

2026-27 TANZANIA DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

CONFIDENTIAL

FORMATTING DATE: 06 August 2026
LANGUAGE ENGLISH

2026-27 TANZANIA DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS AND OFFICE OF THE CHIEF GOVERNMENT STATISTICIAN

IDENTIFICATION (1)

REGION . . . . . [ ][ ]

DISTRICT . . . . . [ ][ ]

WARD . . . . . [ ][ ][ ]

LOCATION URBAN : 1 RURAL : 2 [ ]

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ][ ]

HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO . . . . . [ ]

HOUSEHOLD SELECTED FOR MICRONUTRIENT? (1=YES, 2=NO) [ ]

HOUSEHOLD SELECTED FOR MRDR? (1=YES, 2=NO) . . . . . [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR [ ][ ][ ][ ]
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. [ ][ ][ ][ ]
RESULT*	_____	_____	_____	RESULT* [ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [ ]
TIME	_____	_____		

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD [ ][ ]

TOTAL ELIGIBLE WOMEN [ ][ ]

TOTAL ELIGIBLE MEN [ ][ ]

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [ ][ ]

LANGUAGE OF QUESTIONNAIRE** 0 1 | LANGUAGE OF INTERVIEW** 0 1 | NATIVE LANGUAGE OF RESPONDENT** [ ][ ] | TRANSLATOR USED (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES:
01 ENGLISH
02 KISWAHILI
03 Kikongo
04 LANGUAGE 4
05 LANGUAGE 5
06 LANGUAGE 6

TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR	
[ ][ ]	_____	[ ][ ][ ][ ]	_____	[ ][ ][ ][ ]
NUMBER	NAME	NUMBER	NAME	NUMBER

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician. We are conducting a survey about health and other topics all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

##	RECORD THE TIME.	HOURS	
		MINUTES	

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? M F 1 2	Does (NAME) usually live here? Y N 1 2	Did (NAME) stay here last night? Y N 1 2	How old is (NAME)? IF 95 OR MORE, RECORD '95'. IN YEARS	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	**IF HOUSE-HOLD SELEC-TED FOR MAN'S SURVE Y** CIRCLE LINE NUMBER OF ALL MEN AGE 15-[49]	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01			1 2	1 2	1 2			01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHO

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS		IF AGE 0-4 YEARS	IF AGE 0-14 YEARS OR MORE THAN 45 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	HEALTH INSURANCE	
	12	13	14	15	16	17	18	19	20	20A	20B
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is his name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or any early childhood education program?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school or any early childhood education program at any time during the [2019-2020] school year? (4)	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Is (NAME) covered by any health insurance?	What is (NAME)'s main type of health insurance?
01	Y N DK 1 2 8 GO TO 14		Y N DK 1 2 8 GO TO 16		Y N 1 2 GO TO 20	LEVEL GRADE	Y N 1 2 GO TO 20	LEVEL GRADE		Y N DK 1 2 8 GO TO 21	
02	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2 8 GO TO 21	
03	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2 8 GO TO 21	
04	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2 8 GO TO 21	
05	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2 8 GO TO 21	
06	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2 8 GO TO 21	
07	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2 8 GO TO 21	
08	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2 8 GO TO 21	
09	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2 8 GO TO 21	
10	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2 8 GO TO 21	

LD

LEVEL
0 = PRE-PRIMARY
1 = PRIMARY
2 = POST PRIMARY TRAINING
3 = SECONFARY 'O' LEVEL
4 = POST SECONDARY 'O' LEVEL
5 = SECONDARY 'A' LEVEL
6 = POST SECONDARY 'A' LEVEL
7 = UNIVERSITY
8 = DO NOT KNOW

CODES FOR Qs. 17 AND 19: EDUCATION

GRADE
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19.)
98 = DON'T KNOW

CODES FOR Qs. 20B

0 = NHIF
1 = NSSF (SHIB-Social Health Insurance Benefit)
2= AAR
3= Strategy
4= Jubilee
5= CHF Improved
6= TIKA (Tiba kwa Kadi)
7 = OTHER EMPLOYED BASED
8 = OTHER COMMUNITY BASED/MUTUAL (eg. UMIASITA, VIBINDO)
9 = PRIVATELY PURCHASED (eg. Phoenix)
96 = OTHER
98 = DON'T KNOW

