

PUBLIC DISCLOSURE
AUTHORIZED



United Republic of Tanzania
National Bureau of Statistics

CONFIDENTIAL

NATIONAL PANEL SURVEY (NPS 2014/2015)

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

1. REGION:
2. DISTRICT:
3. WARD:
- 3_1. VILLAGE:
4. ENUMERATION AREA:
5. KITONGOJI OR MTAA NAME:
6. HOUSEHOLD ID (FROM LIST) :
7. NAME OF HOUSEHOLD HEAD:
- 7_1. WAS THE ORIGINAL HOUSEHOLD PART OF NPS YEAR 3?
8. NAME OF HOUSEHOLD HEAD FROM NPS YEAR 3:
9. FULL HOUSEHOLD IDENTIFICATION FROM NPS YEAR 3:
10. IS THIS HOUSEHOLD:
11. LOCATION OF HOUSEHOLD:
12. NAME AND ROSTER ID OF TRACKING TARGET FROM NPS YEAR 4:
13. LOWEST ROSTER ID NUMBER FROM SECTION B, Q6:

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

YES.....1
NO.....2 ▶13

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.

SECTION A-2: SURVEY STAFF DETAILS

15. NAME OF ENUMERATOR:

16. ENUMERATOR CODE:

17. TIME INTERVIEW START

18. DATE OF INTERVIEW:

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:

25. 2ND DATA ENTRY CLERK CODE:

26. DATE OF 2ND 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.

(ENUMERATOR ▶NEXT PAGE)

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

NPSY3 HOUSEHOLDS:
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. In 2010/2011 and 2012/2013, we revisited your household to follow up on the status of things. Now in 2014/2015, we are once again returning to 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.

NEW HOUSEHOLDS:
The National Bureau of Statistics in Tanzania selected 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. Your household was selected as one of those to which the questions will be asked at this time. You were not selected for any specific reason. Your name simply appeared on a list of all of the households in this area, and your name was chosen randomly.

ALL HOUSEHOLDS:
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

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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

INDIVIDUAL ID

1. 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.)

2. Sex

M..1
F..2

3. In what month and year was [NAME] born?

PUT "99" IF DON'T KNOW

YEAR | MONTH

4. 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

5. 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

6. IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y3 ROSTER ID NUMBER FROM TRACKING FORM

ELSE, ENTER 99

NPS Y3 ROSTER ID

7. Did [NAME] eat meals in this household in the last 7 days?

YES..1
NO...2

8. For how many days in the last month was [NAME] present?

DAYS

9. 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

INDIVIDUAL ID

1												1
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.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
	For how many cumulative months during the last 12 months has [NAME] been away from this household?	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	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	What was [NAME]'s age when [NAME]'s father died? <div>AGE OF CHILD</div>	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	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)	What was [NAME]'s age when [NAME]'s mother died? <div>AGE OF CHILD</div>	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	IS [NAME] AGED 12 YEARS OR ABOVE? YES..1 NO...2 (►NEXT)	What is [NAME]'s marital status? MONOGAMOUS MARRIED...1 POLYGAMOUS MARRIED...2 LIVING TOGETHER...3 (►22) SEPARATED...4 (►26) DIVORCED...5 (►26) NEVER MARRIED...6 (►26) WIDOW (ER) ...7 (►26)	What is [NAME]'s previous marital status before this current marriage? NEVER MARRIED...1 PREVIOUSLY DIVORCED..2 PREVIOUSLY WIDOWED...3 MULTIPLE PREVIOUS MARRIAGES..4
	MONTHS			YEARS			YEARS				

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

I N D I V I D U A L I D	21. What type of marriage ceremony did [NAME] have? GOVERNMENT..1 RELIGIOUS...2 TRADITIONAL.3	22. Does spouse/partner live in this household now? YES..1 NO..2 (▶24)	23. WRITE ID CODES OF SPOUSES WHO LIVE IN THE HOUSEHOLD 1 2 3 4	24. Does [NAME] have a spouse living outside of this household? YES..1 NO...2 (▶26)	25. How many spouses does [NAME] have who are residing outside of this household? NUMBER	26. For how many years has [NAME] lived in this community? ENTER 99 IF LIVED HERE SINCE BIRTH IF 99 ▶NEXT SECTION	27. From which district did [NAME] move? [WRITE THE COUNTRY IF OUTSIDE TANZANIA] USE REGION & DISTRICT CODES AT BACK OF QUESTIONNAIRE	28. Why did [NAME] move here? WORK RELATED.1 SCHOOL / STUDIES....2 MARRIAGE.....3 OTHER FAMILY REASONS....4 BETTER SERVICES / HOUSING..5 LAND / PLOT..6 OTHER, SPECIFY....7	29. In which district was [NAME] born? [WRITE THE COUNTRY IF OUTSIDE TANZANIA] USE REGION AND DISTRICT CODES AT BACK OF QUESTIONNAIRE
	Wife Number 1 2 3 4						DISTRICT/COUNTRY NAME REGION DISTRICT		DISTRICT/COUNTRY NAME REGION DISTRICT
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

SECTION C: EDUCATION

RESPONDENTS: 5 YEARS AND ABOVE

I N D I V I D U A L I D	1. IS [NAME] 5 YEARS OR ABOVE?	2. Can [NAME] read and write?	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?
							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 & EQUIVALENT 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 & EQUIVALENT 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 & EQUIVALENT U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45	
	YES...1 NO...2 (▶NEXT)	KISWAHILI...1 ENGLISH.....2 KISWAHILI & ENGLISH...3 ANY OTHER LANGUAGE...4 NO.....5	YES...1 NO...2 (▶29)	AGE	YES...1 (▶9) NO...2	YES...1 (▶10) NO...2		PUT "9999" IF DON'T KNOW <div>▶22</div>		NOT YET STARTED90 NOT ATTENDING.....91

1										
2										
3										
4										
5										
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10										
11										
12										

I N D I V I D U A L I D	11. CHECK Q5: IS [NAME] CURRENTLY ATTENDING SCHOOL?	12. Who owns the school [NAME] attends?	13. Is this school a boarding school?	14. How does [NAME] usually travel to school?	15. How long does it take [NAME] to get to school by this means of trans- portation?	16. Does [NAME] get meals at the school (school feeding)?	17. Has [NAME] missed school in the last two schooling weeks?	18. Why was [NAME] absent from school?	19. What is the status of the textbooks [NAME] uses for school?	20. In the last week, approximately how many hours did [NAME] spend on homework or studying?
	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 YES...1 NO...2 (►22)	YES...1 (►16) NO...2	ON FOOT.....1 BY BIKE.....2 BY PRIVATE CAR/ VEHICLE.....3 BY PUBLIC VEHICLE /MINIBUS.....4 OTHER, SPECIFY.....5 ONE WAY ONLY MINUTES	YES...1 NO...2 (►19)	FREE MEALS YES...1 NO...2	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 YES...1 NO...2 (►19)	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 IF NONE, WRITE '0'	HOURS MINUTES		

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

I N D I V I D U A L I D	21. Has [NAME] had any problems at school?	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?	25. In what year did [NAME] take the exam?	26. Will you show me the exam certificate?	27. How did [NAME] score in the exam?
	<div>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	YES...1 NO....2 (▶24)	PASS.....1 FAIL.....2 DON'T KNOW...3	YES, FORM 4...1 YES, FORM 6...2 NO, DID NO TAKE..3 (▶28)	IF DON'T KNOW, WRITE 9999	YES, IT WAS SHOWN.....1 NOT SHOWN, HOUSEHOLD HAS BUT REFUSED...2 NOT FOUND...3	DIVISION 1..1 DIVISION 2..2 DIVISION 3..3 DIVISION 4..4 FAIL.....5 DON'T KNOW..6
	1	2					

1								
2								
3								
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5								
6								
7								
8								
9								
10								
11								
12								

INDIVIDUAL ID

28.

How much was spent on [NAME]'s education in the last 12 months by members of your household:

IF THERE WAS NO EXPENDITURE, WRITE '0'

School Fees

Books & Materials

Uniforms

Transport

Extra tuition

Other Contrib.

