was the cost of that which you purchased?
	YES . . . 1 NO . . . 2 (▶NEXT ITEM)	TSH	TSH
318	Woodpoles, 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**

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)?  EXCLUDE SACCOS, SELF-HELP GROUPS	YES...1 NO...2  (▶NEXT ITEM)	2. What is the name of the organization/program who provided this assistance?  NAMES	3. How much cash did your household receive from this organization in the last 12 months?  Tsh	4. What was the value of food the household received from this organization in the last 12 months?  Tsh	5. What was the value of any other in-kind assistance received in the last 12 months?  Tsh
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:					

**Q13.**  
 Subsistence needs.....1  
 Medical cost.....2  
 School fees.....3  
 Ceremony/Wedding.....4  
 Purchase land.....5  
 Purchase agricultural inputs.....6  
 Other business inputs.....7  
 purchase agricultural Machinery.....8  
 Purchase/Construction of dwelling.....9  
 Other (Specify).....10

6.  
Is anyone in the household a member of a credit or savings group (SACCOS)?

YES...1  
NO...2 ▶ NEXT SECTION

Please list all household members who are members of groups  NAME OF HOUSEHOLD MEMBER	7. What is [NAME] total balance with the group  TSH	8. How often does [NAME] contribute to the group?  DAY...1 WEEK...2 MONTH...3 YEAR...4  FREQ. UNIT	9. How much does [NAME] give each time  TSH	10. When was the last time [NAME] withdrew money?  IF NEVER, ENTER "0" ▶NEXT ROW		11. How much did [NAME] withdraw?  TSH	12. What was the balance just before the withdrawal?  TSH	13. What was the main reason [NAME] took money out this last time?  CODES	14. How much will [NAME] pay for this loan per [PERIOD]?  DAY...1 WEEK...2 MONTH...3 YEAR...4		15. How long will it take [NAME] to repay the loan?  MONTHS
				MONTH	YEAR				TSH	PERIOD	
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 form an institution receiving either cash, goods, or services?  
 [INCLUDE LOANS FOR AGRICULTURE. PROBE FOR GOODS OR SERVICES RECEIVED ON CREDIT.]

1 YES .... 1   
 2 NO ..... 2   
 ► NEXT SECTION

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 NAMES BEFORE GOING TO THE NEXT QUESTION.  <input type="text"/>	3. CODE SOURCE OF LOAN  <input type="text"/>	4. Which household member was responsible for the loan?  ID CODE	5. Was this a cash loan or goods on credit?  CASH...1 GOODS..2	6. How much was borrowed or what was the value of the credit?  T-SHILLINGS	7. Is the loan/credit repaid?  YES...1 ► Q9 NO...2	8. Approximately when do you expect to pay back the money?  MONTH   YEAR	9. Total amount to be paid on the loan including interest.  T-SHILLINGS	10. What did you use this loan/credit for?  Subsistence needs.....1 Medical cost.....2 School fees.....3 Ceremony/Wedding.....4 Purchase land.....5 Purchase agric. inputs.....6 Other business inputs.....7 Purchase agric. machinery..8 Buy/build dwelling.....9 Other (Specify).....10 No reason.....98		
	LIST ALL PEOPLE OR ORGANIZATIONS BEFORE GOING TO QUESTION 3		SEE CODES BELOW						First	Second	Third
1											
2											
3											
4											
5											
6											
7											
8											
9											

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 Q: CRIME & JUSTICE**

We would like to ask you about crimes your household may have suffered in the last year.

1. During the past 12 months, was anything stolen from anyone in this household?  SEE THEFT CODES.  READ EACH OPTION ALOUD. LIST UP TO 3 CASES.			2. During the past 12 months, did anyone ATTEMPT to steal anything from anyone in this household?  SEE THEFT CODES.  READ EACH OPTION ALOUD. LIST UP TO 3 CASES.			3. During the past 12 months, was anyone in this household attacked?  SEE ASSAULT CODES.  READ EACH OPTION ALOUD. LIST UP TO 3 CASES.		
<b>A</b>	<b>B</b>	<b>C</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>A</b>	<b>B</b>	<b>C</b>