	DISABILITY IF AGE 5 OR OLDER					
LINE NO.	DISABILITY					
	21	**22**	**23**	**24**	**25**	**26**
	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid? (13)	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? (13) 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
1	Y N 1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	Y N 1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8
2	1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8
3	1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8
4	1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8
5	1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8
6	1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8
7	1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8
8	1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8
9	1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8
#	1 2 ↓ GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 ↓ GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8

LINE NO.	IF AGE 5 OR OLDER: DISABILITY					IF AGE 16 OR OLDER: COVID VACCINATION	
	27	28	29	30	30A	31	32
	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?	Does (NAME) have any other type of disability(ies) among the following ?	Has (NAME) ever tested positive for COVID-19?	Has (NAME) been vaccinated against COVID-19?
	1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW	A= CLEFT PALATE B= HYDROCEPHALUS C= SPINAL BIFIDA D= SPINAL CORD INJURIES E= PSORIASIS F= STORIASIS G= AUTISM H= OTHER (MENTION) I= NONE OF THE ABOVE		
						Y N	Y N
1	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2
2	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2
3	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2
4	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2
5	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2
6	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2
7	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2
8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2
9	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2
#	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F GH	1 2	1 2

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	**IF HOUSE-HOLD SELEC-TED FOR MAN'S SURVE Y** CIRCLE LINE NUMBER OF ALL MEN AGE 15-[49]	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS		IF AGE 0-4 YEARS	IF AGE 0-14 YEARS OR MORE THAN 45 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	HEALTH INSURANCE	
	12	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**20A**	**20B**
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or any early childhood education program?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school or any early childhood education program at any time during the [2019-2020] school year? (4)	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Is (NAME) covered by any health insurance?	What is (NAME)'s main type of health insurance?

	DISABILITY IF AGE 5 OR OLDER					
LINE NO.	DISABILITY					
	21	**22**	**23**	**24**	**25**	**26**
	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid? (13)	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? (13) 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW

