





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

### **CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:**

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

In 2010/2011, we revisited your household to follow up on the status of things.

### **NPS HOUSEHOLDS:**

Now in 2012/2013, 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.

### **ALL:**

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

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

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**SECTION B: HOUSEHOLD MEMBER ROSTER**

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

FIRST, ASK NAMES OF ALL THE MEMBERS OF YOUR IMMEDIATE (NUCLEAR) FAMILY WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD  
FILL IN QUESTIONS 1 TO 6  
 THEN, ASK NAMES OF ANY OTHER PERSONS RELATED TO YOU OR OTHER HOUSEHOLD MEMBERS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE.  
FILL IN QUESTIONS 1 TO 6  
 ALSO ASK OTHER PERSONS NOT HERE NOW WHO NORMALLY LIVE AND EAT THEIR MEALS HERE? FOR EXAMPLE, HOUSEHOLD MEMBERS STUDYING ELSEWHERE OR TRAVELING.  
FILL IN QUESTIONS 1 TO 6  
 THEN, ASK NAMES OF ANY OTHER PERSONS NOT RELATED TO YOU OR OTHER HOUSEHOLD MEMBERS, BUT WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE, SUCH AS LIVE-IN SERVANTS.  
FILL IN QUESTIONS 1 TO 6  
 IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.

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

INDIVIDUAL ID	1.	2.	3.	4.	5.	6.	7.	8.	9.	INDIVIDUAL ID
	NAME  LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.  (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.)	Sex  M..1 F..2	In what month and year was [NAME] born?  <b>PUT "99" IF DON'T KNOW</b>	How old is [NAME]?  IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE.  CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN QUESTION 3 ARE CONSISTENT.	What is [NAME]'s relationship to the head of household?  HEAD.....1 SPOUSE.....2 SON/DAUGHTER.....3 STEP SON / DAUGHTER.....4 SISTER/BROTHER...5 GRANDCHILD.....6 FATHER/MOTHER...7 OTHER RELATIVE (SPECIFY).....8 LIVE-IN SERVANT..9 OTHER NON-RELATIVES (SPECIFY).....10	IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y2 ROSTER ID NUMBER FROM TRACKING FORM  ELSE, ENTER 99  NPS Y2 ROSTER ID	Did [NAME] eat meals in this household in the last 7 days?  YES..1 NO...2	For how many days in the last month was [NAME] present?  DAYS	For the last 12 months has [NAME] stayed in this household for 3 months or more?  YES...1 NO....2	
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**CROSS OUT ID CODE IN THE FLAP AND DO NOT ADMINISTER OTHER SECTIONS FOR INDIVIDUALS WITH CODE 2**

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 <b>EMPLOYED:</b> GOVERNMENT.....5 PARASTATAL.....6 PRIVATE SECTOR.....7 NGO/RELIGIOUS.....8 <b>EMPLOYED (NOT AGRICULTURE):</b> WITH EMPLOYEES.....9 WITHOUT EMPLOYEES..10 UNPAID FAMILY WORK.....11 PAID FAMILY WORK..12 JOB SEEKERS.....13 STUDENT.....14 DISABLED.....15 NO JOB.....16 TOO YOUNG .....17	Where is [NAME]'s biological father?  IF FATHER IS MEMBER OF HH, COPY ID. (▶15)  LIVING OUTSIDE OF HH.....97 (▶14)  DEAD.....98  DOES NOT KNOW.....99 (▶14)	What was [NAME]'s age when [NAME]'s father died?  <b>AGE OF CHILD</b>	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?  <b>AGE OF CHILD</b>	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 TO-GETHER...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
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<b>I N D I V I D U A L  I D</b>	11. CHECK Q5: IS [NAME] CURRENTLY ATTENDING SCHOOL?	12. Who owns the school [NAME] attends?  LOCAL GOV'T.....1 CENTRAL GOV'T....2 LOCAL PEOPLE....3 FOREIGN PEOPLE...4 RELIGIOUS.....5 CHARITABLE ORG ..6 PRIVATE ORG.....7 OTHER, SPECIFY...8	13. Is this school a boarding school?	14. How does [NAME] usually travel to school?  ON FOOT.....1 BY BIKE.....2 BY PRIVATE CAR/VEHICLE.....3 BY PUBLIC VEHICLE /MINIBUS.....4 OTHER, SPECIFY.....5	15. How long does it take [NAME] to get to school by this means of transportation?  <b>ONE WAY ONLY</b>	16. Does [NAME] get meals at the school (school feeding)?  <b>FREE MEALS</b>	17. Has [NAME] missed school in the last two schooling weeks?	18. Why was [NAME] absent from school?  PUBLIC HOLIDAY....1 SCHOOL CLOSED NOT IN BREAK...2 SCHOOL CLOSED IN BREAK.....3 ABSENCE TEACHER...4 ILLNESS CHILD.....5 ILLNESS HH MEMBER.6 FUNERAL.....7 DISCIPLINARY ACTION.....8 CANNOT MEET COSTS.....9 CHILD REFUSED...10 CHILD HAD TO WORK.....11 OTHER, SPECIFY...12	19. What is the status of the textbooks [NAME] uses for school?  NO TEXTBOOKS USED.1 ALL BORROWED FROM SCHOOL BUT CAN'T TAKE HOME.....2 ALL BORROWED FROM SCHOOL, SOME/ALL CAN TAKE HOME...3 SOME OWNED BY HOUSEHOLD.....4 OTHER, SPECIFY....5	20. In the last week, approximately how many hours did [NAME] spend on homework or studying?  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">IF NONE, WRITE '0'</div>
	YES..1 NO...2 (▶22)	YES..1 (▶16) NO...2	YES..1 (▶16) NO...2	MINUTES	YES..1 NO...2	YES..1 NO...2 (▶19)	YES..1 NO...2 (▶19)	YES..1 NO...2 (▶19)	YES..1 NO...2 (▶19)	YES..1 NO...2 (▶19)

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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 style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;">SELECT UP TO 2</div> NO PROBLEMS (SATISFIED)....1 INADEQUATE BOOKS/TOOLS....2 POOR TEACHING....3 INADEQUATE TEACHERS.....4 POOR ATTENDANCE OF TEACHERS....5 OVERCROWDED CLASSROOMS.....6 TOO EXPENSIVE....7 OTHER, SPECIFY...8  1                      2	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

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I N D I V I D U A L  I D	28. How much was spent on [NAME]'s education in the last 12 months by members of your household:								29. Has [NAME] ever attended an adult education class? Which one?	30. How many months did [NAME] attend this adult education class?
	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>IF THERE WAS NO EXPENDITURE, WRITE '0'</b></p> </div>									
	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		NUMBER OF MONTHS