- THEFT CODES:  
 THINGS YOU CARRY LIKE A  
 WALLET, PURSE OR BOOK.....1  
 CELLPHONE, WATCH OR JEWELLERY...2  
 BICYCLE OR OTHER VEHICLE.....3  
 THINGS IN YOUR HOME - RADIO,  
 FURNITURE, DISHES, ETC.....4  
 CROPS AT YOUR HOME OR FARM.....5  
 LIVESTOCK .....6  
 THINGS BELONGING TO CHILDREN  
 IN THE HOUSEHOLD.....7  
 OTHER (SPECIFY).....8  
 NO - NONE.....9

- ASSAULT CODES:  
 WITH A WEAPON - KNIFE,  
 MACHETE.....1  
 WITH A STICK, CLUB,  
 ETC.....2  
 BY THROWING SOMETHING -  
 ROCK, BOTTLE.....3  
 ANY HITTING, PUNCHING,  
 KICKING.....4  
 SEXUAL ATTACK, RAPE,  
 ATTEMPTED RAPE.....5  
 ANY FACE TO FACE  
 THREATS.....6  
 NO -  
 NONE.....7

IF NO CRIMES REPORTED IN QUESTIONS 1A-3C ► 16

E V E N T	4. Please list all the crimes reported above IF 2A - 3C ► Q6	5. What was the total value of the property lost?	6. Which household member was mainly affected by this crime?	7. When did this event occur?	8. Did you report this crime to the police?	9. Did the police arrest or interview any suspects?	10. Did you need to make any payments to the police for their help in this case?	11. How much did you pay?	12. Who was the perpetrator?  RELATIVE .....1 SOMEONE: IN KITONGOJI ..2 IN VILLAGE ....3 OUTSIDE VILLAGE, BUT KNOWN ...4 OUTSIDE VILLAGE, UNKNOWN .....5 POLICE OR GOV. OFFICIAL .....6 DON'T KNOW ....7 ►16 REFUSE TO ANSWER8	13. Was the perpetrator ever brought before the authorities in this case? (Village leaders, etc.)	14. What, if anything, happened to the perpetrator?	15. Who decided what should happen in this case?  10-CELL LEADER..1 SUB-VILLAGE CHAIR.....2 VILL/STREET CHAIR.....3 VE0.....4 POLICE .....5 MILITIA.....6 RELATIVE.....7 CHURCH/MOSQUE.8 WEO .....9 OTHER .....10
	CASE CODE ABOVE	TSH	ID	MONTH	YES .1 NO . .2 ► 12	YES .1 NO . .2	YES .1 NO . .2 ► 12	TSH	YES .1 NO . .2 ► NEXT	YES .1 NO . .2	NOTHING...1 FINED....2 JAILED...3 BEATEN...4 CASE IS PENDING...5 DON'T KNOW.....6	NO -

1												
2												
3												
4												
5												
6												

**Now we'd like to ask about other disputes you may have been involved in during the last 12 months:**

16. Has any member of the household been divorced or separated from their spouse?  DIVORCE.....1 SEPARATION...2 SPOUSE LEFT.3 NO - NONE...4		17. Has any member of the household been involved in a dispute over child custody, or payments for child support?  DISPUTE OVER CHILD CUSTODY.....1 YOU DEMANDED MONEY FOR CHILD CARE.....2 MONEY DEMANDED FROM YOU FOR CHILD CARE...3 NO - NONE.....4			18. Has any member of the household been involved in a dispute over land?  BOUNDARY DISPUTE.....1 INHERITANCE DISPUTE.....2 LAND GRABBING.....3 DISPUTE OVER ATTEMPT TO SELL LAND.....4 DISPUTE OVER ATTEMPT TO BUY LAND.....5 DISPUTE OVER RENTAL.....6 NO - NONE.....7			19. Has any member of the household been involved in a dispute over money?  SOMEONE OWED YOU MONEY..1 SOMEONE CLAIMED YOU OWED THEM MONEY.....2 OTHER (SPECIFY).....3 NO - NONE.....4			20. Has any member of the household been arrested by the police?  ARRESTED, FINED....1 ARRESTED, JAILED...2 ARRESTED, FINED & JAILED.....3 ARRESTED, RELEASED.4 NO - NONE.....5	
<b>A</b>	<b>B</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>A</b>	<b>B</b>

