



THE UNITED REPUBLIC OF TANZANIA
2012 POPULATION AND HOUSING CENSUS



STRICTLY CONFIDENTIAL

PHCF 2

FORM NO. OF

SHORT QUESTIONNAIRE

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	SELF-CARE
	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"/>

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

B: ALL PERSONS

No.	DISABILITY OTHER DISABILITIES		MARITAL STATUS	CITIZENSHIP	PLACE OF RESIDENCE	WHERE RESPONDENT SPENDS MOST OF THE DAY TIME	BIRTH CERTIFICATE
	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	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.	Where do you spend most of your time during a 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 FOR THE 5th BOX Rural =1 Regional /District Headquarters =2 Other Urban= 3	Does (NAME) has birth certificate/notification? Yes birth certificate= 1 Yes birth notification= 2 No = 3 Don't Know = 4
(01)	IF ANSWER IS NO, GO TO QUESTION 12	MULTIPLE RESPONSE IS ALLOWED					
	Yes No	Cleft Palate Spinal beifida Spinal cord injuries Mental health Psoriasis	(12)	(13)	(14)	(15)	(16)
1	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

C: EDUCATION: ALL PERSONS AGED 4 YEARS AND ABOVE

No.	LITERACY	EDUCATION ATTAINMENT	LEVEL OF EDUCATION
	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
(01)	(17)	(18)	(19)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

D: GENERAL AND MATERNAL DEATHS

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

(20) 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 E

IF THE ANSWER IS YES, RECORD THE NUMBER OF DEATHS

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 IS 97 YEARS OR ABOVE WRITE '97'	What was the cause of death? Road Accident = 1 Other Injuries = 2 Suicide = 3 Violence = 4 Sickness/Disease = 5 Martenal Death = 6 Other = 7	IF DEATH IS OF WOMAN AGED BETWEEN 12 AND 49 YEARS		
				Did the death occur during pregnancy? Yes = 1 No = 2 IF THE ANSWER IS YES, SKIP TO SECTION E	Did the death occur during childbirth Yes = 1 No = 2 IF THE ANSWER IS YES SKIP TO SECTION E	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
(21)	(22)	(23)	(24)	(25)	(26)	(27)
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"/>

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

E: AGRICULTURE AND LIVESTOCK

AGRICULTURE		LIVESTOCK			FISH FARMING																																									
Has/is any member of this household operated/operating any land for agricultural purposes during 2011/12 agricultural year? Yes = 1 No = 2 IF THE ANSWER IS NO, SKIP TO QUESTION 30	Which of the following crops did the household grow?	Was any member of this household engaged in raising cattle, goats, sheep or poultry up to the census night? Yes = 1 No = 2 IF THE ANSWER IS NO, SKIP TO QUESTION 32	How many cattle, goats or sheep were available during the Census night? IF NO, WRITE AND SHADE CODE "00000"		Is there any member of this household who is currently engaged in fish farming? Yes = 1 No = 2																																									
(28)	(29)	(30)	(31)		(32)																																									
<input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Yes</th> <th style="width: 20%;">No</th> </tr> </thead> <tbody> <tr> <td>Maize</td> <td>1</td> <td>2</td> </tr> <tr> <td>Paddy</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cassava</td> <td>1</td> <td>2</td> </tr> <tr> <td>Banana</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other Crops</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Maize	1	2	Paddy	1	2	Cassava	1	2	Banana	1	2	Other Crops	1	2	<input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/>	<table style="width: 100%;"> <tr> <td style="width: 10%;">Cattle</td> <td style="width: 10%;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 10%;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 10%;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 10%;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 10%;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Goats</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Sheeps</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Poultry</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	Cattle	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Goats	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Sheeps	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Poultry	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/>
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Cassava	1	2																																												
Banana	1	2																																												
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Poultry	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>																																									

F: CITIZENS IN DIASPORA

33) 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 G

M

F

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

35) In which country are they living?

CODES ARE IN SEPARATE HANDBOOK

1st HH Member

6th HH Member

2nd HH Member

7th HH Member

3rd HH Member

8th HH Member

4th HH Member

9th HH Member

5th HH Member

10th HH Member

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

36) 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

1st HH Member

6th HH Member

2nd HH Member

7th HH Member

3rd HH Member

8th HH Member

4th HH Member

9th HH Member

5th HH Member

10th HH Member

G: SOCIAL SECURITY FUNDS

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

Yes = 1

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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 (GEPF)	=5	
Local Authority Pension Fund (LAPF)	=6	
National Health Insurance Fund/Community Health Fund (NHIF/CHF)	=7	
Other Funds	=8	

H: TOTAL NUMBER OF PERSONS IN THE HOUSEHOLD

Males

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Females

--	--	--

Total

--	--	--	--

DATE HOUSEHOLD ENUMERATED

Day	Month

NAME OF SUPERVISOR

DATE OF EDITING QUESTIONNAIRE

Day	Month