

2012 - Population and Housing Census Long Questionnaire



THE UNITED REPUBLIC OF TANZANIA
2012 POPULATION AND HOUSING CENSUS



PHCF 3

STRICTLY CONFIDENTIAL

LONG QUESTIONNAIRE

FORM NO. OF

A: IDENTIFICATION

Region District Ward/Shehia Village/Street EA HOUSEHOLD NO.

B: ALL PERSONS

No.	HOUSEHOLD MEMBERS	RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SEX	AGE	DISABILITY					
					ALBINISM	SEEING	HEARING	WALKING	REMEMBERING	SELFCARE
	Please state the names of all persons who spent the census night, that is Sunday 26th August, 2012 in your household, starting with the name of the head of household	What is the relationship of [NAME] to the head of the household? Head = 1 Spouse = 2 Son/Daughter = 3 Parent = 4 Grand Child = 5 Other Relative = 6 Not Related = 7	Is [NAME] a male or a female? Male = 1 Female = 2	How old is [NAME]? WRITE AND SHADE AGE IN COMPLETE YEARS. IF UNDER ONE YEAR WRITE '00' FOR 97 YEARS AND ABOVE WRITE '97'	Is [NAME] an albino? Yes = 1 No = 2	Does (NAME) have difficulty seeing, even if wearing glasses? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to See = 4 Not Applicable = 5	Does (NAME) have difficulty hearing, even if using a hearing aid? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to Hear = 4 Not Applicable = 5	Does [NAME] have difficulty walking or climbing steps? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to Walk = 4 Not Applicable = 5	Does (NAME) have difficulty remembering or concentrating? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to Remember = 4 Not Applicable = 5	Does (NAME) have difficulty with self-care, such as washing all over or dressing? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to Care = 4 Not Applicable = 5
(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)
1		<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"/>
2		<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"/>
3		<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"/>
4		<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"/>
5		<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"/>
6		<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"/>
7		<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"/>
8		<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"/>

If an extra Questionnaire has been used put an "X" in the box

B: ALL PERSONS													
No.	DISABILITY OTHER DISABILITIES					MARITAL STATUS			CITIZENSHIP				
	11A) Does, [NAME] have other type of disabilities/difficulties among the following? READ ALL TYPES OF DISABILITIES/DIFFICULTIES TO RESPONDENT.					What is current marital status of [NAME]? READ ALL RESPONSES TO RESPONDENT Never Married = 1 Married = 2 Living together = 3 Divorced = 4 Separated = 5 Widowed = 6 Not Stated = 7			[NAME] is a citizen of which country? IF TANZANIAN, WRITE CODE 1 IN THE BOX ON THE LEFT WRITE CODE OF THE COUNTRY IN THE TWO BOXES ON THE RIGHT. FOR DUAL CITIZENSHIP, WRITE CODE "98" CODES ARE ON A SEPARATE SHEET				
(01)	IF ANSWER IS NO, GO TO QUESTION 12		MULTIPLE RESPONSE IS ALLOWED					(12)			(13)		
	Yes No		Cleft Palate Spinal bifida Spinal cord injuries Mental health Psoriasis										
1	1 2		1 2 3 4 5										
2	1 2		1 2 3 4 5										
3	1 2		1 2 3 4 5										
4	1 2		1 2 3 4 5										
5	1 2		1 2 3 4 5										
6	1 2		1 2 3 4 5										
7	1 2		1 2 3 4 5										
8	1 2		1 2 3 4 5										