IF THE ANSWER WAS NONE TO 16A-20B ► NEXT SECTION

21. Please list all the disputes reported above  CASE CODE ABOVE	22. Which household member was mainly affected by this dispute?  ID	23. A. Who helped settle the case? B. How much did you pay to this authority? ENTER 0 IF NOTHING PAID  10-CELL LEADER.....1    POLICE.....6 STREET CHAIR.....2    MILITIA.....7 SUB-VILLAGE CHAIR...3    RELATIVE.....8 VILL. CHAIR/VEO....4    WARD TRIBUNAL..9 PRIMARY COURT.....5    LAND TRIBUNAL.10  (ENTER UP TO 3 INSTITUTIONS)						24. How much did this dispute cost you, total, including fees, fines, payments to the other party, etc.?  TSH	25. Is the dispute still ongoing or has it been settled?  ONGOING...1 (►NEXT) DONE.....2	26. Who made the final ruling on what should happen in this case?  USE CODES FOR Q23	27. How long did it take to settle the case, beginning to end?  WEEKS	28. Do you think the outcome of this case was fair?  [ASK THE PERSON INVOLVED]  YES....1 NO.....2 UNSURE..3
		1ST		2ND		3RD						
		CODE	TSH	CODE	TSH	CODE	TSH					

1													
2													
3													
4													
5													
6													

**SECTION R: RECENT SHOCKS TO HOUSEHOLD WELFARE**

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

S H O C K  I D	<p>1. Over the <u>past five years</u>, was your household severely affected negatively by any of the following events?</p>		<p>2. Rank the three most significant shocks you experienced</p> <p>MOST SEVERE.....1 SECOND MOST SEVERE.....2 THIRD MOST SEVERE.....3 PUT CODE OF BIGGEST SHOCKS</p>
	<p>GO THROUGH ENTIRE LIST BEFORE PROCEEDING TO 2.</p>	<p>YES . . 1 NO . . . 2 (▶NEXT)</p>	

<p>3. Did [SHOCK] cause a reduction in household income and/or assets?</p> <p>INCOME LOSS.1 ASSET LOSS..2 LOSS OF BOTH.....3 NEITHER.....4</p>	<p>4. How disperse was this shock? It affected...</p> <p>READ CODES</p> <p>Only this HH...1 Some other HHs.2 Most HHs in this community.....3 All HHs in this community.....4</p>	<p>5. When did this [SHOCK] occur?</p> <p>YEAR   MONTH</p>
--	---	--

101	Drought or Floods		
102	Crop disease or crop pests		
103	Livestock died or were stolen		
104	Household business failure, non-agricultural		
105	Loss of salaried employment or non-payment of salary		
106	Large fall in sale prices for crops		
107	Large rise in price of food		
108	Large rise in agricultural input prices		
109	Severe water shortage		
110	Loss of land		
111	Chronic/severe illness or accident of household member		
112	Death of a member of household		
113	Death of other family member		
114	Break-up of the household		
115	Jailed		
116	Fire		
117	Hijacking/Robbery/burglary/assault		
118	Dwelling damaged, destroyed		
119	Other _____		

THE  
QUESTIONS  
TO THE RIGHT  
SHOULD ONLY  
BE ASKED  
CONCERNING  
THE THREE  
MOST SEVERE  
SHOCKS, AS  
NOTED IN  
QUESTION 2.  
  
LEAVE ALL  
OTHER ROWS  
BLANK.