LINE NO.	IF AGE 5 OR OLDER — DISABILITY						IF AGE 16 OR OLDER — COVID VACCINATION
	27	**28**	**29**	**30**	**30A**	**31**	**32**
	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?	Does (NAME) have any other type of disability(ies) among the following ?	Has (NAME) ever tested positive for COVID-19?	Has (NAME) been vaccinated against COVID-19?
	1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW	A= CLEFT PALATE B= HYDROCEPHALUS C= SPINAL BIFIDA D= SPINAL CORD INJURIES E= PSORIASIS F= STORIASIS G= AUTISM H= OTHER (MENTION) I= NONE OF THE ABOVE		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	**PIPED WATER** PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PIPED TO NEIGHBOR . . . . . 13 PUBLIC TAP/STANDPIPE . . . . . 14 TUBE WELL OR BOREHOLE . . . . . 21 **DUG WELL** PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 **WATER FROM SPRING** PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 SACHET WATER . . . . . 92 WATER KIOSK / DOMESTIC POINTS 93 OTHER _____ 96 (SPECIFY)	→ 103 → 102 → 103
101A	Which authority or agency provide drinking water services?	GOVERNMENT . . 1 CBO/NGOs . . . . . 2 PRIVATE COMPANY 3 DON'T KNOW 4	→ 106
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	**PIPED WATER** PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PIPED TO NEIGHBOR . . . . . 13 PUBLIC TAP/STANDPIPE . . . . . 14 TUBE WELL OR BOREHOLE . . . . . 21 **DUG WELL** PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 **WATER FROM SPRING** PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 OTHER _____ 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES . . . . . [ ][ ][ ] DON'T KNOW 998	
104A	How long does it take to go there, get water, and come back?	Less than 500m . . . . . 1 Between 500m - 999m . . . . . 2 Between 1-1.9 Kilometre . . . . . 3 Between 2-4.9 Kilometre . . . . . 4 Between 5-7.9 Kilometre . . . . . 5 8 Kilometre and above 6	
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	NAME _____ LINE NUMBER . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 109
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE/WATER GUARD B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) . . . . . D SOLAR DISINFECTIOI . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	**FLUSH OR POUR FLUSH TOILET** FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . . . . . 14 FLUSH, DON'T KNOW WHERE . . . . . 15 **PIT LATRINE** VENTILATED IMPROVED PIT LATRINE . . . . 21 PIT LATRINE WITH SLAB (WASHABLE) 22 PIT LATRINE WITH SLAB (NOT WASHABLE) 23 PIT LATRINE WITHOUT SLAB/OPEN PIT . . 24 COMPOSTING TOILET . . . . . 31 BUCKET TOILET . . . . . 41 HANGING TOILET/HANGING LATRINE . . . . . 51 NO FACILITY/BUSH/FIELD/BEACH 61 OTHER _____ 96 (SPECIFY)	→ 117
110	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . 0 [ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	
113	CHECK 109: CODES 12, 13, 21, 22, 23, OR 31 CIRCLED ↓	OTHER →	→ 117
114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 117
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Where were the contents emptied to?	A TREATMENT PLANT . . . . . 1 BURIED IN A COVERED PIT . . . . . 2 UNCOVERED PIT/BUSH/FIELD/ OPEN GROUND . . . . . 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE . . . . . 01 SOLAR COOKER . . . . . 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE . . . . . 03 PIPED NATURAL GAS STOVE . . . . . 04 BIOGAS STOVE . . . . . 05 LIQUID FUEL STOVE . . . . . 06 MANUFACTURED SOLID FUEL STOVE . . . . . 07 TRADITIONAL SOLID FUEL STOVE . . . . . 08 THREE STONE STOVE/OPEN FIRE . . . . . 09 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 121 → 120 → 120 → 123 → 120
118	Does the stove have a chimney?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
119	Does the stove have a fan?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL . . . . . 01 GASOLINE . . . . . 02 KEROSENE/PARAFFIN . . . . . 03 COAL/LIGNITE . . . . . 04 CHARCOAL . . . . . 05 WOOD . . . . . 06 STRAW/SHRUBS/GRASS . . . . . 07 AGRICULTURAL CROP . . . . . 08 ANIMAL DUNG/WASTE . . . . . 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS . . . . . 10 GARBAGE/PLASTIC . . . . . 11 SAWDUST . . . . . 12 OTHER _____ 96 (SPECIFY)	
121	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE . . . . . 1 IN A SEPARATE BUILDING . . . . . 2 OUTDOORS . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 123
122	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	What does this household use to heat the home when needed?	CENTRAL HEATING . . . . . 01 MANUFACTURED SPACE HEATER . . . . . 02 TRADITIONAL SPACE HEATER . . . . . 03 MANUFACTURED COOKSTOVE . . . . . 04 TRADITIONAL COOKSTOVE . . . . . 05 THREE STONE STOVE/OPEN FIRE . . . . . 06 NO SPACE HEATING IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 125 → 125 → 126 → 125
124	Does it have a chimney?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
125	What type of fuel or energy source is used in this heater?	ELECTRICITY . . . . . 01 PIPED NATURAL GAS . . . . . 02 SOLAR AIR HEATER . . . . . 03 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS . . . . . 04 BIOGAS . . . . . 05 ALCOHOL/ETHANOL . . . . . 06 GASOLINE/DIESEL . . . . . 07 KEROSENE/PARAFFIN . . . . . 08 COAL/LIGNITE . . . . . 09 CHARCOAL . . . . . 10 WOOD . . . . . 11 STRAW/SHRUBS/GRASS . . . . . 12 AGRICULTURAL CRO . . . . . 13 ANIMAL DUNG/WAST . . . . . 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS . . . . . 15 GARBAGE/PLASTIC . . . . . 16 SAWDUST . . . . . 17 OTHER _____ 96 (SPECIFY)	
126	At night, what does your household mainly use to light the home?	ELECTRICITY . . . . . 01 SOLAR LANTERN . . . . . 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN . . . . . 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN . . . . . 04 BIOGAS LAMP . . . . . 05 GASOLINE LAMP . . . . . 06 KEROSENE OR PARAFFIN LAMP . . . . . 07 CHARCOAL . . . . . 08 WOOD . . . . . 09 STRAW/SHRUBS/GRASS . . . . . 10 AGRICULTURAL CRO . . . . . 11 ANIMAL DUNG/WAST . . . . . 12 OIL LAMP . . . . . 13 CANDLE . . . . . 14 NO LIGHTING IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS	
127A	How many sleeping equipment like carpets, matresses, mats, are used in this household?	NUMBER OF EQUIPMENT	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	 → 130