Cost of Meals

TOTAL CASH & IN KIND

TSH

TSH

TSH

TSH

TSH

TSH

TSH

TSH

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

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

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?		4. How was the treatment financed?	5. How much did [NAME] spend when he/she visited [PROVIDER]?		6. Did [NAME] have any problems during the visit to the health provider?	
			<div>LIST UP TO TWO VISITS BY ORDER OF IMPORTANCE</div> <div> <p>GOV. PARASTATAL</p> <p>REFERRAL/SPEC. HOSP...1</p> <p>REGIONAL HOSPITAL ...2</p> <p>DISTRICT HOSPITAL ...3</p> <p>HEALTH CENTER4</p> <p>DISPENSARY5</p> <p>VILLAGE HEALTH POST (WORKER).....6</p> <p>CBD WORKER7</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERRAL/SPEC. HOSP...8</p> <p>DISTRICT HOSPITAL ...9</p> <p>HEALTH CENTER10</p> <p>DISPENSARY11</p> </div> <div> <p>PRIVATE</p> <p>SPECIALISED HOSP...12</p> <p>HEALTH CENTER13</p> <p>DISPENSARY14</p> <p>OTHER</p> <p>PHARMACY15</p> <p>NGO.....16</p> <p>OTHER, SPECIFY.....17</p> </div>		<div>UP TO TWO PROVIDERS</div> <p>FREE</p> <p>TREATMENT...1</p> <p>HEALTH INSURANCE...2</p> <p>OWN CASH.....3</p> <p>HAD TO WORK FOR PROVIDER....4</p> <p>USE OF ASSET..5</p> <p>TOOK LOAN.....6</p> <p>GOT ASSISTANCE..7</p> <p>DIFFERED BY PROVIDER....8</p> <p>OTHER, SPECIFY.....9</p>	<div>TSH</div>		<p>NO PROBLEMS (SATISFIED).....1</p> <p>POOR BUILDING / TOOLS.....2</p> <p>LONG WAITING TIME.3</p> <p>INADEQUATE TRAINED STAFF.....4</p> <p>TOO EXPENSIVE.....5</p> <p>LACK OF MEDICINE..6</p> <p>OTHER, SPECIFY....7</p>	
	YES...1 NO...2	YES...1 NO...2 (►7)	PROVIDER 1	PROVIDER 2	1	2	1	2	1

1										
2										
3										
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12										

I N D I V I D U A L I D	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 past 4 weeks for <u>medical care not related to an illness</u> , including preventive health care, pre-natal visits, check-ups, etc., if any?	9.	How much in total did the household spend on [NAME] in the past 4 weeks for <u>non-prescription medicines, including</u> Panadol, Fansidar, cough syrup, etc.?	10.	During the last <u>12 months</u> , was [NAME] hospitalized or did [NAME] have an overnight stay(s) in a medical facility?	11.	How many stays and for how many nights was [NAME] hospitalized?	12.	What type of illness or injury did [NAME] have that led to his/her hospitalization?	13.	What was the total cost of [NAME]'s hospitalization(s) or overnight stay(s) in a medical facility?	14.	During the last <u>12 months</u> , did [NAME] stay <u>overnight(s) at a traditional healer's or faith healer's dwelling?</u>	15.	What was the total cost of [NAME]'s stay(s) at the traditional healer or faith healer?	16.	IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD)
	<div>INCLUDE VALUE REPORTED IN Q5</div>			<div>INCLUDE VALUE REPORTED IN Q5</div>			<div>INCLUDE VALUE REPORTED IN Q5</div>			<div>FEVER.....1 MALARIA.....2 STOMACH.....3 DIARRHEA.....4 HEADACHE.....5 HEART.....6 LUNG.....7 BROKEN BONE.8 MATERNITY...9 OTHER, SPECIFY..10</div>		<div>INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.</div>		<div>INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.</div>		<div>YES...1 (►31) NO...2</div>				
	<div>INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS</div>						<div>YES...1 NO...2 (►14)</div>		<div>NEW STAYS TOTAL NIGHTS FOR ALL STAYS</div>		<div>1 2</div>		<div>TSH (►16)</div>		<div>TSH</div>		<div>YES...1 (►31) NO...2</div>			
	TSH		TSH		TSH															

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2																		
3																		
4																		
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7																		
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9																		
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11																		
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INDIVIDUAL ID	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.			30.		
	Because of a physical, mental or emotional health condition...												CHECK QUESTIONS 17, 19, 21, 23, 25,27 IF [NAME] HAS ANY DIFFICULTY (ANSWERS 2, 3, 4, 5):					
	Does [NAME] have difficulty seeing, even if he/she is wearing glasses?	How old was [NAME] when the difficulty seeing began?	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?	How old was [NAME] when the difficulty walking or climbing stairs began?	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] language, does [NAME] have difficulty communicating; for example understanding or being understood?	How old was [NAME] when the difficulty communicating began?	Does this difficulty reduce the amount of work [NAME] can do at home, at work or at school?	During the past 12 months, what measures were taken to adress [NAME]'s difficulty and increase performance of activities?				
	NO, NOT AT ALL.....1▶!												YES, ALL THE TIME.....1	NONE.....1				
	NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2												YES, SOMETIMES..2	SURGICAL OPERATION....2				
	YES, SOME DIFFICULTY..3												NO.....3	MEDICATION.....3				
	YES, A LOT OF DIFFICULTY..4												NA (IF NOT WORKING OR ATTENDING SCHOOL)4	ASSISTIVE DEVICES (GLASSES, WHEELCHAIR, BRACES, HEARING AID, ARTIFICIAL LIMB)....4				
	CANNOT PERFORM.....5													SPECIAL EDUCATION.....5				
														SKILLS TRAINING (VOCATIONAL).....6				
														ACTIVITY OF DAILY LIVING (ADL) TRAINING.....7				
													COUNSELING.....8					
													SPIRITUAL / TRADITIONAL.....9					
													OTHER (SPECIFY).....10					
													At Home	At School	At Work			

1																
2																
3																
4																
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10																
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WOMEN 12-49 YEARS (Q 21-26)

I N D I V I D U A L I D	31. Did [NAME] sleep under a bednet yesterday?	32. How did the household obtain this bednet?	33. How much did the household pay for the bednet?	34. Does [NAME] possess their birth certificate?	35. In the last 12 months did [NAME] access a medical exemption at a public health facility?	36. IS THE RESPONDENT A WOMAN AGED 12 TO 49 YEARS?	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 she was pregnant with her 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?	41. Was this birth registered with the civil authorities?
	YES UNTREATED NET.....1 YES TREATED NET < 6 MONTHS...2 YES TREATED NET > 6 MONTHS...3 NO.....4 (▶34) DONT KNOW.....5 (▶34)	FREE GIFT.....1 (▶34) PURCHASED.....2 PURCHASED W/ VOUCHER..3	IF THE NET IS SHARED, ENTER THE AMOUNT FOR ONE MEMBER ONLY.	IF NO, PROBE: Has [NAME]'s birth ever been registered with the civil authority?	HAS CERTIFICATE..1 REGISTERED...2 NEITHER3 DON'T KNOW...4	YES.....1 NO.....2 DON'T KNOW..3	YES..1 NO...2 (▶42)	YES..1 NO...2 (▶NEXT)	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, SPECIFY...7
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CHILDREN <5 YEARS (Q 27-34)

I N D I V I D U A L I D	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?	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?	46. Was he/she given any of the following to drink: Oral rehydration salts (ORS)?	47. A health worker- recommended homemade fluid?	48. Did [NAME] seek advice or treatment for the diarrhea?	49. Where did [NAME] seek advice or treatment? USE CODES FROM QUESTION 3
	YES...1 NO...2 (▶NEXT)	YES...1 NO...2 (▶NEXT)	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME....3 MORE.....4 NOTHING TO DRINK..5 DON'T KNOW.....6	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME....3 MORE.....4 NOTHING TO EAT....5 DON'T KNOW.....6	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2 (▶NEXT)	