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**SECTION D: HEALTH**

RESPONDENTS 12 AND OLDER SHOULD RESPOND FOR THEMSELVES

INDIVIDUAL	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?			
	YES..1 NO...2	YES..1 NO...2 (▶7)	<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 10px;">LIST UP TO TWO VISITS BY ORDER OF IMPORTANCE</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>GOV. PARASTATAL</b>                      REFERRAL/SPEC. HOSP...1                      REGIONAL HOSPITAL ...2                      DISTRICT HOSPITAL ...3                      HEALTH CENTER .....4                      DISPENSARY .....5                      VILLAGE HEALTH POST (WORKER) .....6                      CBD WORKER .....7  <b>RELIGIOUS/VOLUNTARY</b>                      REFERRAL/SPEC. HOSP...8                      DISTRICT HOSPITAL ...9                      HEALTH CENTER .....10                      DISPENSARY .....11                 </td> <td style="width: 50%; vertical-align: top;"> <b>PRIVATE</b>                      SPECIALISED HOSP...12                      HEALTH CENTER .....13                      DISPENSARY .....14  <b>OTHER</b>                      PHARMACY .....15                      NGO.....16                      OTHER, SPECIFY.....17                 </td> </tr> </table>		<b>GOV. PARASTATAL</b> REFERRAL/SPEC. HOSP...1 REGIONAL HOSPITAL ...2 DISTRICT HOSPITAL ...3 HEALTH CENTER .....4 DISPENSARY .....5 VILLAGE HEALTH POST (WORKER) .....6 CBD WORKER .....7 <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP...8 DISTRICT HOSPITAL ...9 HEALTH CENTER .....10 DISPENSARY .....11	<b>PRIVATE</b> SPECIALISED HOSP...12 HEALTH CENTER .....13 DISPENSARY .....14 <b>OTHER</b> PHARMACY .....15 NGO.....16 OTHER, SPECIFY.....17	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">UP TO TWO PROVIDERS</div> FREE TREATMENT...1 HEALTH INSURANCE...2 OWN CASH.....3 HAD TO WORK FOR PROVIDER...4 USE OF ASSET..5 TOOK LOAN.....6 GOT ASSISTANCE..7 DIFFERED BY PROVIDER...8 OTHER, SPECIFY.....9	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">TSH</div>	1   2	1   2
<b>GOV. PARASTATAL</b> REFERRAL/SPEC. HOSP...1 REGIONAL HOSPITAL ...2 DISTRICT HOSPITAL ...3 HEALTH CENTER .....4 DISPENSARY .....5 VILLAGE HEALTH POST (WORKER) .....6 CBD WORKER .....7 <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP...8 DISTRICT HOSPITAL ...9 HEALTH CENTER .....10 DISPENSARY .....11	<b>PRIVATE</b> SPECIALISED HOSP...12 HEALTH CENTER .....13 DISPENSARY .....14 <b>OTHER</b> PHARMACY .....15 NGO.....16 OTHER, SPECIFY.....17									
		PROVIDER 1	PROVIDER 2	1   2	1   2	1   2	1   2			

  

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INDIVIDUAL	7. How much in total did the household spend on [NAME] in the past 4 weeks 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 medical care not related to an illness, including preventative health care, pre-natal visits, check-ups, etc., if any?	9. How much in total did the household spend on [NAME] in the past 4 weeks for non-prescription medicines, including Panadol, Fansidar, cough syrup, etc.?	10. During the last 12 months, 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 hospital- ization(s) or overnight stay(s) in a medical facility?	14. During the last 12 months, did [NAME] stay overnight(s) at a traditional healer's or faith healer's dwelling?	15. What was the total cost of [NAME]'s stay(s) at the traditional healer or faith healer?
	INCLUDE VALUE REPORTED IN Q5	INCLUDE VALUE REPORTED IN Q5	INCLUDE VALUE REPORTED IN Q5	YES...1 NO...2	NEW STAYS TOTAL NIGHTS FOR ALL STAYS	FEVER.....1 MALARIA.....2 STOMACH.....3 DIARRHEA....4 HEADACHE....5 HEART.....6 LUNG.....7 BROKEN BONE.8 MATERNITY...9 OTHER, SPECIFY..10	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	
	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS								
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					WOMEN 12-49 YEARS (Q 21-26)							
I N D I V I D U A L  I D	16. Did [NAME] sleep under a bednet yesterday?  YES UNTREATED NET.....1 YES TREATED NET < 6 MONTHS...2 YES TREATED NET > 6 MONTHS...3 NO.....4 (▶19) DONT KNOW.....5 (▶19)	17. How did the household obtain this bednet?  FREE GIFT.....1 (▶19) PURCHASED.....2 PURCHASED W/ VOUCHER..3	18. How much did the household pay for the bednet?  <b>IF THE NET IS SHARED, ENTER THE AMOUNT FOR ONE MEMBER ONLY.</b>	19. Does [NAME] possess their birth certificate?  IF NO, PROBE: Has [NAME]'s birth ever been registered with the civil authority?  HAS CERTIFICATE..1 REGISTERED...2 NEITHER ....3 DON'T KNOW...4	20. In the last 12 months did [NAME] access a medical exemption at a public health facility?  YES.....1 NO.....2 DON'T KNOW...3	21. IS THE RESPOND-ENT A WOMAN AGED 12 TO 49 YEARS?  YES..1 NO...2 (▶27)	22. In the past 24 months, did [NAME] give birth to a child, even if born dead?  YES..1 NO...2 (▶NEXT)	23. Did [NAME] regularly go to a health clinic when she was pregnant with her last child born in the last 24 months?  YES..1 NO...2	24. Where did [NAME] deliver [NAME]'s last child born in the last 24 months?  HOSPITAL/ MATERNITY..1 CLINIC.....2 AT HOME.....3 OTHER, SPECIFY...4	25. Who delivered this child?  DOCTOR OR CLINICAL OFFICER....1 NURSE.....2 MIDWIFE.....3 TRADITIONAL BIRTH ATTENDANT..4 FRIEND OR RELATIVE...5 SELF.....6 OTHER, SPECIFY....7	26. Was this birth registered with the civil authorities?  YES..1 NO...2	
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**CHILDREN <5 YEARS (Q 27-34)**

I N D I V I D U A L  I D	27. IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD)	28. Has [NAME] had diarrhea in the last two weeks?	29. 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?	30. 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?	31. Was he/she given any of the following to drink:  Oral rehydration salts (ORS)?	32. A health worker recommended homemade fluid?	33. Did [NAME] seek advice or treatment for the diarrhea?	34. Where did [NAME] seek advice or treatment?  Anywhere else?  <b>RECORD UP TO 3 FROM LIST IN QUESTION 3</b>
	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)	1   2   3

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**SECTION E: LABOUR**

RESPONDENTS 5 AND OLDER

I N D I V I D U A L  I D	1. IS THE HOUSE- HOLD MEMBER 5 YEARS OR ABOVE?	2. IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?	3. WHAT IS THE ID CODE OF THE PERSON ANSWERING FOR [NAME]?	4a. In the last <b>12</b> <b>months</b> , did [NAME] work as an unpaid apprentice even if just for one hour?	4b. In the last <b>12 months</b> , did [NAME] work 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?	4c. In the last <b>12</b> <b>months</b> , did [NAME] run a non- farm business of any size for themselves or the household, even if for one hour?	4d. In the last <b>12</b> <b>months</b> , did [NAME] help in any kind of non- farm business run by this household, even if for one hour?	4e. In the last <b>12</b> <b>months</b> , 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: Q4A-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 <b>SELF EMPLOYED (NON-AGRIC) :</b> 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
	YES..1 NO...2 ▶NEXT	YES..1 (▶4a) NO...2	ID CODE	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 (▶8a)