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.		
	a) Milk cows or bulls?	a) COWS/BULLS	
	b) Other cattle?	b) OTHER CATTLE	
	c) Horses, donkeys, or mules?	c) HORSES/DONKEYS/MULES	
	d) Goats?	d) GOATS	
	e) Sheep?	e) SHEEP	
	f) Chickens or other poultry?	f) CHICKENS/POULTRY	
	g) Pig?	g) PIG	
130	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 132
131	How many acres of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	ACRES . . . . 95 OR MORE ACRES . . . . . 950 DON'T KNOW 998	
132	Does your household have:	YES NO	
	a) Electricity?	a) ELECTRICITY 1 2	
	b) A radio?	b) RADIO 1 2	
	c) A television?	c) TELEVISION 1 2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE . . 1 2	
	e) A computer?	e) COMPUTER 1 2	
	f) A refrigerator?	f) REFRIGERATOR 1 2	
	g) Battery or generators?	g) BATTERY OR GENERATOR 1 2	
	h) An iron (charcoal or electrical)	h) IRON 1 2	
	i) A table	i) TABLE 1 2	
	j) A chair	j) CHAIR 1 2	
	k) Sofa	k) SOFA 1 2	
	l) Bed	l) BED 1 2	
	m) Cupboard/cabinet	m) CUPBOARD/CABINET 1 2	
	n) Water pump	n) WATER PUMP 1 2	
	o) Sewing machine	o) SEWING MACHINE 1 2	
	p) Blender	p) BLENDER 1 2	
	q) CD/DVD player	q) CD/DVD PLAYER 1 2	
	r) Washing machine	r) WASHING MACHIN 1 2	
	s) Microwave oven	s) MICROWAVE OVE 1 2	
	t) Air conditioner	t) AIR CONDITIONAE 1 2	
133	Does any member of this household own:	YES NO	
	a) A watch?	a) WATCH 1 2	
	b) A mobile phone?	b) MOBILE PHONE 1 2	
	c) A bicycle?	c) BICYCLE 1 2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTEI 1 2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1 2	
	f) A car or truck?	f) CAR/TRUCK 1 2	
	g) A boat with a motor?	g) BOAT WITH MOTOR 1 2	
134	Does any member of this household have an account in a bank or other financial institution?	YES . . . . . 1 NO 2	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES . . . . . 1 NO 2	
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 LESS OFTEN THAN ONCE A MONTH . . . . . 4 NEVER 5	
137	Does your household have any mosquito nets?	YES . . . . . 1 NO 2	→ 149
138	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS	