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SECTION E: LABOUR

I N D I V I D U A L I D	1. IS THE HOUSE- HOLD MEMBER 5 YEARS OR ABOVE?	4ab. In the last 12 months , did [NAME] work as an unpaid apprentice OR employee for a wage, salary, commission or any payment in kind; including doing paid apprenticeship, domestic work or paid farm work even if for one hour?	4cd. In the last 12 months , did [NAME] run a non-farm business of any size for themselves or the household or help in any kind of non-farm business run by this household, even if for one hour?	4e. In the last 12 months , did [NAME] work on household agricultural activities (including farming, raising livestock or fishing, whether for sale or for household food) even if just for one hour?	5. CHECK: Q4AB-Q4E: IS THE ANSWER TO AT LEAST ONE QUESTION A 'YES'?	6. In what type of economic activity did [NAME] spend most of [NAME]'s time in the last 12 months: 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 UNPAID APPRENTICESHIP....7	8ab In the last 7 days , did [NAME] work as an unpaid apprenticeship OR as an employee for a wage, salary, commission or any payment in kind; including doing paid apprenticeship, domestic work or paid farm work even if for one hour?	8cd. In the last 7 days , did [NAME] run a non-farm business of any size for themselves or the household OR help in any kind of non-farm business run by this household, even if for one hour?	8e. In the last 7 days , did [NAME] work on household agricultural activities (including farming, raising livestock or fishing, whether for sale or for household food) even if just for one hour?	9. CHECK: Q8AB-Q8E: IS THE ANSWER TO AT LEAST ONE QUESTION A 'YES'?	STOP AND COMPLETE SECTION E PORTION ON ROSTER FLAP
	YES..1 NO...2	YES.....1 NO.....2	YES.....1 NO.....2	YES....1 NO....2	YES...1 NO...2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES...1 NO...2		
	►NEXT				►8ab)	PRIMARY SECONDARY				►12)	

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						Unemployment									
I N D I V I D U A L I D	10. In what type of economic activity did [NAME] spend most of [NAME]'s time in the last 7 days:		10a. What kind of work does [NAME] usually do in this economic activity?		10b. What kind of trade or business is it connected with?		12. Was [NAME] available for work during the last 7 days?		13. Why was [NAME] not available for work during the last 7 days?		14. Although [NAME] did not do any work during the last 7 days, does [NAME] have a job or own farm or enterprise at which [NAME] will definitely return to work?		15. Has [NAME] taken any steps within the past 4 weeks to look for work?		
	A PAID EMPLOYEE.....1 ▶17 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 UNPAID APPRENTICESHIP.....7 ▶17		DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. <div>▶17</div>		<div>▶17</div>		YES...1 (▶14) NO...2		IN SCHOOL.....1 BUSY WITH HOUSEHOLD DUTIES.....2 UNABLE TO WORK: TOO YOUNG.....3 TOO OLD.....4 SICK.....5 DISABLED.....6 <div>▶17</div>		YES...1 NO...2 (▶17)		YES...1 NO...2 (▶17)		
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			Wage Jobs/ Apprenticeships									
I N D I V I D U A L	16. What steps has [NAME] taken? LIST TWO MOST RELEVANT REGISTERED WITH A RECRUITMENT AGENCY (EITHER PUBLIC, PRIVATE INSTITUTION OR INTERNET).....1 REPLIED TO ADVERTISEMENTS IN NEWSPAPERS, POSTERS OR INTERNET.....2 INQUIRING FROM PERSONS WITH PUBLIC OR PRIVATE SECTOR JOB CONTRACTS.....3 NETWORKING WITH FRIENDS/RELATIVES...4 OTHER, SPECIFY.....5		17. CHECK: WHAT ARE THE ANSWERS TO QUESTIONS 4AB AND 8AB? YES TO 4AB OR 8AB.....1 ▶19) YES TO BOTH 4AB AND 8AB..2 NO TO BOTH 4AB AND 8AB..3 ▶62a)		18. Did [NAME] work in the same job in the last 7 days and the last 12 months? IF NO, ASK ABOUT [NAME]'S WAGE JOB IN THE LAST 7 DAYS FIRST YES...1 NO...2		19. Is [NAME]'s 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		20. What kind of work does [NAME] usually do in this job? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. [CODE: TASCO CODE]		21. What kind of trade or business is it connected with? [CODE: ISIC SECTOR]	
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I N D I V I D U A L I D	22. How many people altogether work at the place where [NAME] does this work?	24. Does [NAME] receive wages, salary or other payments either in cash or in other forms from this employer for this work?	25. What is the main reason [NAME] receives no payment for this work?	26. How much was [NAME]'s last payment?	27. Does [NAME] receive any payment for this work in any other form?	28. What is the value of those payments? Over what time interval?	29. During the last 12 months, for how many months did [NAME] work in this job?	30. During the last 12 months, how many weeks per month did [NAME] usually work in this job?	31. During the last 12 months, how many hours per week did [NAME] usually work in this job?	32. In the last 7 days, how many hours did [NAME] work in this job?		
	TOTAL NUMBER	YES...1 (▶26) NO....2	APPRENTICESHIP OR UNPAID TRAINEESHIP...1 LABOR PAYING OFF DEBT.....2 OTHER, SPECIFY..3 <div>▶29</div>	IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to does [NAME] expect? What period of time did this payment cover? HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	YES...1 NO....2 (▶29)	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	TSH UNIT	MONTHS	WEEKS	HOURS	HOURS	

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I N D I V I D U A L I D	39. What kind of trade or business is it connected with?	42. Does [NAME] receive wages, salary or other payments either in cash or in other forms from this employer for this work?	43. What is the main reason [NAME] receives no payment for this work?	44. How much was [NAME]'s last payment?	45. Does [NAME] receive any payment for this work in any other form?	46. What is the value of those payments? Over what time interval?	50. In the last 7 days, how many hours did [NAME] work in this job?	52. Does this job have a contract?	52a. What is the type of your work contract?
	[CODE: ISIC SECTOR]	YES...1 (▶44) NO....2	APPRENTICESHIP OR UNPAID TRAINEESHIP..1 LABOR PAYING OFF DEBT....2 OTHER, SPECIFY.....3 ▶50	IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to does [NAME] expect? What period of time did this payment cover? HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	[APART FROM SALARY] YES...1 NO....2 (▶50)	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	MAX AMOUNT: 168 HOURS	YES..1 NO...2 (▶62a)	PERMANENT CONTRACT...1 TEMPORARY CONTRACT: SPECIFIC TASK.....2 FIXED TIME.....3 CASUAL.....4
	DESCRIPTION	CODE		TSH	UNIT	TSH	UNIT	HOURS	

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General								
I N D I V I D U A L I D	62a. Are you a member of any trade union?	63. IS THE ANSWER TO QUESTION 8CD 'YES'?	64. In the last 7 days, how many hours did [NAME] work as an unpaid family worker on a non-farm household business or businesses (if more than one)? MAX AMOUNT: 168 HOURS	65. IS THE ANSWER TO QUESTION 8E 'YES'?	66. 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)? MAX AMOUNT: 168 HOURS	66a. Were you available to work more hours in the last 7 days?	70. How many hours did [NAME] spend yesterday collecting firewood (or other fuel materials)? [IF NONE WRITE '0']	71. How many hours did [NAME] spend yesterday collecting/ fetching water? [ROUND TRIP] [IF NONE WRITE '0']
	YES...1 NO...2	YES...1 NO...2 (►65)	HOURS	YES...1 NO...2 (►66a)	HOURS	YES...1 NO...2	HOURS	HOURS

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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

	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 con- sumption?	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 con- sumption?	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 con- sumption?	10. In the past 7 days did [NAME] consume any <u>sodas and other non- acoholic drinks</u> outside of the household?	11. What was the value of this con- sumption?	12. In the past 7 days did [NAME] consume any <u>sweets, ice-cream</u> outside of the household?	13. What was the value of this con- sumption?	14. In the past 7 days did [NAME] consume any <u>tea, coffee, samosa, cake and other hoteli snacks</u> outside of the household?	15. What was the value of this con- sumption?
I N D I V I D U A L I D	YES...1	YES...1		YES...1		YES...1		YES...1		YES...1		YES...1		YES...1	
	NO...2	NO...2		NO...2		NO...2		NO...2		NO...2		NO...2		NO...2	
	(▶NEXT)	(▶4)	TSH	(▶6)	TSH	(▶8)	TSH	(▶10)	TSH	(▶12)	TSH	(▶14)	TSH	(▶NEXT)	TSH

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SECTION G. SUBJECTIVE WELFARE & CRIME

I N D I V I D U A L I D	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 financial circumstances, would you describe yourself as:	5. Just thinking about your circumstances that you were living in two years ago, would you describe yourself then as:	6. IS [NAME] OVER AGE 12?
			VERY SATISFIED.....1 SATISFIED.....2 SOMEWHAT SATISFIED.....3 NEITHER SATISFIED NOR DISSATISFIED..4 SOMEWHAT DISSATISFIED.....5 DISSATISFIED.....6 VERY DISSATISFIED.....7 NOT APPLICABLE.....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	
	YES...1 NO...2 ▶6	YES...1 NO...2 ▶6	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?		YES...1 NO...2 (▶NEXT)	