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I N D I V I D U A L  I D	7. In the last <b>12 months</b> , were the products obtained from [NAME]'s work for sale/barter or mainly for use by the household?	8a. In the last <b>7 days</b> , did [NAME] work as an unpaid apprenticeship even if just for one hour?	8b. In the last <b>7 days</b> , did [NAME] work 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?	8c. In the last <b>7 days</b> , did [NAME] run a non-farm business of any size for themselves or the household, even if for one hour?	8d. In the last <b>7 days</b> , did [NAME] help in any kind of non-farm business run by this household, even if for one hour?	8e. In the last <b>7 days</b> , 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: Q8A-Q8E: IS THE ANSWER TO AT LEAST ONE QUESTION A 'YES'?	<b>STOP AND COMPLETE SECTION E PORTION ON ROSTER FLAP</b>
	MAINLY FOR SALE/BARTER...1 MAINLY FOR HOUSEHOLD CONSUMPTION...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 (►12)	

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		Unemployment					
INDIVIDUAL	10. In what type of economic activity did [NAME] spend most of [NAME]'s time in the last 7 days:	11. In the last <b>7 days</b> , were the products obtained from [NAME]'s work for sale/barter or mainly for use by the household?	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, do [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?	16. What steps has [NAME] taken?  <b>LIST TWO MOST RELEVANT</b>
	A PAID EMPLOYEE.....1 <b>SELF EMPLOYED (NON-AGRIC) :</b> 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	MAINLY FOR SALE/BARTER...1 MAINLY FOR HOUSEHOLD CONSUMPTION...2 <div style="text-align: center;">▶17</div>	YES..1 (▶14) NO...2	IN SCHOOL.....1 BUSY WITH HOUSEHOLD DUTIES.....2 <b>UNABLE TO WORK:</b> TOO YOUNG.....3 TOO OLD.....4 SICK.....5 DISABLED.....6 <div style="text-align: center;">▶17</div>	YES..1 (▶17) NO...2	YES..1 NO...2 (▶17)	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
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**Wage Jobs/Paid Apprenticeships**

I N D I V I D U A L  I D	17. CHECK: WHAT ARE THE ANSWERS TO QUESTIONS 4B AND 8B?  YES TO 4B OR 8B.....1 (▶19) YES TO BOTH 4B AND 8B...2 NO TO BOTH 4B AND 8B...3 (▶55)	18. Did [NAME] work in the same wage job in the last 7 days and the last 12 months?  <b>IF NO, ASK ABOUT [NAME]'S WAGE JOB IN THE LAST 7 DAYS FIRST</b>  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 NGO .....6 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: TASC0 CODE]	21. What kind of trade or business is it connected with?  [CODE: ISIC SECTOR]	22. How many people altogether work at the place where [NAME] does this work?  TOTAL NUMBER	23. How long does it take [NAME] to get to work from here?  <div style="border: 1px solid black; padding: 5px; text-align: center;">TIME ONE WAY ONLY</div> HOURS   MINUTES	24. Does [NAME] receive wages, salary or other payments either in cash or in other forms from this employer for this work?  YES...1 (▶26) NO...2
				DESCRIPTION   CODE	DESCRIPTION   CODE			

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I N D I V I D U A L  I D	25. What is the main reason [NAME] receives no payment for this work?	26. How much was [NAME]'s last payment?  IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to does [NAME] expect? What period of time did this payment cover?	27. Does [NAME] receive any payment for this work in any other form?  [APART FROM SALARY]	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?  <b>MAX AMOUNT: 12 MONTHS</b>	30. During the last 12 months, how many weeks per month did [NAME] usually work in this job?  <b>MAX AMOUNT: 5 WEEKS</b>	31. During the last 12 months, how many hours per week did [NAME] usually work in this job?  <b>MAX AMOUNT: 168 HOURS</b>	32. In the last 7 days, how many hours did [NAME] work in this job?  <b>MAX AMOUNT: 168 HOURS</b>
	<p>APPRENTICESHIP OR UNPAID TRAINEESHIP...1 LABOR PAYING OFF DEBT.....2 OTHER, SPECIFY...3</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">▶29</div>	<p>HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8</p> <p style="text-align: right;">TSH      UNIT</p>	<p>YES...1 NO....2</p> <p style="text-align: right;">(▶29)</p>	<p>HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8</p> <p style="text-align: right;">TSH      UNIT</p>	MONTHS	WEEKS	HOURS	HOURS

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			Wage Jobs/Paid Apprenticeships (Secondary)					
INDIVIDUAL	33. What type of position does [NAME] hold?	34. Does this job have a contract?	35. Is [NAME] enrolled in a health insurance plan in this job?	36. Other than the job just listed, has [NAME] had any other sort of wage employment or paid apprenticeship?	37. Is [NAME]'s main employer in this secondary wage work...	38. What kind of work does [NAME] usually do in this (second) job?  DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.	39. What kind of trade or business is it connected with?	40. How many people altogether work at the place where [NAME] does this work?
	PERMANENT.....1 FIXED-TERM WITH DURATION ≥ 1 YEAR WITH PENSION.....2 WITHOUT PENSION....3 TEMPORARY/SEASONAL/FREELANCE WITH PENSION.....4 WITHOUT PENSION....5 OWN ACCOUNT.....6	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	CENTRAL GOVT.....1 LOCAL GOVT.....2 PARASTATAL.....3 POLITICAL PARTY...4 COOPERATIVE.....5 NGO .....6 INT'L ORG.....7 RELIGIOUS ORG....8 PRIVATE SECTOR...9 OTHER, SPECIFY...10	[CODE: TASCO CODE]	[CODE: ISIC SECTOR]	TOTAL NUMBER
				(▶55)	DESCRIPTION	CODE	DESCRIPTION	CODE

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I N D I V I D U A L  I D	41. How long does it take [NAME] to get to work from here?	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?  IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to does [NAME] expect? What period of time did this payment cover?	45. Does [NAME] receive any payment for this work in any other form?  [APART FROM SALARY]	46. What is the value of those payments? Over what time interval?	47. During the last 12 months, for how many months did [NAME] work in this job?  <b>MAX AMOUNT: 12 MONTHS</b>	48. During the last 12 months, how many weeks per month did [NAME] usually work in this job?  <b>MAX AMOUNT: 5 WEEKS</b>	49. During the last 12 months, how many hours per week did [NAME] usually work in this job?  <b>MAX AMOUNT: 168 HOURS</b>	50. In the last 7 days, how many hours did [NAME] work in this job?  <b>MAX AMOUNT: 168 HOURS</b>
	<b>TIME ONE WAY ONLY</b>	YES...1 (▶44) NO....2	APPRENTICESHIP OR UNPAID TRAINEESHIP.1 LABOR PAYING OFF DEBT....2 OTHER, SPECIFY.....3  <div style="border: 1px solid black; padding: 2px; display: inline-block;">▶47</div>	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	YES...1 NO....2  (▶47)	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8				
	HOURS   MINUTES			TSH   UNIT		TSH   UNIT	MONTHS	WEEKS	HOURS	HOURS