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
139	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER . . . . . [ ][ ]	
140	WAS THIS NET OBSERVED?	OBSERVED . . . . . 1 NOT OBSERVED 2	
141	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . . . [ ][ ] MORE THAN 36 MONTHS AGO . . . . . 95 NOT SURE 98	
142	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	**LONG-LASTING INSECTICIDE-TREATED NET (LLIN)** PERMANENT 2.0 . . . . . 11 PERMANENT 3.0 . . . . . 12 DAWA PLUS . . . . . 13 OLYSET . . . . . 14 OLYSET PLUS . . . . . 15 MIRANET . . . . . 16 NETPROTECT . . . . . 17 INTERCEPTOR . . . . . 18 INTERCEPTOR G2 . . . . . 19 DURANET . . . . . 20 YORKOOL . . . . . 21 MAGNET . . . . . 22 ROYAL SENTRY . . . . . 23 ROYAL GUARD . . . . . 24 POLYESTER NET . . . . . 25 OTHER/DON'T KNOW BRAND (LLIN . . . . . 27 CONVENTIONAL POLYESTER NET . . . . . 28 OTHER TYPE (NOT LLIN) . . . . . 96 DON'T KNOW TYPE 98	
143	Did you get the net through a MASS DISTRIBUTION CAMPAIGN, during an antenatal care visit, during an immunization visit or school distribution?	YES, NET DISTRIBUTION CAMPAIGN . . . . . 1 → 145 YES, ANC . . . . . 2 YES, IMMUNIZATION VISIT . . . . . 3 YES, SCHOOL DISTRIBUTIO . . . . . 4 NO 5	
144	Where did you get the net?	GOVERNMENT HEALTH FACILITY . . . . . 01 PRIVATE/PARASTATAL HEALTH FACILIT . . . . . 02 CHW . . . . . 03 → 145 RELIGIOUS HEALTH FACILITIES . . . . . 04 SCHOOL . . . . . 05 PHARMACY . . . . . 06 SHOP/MARKET . . . . . 07 OTHER . . . . . 96 DON'T KNOW . . . . . 98 → 145	
144A	Did you pay any money for this net?	YES . . . . . 1 NO . . . . . 2 → 145 NOT SURE 8	
144B	How much did you pay for this net in Tsh?	5,000 -10,000 . . . . . 1 10,000 -15,000 . . . . . 2 ABOVE 15,000 3	

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
145	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	→ 147 → 148
146	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NUMBER . . . . . ☐☐ NAME _____ LINE NUMBER . . . . . ☐☐ NAME _____ LINE NUMBER . . . . . ☐☐ NAME _____ LINE NUMBER . . . . . ☐☐	→ 148
147	What was the main reason this net was not used last night?	TOO HOT . . . . . 01 DON'T LIKE NET SHAPE/COLOR/SIZE . . . . . 02 DON'T LIKE SMELL . . . . . 03 UNABLE TO HANG NET . . . . . 04 SLEPT OUTDOORS . . . . . 05 USUAL USER DIDN'T SLEEP HERE LAST NIGHT . . . . . 06 NO MOSQUITOES/NO MALARIA . . . . . 07 EXTRA NET/SAVING FOR LATER . . . . . 08 NET TOO OLD . . . . . 09 NET TOO DIRTY . . . . . 10 OTHER _____ 96 (SPECIFY)	
148	GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE . . . . . 1 OBSERVED, MOBILE . . . . . 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT . . . . . 3 NOT OBSERVED, NO PERMISSION TO SEE . . 4 NOT OBSERVED, OTHER REASON 5	→ 152
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE . . . . . 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . . A ASH, MUD, SAND . . . . . B NONE . . . . . Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	**NATURAL FLOOR** EARTH/SAND . . . . . 11 DUNG . . . . . 12 **RUDIMENTARY FLOOR** WOOD PLANKS . . . . . 21 PALM/BAMBOO . . . . . 22 **FINISHED FLOOR** PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . . . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	**NATURAL ROOFING** NO ROOF . . . . . 11 THATCH/PALM LEAF . . . . . 12 SOD . . . . . 13 **RUDIMENTARY ROOFING** RUSTIC MAT . . . . . 21 PALM/BAMBOO . . . . . 22 WOOD PLANKS . . . . . 23 CARDBOARD . . . . . 24 **FINISHED ROOFING** METAL . . . . . 31 WOOD . . . . . 32 CALAMINE/CEMENT FIBER . . . . . 33 CERAMIC TILES . . . . . 34 CEMENT . . . . . 35 ROOFING SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
154	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	**NATURAL WALLS** NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DIRT . . . . . 13 **RUDIMENTARY WALLS** BAMBOO WITH MUD . . . . . 21 STONE WITH MUD . . . . . 22 UNCOVERED ADOBE . . . . . 23 PLYWOOD . . . . . 24 CARDBOARD . . . . . 25 REUSED WOOD . . . . . 26 **FINISHED WALLS** CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 COVERED ADOBE . . . . . 35 WOOD PLANKS/SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	
154A	In the last 5 years, have there been any member diagnosed with TB in this household?	YES . . . . . 1 NO 2	
154B	Has this household ever benefited from TASAF	YES . . . . . 1 NO . . . . . 2 → 155A	
154C	What type of program this household received?	CASH TRANSFER A PUBLIC WORK B OTHER _____ X (SPECIFY)	
155A	CHECK COVER PAGE HOUSEHOLD SELECTED FOR MICRONUTRIENTS NO ☐	YES ☐ → 200	
155	I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?	**SALT TESTED** IODINE PRESENT . . . . . 1 NO IODINE . . . . . 2 **SALT NOT TESTED** HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD . . . . . 3 HOUSEHOLD DOES NOT USE SALT . . . . . 4 SALT NOT TESTED _____ 6 (SPECIFY REASON)	→ 221