B: ALL PERSONS						C: EDUCATION: ALL PERSONS AGED 4 YEARS AND ABOVE			
No.	PLACE OF RESIDENCE	WHERE RESPONDENT SPENDS MOST OF	PLACE OF BIRTH	PLACE OF RESIDENCE IN 2011	BIRTH CERTIFICATE	SURVIVAL OF PARENTS	LITERACY	EDUCATION ATTAINMENT	LEVEL OF EDUCATION
	Which region/country does [NAME] usually live? WRITE AND SHADE CODE FOR THE REGION AND DISTRICT IF LIVING IN TANZANIA, OR THE COUNTRY CODE FOLLOWED BY "44" IF LIVING OUTSIDE TANZANIA. CODES ARE IN SEPARATE HANDBOOK	Where do you spend most of your time during the day? WRITE AND SHADE REGION AND DISTRICT CODES IF SPENDS MOST OF THE DAY TIME IN TANZANIA OR THE COUNTRY CODE FOLLOWED BY "444" IF OUTSIDE TANZANIA. CODES ARE IN SEPARATE HANDBOOK CODES FOR THE 5th BOX Rural =1 Regional /District Headquarters =2 Other Urban= 3	In which region/country was [NAME] born? WRITE CODE FOR THE REGION AND DISTRICT IF BORN IN THE COUNTRY, OR THE COUNTRY CODE FOLLOWED BY "44" IF BORN OUTSIDE TANZANIA. CODES ARE IN SEPARATE HANDBOOK	Where was [NAME] living in 2011? WRITE AND SHADE CODE FOR THE REGION AND DISTRICT IF LIVING IN THE COUNTRY, OR THE COUNTRY CODE FOLLOWED BY "44" IF LIVING OUTSIDE TANZANIA. FOR CHILDREN AGED '00' IN QUESTION 05 WRITE CODE '9798'	Does (NAME) has birth certificate/notification? Yes birth certificate= 1 Yes birth notification= 2 No = 3 Don't Know = 4	Is [NAME]'s Father alive? Is [NAME]'s Mother alive? Yes = 1 No = 2 Don't Know = 3	Can [NAME] read and write a short sentence in Kiswahili, English, Kiswahili and English or any other language? Kiswahili = 1 English = 2 Kiswahili and English = 3 Other Languages = 4 Illiterate = 5	Are you/is [NAME] currently attending, partially attended, completed or never attended school? Now attending =1 Partially attended =2 Completed =3 Never attended =4 IF THE ANSWER IS 'NEVER ATTENDED' SKIP TO SECTION D	What level of education has [NAME] completed or is currently attending? WRITE AND SHADE THE APPROPRIATE CODE. CODES ARE IN SEPARATE HANDBOOK
	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Father <input type="text"/> Mother <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<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"/>
3	<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"/>
4	<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"/>
5	<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"/>
6	<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"/>
7	<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"/>
8	<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"/>
9	<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"/>

F: GENERAL AND MATERNAL DEATHS IN THE HOUSEHOLD

PLEASE RECORD INFORMATION ON DEATHS THAT OCCURRED IN THE HOUSEHOLD DURING THE LAST 12 MONTHS. DO NOT FORGET CHILDHOOD MORTALITY

(33) Was there any death which occurred in this household during the last 12 months? YES=1 NO=2

IF THE ANSWER IS NO, SKIP TO SECTION G

RECORD THE NUMBER OF DEATHS

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Death Serial Number	Was the deceased a male or a female? Male =1 Female =2	How old was the deceased at the time of death? WRITE AGE IN COMPLETED YEARS. IF UNDER ONE YEAR WRITE '00" IF 97 YEARS OR ABOVE WRITE '97'	What was the cause of death? Road Accident = 1 Other Injuries = 2 Suicide = 3 Domestic Violence = 4 Sickness/Disease = 5 Martenal Death = 6 Other = 7	IF DEATH IS OF A WOMAN AGED 12 TO 49 YEARS		
				Did the death occur during pregnancy? Yes = 1 No = 2 IF THE ANSWER IS YES SKIP TO SECTION G	Did the death occur during childbirth? Yes = 1 No = 2 IF THE ANSWER IS YES SKIP TO SECTION G	Did the death occur during the 6 weeks period following the end of pregnancy, irrespective of the way the pregnancy ended? Yes = 1 No = 2
(34)	(35)	(36)	(37)	(38)	(39)	(40)
1	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If number of death is more than 8, use an extra questionnaire

G: HOUSING CONDITIONS

What is the main type of toilet facility used by this household?	How is the household refuse disposed of?	Does your household have/own the following assets? FOR "YES" ANSWER, THESE ASSETS SHOULD BE IN WORKING CONDITION. SHADE THE APPROPRIATE ANSWER FOR EACH ITEM
(50)	(51)	(52)
		YES NO
Flush/pour flush to piped sewer system	Regularly collected =1	Radio 1 2
Flush/pour flush to septic tank	Irregularly collected =2	Telephone (Land Line) 1 2
Flush/pour flush to covered pit	Burnt =3	Mobile Phone 1 2
Flush/pour flush to somewhere else	Roadside dumping =4	Bicycle 1 2
Ventilated improved pit (VIP) latrine	Burying/pit =5	Motor vehicle 1 2
Pit latrine with washable slab and with lid	Other dumping =6	Motorcycle/Vespa 1 2
Pit latrine with washable slab without lid		Tricycle (Guta) 1 2
Pit latrine with not-washable/ soil slab		Tri motorcycle (Bajaj) 1 2
Pit latrine without slab/ open pit		Television 1 2
Composting/ ecosan latrine		Electric Iron 1 2
Bucket		Charcoal Iron 1 2
No facility/bush/field/ beach		Cooker (Electric or Gas) 1 2
Improved 1		Refrigerator/Freezer 1 2
Non improved 0		Computer /Laptop 1 2
Regarded as sanitation		Internet Facility 1 2
		Plough 1 2
		Power tiller 1 2
		Hand hoe 1 2
		Wheelbarrow 1 2
		Oxen 1 2
		Donkey/Camel 1 2
		House 1 2
		Land/Farm 1 2
		1 At least two items out of the listed assets
		0 Less than two items from the listed assets