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<b>I N D I V I D U A L  I D</b>	<b>Unpaid Apprenticeships</b>						
	<p>51. What type of position does [NAME] hold?</p> <p>PERMANENT.....1 FIXED-TERM WITH DURATION ≥ 1 YEAR WITH PENSION.....2 WITHOUT PENSION....3 TEMPORARY/SEASONAL/FREELANCE WITH PENSION.....4 WITHOUT PENSION....5 OWN ACCOUNT.....6</p>	<p>52. Does this job have a contract?</p> <p>YES..1 NO...2</p>	<p>53. Is [NAME] enrolled in a health insurance plan in this job?</p> <p>YES..1 NO...2</p>	<p>54. Of the two wage jobs [NAME] just listed, which one did [NAME] spend most of [NAME]'s time in the last 12 months?</p> <p>COPY TASCO CODE OF PRIMARY WAGE JOB</p> <p>TASCO CODE</p>	<p>55. IS THE ANSWER TO QUESTION 4A OR 8A 'YES'?</p> <p>YES...1 NO....2</p> <p>(▶63)</p>	<p>56. What kind of work does [NAME] usually do in this unpaid apprenticeship?</p> <p>DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.</p> <p>[CODE: TASCO CODE]</p> <p>DESCRIPTION   CODE</p>	<p>57. What kind of trade or business was this unpaid apprenticeship connected with?</p> <p>[CODE: ISIC SECTOR]</p> <p>DESCRIPTION   CODE</p>

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I N D I V I D U A L  I D					<b>General</b>							
	59. During the last 12 months, for how many months did [NAME] work in this unpaid apprenticeship?  <b>MAX AMOUNT: 12 MONTHS</b>	60. During the last 12 months, how many weeks per month did [NAME] usually work in this unpaid apprenticeship?  <b>MAX AMOUNT: 5 WEEKS</b>	61. During the last 12 months, how many hours per week did [NAME] usually work in this unpaid apprenticeship?  <b>MAX AMOUNT: 168 HOURS</b>	62. In the last 7 days, how many hours in this unpaid apprenticeship?  <b>MAX AMOUNT: 168 HOURS</b>	63. In the last 7 days, did [NAME] help without being paid in any kind of non-farm business or businesses run by this household, even if it was only for one hour?  YES...1 NO...2  (▶65)	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)?  <b>MAX AMOUNT: 168 HOURS</b>	65. IS THE ANSWER TO QUESTION 4E OR 8E 'YES'?  YES...1 NO...2  (▶70)	66. During the last 12 months, for how many months did [NAME] spend on household agricultural activities (including livestock or fishing, whether for sale or for household food)?  <b>MAX AMOUNT: 12 MONTHS</b>	67. During the last 12 months, how many weeks per month did [NAME] spend on household agricultural activities (including livestock or fishing, whether for sale or for household food)?  <b>MAX AMOUNT: 5 WEEKS</b>	68. During the last 12 months, how many hours per week on household agricultural activities (including livestock or fishing, whether for sale or for household food)?  <b>MAX AMOUNT: 168 HOURS</b>	69. 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)?  <b>MAX AMOUNT: 168 HOURS</b>	
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I N D I V I D U A L  I D	70. How many hours did [NAME] spend yesterday collecting firewood (or other fuel materials)?		71. How many hours did [NAME] spend yesterday collecting/ fetching water?		72. CHECK: IS THE ANSWER TO EITHER 4C OR 4D 'YES'?		73. During the last 12 months, for how many months did [NAME] work in the non-farm household business or businesses (if more than one)?		74. During the last 12 months, how many weeks per month did [NAME] usually work in the non-farm household business or businesses (if more than one)?		75. During the last 12 months, how many hours per week did [NAME] usually work in the non-farm household business or businesses (if more than one)?	
	[IF NONE WRITE '0']		[ROUND TRIP] [IF NONE WRITE '0']		YES . . 1 NO . . . 2  (▶NEXT)		<b>MAX AMOUNT: 12 MONTHS</b>		<b>MAX AMOUNT: 5 WEEKS</b>		<b>MAX AMOUNT: 168 HOURS</b>	
	HOURS	MINUTES	HOURS	MINUTES			MONTHS		WEEKS		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**

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

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**SECTION G. SUBJECTIVE WELFARE**

RESPONDENTS 15 AND OLDER

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 circumstances, would you describe yourself as:	5. Just thinking about your circumstances that you were living in at the time of the last NPS visit (2010/2011), would you describe yourself then as:	6. Just thinking about your circumstances you were living in about 10 years ago, would you describe yourself then as:
	YES..1 NO...2  ▶NEXT	YES..1 NO...2  ▶NEXT	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	VERY RICH.....1 RICH.....2 COMFORTABLE...3 CAN MANAGE TO GET BY.....4 NEVER HAVE QUITE ENOUGH.....5 POOR.....6 DESTITUTE.....7 NO OPINION.....8  (▶NEXT PERSON)
		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?		

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I N D I V I D U A L  I D	NAME	SEX	AGE	I D N U M B E R	SEC 'E'			
					YES TO 4A OR 8A?	YES TO 4B OR 8B?	YES TO 4E OR 8E?	YES TO 4C OR 4D?

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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: <b>IF NO DAYS, RECORD ZERO.</b>								3 How many meals, including breakfast are taken per day in your household?		4 What did your children below 5 years old (0-4 years) have for breakfast yesterday?  <b>USE CODES BELOW. IF NO CHILDREN UNDER AGE 5, RECORD "00"</b>	5 What did your children between 5 to 13 years old have for breakfast yesterday?  <b>USE CODES BELOW. IF NO CHILDREN 5-13, RECORD "00"</b>
	A	B	C	D	E	F	G	H	A	B		
	Rely on less preferred foods?	Limit the variety of foods eaten?	Limit portion size at meal-times?	Reduce number of meals eaten in a day?	Restrict consumption by adults for small children to eat?	Borrow food, or rely on help from a friend or relative?	Have no food of any kind in your household?	Go a whole day and night without eating anything?		Children (6-59 months) <b>LEAVE BLANK IF NO CHILDREN</b>		
	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	NUMBER	NUMBER		

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  <b>IF NONE, RECORD "00"</b>	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 ? <b>MARK X IN EACH COLUMN FOR 2011, 2012, AND 2013</b>												10 What was the cause of this situation?  <b>LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM.</b>																																																																							
			<p style="text-align: center;"><b>2011</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td></td><td></td><td></td><td></td> </tr> </table> <p style="text-align: center;"><b>2012</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p style="text-align: center;"><b>2013</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec													Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec													Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec									
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	Men	Women	Children (6-59 months)																																																																																			