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

HOUSEHOLD: FOOTNOTES

(1) This section should be adapted for country-specific survey design.
(2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
(3) Increase the time reported to the respondent if modules are added to the questionnaire.
(4) In Q. 18, the year should refer to the school year that is in session at the time the survey begins. If the survey begins between two school years, then the year should refer to the school year that just ended.
(13) This question may be excluded in countries where wearing a hearing aid is not common.
(5) Countries that use sachet water (small plastic bags of water) as a source of drinking water should add SACHET WATER as a separate coding category after BOTTLED WATER, and follow the same question flow as households that use BOTTLED WATER (ask Q. 102, source of water for other purposes). Similarly, countries that have water kiosks should add WATER KIOSK as a separate coding category, and follow the same question flow as households that use BOTTLED WATER.

(6) Coding categories to be developed locally; however, the broad categories must be maintained.
(7) Add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese, or elephants.
(8) Each country should add to the list at least five items of furniture (such as a table, chair, sofa, bed, armoire, cupboard, or cabinet). In addition, each country should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, generator, washing machine, microwave oven, DVD player, CD player, camera, air conditioner or cooler, or sewing machine.

(9) The question should be deleted in countries that are not affected by malaria.
(10) Adapt question locally to use the name of the mass distribution campaign.
(11) Adapt list of response codes to country context as needed.
(12) There are many different kinds of iodine testing kits available. The proper test kit should be selected in each country depending on the type of iodine additive used in the country (potassium iodate or potassium iodide). If both of these additives are used in a country, then both types of test kits should be used.

	ENGLISH	KISWAHILI	Kikongo
Translation Date	06 August 2026		
Language Code	01	02	03
INTRODUCTION AND CONSENT	Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician. We are conducting a survey about health and other topics all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card. GIVE CARD WITH CONTACT INFORMATION Do you have any questions? May I begin the interview now?		
2	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.		
2A)	Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?		
2B)	Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?		
2C)	Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?		
3	What is the relationship of (NAME) to the head of the household?		
4	Is (NAME) male or female?		
5	Does (NAME) usually live here?		
6	Did (NAME) stay here last night?		

	ENGLISH	KISWAHILI	Kikongo
7	How old is (NAME)?		
8	What is (NAME)'s current marital status?		
12	Is (NAME)'s biological mother alive?		
13	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name?		
14	Is (NAME)'s biological father alive?		
15	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name?		
16	Has (NAME) ever attended school or any early childhood education program?		
17	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?		
18	Did (NAME) attend school or any early childhood education program at any time during the [2019-2020] school year?		
19	During [this/that] school year, what level and grade [is/was] (NAME) attending?		
20	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?		
20A	Is (NAME) covered by any health insurance?		
20B	What is (NAME)'s main type of health insurance?		
21	Does (NAME) wear glasses or contact lenses to help them see?		
22	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?		
23	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?		
24	Does (NAME) wear a hearing aid?		
25	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?		