[illegible]

CRIME

I N D I V I D U A L I D	7. In the last 12 months, has [NAME] been a victim of a crime?	8. What was the type of crime? ASK ABOUT MOST RECENT CRIME CAR THEFT.....1 MOTORBIKE THEFT.....2 BICYCLE THEFT.....3 THEFT OF PERSONAL PROPERTY (SUCH AS MOBILE, PURSE/WALLET, JEWELRY, LAPTOP)...4 LIVESTOCK THEFT.....5 CROP THEFT.....6 HOME BURGLARY.....7 ASSAULT.....8 OTHER, SPECIFY.....9	9. Did [NAME] or someone else report this crime to the police?	10. Why was this crime not reported to the police?
	YES...1 NO...2 (▶NEXT)		YES...1 (▶NEXT) NO...2	CRIME NOT SERIOUS.....1 POLICE TOO FAR...2 POLICE CORRUPT...3 REPORTING WOULD CAUSE TROUBLE...4 NEIGHBORHOOD ISSUE, DID NOT WANT POLICE INVOLVED.....5 OTHER, SPECIFY...6

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I N D I V I D U A L I D	NAME	SEX	AGE	I N D I V I D U A L I D	SEC 'E'		
					YES TO 4AB OR 8AB?	YES TO 4E OR 8E?	YES TO 8CD?

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SECTION H: FOOD SECURITY

[ASK OF HOUSEHOLD HEAD]

1 In the past 7 days, did you worry that your household would not have enough food? YES...1 NO...2	2 In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO. A Rely on less preferred foods? DAYS B Limit the variety of foods eaten? DAYS C Limit portion size at meal-times? DAYS D Reduce number of meals eaten in a day? DAYS E Restrict consumption by adults for small children to eat? DAYS F Borrow food, or rely on help from a friend or relative? DAYS G Have no food of any kind in your household? DAYS H Go a whole day and night without eating anything? DAYS								3 How many meals, including breakfast are taken per day in your household? A NUMBER B Children (6-59 months) LEAVE BLANK IF NO CHILDREN NUMBER	4 What did your children below 5 years old (0-4 years) have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN UNDER AGE 5, RECORD "00"	5 What did your children between 5 to 13 years old have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN 5-13 YEARS OLD, RECORD "00"	

6 Do all household members eat roughly the same diet? YES...1 (►8) NO...2	7 Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods? MORE DIVERSE...1 LESS DIVERSE...2 IF NONE, RECORD "00" A Men B Women C Children (6-59 months)			8 In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household? YES...1 NO...2 (►NEXT MODULE)	9 When did you experience this incident in the last 12 months? MARK X IN EACH COLUMN FOR 2013, 2014, AND 2015 2013 Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec 2014 Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec 2015 Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec												10 What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM. A 1ST B 2ND C 3RD		

CODES FOR 4 AND 5
TEA/DRINK WITH SUGAR.....1
MILK/MILK TEA WITH SUGAR.....2
SOLID FOOD ONLY.....3
TEA/DRINK WITH SOLID FOOD.....4
PORRIDGE WITH GROUNDNUT FLOUR.....5
PORRIDGE WITH SOLID FOOD.....6

PORRIDGE WITH SUGAR.....7
PORRIDGE WITH MILK.....8
PORRIDGE WITHOUT SUGAR.....9
BREASTMILK.....10
NOTHING.....11
OTHER, SPECIFY.....12

CODES FOR 10A, 10B & 10C
INADEQUATE HOUSEHOLD STOCKS DUE TO DROUGHT/POOR RAINS.....1
INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO CROP PEST DAMAGE.....2
INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO SMALL LAND SIZE.....3
INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LACK OF FARM INPUTS....4
FOOD IN THE MARKET WAS VERY EXPENSIVE.....5
NOT ABLE TO REACH THE MARKET DUE TO HIGH TRANSPORTATION COSTS...6
NO FOOD IN THE MARKET.....7
FLOODS/WATER LOGGING/HAILSTORM.....8
NO MONEY.....9
OTHER, SPECIFY.....10

SECTION I: HOUSING, WATER AND SANITATION

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

1. What is HH tenure status of main residence? OWNER OCCUPIED...1 EMPLOYER PROVIDED - SUBSIDIZED...2 ▶3 EMPLOYER PROVIDED - FREE...3 ▶4 RENTED...4 ▶3 FREE...5 ▶4 NOMADS...6 ▶5	2. Do you have any documentation of ownership of the dwelling? ▶4 USE CODES BELOW	3. How much does this household pay per month to rent this dwelling? INCLUDE VALUE OF IN-KIND PAYMENTS FOR RENT ▶5 TSH	4. Estimate the rent per month you could receive if you rented this dwelling? TSH	5. In the past year, how much have you paid on repairs to your dwelling? TSH	6. In the past year, how much have you paid in improvements to your home (excluding any purchases listed in previous question)? TSH	7. How many habitable rooms in each unit does this household occupy? DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE MAIN DWELLING OTHER DWELLING(S)	8. The walls of the main dwelling are predominantly made of what materials? 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

9. The roof of the main dwelling is predominantly made of what materials? GRASS, LEAVES, BAMBOO...1 MUD AND GRASS..2 CONCRETE, CEMENT...3 METAL SHEETS (GCI)...4 ASBESTOS SHEETS...5 TILES...6 OTHER, SPECIFY.7	10. The floor of the main dwelling is predominantly made of what materials? EARTH...1 CONCRETE, CEMENT, TILES, TIMBER...2 OTHER, SPECIFY...3	11. How does the household dispose of its garbage? COLLECTED BY GOVERNMENT..1 COLLECTED BY PRIVATE FIRM...2 GOVERNMENT BIN...3 DISPOSAL WITHIN COMPOUND...4 NONE OR UNAUTHORISED HEAP...5 OTHER, SPECIFY...6	12. What kind of toilet facility do members of your household generally use? NO TOILET...1 (▶15) PIT LATRINE WITHOUT SLAB/OPEN PIT...2 PIT LATRINE WITH SLAB (NOT WASHABLE)...3 PIT LATRINE WITH SLAB (WASHABLE)...4 VIP...5 POUR FLUSH...6 FLUSH TOILET...7 ECOSAN...8 OTHER, SPECIFY...9	13. Do you share this toilet facility with other households? YES...1 NO...2 (▶15)	14. How many households use this toilet facility? NUMBER	15. The last time the youngest child in the household passed stools, what was done to dispose of them? CHILD USED TOILET OR LATRINE...1 PUT/RINSED INTO TOILET OR LATRINE...2 PUT/RINSED INTO DRAIN/DITCH...3 THROWN INTO GARBAGE...4 BURIED...5 LEFT IN OPEN...6 OTHER, SPECIFY...7 NO CHILDREN...8 WASHABLE DIAPERS...9 DIPOSABLE DIAPERS...10	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

16. Major fuel used for cooking? FIREWOOD.....1 PARAFFIN.....2 ELECTRICITY..3 GAS4 CHARCOAL.....5 ANIMAL RESIDUAL....6 GAS (BIOGAS) .7 OTHER, SPECIFY.....8	17. Major fuel used for lighting? IF NO ELECTRICITY OR SOLAR ►19 ELECTRICITY..1 SOLAR.....2 GAS.....3 GAS (BIOGAS) .4 LAMP OIL5 CANDLE6 FIREWOOD.....7 PRIVATE GENERATOR...8 TORCH.....9 OTHER, SPECIFY....10	18. What is HH main source of electricity? TANESCO.....1 COMMUNITY GENERATOR..2 SOLAR PANELS.....3 OWN GENERATOR..4 CAR BATTERY....5 MOTORCYCLE BATTERY.....6 OTHER, SPECIFY....7	19. What is the household's main source of drinking water in the rainy season? <div style="border: 1px solid black; padding: 5px; text-align: center;"> USE CODES FROM BELOW </div>	20. Where is that water source located? IN OWN DWELLING....1 (►24) IN OWN YARD/PLOT...2 (►24) IN NEIGHBOR'S COMPOUND....3 ELSEWHERE....4	21. Who usually fetches water for your household in the rainy season? <div style="border: 1px solid black; padding: 5px; text-align: center;"> IF NO HH MEMBER FETCHES WATER, ENTER "99" </div>	22. How long does it take [NAME] to get water from the main source of drinking water to this dwelling in the rainy season? <div style="border: 1px solid black; padding: 5px; text-align: center;"> GO AND RETURN TRIP INCLUDE WAITING TIME </div>	23. Out of these [READ] minutes, how long does [NAME] spend waiting? 	24. What do you usually do to the water to make it safer to drink in the rainy season? NONE.....1 BOIL.....2 ADD BLEACH/ CHLORINE.....3 USE A WATER FILTER.....4 SOLAR DISINFECTION...5 LET IT STAND AND SETTLE.....6 OTHER, SPECIFY..7 <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;"> MARK UP TO 2 </div>	25. What is the main source of water used by your household for other purposes, such as cooking and handwashing in the rainy season? <div style="border: 1px solid black; padding: 5px; text-align: center;"> USE CODES FROM BELOW </div>	26. How much on average does your household spend on all water used in the household (i.e. drinking water, hand washing, etc.) and including specific transportation costs of this water, if any) in one week during the rainy reason? 	
					ROSTER ID	MINUTES	MINUTES	1	2		TSH