**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.

<p>1. What is HH tenure status of main residence?</p> <p>OWNER OCCUPIED..1 EMPLOYER PROVIDED - SUBSIDIZED...2 ▶3 EMPLOYER PROVIDED - FREE.....3 ▶4 RENTED.....4 ▶3 FREE.....5 ▶4 NOMADS.....6 ▶5</p>	<p>2. Do you have any documentation of ownership of the dwelling?</p> <p style="text-align: center;">▶4</p> <p style="text-align: center;">USE CODES BELOW</p>	<p>3. How much does this household pay per month to rent this dwelling?</p> <p style="text-align: center;">INCLUDE VALUE OF IN-KIND PAYMENTS FOR RENT</p> <p style="text-align: center;">▶5</p> <p style="text-align: center;">TSH</p>	<p>Estimate the rent per month you could receive if you rented this dwelling?</p> <p style="text-align: center;">TSH</p>	<p>5. In the past year, how much have you paid on repairs to your dwelling?</p> <p style="text-align: center;">TSH</p>	<p>6. In the past year, how much have you paid in improvements to your home (excluding any purchases listed in previous question)?</p> <p style="text-align: center;">TSH</p>	<p>7. How many habitable rooms in each unit does this household occupy?</p> <p style="text-align: center;"><b>DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE</b></p> <p style="text-align: center;">MAIN DWELLING      OTHER DWELLING(S)</p>	<p>8. The walls of the main dwelling are predominantly made of what materials?</p> <p>POLES (INCLUDING BAMBOO), BRANCHES, GRASS.....1 POLES AND MUD/MUD AND STONES.....2 MUD ONLY.....3 MUD BRICKS.....4 BAKED/BURNT BRICKS.....5 CONCRETE, CEMENT, STONES.....6 OTHER, SPECIFY.....7</p>

<p>9. The roof of the main dwelling is predominantly made of what materials?</p> <p>GRASS, LEAVES, BAMBOO.....1 MUD AND GRASS..2 CONCRETE, CEMENT.....3 METAL SHEETS (GCI).....4 ASBESTOS SHEETS.....5 TILES.....6 OTHER, SPECIFY.7</p>	<p>10. The floor of the main dwelling is predominantly made of what materials?</p> <p>EARTH.....1 CONCRETE, CEMENT, TILES, TIMBER....2 OTHER, SPECIFY...3</p>	<p>11. How does the household dispose of its garbage?</p> <p>COLLECTED BY GOVERNMENT..1 COLLECTED BY PRIVATE FIRM.....2 GOVERNMENT BIN.....3 DISPOSAL WITHIN COMPOUND....4 NONE OR UNAUTHORISED HEAP.....5 OTHER, SPECIFY....6</p>	<p>12. What is the main toilet facilities usually used in this household?</p> <p>NO TOILET.....1 (▶15) OPEN PIT WITHOUT SLAB.....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</p>	<p>13. Do you share this toilet facility with other households?</p> <p>YES...1 NO....2 (▶15)</p>	<p>14. How many other households share this toilet facility?</p> <p style="text-align: center;">NUMBER</p>

<p><u>CODES FOR Q2</u></p> <p>OFFER OF THE RIGHT OF OCCUPANCY.....1 TITLE DEED FOR LAND.2 LETTER OR ALLOCATION FROM VILLAGE GOV'T.3 SETTLEMENT PERMIT...4 TRADITIONAL RIGHT OF OCCUPANCY.....5 LAND SALE AGREEMENT.....6 INHERITANCE LETTER..7 OTHER TITLE (SPECIFY).....8 LEASE (FOR RENTERS).9 NO DOCUMENTATION AT ALL.....10</p>
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<p>15. The last time the youngest child in the household passed stools, what was done to dispose of them?</p> <p>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</p>	<p>16. Major fuel used for cooking?</p> <p>FIREWOOD.....1  PARAFFIN.....2  ELECTRICITY..3  GAS .....4  CHARCOAL.....5  ANIMAL RESIDUAL....6  GAS (BIOGAS).7  OTHER, SPECIFY.....8</p>	<p>17. Major fuel used for lighting?</p> <p><b>IF NO ELECTRICITY OR SOLAR ► 19</b></p> <p>ELECTRICITY..1  SOLAR.....2  GAS.....3  GAS (BIOGAS)..4  LAMP OIL ....5  CANDLE .....6  FIREWOOD.....7  PRIVATE GENERATOR...8  OTHER, SPECIFY.....9</p>	<p>18. What is HH main source of electricity?</p> <p>TANESCO.....1  COMMUNITY GENERATOR..2  SOLAR PANELS.....3  OWN GENERATOR..4  CAR BATTERY....5  MOTORCYCLE BATTERY.....6  OTHER, SPECIFY.....7</p>	<p>19. What is the household's main source of drinking water in the rainy season?</p> <p style="text-align: center;"><b>USE CODES FROM BELOW</b></p> <p style="text-align: center;">IF 1 ► 22</p>	<p>20. How long does it take to get water from drinking water source to this dwelling in the rainy season?</p> <p style="text-align: center;"><b>GO AND RETURN TRIP INCLUDE WAITING TIME</b></p> <p style="text-align: center;">MINUTES</p>	<p>21. Out of these [READ] minutes, how long do you spend waiting?</p> <p style="text-align: center;">MINUTES</p>	<p>22. What is the household's main source of drinking water in the dry season?</p> <p style="text-align: center;"><b>USE CODES FROM BELOW</b></p> <p style="text-align: center;">IF 1 ► 26</p>	<p>23. How long does it take to get water from drinking water source to this dwelling in the dry season?</p> <p style="text-align: center;"><b>GO AND RETURN TRIP INCLUDE WAITING TIME</b></p> <p style="text-align: center;">MINUTES</p>	<p>24. Out of these [READ] minutes, how long do you spend waiting?</p> <p style="text-align: center;">MINUTES</p>
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<p>25. Who usually goes to fetch water for your household?</p> <p>ADULT WOMAN.....1  ADULT MAN.....2  FEMALE CHILD (UNDER 15 YEARS)....3  MALE CHILD (UNDER 15 YEARS)...4</p>	<p>26. What measures does this household take to ensure the safety of drinking water?</p> <p>BOIL.....1  USE WATER FILTER.....2  STRAIN THROUGH A CLOTH.....3  TREATED WITH CHEMICALS.....4  BOTTLED WATER..5  OTHER, SPECIFY..6  NONE.....7</p> <p style="text-align: center;"><b>MARK UP TO 2</b></p> <p style="text-align: center;">1   2</p>	<p>27. What is the main source of water used by your household for other purposes, such as cooking and handwashing?</p> <p style="text-align: center;"><b>USE CODES AT RIGHT</b></p>
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<p><b>CODES FOR 19, 22, &amp; 27</b></p> <p>PIPED WATER INSIDE DWELLING.....1  PRIVATE OUTSIDE STANDPIPE/TAP...2  PUBLIC STANDPIPE/TAP.....3  NEIGHBOURING HOUSEHOLD.....4  WATER VENDOR.....5  SUBSIDIZED WATER VENDING STATION.6  WATER TRUCK/TANKER SERVICE.....7  PROTECTED WELL WITH PUMP.....8  UNPROTECTED WELL WITH PUMP.....9  PROTECTED WELL WITHOUT PUMP....10  UNPROTECTED WELL WITHOUT PUMP...11  RIVER, LAKE, SPRING, POND.....12  RAINWATER.....13  OTHER, SPECIFY.....14</p>
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**SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK**

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

I T E M  C O D E	1 Within the past 7 days, 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 past 7 days?  KILOGRAMS . . . . 1 GRAMS . . . . . 2 LITRE . . . . . 3 MILLILITRE . . . . 4 PIECES . . . . . 5	3 How much came from purchases during the past 7 days?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5		4 How much did you spend?  THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		5 How much came from own-production?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6		6 How much came from gifts and other sources?  EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		DE LINE NUMBER
			UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	
<b>Cereals and Cereal products</b>											
0101	Rice (paddy)										1
0102	Rice (husked)										2
0103	Maize (green, cob)										3
0104	Maize (grain)										4
0105	Maize (flour)										5
0106	Millet and sorghum (grain)										6
0107	Millet and sorghum (flour)										7
0108	Wheat, barley grain and other cereals										8
0109	Bread										9
0110	Buns, cakes and biscuits										10
0111	Macaroni, spaghetti										11
0112	Other cereal products										12
<b>Starches</b>											
0201	Cassava fresh										13
<b>14</b>											
<b>15</b>											