**SECTION S: DEATHS IN HOUSEHOLD**

1. Over the past 2 years, did any member of your household die, including any infants? 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.
	NAME OF DECEASED	DECEASED'S RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE AT DEATH IF UNDER 5 YEARS, INCLUDE MONTHS IF UNDER 12 (▶8)	Was this event registered with the death registration system?	What kind of work did [NAME] do for most of his/her life?	Did [NAME] die of old age, an illness, or of some other cause?	What was the non-illness cause of [NAME]'s death? THEN (▶13)	What was the illness that caused [NAME]'s death? CAN NOTE UP TO TWO.	For how long was [NAME] suffering from this illness before he/she died?	Was this cause of death diagnosed, or is this only your own perception?	After this person died, did you or members of your household lose any land or other assets due to inheritance traditions?	What was the value of the land or assets lost?
		CODES BELOW	MALE . . 1 FEMALE . 2	YEARS   MONTHS	YES . . 1 NO . . . 2	SEE CODES BELOW	OLD AGE . 1 (▶13) ILLNESS . 2 (▶10) OTHER CAUSE . 3	TRAFFIC ACCIDENT . . . 1 OTHER ACCIDENT OR INJURY . . . 2 CHILDBIRTH OR COMPLICATIONS . 3 MURDER . . . . 4 SUICIDE . . . . 5 WITCHCRAFT/SORCERY . . . . 6 OTHER (SPEC.) . 7	CODES BELOW 1ST ILLNESS   2ND ILLNESS	DAY . . 1 WEEK . . 2 MONTH . 3 YEAR . 4 TIME AMOUNT UNIT	MEDICAL DIAGNOSIS . 1 NON-MEDICAL DIAGNOSIS . 2 OWN PERCEPTION 3	YES . . 1 NO . . . 2 (▶NEXT DECEASED)	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 . . . . . 10

- Question 7**  
 AGRICULTURE/LIVESTOCK . . . 1  
 FISHING . . . . . 2  
 MINING . . . . . 3  
 TOURISM . . . . . 4  
 EMPLOYED:  
 GOVERNMENT . . . . . 5  
 SHIRIKA LA UMMU . . . . . 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  
 ASIYEJIWEZA . . . . . 14  
 NO JOB . . . . . 15  
 < 5 YEARS OLD . . . . . 16

- MALARIA . . . 1  
 DIARRHEA . 2  
 VOMITING . 3  
 FLU . . . . 4  
 ATHMA . . . 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  
 ATHRITIS/NERVE DIORDER . . . . . 30  
 RHEUMATISM . . . . . 31  
 EYE PROBLEM . . . . . 32  
 WITCHCRAFT . . . . . 33  
 OTHERS . . . . . 34



**SECTION T-1: HOUSEHOLD RECONTACT INFORMATION**

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

**GPS**

\_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ .  
\_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ .  
\_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ .

**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 T-2: FILTER QUESTIONS FOR AG MODULE**

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 2008?

YES..1  
NO...2

4. Did anyone in the household own or cultivate any plot during the short rainy season 2008?

YES..1  
NO...2

5. Did anyone in the household own any livestock during the last 12 months?

YES..1  
NO...2

6. Did anyone in this household do any fishing or operate a fish farm in the last 12 months?

YES..1  
NO...2

7. PROCEED TO AGRICULTURE MODULE?

YES..1  
NO...2

MARK YES IF RESPONDENT SAID 'YES' TO ANY QUESTION 1-6

**RESPONDENT GIFT:**

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

8. WHICH GIFT DID THIS HOUSEHOLD RECEIVE?

RADIO..1    BEDNET..2    OTHER..3

9. WHO IN THE HOUSEHOLD RECEIVED THE GIFT?

NAME: \_\_\_\_\_

ID NUMBER:

ENUMERATOR SIGNATURE \_\_\_\_\_

**SECTION U: ANTHROPOMETRY**

INDIVIDUAL ID	1.	2.	3.	4.	5.	6.
	IS [NAME] AGED 7 MONTHS AND ABOVE?	WAS [NAME] MEASURED?	WHY NOT? <input type="checkbox"/>	WEIGHT	HEIGHT	HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?
	YES...1 NO...2 (▶NEXT)	YES...1 (▶4) NO...2	CURRENTLY NOT HOME.1 TOO ILL...2 UNWILLING.3 OTHER SPECIFY_.4 ▶NEXT	IF LESS THAN 10 KG, PUT LEADING ZEROS 3.2 KG = 03.2)	IF LESS THAN 100 CMS, PUT ZERO (0) ON PRECEDING SPACE OF THIS COLUMN (97 KM = 097)	STANDING...1 LYING DOWN.2
				KG	CM	