	ENGLISH	KISWAHILI	Kikongo
26	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?		
27	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?		
28	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?		
29	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?		
30	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?		
30A	Does (NAME) have any other type of disability(ies) among the following ?		
32	Has (NAME) been vaccinated against COVID-19?		
31	Has (NAME) ever tested positive for COVID-19?		
101	What is the main source of drinking water for members of your household?		
101A	Which authority or agency provide drinking water services?		
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?		
103	Where is that water source located?		
104	How long does it take to go there, get water, and come back?		
104A	How far is it between your house and the place you collect water?		
105	Who usually goes to this source to collect the water for your household?		
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?		
107	Do you do anything to the water to make it safer to drink?		

	ENGLISH	KISWAHILI	Kikongo
108	What do you usually do to make the water safer to drink? Anything else?		
109	What kind of toilet facility do members of your household usually use?		
110	Do you share this toilet facility with other households?		
111	Including your own household, how many households use this toilet facility?		
112	Where is this toilet facility located?		
114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?		
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?		
116	Where were the contents emptied to?		
117	In your household, what type of cookstove is mainly used for cooking?		
118	Does the stove have a chimney?		
119	Does the stove have a fan?		
120	What type of fuel or energy source is used in this cookstove?		
121	Is the cooking usually done in the house, in a separate building, or outdoors?		
122	Do you have a separate room which is used as a kitchen?		
123	What does this household use to heat the home when needed?		
124	Does it have a chimney?		
125	What type of fuel or energy source is used in this heater?		
126	At night, what does your household mainly use to light the home?		
127	How many rooms in this household are used for sleeping?		
127A	How many sleeping equipment like carpets, matresses, mats, are used in this household?		
128	Does this household own any livestock, herds, other farm animals, or poultry?		
129	How many of the following animals does this household own?		
129a)	Milk cows or bulls?		
129b)	Other cattle?		
129c)	Horses, donkeys, or mules?		
129d)	Goats?		

	ENGLISH	KISWAHILI	Kikongo
129e)	Sheep?		
129f)	Chickens or other poultry?		
129g)	Pig?		
130	Does any member of this household own any agricultural land?		
131	How many acres of agricultural land do members of this household own?		
132	Does your household have:		
132a)	Electricity?		
132b)	A radio?		
132c)	A television?		
132d)	A non-mobile telephone?		
132e)	A computer?		
132f)	A refrigerator?		
132g)	Battery or generators?		
132h)	An iron (charcoal or electrical)		
132i)	A table		
132j)	A chair		
132k)	Sofa		
132l)	Bed		
132m)	Cupboard/cabinet		
132n)	Water pump		
132o)	Sewing machine		
132p)	Blender		
132q)	CD/DVD player		
132r)	Washing machine		
132s)	Microwave oven		
132t)	Air conditioner		
133	Does any member of this household own:		
133a)	A watch?		
133b)	A mobile phone?		
133c)	A bicycle?		
133d)	A motorcycle or motor scooter?		
133e)	An animal-drawn cart?		
133f)	A car or truck?		
133g)	A boat with a motor?		
134	Does any member of this household have an account in a bank or other financial institution?		
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?		