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 past 7 days?  KILOGRAMS . . . . 1 GRAMS . . . . . 2 LITRE . . . . . 3 MILLILITRE . . . . 4 PIECES . . . . . 5	3 How much came from purchases during the <u>past 7 days</u> ?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5	4 How much did you spend?  THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	5 How much came from own-production?  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6	6 How much came from gifts and other sources?  EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD  IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK	DE LINE NUMBER					
							UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT
0202	Cassava dry/flour											16
0203	Sweet potatoes											17
0204	Yams/cocoyams											18
0205	Irish potatoes											19
0206	Cooking bananas, plantains											20
0207	Other starches											21
<b>Sugar and Sweets</b>												22
0301	Sugar											23
0302	Sweets											24
0303	Honey, syrups, jams, marmalade, jellies, canned fruits											25
<b>Pulses, Dry</b>												26
0401	Peas, beans, lentils and other pulses											27
<b>Nuts and Seeds</b>												28
0501	Groundnuts in shell/shelled											29
0502	Coconuts (mature/immature)											30
0503	Cashew, almonds and other nuts											31
0504	Seeds and products from nuts/seeds ( <i>excl.</i> cooking oil)											32



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

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

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

<p>7. ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)</p>	<p>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</p>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>
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**8. FOOD FORTIFICATION**

ITEM CODE	ITEM DESCRIPTION	a. DID THE HOUSEHOLD CONSUME [ITEM]?	b. Where do you get the [ITEM] that you typically use?	c. What brand was consumed?	d. Is the [ITEM] fortified?	e. <b>ASK RESPONDENT TO SEE THE [ITEM]'S PACKAGE.</b>
		DO NOT ASK. CHECK SECTION J. Q1 WHETHER HOUSEHOLD CONSUMED THE ITEM	USE CODES BELOW	USE CODES BELOW		DOES THE [ITEM] HAVE EITHER OF FORTIFICATION LOGOS SHOWN BELOW ON THE PACKAGE AND/OR BRAND LABEL?
		YES..1 NO...2 (▶NEXT)	IF '1' ▶NEXT ITEM	CODE	YES..1 NO...2	YES..1 NO...2
0105	Maize Flour					
0108	Wheat flour					
1001	Cooking Oil					
1003	Salt					

**CODES FOR Q8B:**  
WHEAT FLOUR/MAIZE FLOUR/  
 COOKING OIL  
 OWN PRODUCTION/  
 GROUND OWN AT HOME...1  
 GROUND AT LOCAL MILL...2  
 BOUGHT FROM A  
 LOCAL MILL...3  
 BOUGHT FROM A  
 MARKET...4  
 BOUGHT FROM A  
 SHOP/KIOSK...5  
 OTHER (SPECIFY)...6

**CODES FOR Q8B: SALT**  
 OWN PRODUCTION...1  
 BOUGHT FROM A  
 STREET VENDOR...2  
 BOUGHT FROM A  
 SHOP/KIOSK...3  
 BOUGHT FROM A  
 MARKET...4  
 OTHER (SPECIFY)...5

**CODES FOR Q8C:**  
MAIZE FLOUR  
 AZAM...1  
 M-7...2  
 NO BRAND...3  
 OTHER,  
 (SPECIFY)...4

**CODES FOR Q8C:**  
COOKING OIL  
 KORIE...5  
 SAFI...6  
 OKAY...7  
 SUNOLA...8  
 SUNDROP...9  
 NO BRAND...10  
 OTHER,  
 (SPECIFY)...11

**CODES FOR Q8C:**  
WHEAT FLOUR  
 AZAM...12  
 AZANIA...13  
 NYATI...14  
 NO BRAND...15  
 OTHER,  
 (SPECIFY)...16

**CODES FOR Q8C:**  
FOR SALT  
 SAWA...17  
 SUNGURA...18  
 KIVI...19  
 NO BRAND...20  
 OTHER,  
 (SPECIFY)...21



9. Over the past one week (7 days), how many days did you or others in your household consume any [...]?	NUMBER OF DAYS
<b>A. Cereals, Grains and Cereal Products</b> (Maize Grain/Flour; Green Maize; Rice; Finger Millet ; Pearl Millet; Sorghum; Wheat Flour; Bread; Pasta; Other Cereal)	
<b>B. Roots, Tubers, and Plantains</b> (Cassava Tuber/Flour; Sweet Potato; Irish Potato; Other Tuber/Plantain)	
<b>C. Nuts and Pulses</b> (Bean; Pigeon Pea; Macadamia Nut; Groundnut; Green Bean; Cow Pea; Other Nut/Pulse)	
<b>D. Vegetables</b> (Onion; Cabbage; Wild Green Leaves; Tomato; Cucumber; Other Vegetables/Leaves)	
<b>E. Meat, Fish and Animal Products</b> (Egg; Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Poultry; Other Meat)	
<b>F. Fruits</b> (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit)	
<b>G. Milk/Milk Products</b> (Fresh/Powdered/Soured Milk; Yogurt; Cheese; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
<b>H. Fats/Oil</b> (Cooking Oil; Butter; Margarine; Other Fat/Oil)	
<b>I. Sugar/Sugar Products/Honey</b> (Sugar; Sugar Cane; Honey; Jam; Jelly; Sweets/Candy/Chocolate; Other Sugar Product)	
<b>J. Spices/Condiments</b> (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)	

10. 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 <input type="checkbox"/>			
NO...2 (▶NEXT SECTION)			
IF NOT SHARED, RECORD ZERO IN BOTH COLUMNS.		11 How many [...] were meals shared with over the past 7 days?	12 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.	2.	D E L I N E  N U M B E R
	Over the past 7 days, did you purchase any [...]?	How much did you pay in total?	
	YES...1 NO...2 (▶NEXT ITEM)	TSH	
101	Cigarettes or tobacco		1
102	Matches		2
103	Public transport		3

**ONE MONTH RECALL**

ITEM CODE	1.	2.	D E L I N E  N U M B E R
	Over the past 30 days, did you purchase or pay for any [...]?	How much did you pay in total?	
	YES...1 NO...2 (▶NEXT ITEM)	TSH	
207	Charcoal		10
208	Milling fees, grain		11
209	Bar soap (body soap or clothes soap)		12
210	Clothes soap (powder)		13
211	Toothpaste, toothbrush		14
212	Toilet paper		15
213	Glycerine, Vaseline, skin creams		16
214	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		17
215	Household cleaning products (dish soap, toilet cleansers, etc.)		18
216	Light bulbs		19
217	Phone, internet, postage stamps or other postal fees		20
218	Donation - to church, 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