H: AGRICULTURE AND LIVESTOCK

AGRICULTURE		LIVESTOCK		FISH FARMING																																										
<p>Has/is any member of this household operated/operating any land for agricultural purposes during 2011/12 agricultural year?</p> <p>Yes = 1 No = 2</p> <p>IF THE ANSWER IS NO, SKIP TO QUESTION 55</p>	<p>Which of the following crops did the household grow?</p>	<p>Was any member of this household engaged in raising cattle, goats, sheep or poultry up to the census night?</p> <p>Yes = 1 No = 2</p> <p>IF THE ANSWER IS NO, SKIP TO QUESTION 57</p>	<p>How many cattle, goats or sheep were available during the Census night?</p> <p>IF NO, WRITE AND SHADE CODE "00000"</p>	<p>Is there any member of this household who is currently engaged in fish farming?</p> <p>Yes = 1 No = 2</p>																																										
(53)	(54)	(55)	(56)	(57)																																										
	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Maize</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Paddy</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Cassava</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Banana</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Other Crops</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		Yes	No	Maize	1	2	Paddy	1	2	Cassava	1	2	Banana	1	2	Other Crops	1	2		<table border="1"> <tbody> <tr> <td>Cattle</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Goats</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Sheep</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Poultry</td> <td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	Cattle						Goats						Sheep						Poultry						
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Other Crops	1	2																																												
Cattle																																														
Goats																																														
Sheep																																														
Poultry																																														
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																																										

I: CITIZENS IN DIASPORA

58) Is there any person who was a member of this household currently living outside Tanzania? Yes = 1 No = 2

 IF THE ANSWER IS NO, SKIP TO SECTION J

 59) Write the number of males and females living outside Tanzania?

M			F		
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60) In which country are they living?

CODES ARE IN SEPARATE HANDBOOK

1 st HH Member	<input type="text"/>	6 th HH Member	<input type="text"/>
2 nd HH Member	<input type="text"/>	7 th HH Member	<input type="text"/>
3 rd HH Member	<input type="text"/>	8 th HH Member	<input type="text"/>
4 th HH Member	<input type="text"/>	9 th HH Member	<input type="text"/>
5 th HH Member	<input type="text"/>	10 th HH Member	<input type="text"/>

 IF THE NUMBER OF DIASPORA IS MORE THAN 10, USE EXTRA QUESTIONNAIRE

61) Have you or anyone in this household received remittance in the form of cash or in kind from them during the last 12 months?

Yes =1, No =2

1 st HH Member	<input type="text"/>	6 th HH Member	<input type="text"/>
2 nd HH Member	<input type="text"/>	7 th HH Member	<input type="text"/>
3 rd HH Member	<input type="text"/>	8 th HH Member	<input type="text"/>
4 th HH Member	<input type="text"/>	9 th HH Member	<input type="text"/>
5 th HH Member	<input type="text"/>	10 th HH Member	<input type="text"/>

J: SOCIAL SECURITY FUNDS

62) Is there a person in this household who is a member of the following social security funds?

 Yes = 1 No = 2 IF THE ANSWER IS NO, GO TO SECTION H. MULTIPLE RESPONSE IS ALLOWED

	Fund
National Social Security Fund (NSSF)	=1
Zanzibar Social Security Fund (ZSSF)	=2
Parastatal Pension Fund (PPF)	=3
Public Service Pension Fund (PSPF)	=4
Government Employee Provident Fund (GEPP)	=5
Local Authority Pension Fund (LAPF)	=6
National Health Insurance Fund/Community Health Fund (NHIF/CHF)	=7
Other Fund	=8

K: TOTAL NUMBER OF PERSONS IN THE HOUSEHOLD

 Males

 Females

 Total

 DATE HOUSEHOLD ENUMERATED

Day		Month	
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NAME OF SUPERVISOR _____

 DATE OF EDITING QUESTIONNAIRE

Day		Month	
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