27. During the dry season, is the main source of drinking water for members of your household the same as during the rainy season? YES...1 (►NEXT MODULE) NO....2	28. What is the main reason you change sources of drinking water in the dry season? COST.....1 AVAILABILITY.....2 CONVENIENCE.....3 SAFETY IN COLLECTING THE WATER.....4 SAFETY OF CONSUMING THE WATER.....5 OTHER, SPECIFY...6	29. What is the household's main source of drinking water in the dry season? <div style="border: 1px solid black; padding: 5px; text-align: center;"> USE CODES ON RIGHT </div>	30. Where is that water source located? IN OWN DWELLING....1 (►34) IN OWN YARD/PLOT..2 (►34) IN NEIGHBOR'S COMPOUND...3 ELSEWHERE....4	31. Who usually fetches water for your household in the dry season? 	32. How long does it take [NAME] to get water from the main source of drinking water this dwelling in the dry season? <div style="border: 1px solid black; padding: 5px; text-align: center;"> GO AND RETURN TRIP INCLUDE WAITING TIME </div>	33. Out of these [READ] minutes, how long does [NAME] spend waiting? 	34. What do you usually do to the water to make it safer to drink in the dry season? NONE.....1 BOIL.....2 ADD BLEACH/ CHLORINE.....3 USE A WATER FILTER.....4 SOLAR DISINFECTION...5 LET IT STAND AND SETTLE.....6 OTHER, SPECIFY..7 <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;"> MARK UP TO 2 </div>	35. What is the main source of water used by your household for other purposes, such as cooking and handwashing in the dry season? <div style="border: 1px solid black; padding: 5px; text-align: center;"> USE CODES ON RIGHT </div>	36. How much on average does your household spend on all water used in the household (i.e. drinking water, hand washing, etc.) and including specific transportation costs of this water, if any) in one week during the dry reason? 	CODES FOR 19,25,29,35 PIPED WATER.....1 TUBEWELL/BOREHOLE.....2 PROTECTED DUG WELL.....3 UNPROTECTED DUGWELL....4 PROTECTED SPRING.....5 UNPROTECTED SPRING.....6 RAINWATER COLLECTION...7 BOTTLED WATER.....8 CART WITH SMALL TANK/DRUM.....9 TANKER-TRUCK.....10 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNELS).11 OTHER, SPECIFY.....12
				ROSTER ID	MINUTES	MINUTES	1	2		TSH

SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

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

ITEM CODE	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?		4_1.	Where did you purchase the [ITEM]?		5.	How much came from own-production?		6	How much came from gifts and other sources?		DE LINE NUMBER	
	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		LOCAL MILL.....1 MARKET PRE-PACKAGED, LABELED.....2 PRE-PACKAGED, NO LABEL.....3 OPEN, BULK CONTAINER.....4 SHOP/KIOSK PRE-PACKAGED, LABELED.....5 PRE-PACKAGED, NO LABEL.....6 OPEN, BULK CONTAINER.....7 OTHER, SPECIFY...8		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 (►NEXT)	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					
01081	Wheat flour																	9					
01082	Barley grain and other cereals																	10					
0109	Bread																	11					
0110	Buns, cakes and biscuits																	12					
0111	Macaroni, spaghetti																	13					
0112	Other cereal products																	14					
Starches																							15
0201	Cassava fresh																	16					

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	4_1. Where did you purchase the [ITEM]? LOCAL MILL 1 MARKET PRE-PACKAGED, LABELED 2 PRE-PACKAGED, NO LABEL 3 OPEN, BULK CONTAINER 4 SHOP/KIOSK PRE-PACKAGED, LABELED 5 PRE-PACKAGED, NO LABEL 6 OPEN, BULK CONTAINER 7 OTHER, SPECIFY . . . 8	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		DE LINE NUMBER
		UNIT	QUANTITY	UNIT	QUANTITY	TSH		UNIT	QUANTITY	UNIT	QUANTITY	
0202	Cassava dry/flour											17
0203	Sweet potatoes											18
0204	Yams/cocoyams											19
0205	Irish potatoes											20
0206	Cooking bananas, plantains											21
0207	Other starches											22
Sugar and Sweets												23
0301	Sugar											24
0302	Sweets											25
0303	Honey, syrups, jams, marmalade, jellies, canned f											26
Pulses, Dry												27
0401	Peas, beans, lentils and other pulses											28
Nuts and Seeds												29
0501	Groundnuts in shell/shelled											30
0502	Coconuts (mature/immature)											31
0503	Cashew, almonds and other nuts											32
0504	Seeds and products from nuts/seeds (excl. cooking oil)											33

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?		4_1. Where did you purchase the [ITEM]?		5. How much came from own-production?		6 How much came from gifts and other sources?		DE LINE NUMBER
	<div>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</div> <div>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</div> <div>YES . . 1 NO . . . 2 (►NEXT)</div>		UNIT	QUANTITY	UNIT	QUANTITY	TSH		LOCAL MILL.....1 MARKET PRE-PACKAGED, LABELED.....2 PRE-PACKAGED, NO LABEL.....3 OPEN, BULK CONTAINER.....4 SHOP/KIOSK PRE-PACKAGED, LABELED.....5 PRE-PACKAGED, NO LABEL.....6 OPEN, BULK CONTAINER.....7 OTHER, SPECIFY...8	UNIT	QUANTITY	UNIT	QUANTITY		
Vegetables															34
0601	Onions, tomatoes, carrots and green pepper, other viungo														35
0602	Spinach, cabbage and other green vegetables														36
0603	Canned, dried and wild vegetables														37
Fruits															38
0701	Ripe bananas														39
0702	Citrus fruits (oranges, lemon, tangerines, etc.)														40
0703	Mangoes, avocadoes and other fruits														41
0704	Sugarcane														42
Meat, meat products, fish															43
0801	Goat meat														44
0802	Beef including minced sausage														45
0803	Pork including sausages and bacon														46
0804	Chicken and other poultry														47
0805	Wild birds and insects														48

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	4_1. Where did you purchase the [ITEM]? LOCAL MILL 1 MARKET PRE-PACKAGED, LABELED 2 PRE-PACKAGED, NO LABEL 3 OPEN, BULK CONTAINER 4 SHOP/KIOSK PRE-PACKAGED, LABELED 5 PRE-PACKAGED, NO LABEL 6 OPEN, BULK CONTAINER 7 OTHER, SPECIFY . . . 8	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		DE LINE NUMBER
		UNIT	QUANTITY	UNIT	QUANTITY	TSH		UNIT	QUANTITY	UNIT	QUANTITY	
0806	Other domestic/wild meat products											49
0807	Eggs											50
0808	Fresh fish and seafood (including dagaa)											51
0809	Dried/salted fish and seafood (incl. dagaa)											52
0810	Package/Canned fish											53
Milk and milk products												54
0901	Fresh milk											55
0902	Milk products (like cream, cheese, yoghurt etc)											56
0903	Canned milk/milk powder											57
Oil and fats												58
1001	Cooking oil											59
1002	Butter, margarine, ghee and other fat products											60
Spices and other foods												61
1003	Salt											62
1004	Other spices											63
Beverages												64
1101	Tea dry											65