**ONE MONTH RECALL**

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

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

ITEM CODE	1. Over the past 12 months, did you purchase or pay for any [...]?  YES...1 NO...2 (▶NEXT ITEM)	2. How much did you pay in total?  TSH
301	Carpet, rugs, drapes, curtains	
302	Linen - towels, sheets, blankets	
303	Mat - sleeping or for drying maize flour	
304	Mosquito net	
305	Mattress	
306	Sports & hobby equipment, musical instruments, toys	
307	Film, film processing, camera	
308	Building items - cement, bricks, timber, iron sheets, tools, etc.	
309	Council rates	
310	Insurance - health (MASM, etc.), auto, home, life	
311	Losses to theft (value of items or cash lost)	
312	Fines or legal fees	
313	Bride price /Marriage costs	
314	Funeral costs	
315	Other costs not stated elsewhere	
316	Repairs to consumer durables	
317	Taxes for income, property, etc.	
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	

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

ITEM CODE	1. Over the past 12 months did you gather, purchase, or pay for any [...]?  YES...1 NO...2 (▶NEXT ITEM)	2. What was the estimated total value of [...] consumed?  TSH	3. What was the cost of that which you purchased?  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?  <b>IF NONE, WRITE '0' (▶NEXT ITEM)</b>	2. What is the age of this [ITEM]?  <b>IF MORE THAN ONE ITEM, WRITE THE AVERAGE AGE</b>	3. At what price did you buy [ITEM]?  <b>IF MORE THAN ONE, WRITE THE AVERAGE PRICE</b>	4. If you wanted to sell one of this [ITEM] today, how much would you receive?  <b>IF MORE THAN ONE, WRITE THE AVERAGE VALUE</b>
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	Cooking pots, Cups, other kitchen utencils				
417	Mosquito net				
418	Iron (Charcoal or electric)				
419	Electric/gas stove				
420	Other stove				
421	Water-heater				
422	Record/cassette player, tape recorder				
423	Complete music system				
424	Books (not school books)				
425	Motor Vehicles				
426	Motorcycle				
427	Bicycle				

		1. How many [ITEMS] does your household own?  <b>IF NONE, WRITE '0' (▶NEXT ITEM)</b>	2. What is the age of this [ITEM]?  <b>IF MORE THAN ONE ITEM, WRITE THE AVERAGE AGE</b>	3. At what price did you buy [ITEM]?  <b>IF MORE THAN ONE, WRITE THE AVERAGE PRICE</b>	4. If you wanted to sell one of this [ITEM] today, how much would you receive?  <b>IF MORE THAN ONE, WRITE THE AVERAGE VALUE</b>
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

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

YES...1  
NO...2  
▶NEXT  
SECTION

E N T E R P R I S E  I D	<p>2. Please provide details on the main product or service of each [ENTERPRISE] that your household operated during the past 12 months.</p> <p>PROVED 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.</p>	<p>3. Which members of the household are engaged in this [ENTERPRISE]?</p>	<p>4. Who in the household manages this business or is most familiar with it?</p> <p><b>LIST UP TO TWO</b></p> <p><b>USE ROSTER ID CODES</b></p>	<p>5. Who in the household owns this business?</p> <p><b>LIST UP TO TWO</b></p> <p><b>USE ROSTER ID CODES</b></p>
	WRITTEN DESCRIPTION	ISIC CODE	ID 1   ID 2   ID 3   ID 4   ID 5   ID 6	ID CODE OF MANAGER 1   ID CODE OF MANAGER 2

1												
2												
3												
4												
5												

<p>6. Where do you do business?</p> <p>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</p>	<p>7. How long has this business existed?</p> <p>YEARS   MONTHS</p>		<p>8. What was the main source of start-up capital for this income-generating activity?</p> <p>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</p> <p><b>LIST UP TO 3 IN ORDER OF IMPORTANCE</b></p> <p><b>SOURCE OF CAPITAL</b></p> <p>1ST   2ND   3RD</p>			<p>9. To whom do you sell your products or services?</p> <p>FINAL CONSUMERS.1 SMALL BUSINESS..2 LARGE ESTABLISHED BUSINESS...3 INSTITUTIONS....4 EXPORT.....5 MANUFACTURERS...6 GOVERNMENT.....7 OTHER, SPECIFY..8</p> <p>1ST   2ND</p>		<p>10. What is the total value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the [ENTERPRISE] ?</p> <p>TSH</p>	<p>11. What is the total value of your current stock of inputs or supplies?</p> <p>TSH</p>	<p>12. What is the total value of your current stock of finished merchandise (goods for sale)?</p> <p>TSH</p>	<p>13. What gross income/takings did you get from your [ENTERPRISE] in the last week/month?</p> <p>WEEK...1 MONTH..2</p> <p>PERIOD   TSH</p>	

<p>14. What was your net income (profit) from your [ENTERPRISE] in the last week/month?</p> <p><b>[GROSS INCOME/TAKINGS (Q13) SHOULD BE GREATER THAN OR EQUAL TO NET INCOME/PROFIT (Q14).]</b></p> <p>WEEK...1 MONTH...2</p> <p>PERIOD   TSH</p>	<p>15. How many employees do you have who are not household members?</p> <p><b>IF NONE WRITE '0'</b></p> <p>NON HOUSEHOLD EMPLOYEES</p>	<p>16. What was your total expenditure on wages/salary in the last month?</p> <p><b>IF NONE WRITE '0'</b></p> <p>TSH</p>	<p>17. What was your total expenditure on raw materials in the last month?</p> <p><b>IF NONE WRITE '0'</b></p> <p>TSH</p>	<p>18. How much were your other operating expenses (for this business) such as fuel, kerosene, electricity etc. in the last month?</p> <p>TSH</p>	<p>19. How many months during the last 12 months did you operate this business?</p> <p>MONTHS</p>	<p>20. What was your AVERAGE net monthly income (profit) during the months when you operated this business?</p> <p>TSH</p>	<p>21. Is this company officially registered with the ...?</p> <p>YES...1 NO...2</p> <table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> </tr> <tr> <td>Registrar of Companies</td> <td>Tax Authority</td> <td>Local Authority</td> <td>Other, specify</td> </tr> </table>				A	B	C	D	Registrar of Companies	Tax Authority	Local Authority	Other, specify
A	B	C	D															
Registrar of Companies	Tax Authority	Local Authority	Other, specify															


**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?  LIST UP TO 3 ROSTER ID 1   2   3			7. Who in your household controls/decides on the use of assistance from the program?  LIST UP TO 2 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

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

YES...1  
NO...2 (▶NEXT SECTION)

**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

**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

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

(▶NEXT SECTION)

L O A N / C R E D I T	2. What are the names of the persons or institutions from whom you or anyone else in your household borrowed or took credit in the last 12 months?  <b>LIST ALL PEOPLE OR ORGANIZATIONS BEFORE GOING TO QUESTION 3</b>	3. CODE SOURCE OF LOAN  <b>SEE CODES BELOW</b>	4. Which household member was responsible for the loan?  ID CODE	5. Was this a cash loan or goods on credit?  CASH...1 GOODS...2	6. How much was borrowed or what was the value of the credit?  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  <b>LIST UP TO THREE IN ORDER OF IMPORTANCE</b>		
							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**