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

7. END TIME

:
---

<b>1. DODOMA-01</b>		<b>6. PWANI-06</b>		<b>12.MBEYA-12</b>		<b>17. SHINYANGA-17</b>		<b>22. KASKAZINI UNGUJA-51</b>	
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	<b>23. KUSINI UNGUJA-52</b>	
DODOMA URBAN	5	RUFUJI	5	ILEJE	5	BUKOMBE	5	KATI	1
BAHI	6	MAFIA	6	MBOZI	6	MEATU	6	KUSINI	2
				MBALALI	7	SHINYANGA URBAN	7		
<b>2. ARUSHA-02</b>		<b>7. DAR-ES-SALAAM-07</b>		MBEYA URBAN	8	KISHAPU	8		
MONDULI	1	KINONDONI	1					<b>24. MJINI/MAGHARIBI UNGUJA-53</b>	
ARUMERU	2	ILALA	2	<b>13. SINGIDA-13</b>		<b>18. KAGERA-18</b>		MAGHARIBI	1
ARUSHA	3	TEMEKE	3	IRAMBA	1	KARAGWE	1	MJINI	2
KARATU	4			SINGIDA RURAL	2	BUKOBA RURAL	2		
NGORONGORO	5	<b>8. LINDI-08</b>		MANYONI	3	MULEBA	3	<b>25. KASKAZINI PEMBA-54</b>	
		KILWA	1	SINGIDA URBAN	4	BIHARAMULO	4	WETE	1
<b>3. KILIMANJARO-03</b>		LINDI RURAL	2			NGARA	5	MICHWEWENI	2
ROMBO	1	NACHINGWEA	3	<b>14. TABORA-14</b>		BUKOBA URBAN	6		
MWANGA	2	LIWALE	4	NZEGA	1	CHATO	7	<b>26. KUSINI PEMBA-55</b>	
SAME	3	RUANGWA	5	IGUNGA	2	MISENYE	8	CHAKECHAKE	1
MOSHI RURAL	4	LINDI URBAN	6	UYUI	3			MKOANI	2
HAI	5			URAMBA	4	<b>19. MWANZA-19</b>			
MOSHI URBAN	6	<b>9. MTWARA-09</b>		SIKONGE	5	UKEREWE	1		
		MTWARA RURAL	1	TABORA URBAN	6	MAGU	2		
<b>4. TANGA-04</b>		NEWALA	2			NYAMAGANA	3		
LUSHOTO	1	MASASI	3	<b>15. RUKWA-15</b>		KWIMBA	4		
KOROGWE	2	TANDAHIMBA	4	MPANDA	1	SENGEREMA	5		
MUHEZA	3	MTWARA MIKINDANI	5	SUMBAWANGA	2	GEITA	6		
TANGA	4			NKASI	3	MISUNGWI	7		
PANGANI	5	<b>10. RUVUMA-10</b>		SUMBAWANGA URBAN	4	ILEMELA	8		
HANDENI	6	TUNDURU	1						
KILINDI	7	SONGEA RURAL	2	<b>16. KIGOMA-16</b>		<b>20. MARA-20</b>			
MKINGA	8	MBINGA	3	KIBONDO	1	TARIME	1		
		SONGEA URBAN	4	KASULU	2	SENGEREMA	2		
<b>5. MOROGORO-05</b>		NAMTUMBO	5	KIGOMA RURAL	3	MUSOMA RURAL	3		
KILOSA	1			KIGOMA URBAN	4	BUNDA	4		
MOROGORO	2	<b>11. IRINGA-11</b>				MUSOMA URBAN	5		
KILOMBERO	3	IRINGA RURAL	1						
ULANGA	4	MUFINDI	2			<b>21. MANYARA-21</b>			
MOROGORO	5	MAKETE	3			BABATI	1		
MVOMERO	6	NJOMBE	4			HANANG	2		
		LUDEWA	5			MBULU	3		
		IRINGA URBAN	6			SIMANJIRO	4		
		KILOLO	7			KITETO	5		