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? <div>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</div> <div>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</div> <div>YES...1 NO...2 (▶NEXT)</div>	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> ? <div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5</div>		4. How much did you spend? <div>THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</div>	4_1. Where did you purchase the [ITEM]? LOCAL MILL.....1 MARKET PRE-PACKAGED, LABELED.....2 PRE-PACKAGED, NO LABEL.....3 OPEN, BULK CONTAINER.....4 SHOP/KIOSK PRE-PACKAGED, LABELED.....5 PRE-PACKAGED, NO LABEL.....6 OPEN, BULK CONTAINER.....7 OTHER, SPECIFY...8	5. How much came from own-production? <div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6</div>		6 How much came from gifts and other sources? <div>EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD</div> <div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</div>		DE LINE NUMBER
		UNIT	QUANTITY	UNIT	QUANTITY	TSH		UNIT	QUANTITY	UNIT	QUANTITY	
1102	Coffee and cocoa											66
1103	Other raw materials for drinks											67
Beverages												68
1104	Bottled/canned soft drinks (soda, juice, water)											69
1105	Prepared tea, coffee											70
1106	Bottled beer											71
1107	Local brews											72
1108	Wine and spirits											73

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	<div></div>
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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)			
IF NOT SHARED, RECORD ZERO IN BOTH COLUMNS.		10 How many [...] were meals shared with over the past 7 days?	11 What was the total number of meals that were shared over past 7 days with [...]?
		NUMBER OF PEOPLE	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 K: NON-FOOD EXPENDITURES – Past one week & one month

ONE WEEK RECALL

ITEM CODE	1. Over the past 7 days, did you purchase any [...]?	YES...1 NO...2 (►NEXT ITEM)	2. How much did you pay in total? TSH	D E L I N E N U M B E R
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 [...]?	YES...1 NO...2 (►NEXT ITEM)	2. How much did you pay in total? TSH	D E L I N E N U M B E R
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

ONE MONTH RECALL

ITEM CODE	1. Over the past 30 days, did you purchase or pay for any [...]?	YES...1 NO...2 (►NEXT ITEM)	2. How much did you pay in total? TSH	D E L I N E N U M B E R
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, mosque, 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 to household and personal items (radios, watches, etc.)			26

SECTION L: NON-FOOD EXPENDITURES – Past twelve months

Non-food items that may not have been purchased.

ITEM CODE	1. Over the past 12 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 /Marriage costs	
314	Funeral costs	
315	Other costs not stated elsewhere	
316	Repairs to consumer durables	
317	Taxes for income, property, etc.	
318	Repairs & maintenance to dwelling	
319	Garments for men	
320	Garments for women	
321	Garments for children and babies	
322	Footwear for men	
323	Footwear for women	
324	Footwear for children and babies	

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
325	Wood poles, bamboo		
326	Grass for thatching roof or other use		

SECTION M: HOUSEHOLD ASSETS

		1. How many [ITEMS] does your household own? IF NONE, WRITE '0' (►NEXT ITEM)	2. What is the age of this [ITEM]? IF MORE THAN ONE ITEM, WRITE THE AVERAGE AGE	3. At what price did you buy [ITEM]? IF MORE THAN ONE, WRITE THE AVERAGE PRICE	4. If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, WRITE THE AVERAGE
CODE		NUMBER	YEARS	TSH	TSH
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	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	Motorcycle				
427	Bicycle				

		1. How many [ITEMS] does your household own? IF NONE, WRITE '0' (►NEXT ITEM)	2. What is the age of this [ITEM]? IF MORE THAN ONE ITEM, WRITE THE AVERAGE AGE	3. At what price did you buy [ITEM]? IF MORE THAN ONE, WRITE THE AVERAGE PRICE	4. If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, WRITE THE AVERAGE
CODE		NUMBER	YEARS	TSH	TSH
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/Air conditioner				
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				
453	Power tiller				

SECTION N: FAMILY/HOUSEHOLD NON-FARM ENTERPRISES

1a. Over the past 12 months, has anyone in your household operated any non-agricultural income-generating enterprise which produces goods or services or has anyone in your household owned a shop or operated a trading business?

YES...1

▶2

NO....2

YES...1

NO....2

▶NEXT

SECTION

1b. **ENUMERATOR:** CHECK MODULE E (LABOUR): DID ANY MEMBER REPORT YES TO QUESTIONS 4C OR 4D?

2.
Please provide details on the main product or service of each [ENTERPRISE] that your household operated during the past 12 months.

PROVIDE A WRITTEN DESCRIPTION CONCERNING THE MAIN PRODUCT / SERVICE OF EACH ENTERPRISE THAT THE HOUSEHOLD OPERATED DURING THE PAST 12 MONTHS, BEFORE GOING ON TO Q3. PLEASE INCLUDE BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY IN THE LAST 12 MONTHS.

WRITTEN DESCRIPTION

ISIC
CODE

3.
Which members of the household are engaged in this [ENTERPRISE]?

ID 1 | ID 2 | ID 3 | ID 4 | ID 5 | ID 6

4.
Who in the household manages this business or is most familiar with it?

LIST UP TO TWO

USE ROSTER ID CODES

ID CODE OF
MANAGER 1

ID CODE OF
MANAGER 2

5.
Who in the household owns this business?

LIST UP TO TWO

USE ROSTER ID CODES

ID CODE OF
OWNER 1

ID CODE OF
OWNER 2

1												
2												
3												
4												
5												

E N T E R P R I S E I D	6. Where do you do business?	7. How long has this business existed?	8. What was the main source of start-up capital for this income-generating activity?			9. To whom do you sell your products or services?		10. What is the total value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the [ENTERPRISE]?	11. What is the total value of your current stock of inputs or supplies?	12. 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 OTHER, SPECIFY.....13	YEARS MONTHS	LOAN FROM FAMILY/FRIENDS.....1 GIFT FROM FAMILY/FRIENDS.....2 SALE OF ASSETS OWNED.....3 PROCEEDS FROM ANOTHER NON-AGRICULTURE BUSINESS....4 PROCEEDS FROM ANOTHER AGRICULTURE BUSINESS.....5 OWN SAVINGS.....6 LOAN FROM SACCOS.....7 NON-AGRICULTURAL CREDIT.....8 BANK OR OTHER INSTITUTION.....9 LOAN FROM MONEY LENDER.....10 INHERITED.....11 OTHER, SPECIFY.....12 NO START-UP COST.....13 LIST UP TO 3 IN ORDER OF IMPORTANCE SOURCE OF CAPITAL 			FINAL CONSUMERS.1 SMALL BUSINESS..2 LARGE ESTABLISHED BUSINESS.....3 INSTITUTIONS....4 EXPORT.....5 MANUFACTURERS...6 GOVERNMENT.....7 OTHER, SPECIFY..8		TSH	TSH	TSH

1										
2										
3										
4										
5										

E N T E R P R I S E I D	13. What gross income/takings did you get from your [ENTERPRISE] in the last week/month?		14. What was your net income (profit) from your [ENTERPRISE] in the last week/month?		15. How many employees do you have who are not household members?		16. What was your total expenditure on wages/salary in the last month?		17. What was your total expenditure on raw materials in the last month?		18. How much were your other operating expenses (for this business) such as fuel, kerosene, electricity etc. in the last month?		19. How many months during the last 12 months did you operate this business?		20. What was your AVERAGE net monthly income (profit) during the months when you operated this business?		21. Is this company officially registered with the ...?						
	WEEK...1 MONTH...2		WEEK...1 MONTH...2		IF NONE WRITE '0'		IF NONE WRITE '0'		IF NONE WRITE '0'								YES...1 NO....2						
	PERIOD	TSH	PERIOD	TSH	NON HOUSEHOLD EMPLOYEES		TSH		TSH		TSH		MONTHS		TSH		A Registrar of Companies		B Tax Authority		C Local Authority		D Other, specify

1															
2															
3															
4															
5															

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	6. Which members of the household participated in this program? <div>LIST UP TO 3</div> ROSTER ID 1 2 3	7. Who in your household controls/decides on the use of assistance from the program? <div>LIST UP TO 2</div> ROSTER ID 1 2
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:						

8. Is anyone in the household a member of a credit or savings group (SACCOS)? YES...1 NO...2 (▶NEXT SECTION)	<div></div>
--	-------------

CODES FOR Q16

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

9. Please list all household members who are members of groups NAME OF HOUSEHOLD MEMBER NAME ID CODE	10. What is [NAME] total balance with the group? TSH	11. How often does [NAME] contribute to the group? DAY...1 WEEK...2 MONTH...3 YEAR...4 FREQ. UNIT	12. How much does [NAME] give each time? TSH	13. When was the last time [NAME] withdrew money? IF NEVER, ENTER "0" ▶NEXT ROW MONTH YEAR	14. How much did [NAME] withdraw? TSH	15. What was the balance just before the withdrawal? TSH	16. What was the main reason [NAME] took money out this last time? USE CODES ABOVE CODES	17. How much will [NAME] pay for this loan per [PERIOD]? DAY...1 WEEK...2 MONTH...3 YEAR...4 TSH PERIOD	18. How long will it take [NAME] to repay the loan? MONTHS
A.									
B.									
C.									
D.									