<p>1. Did you or anyone in your household use any of the following services to transfer money over the last 12 months:</p> <p style="text-align: center;"><b>IF ALL NO, ►5</b></p> <p>YES...1 NO...2</p>				<p>2. How often does your household use this service?</p> <p>DAILY.....1 WEEKLY.....2 EVERY 2 WEEKS..3 MONTHLY.....4 EVERY 3 MONTHS.5 EVERY 6 MONTHS.6 LESS OFTEN....7 NEVER.....8</p>				<p>3. Did you use this service to...?</p> <p>YES...1 NO...2</p>				<p>4. Which of these was the most important use of this service?</p> <p style="text-align: center;"><b>USE LETTER</b></p>		<p>5. Which is the household main source of cash income?</p> <p style="text-align: center;"><b>USE CODES BELOW</b></p> <p style="text-align: center;"><b>LIST UP TO TWO</b></p>	
M-PESA	EZY PESA	AIRTEL MONEY	TIGO PESA	A	B	C	D	E	F	G	H				
				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	SOURCE 1	SOURCE 2		

<p>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?</p> <p style="text-align: center;"><b>IF NONE, WRITE '0'</b></p> <p style="text-align: center;">TSH</p>		<p>7. What is the total amount of income your household has received in the form of private or government pensions in the last 12 months?</p> <p style="text-align: center;">TSH</p>		<p>8. What is the total amount of income your household has received in the form of other income in the last 12 months?</p> <p style="text-align: center;"><b>IF NONE, WRITE '0' AND ►10</b></p> <p style="text-align: center;">TSH</p>		<p>9. What was the type of other income that your household received in the last 12 months?</p> <p style="text-align: center;"><b>USE CODES BELOW</b></p> <p style="text-align: center;"><b>LIST UP TO THREE</b></p>			<p>10. Do you or anyone else in your household have a bank account, either with a commercial bank, a credit union, or other similar institution?</p> <p>YES...1 NO...2 ►13</p>		<p>11. Please list up to 3 institutions with whom you or a member of your household has a savings account.</p>		<p>12. In what year did you open your first bank account?</p> <p style="text-align: center;">►14</p> <p style="text-align: center;">YEAR</p>		<p>13. Why do you not have a bank account?</p> <p style="text-align: center;"><b>USE CODES BELOW</b></p> <p style="text-align: center;"><b>LIST UP TO THREE IN ORDER OF IMPORTANCE</b></p>		
						1	2	3		A							
										B							
										C							

- CODES FOR 05**
- 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 09**
- SAVINGS, INTEREST OR INVESTMENT...1
  - REAL ESTATE SALES...2
  - NON-AGRICULTURAL ASSET SALES...3
  - AGRICULTURAL/FISHING ASSET SALES...4
  - INHERITANCE...5
  - LOTTERY/GAMBLING...6
  - OTHER, SPECIFY...7

- CODES FOR 013**
- 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
  - OTHER, SPECIFY...7

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

(▶NEXT SECTION)

SOURCE ID	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 <b>cash</b> sent from [SOURCE] in the last 12 months?			25. Who in the household decided on the use of the <b>cash</b> sent by [SOURCE] in the last 12 months?		26. What is the total value of all those items which you received <b>in-kind</b> 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?		
	NAME	USE CODES BELOW CODE	YEARS	M...1 F...2	USE CODES BELOW CODE	USE CODES BELOW CODE	MONTHS..1 YEARS...2	UNIT	NUMBER	USE CODES BELOW LIST UP TO 3 IN ORDER OF IMPORTANCE			RECORD 0 IF NONE AND ▶26 TSH	USE CODES BELOW LIST UP TO 3 IN ORDER OF			LIST UP TO TWO FROM HH ROSTER		RECORD 0 IF NONE AND ▶NEXT SOURCE TSH	LIST UP TO TWO FROM HH ROSTER	
									1	2	3		1	2	3	ID 1	ID 2		ID 1	ID 2	
1																					
2																					
3																					
4																					

**CODES FOR O16**

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 O19**

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 O20**

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  
KASKAZINI UNGUJA..51  
KUSINI UNGUJA.....52  
MJINI/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 O22**

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 O24**

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





**SECTION S: DEATHS IN HOUSEHOLD**

1. Over the past 2 years, did any member of your household die, including any infants, including those listed as "dead" in PRE-PRINTED TRACKING FORM? YES...1 NO...2 (▶NEXT SECTION)

SERIAL NO	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
	NAME OF DECEASED	DECEASED'S RELATION-SHIP TO HEAD OF HOUSEHOLD	IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y2 HH ID NUMBER FROM TRACKING FORM ELSE, ENTER 99	SEX	Was this event registered with the death registration system?	AGE AT DEATH IF UNDER 5 YEARS, INCLUDE MONTHS IF UNDER 12 (▶9)	What kind of work did [NAME] do for most of his/her life?	Did [NAME] die of old age, an illness, or of some other cause?	What was the non-illness cause of [NAME]'s death?	What was the illness that caused [NAME]'s death?	For how long was [NAME] suffering from this illness before he/she died?	Was this cause of death diagnosed, or is this only your own perception?	After this person died, did you or members of your household lose any land or other assets due to inheritance traditions?	What was the value of the land or assets lost?
	CODES BELOW		ROSTER ID	MALE...1 FEMALE...2	YES...1 NO...2	YEARS MONTHS	CODES BELOW	▶14 TRAFFIC ACCIDENT...1 OTHER ACCIDENT OR INJURY...2 CHILDBIRTH OR COMPLICATIONS...3 MURDER...4 SUICIDE...5 WITCHCRAFT/SORCERY...6 OTHER (SPEC)...7	CODES BELOW 1ST ILLNESS 2ND ILLNESS	DAY...1 WEEK...2 MONTH...3 YEAR...4	MEDICAL DIAG-NOSIS...1 NON-MEDICAL DIAG-NOSIS...2 OWN PERCEPTION...3	YES...1 NO...2 (▶NEXT DECEASED)	TSH	
D1														
D2														
D3														
D4														
D5														
D6														

- QUESTION 3**
- HEAD...1
  - SPOUSE...2
  - CHILD OF HEAD...3
  - NIECE/NEPHEW...4
  - BROTHER/SISTER...5
  - GRANDCHILD OF THE HEAD...6
  - PARENT OF THE HEAD...7
  - OTHER RELATIVE...8
  - SERVANT...9
  - OTHER, 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
  - HIV/AIDS...13
  - EAR/NOSE/THROAT...14
  - TYPHOID...15
  - POISONING...16
  - DENTAL...17
  - URINATING IS PAINFUL...18
  - MENTAL DISORDER...19
  - STOMACH DISORDER...20
  - PROLONGED WOUND...21
  - SKIN PROBLEM...22
  - PREGNANCY RELATED...23
  - CANCER...24
  - LOWER RESPIRATORY...25
  - UPPER RESPIRATORY...26
  - HEART PROBLEM/BP...27
  - UNSPECIFIED LONG TERM ILLNESS...28
  - BILHARZIA /SCHISTOSOMIASIS...29
  - ARTHRITIS/NERVE DISORDER...30
  - RHEUMATISM...31
  - EYE PROBLEM...32
  - WITCHCRAFT...33
  - OTHER, SPECIFY...34

**SECTION 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 2012? 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**

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

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

END TIME

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## MAGERESHO YA MIKOA NA WILAYA - 52

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