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

SECTION)

[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 in the last 12 months? <div>LIST ALL PEOPLE OR ORGANIZATIONS BEFORE GOING TO QUESTION 3</div>	3. CODE SOURCE OF LOAN <div>SEE CODES BELOW</div>	4. Which house- hold 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? TSH	7. Is the loan/credit re-paid? YES...1 (▶9) NO...2	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? 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.....11 LIST UP TO THREE IN ORDER OF IMPORTANCE		
							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 Q: FINANCE

1. Did you or anyone in your household use any of the following services to transfer money over the last 12 months: <div>IF ALL NO, ►5</div> <div>YES...1 NO...2</div> <div>M-PESA EZY PESA AIRTEL MONEY TIGO PESA</div>				2. How often does your household use this service? <div>DAILY.....1 WEEKLY.....2 EVERY 2 WEEKS..3 MONTHLY.....4 EVERY 3 MONTHS.5 EVERY 6 MONTHS.6 LESS OFTEN.....7 NEVER.....8</div>				3. Did you use this service to...? <div>YES...1 NO...2</div> <div>A B C D E F G H</div> <div>Buy airtime for yourself Buy airtime for someone else Send money Receive money Have someone pay you for a good or service Store/ save for emergencies Store/save for other everyday expenses Store/save money for unusually large purchases</div>								4. Which of these was the most important use of this service? <div>USE LETTER</div>		5. Which is the household main source of cash income? <div>USE CODES BELOW</div> <div>LIST UP TO TWO</div> <div>SOURCE 1 SOURCE 2</div>	

6. What is the total amount of income your household has received in the form of rental payments for property (such as land/ house/shop/store rental) in the last 12 months, excluding agricultural land? <div>IF NONE, WRITE '0'</div> <div>TSH</div>		7. What is the total amount of income your household has received in the form of <u>private or government pensions</u> in the last 12 months? <div>TSH</div>		8. What is the total amount of income your household has received in the form of <u>other income</u> in the last 12 months? <div>IF NONE, WRITE '0' AND ►10</div> <div>TSH</div>		9. What was the type of other income that your household received in the last 12 months? <div>USE CODES</div> <div>LIST UP TO THREE</div> <div>1 2 3</div>			10. Do you or anyone else in your household have a bank account, either with a commerical bank , a credit union, or other similar institution? <div>YES...1 NO...2 ►13</div>		11. Please list up to 3 institutions with whom you or a member of your household has a savings account. <div>A B C</div>		12. In what year did you open your first bank account? <div>►14</div> <div>YEAR</div>		13. Why do you not have a bank account? <div>USE CODES</div> <div>LIST UP TO THREE IN ORDER OF IMPORTANCE</div> <div>1 2 3</div>		

CODES FOR Q5
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

CODES FOR Q9
SAVINGS, INTEREST OR INVESTMENT.....1
REAL ESTATE SALES.....2
NON-AGRICULTURAL ASSET SALES.....3
AGRICULTURAL/FISHING ASSET SALES.....4
INHERITANCE.....5
LOTTERY/GAMBLING6

CODES FOR Q13
NO MONEY TO SAVE.....1
DO NOT TRUST FINANCIAL INSTITUTIONS.....2
DIFFICULT TO PRODUCE REQUIRED DOCUMENTATION (ID CARD, ETC).....3
USE SOMEONE ELSE'S ACCOUNT.....4
TOO FAR AWAY.....5
DON'T WANT TO PAY USERS FEES.....6

14. Have you or anyone in your household received any remittances or financial assistance in the form of cash or in-kind during the last 12 months?	YES...1 NO...2	<input type="checkbox"/>
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S O U R C E I D	15. What is the name of [SOURCE]?	16. What is the relationship of [SOURCE] to the household head?	17. How old is [SOURCE] ?	18. Sex of [SOURCE]	19. What is the highest grade completed by [SOURCE]?	20. From what location did [SOURCE] send these remittances?	21. How long has [SOURCE] lived in his/her present location?	22. Which of the following remittances channels did [SOURCE] use in the last 12 months?	23. How much in total did you receive in cash from [SOURCE] during the last 12 months?	24. For what did you or anyone in your household use the cash sent from [SOURCE] in the last 12 months?	25. Who in the household decided on the use of the cash sent by [SOURCE] in the last 12 months?	26. What is the total value of all those items which you received in-kind in the last 12 months?	27. Who in the household decided on the use of the in-kind items sent by [SOURCE] in the last 12 months?
		USE CODES BELOW			USE CODES BELOW	USE CODES BELOW		USE CODES BELOW LIST UP TO 3 IN ORDER OF IMPORTANCE	RECORD 0 IF NONE AND ►26	USE CODES BELOW LIST UP TO 3	LIST UP TO TWO FROM HH ROSTER	RECORD 0 IF NONE AND ►NEXT SOURCE	LIST UP TO TWO FROM HH ROSTER
	NAME	CODE	YEARS	M...1 F...2	CODE	CODE	UNIT NUMBER	1 2 3	TSH	1 2 3	ID 1 ID 2	TSH	ID 1 ID 2
1													
2													
3													
4													

CODES FOR Q16

SPOUSE.....1
PARENT.....2
DAUGHTER.....3
SON.....4
SISTER.....5
BROTHER.....6
OTHER RELATIVE.....7
BUSINESS ASSOCIATE..8
FRIEND.....9
OTHER, SPECIFY.....10

CODES FOR Q19

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 & EQUIVALENT
U1.....41 U2.....42
U3.....43 U4.....44
U5&+.....45
NO EDUCATION.....46

CODES FOR Q20

WITHIN TANZANIA
DODOMA.....01
ARUSHA.....02
KILIMANJARO.....03
TANGO.....04
MOROGORO.....05
PWANI.....06
DAR-ES-SALAAM.....07
LINDI.....08
MTWARA.....09
RUVUMA.....10
IRINGA.....11
MBEYA.....12
SINGIDA.....13
TABORA.....14
RUKWA.....15

KIGOMA.....16
SHINYANGA.....17
KAGERA.....18
MWANZA.....19
MARA.....20
MANYARA.....21
NJOMBE.....22
KATAVI.....23
SIMIYU.....24
GEITA.....25
KASKAZINI UNGUJA...51
KUSINI UNGUJA.....52
MUJINI/MAGHARIBI
UNGUJA.....53
KASKAZINI PEMBA...54
KUSINI PEMBA.....55

INTERNATIONAL

USA.....61
UK.....62
UAE.....63
SOUTH AFRICA.....64
JAPAN.....65
INDIA.....66
KENYA.....67
UGANDA.....68
GERMANY.....69
CANADA.....70
OTHER, SPECIFY.....71

CODES FOR Q22

BANK ACCOUNT.....1
WESTERN UNION.....2
MONEYGRAM.....3
POST OFFICE.....4
FRIENDS/RELATIVES...5
M-PESA.....6
TIGO PESA.....7
EZY PESA.....8
AIRTEL MONEY.....9
OTHER, SPECIFY.....10

CODES FOR Q24

HOUSEHOLD
CONSUMPTION.....1
EDUCATION.....2
HEALTH.....3
INVESTMENT.....4
BUSINESS.....5
FARMING.....6
CEREMONY.....7
OTHER, SPECIFY.....8

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

S H O C K I D	1.	Over the <u>past two years</u> , was your household severely affected negatively by any of the following events?	2.	Rank the three most significant shocks you experienced
	<div style="border: 1px solid black; padding: 10px; text-align: center;"> GO THROUGH ENTIRE LIST BEFORE PROCEEDING TO 2. </div>		MOST SEVERE.....1 SECOND MOST SEVERE.....2 THIRD MOST SEVERE.....3 PUT CODE OF 3 BIGGEST SHOCKS	

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		
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.

[illegible]

RELIED ON OWN-SAVINGS....1

RECEIVED UNCONDITIONAL HELP
FROM RELATIVES/FRIENDS....2

RECEIVED UNCONDITIONAL HELP
FROM GOVERNMENT.....3

CHANGED EATING PATTERNS
(RELIED ON LESS PREFERRED
FOOD OPTIONS, REDUCED THE
PROPORTION OR NUMBER OF
MEALS PER DAY, OR HOUSEHOLD
MEMBERS SKIPPED DAYS OF
EATING, ETC.).....5

EMPLOYED HOUSEHOLD MEMBERS
TOOK ON MORE EMPLOYMENT...6

ADULT HOUSEHOLD MEMBERS WHO
WERE PREVIOUSLY NOT WORKING
HAD TO FIND WORK.....7

OBTAINED CREDIT.....10

SOLD AGRICULTURAL ASSETS.11

SOLD DURABLE ASSETS.....12

SOLD LAND/BUILDING.....13

SOLD CROP STOCK.....14

SOLD LIVESTOCK.....15

ENGAGED IN SPIRITUAL EFFORT
- PRAYER, SACRIFICES,
DIVINER CONSULTATIONS....18

DID NOT DO ANYTHING.....19

OTHER (SPECIFY).....20

SECTION S: DEATHS IN HOUSEHOLD

[illegible]

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
<5 YEARS OLD.....16

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

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

SECTION U-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 U-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 2014? 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

MARK YES IF RESPONDENT SAID 'YES' TO ANY QUESTION 1-4

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

6. Did anyone in the household own any livestock, excluding dogs, during the last 12 months? YES...1 NO...2

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

8. Did anyone in this household engage in fish trading in the last 12 months? YES...1 NO...2

MARK YES IF RESPONDENT SAID 'YES' TO QUESTION 6, 7, OR 8

9. PROCEED TO LIVESTOCK/FISHERY MODULE? YES...1 NO...2

RESPONDENT GIFT:

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

10. WHICH GIFT DID THIS HOUSEHOLD RECEIVE?

HAND HOE...1 BEDNET...2 OTHER...3

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

ENUMERATOR SIGNATURE _____

SECTION V: ANTHROPOMETRY

I N D I V I D U A L I D	1. IS [NAME] A WOMAN AGE 15-49?	2. IS [NAME] OVER AGE 15?	3. WAS [NAME] MEASURED?	4. WHY NOT? <div>▶NEXT</div> CURRENTLY NOT HOME...1 TOO ILL....2 UNWILLING...3 OTHER SPECIFY...4	5. WEIGHT <div>IF LESS THAN 10 KG, PUT LEADING ZEROS (3.2 KG = 003.2)</div>	6. HEIGHT <div>IF LESS THAN 100 CMS, PUT ZERO (0) ON PRECEEDING SPACE OF THIS COLUMN (97 CM = 097)</div>	7. HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	8. IS [NAME] 5 YEARS OR YOUNGER?	9. UPPER ARM CIRCUMFERENCE <div>IF LESS THAN 10 CMS, PUT ZERO (0) ON PRECEEDING SPACE OF THIS COLUMN (9 CM = 09)</div>
	YES...1 (▶3) NO...2	YES...1 (▶NEXT) NO...2	YES...1 (▶5) NO...2		KG	CM	STANDING...1 LYING DOWN.2	YES...1 NO....2 ▶NEXT	CM

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

END TIME

:

MAGERESHO YA MIKOA NA WILAYA - 49

1. DODOMA-01		6. PWANI-06		12.MBEYA-12		17. SHINYANGA-17		22. NJOMBE-22	
KONDOA	1	BAGAMOYO	1	CHUNYA	1	SHINYANGA RURAL	1	NJOMBE URBAN	1
MPWAPWA	2	KIBAHA RURAL	2	MBEYA RURAL	2	KISHAPU	2	WANGING'OMBE	2
KONGWA	3	KISARAWA	3	KYELA	3	SHINYANGA URBAN	3	MAKETE	3
CHAMWINO	4	MKURANGA	4	RUNGWE	4	KAHAMA RURAL	4	NJOMBE RURAL	4
DODOMA URBAN	5	RUFJI	5	ILEJE	5	KAHAMA URBAN	5	LUDEWA	5
BAHI	6	MAFIA	6	MBOZI	6			MAKAMBAKO	6
CHEMBA	7	KIBAHA URBAN	7	MBALALI	7	18. KAGERA-18			
				MBEYA URBAN	8	KARAGWE	1	23. KATAVI-23	
2. ARUSHA-02		7. DAR-ES-SALAAM-07		MOMBA	9	BUKOBIA RURAL	2	MPANDA URBAN	1
MONDULI	1	KINONDONI	1	TUNDUMA	10	MULEBA	3	MPANDA RURAL	2
MERU	2	ILALA	2			BIHARAMULO	4	MLELE	3
ARUSHA URBAN	3	TEMEKE	3	13. SINGIDA-13		NGARA	5		
KARATU	4			IRAMBA	1	BUKOBIA URBAN	6	24. SIMIYU-24	
NGORONGORO	5	8. LINDI-08		SINGIDA RURAL	2	MISSENYI	7	BARIADI	1
ARUSHA RURAL	6	KILWA	1	MANYONI	3	KYERWA	8	ITILIMA	2
LONGIDO	7	LINDI RURAL	2	SINGIDA URBAN	4			MEATU	3
		NACHINGWEA	3	IKUNGI	5	19. MWANZA-19		MASWA	4
3. KILIMANJARO-03		LIWALE	4	MKALAMA	6	UKEREWE	1	BUSEGA	5
ROMBO	1	RUANGWA	5			MAGU	2		
MWANGA	2	LINDI URBAN	6	14. TABORA-14		NYAMAGANA	3	25. GEITA-25	
SAME	3			NZEGA	1	KWIMBA	4	GEITA	1
MOSHI RURAL	4	9. MTWARA-09		IGUNGA	2	SENGEREMA	5	NYANG'HWALE	2
HAI	5	MTWARA RURAL	1	UYUI	3	ILEMELA	6	MBOGWE	3
MOSHI URBAN	6	NEWALA	2	URAMBA	4	MISUNGWI	7	BUKOMBE	4
SIHA	7	MASASI RURAL	3	SIKONGE	5			CHATO	5
		TANDAHIMBA	4	TABORA URBAN	6	20. MARA-20			
4. TANGA-04		MTWARA MIKINDANI	5	KALIUA	7	TARIME	1	51. KASKAZINI UNGUJA-51	
LUSHOTO	1	NANYUMBU	6			SERENGETI	2	KASKAZINI 'A'	1
KOROGWE RURAL	2	MASASI URBAN	7	15. RUKWA-15		MUSOMA RURAL	3	KASKAZINI 'B'	2
MUHEZA	3			KALAMBO	1	BUNDA	4		
TANGA URBAN	4	10. RUVUMA-10		SUMBAWANGA RURAL	2	MUSOMA URBAN	5	52. KUSINI UNGUJA-52	
PANGANI	5	TUNDURU	1	NKASI	3	RORYA	6	KATI	1
HANDENI	6	SONGEA RURAL	2	SUMBAWANGA URBAN	4	BUTIAMA	7	KUSINI	2
KILINDI	7	MBINGA	3						
MKINGA	8	SONGEA URBAN	4	16. KIGOMA-16		21. MANYARA-21		53. MJINI/MAGHARIBI UNGUJA-53	
KOROGWE URBAN	9	NAMTUMBO	5	KIBONDO	1	BABATI RURAL	1	MAGHARIBI	1
HANDENI URBAN	10	NYASA	6	KASULU RURAL	2	HANANG	2	MJINI	2
				KIGOMA RURAL	3	MBULU	3		
5. MOROGORO-05		11. IRINGA-11		KIGOMA URBAN	4	SIMANJIRO	4	54. KASKAZINI PEMBA-54	
KILOSA	1	IRINGA RURAL	1	UVINZA	5	KITETO	5	WETE	1
MOROGORO RURAL	2	MUFINDI	2	BUHIGWE	6	BABATI URBAN	6	MICHWEWENI	2
KILOMBERO	3	IRINGA URBAN	3	KAKONKO	7				
ULANGA	4	KILOLO	4	KASULU URBAN	8			55. KUSINI PEMBA-55	
MOROGORO URBAN	5	MAFINGA	5					CHAKECHAKE	1
MVOMERO	6							MKOANI	2
GAIRO	7								