	ENGLISH	KISWAHILI	Kikongo
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?		
137	Does your household have any mosquito nets?		
138	How many mosquito nets does your household have?		
141	How many months ago did your household get the mosquito net?		
143	Did you get the net through a MASS DISTRIBUTION CAMPAIGN, during an antenatal care visit, during an immunization visit or school distribution?		
144	Where did you get the net?		
144A	Did you pay any money for this net?		
144B	How much did you pay for this net in Tsh?		
144D	Has anybody from this household been infected with COVID-19		
145	Did anyone sleep under this mosquito net last night?		
146	Who slept under this mosquito net last night?		
147	What was the main reason this net was not used last night?		
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?		
155	I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?		
154A	In the last 5 years, have there been any member diagnosed with TB in this household?		
154B	Has this household ever benefited from TASAF		
154C	What type of program this household received?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
Translation Date	06 August 2026		
Language Code	01	04	05
INTRODUCTION AND CONSENT	Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician. We are conducting a survey about health and other topics all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card. GIVE CARD WITH CONTACT INFORMATION Do you have any questions? May I begin the interview now?	s	
2	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.		
2A)	Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?		
2B)	Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?		
2C)	Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?		
3	What is the relationship of (NAME) to the head of the household?		
4	Is (NAME) male or female?		
5	Does (NAME) usually live here?		
6	Did (NAME) stay here last night?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
7	How old is (NAME)?		
8	What is (NAME)'s current marital status?		
12	Is (NAME)'s biological mother alive?		
13	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name?		
14	Is (NAME)'s biological father alive?		
15	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name?		
16	Has (NAME) ever attended school or any early childhood education program?		
17	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?		
18	Did (NAME) attend school or any early childhood education program at any time during the [2019-2020] school year?		
19	During [this/that] school year, what level and grade [is/was] (NAME) attending?		
20	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?		
20A	Is (NAME) covered by any health insurance?		
20B	What is (NAME)'s main type of health insurance?		
21	Does (NAME) wear glasses or contact lenses to help them see?		
22	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?		
23	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?		
24	Does (NAME) wear a hearing aid?		
25	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
26	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?		
27	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?		
28	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?		
29	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?		
30	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?		
30A	Does (NAME) have any other type of disability(ies) among the following ?		
32	Has (NAME) been vaccinated against COVID-19?		
31	Has (NAME) ever tested positive for COVID-19?		
101	What is the main source of drinking water for members of your household?		
101A	Which authority or agency provide drinking water services?		
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?		
103	Where is that water source located?		
104	How long does it take to go there, get water, and come back?		
104A	How far is it between your house and the place you collect water?		
105	Who usually goes to this source to collect the water for your household?		
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?		
107	Do you do anything to the water to make it safer to drink?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
108	What do you usually do to make the water safer to drink? Anything else?		
109	What kind of toilet facility do members of your household usually use?		
110	Do you share this toilet facility with other households?		
111	Including your own household, how many households use this toilet facility?		
112	Where is this toilet facility located?		
114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?		
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?		
116	Where were the contents emptied to?		
117	In your household, what type of cookstove is mainly used for cooking?		
118	Does the stove have a chimney?		
119	Does the stove have a fan?		
120	What type of fuel or energy source is used in this cookstove?		
121	Is the cooking usually done in the house, in a separate building, or outdoors?		
122	Do you have a separate room which is used as a kitchen?		
123	What does this household use to heat the home when needed?		
124	Does it have a chimney?		
125	What type of fuel or energy source is used in this heater?		
126	At night, what does your household mainly use to light the home?		
127	How many rooms in this household are used for sleeping?		
127A	How many sleeping equipment like carpets, matresses, mats, are used in this household?		
128	Does this household own any livestock, herds, other farm animals, or poultry?		
129	How many of the following animals does this household own?		
129a)	Milk cows or bulls?		
129b)	Other cattle?		
129c)	Horses, donkeys, or mules?		
129d)	Goats?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
129e)	Sheep?		
129f)	Chickens or other poultry?		
129g)	Pig?		
130	Does any member of this household own any agricultural land?		
131	How many acres of agricultural land do members of this household own?		
132	Does your household have:		
132a)	Electricity?		
132b)	A radio?		
132c)	A television?		
132d)	A non-mobile telephone?		
132e)	A computer?		
132f)	A refrigerator?		
132g)	Battery or generators?		
132h)	An iron (charcoal or electrical)		
132i)	A table		
132j)	A chair		
132k)	Sofa		
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132m)	Cupboard/cabinet		
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132o)	Sewing machine		
132p)	Blender		
132q)	CD/DVD player		
132r)	Washing machine		
132s)	Microwave oven		
132t)	Air conditioner		
133	Does any member of this household own:		
133a)	A watch?		
133b)	A mobile phone?		
133c)	A bicycle?		
133d)	A motorcycle or motor scooter?		
133e)	An animal-drawn cart?		
133f)	A car or truck?		
133g)	A boat with a motor?		
134	Does any member of this household have an account in a bank or other financial institution?		
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?		
137	Does your household have any mosquito nets?		
138	How many mosquito nets does your household have?		
141	How many months ago did your household get the mosquito net?		
143	Did you get the net through a MASS DISTRIBUTION CAMPAIGN, during an antenatal care visit, during an immunization visit or school distribution?		
144	Where did you get the net?		
144A	Did you pay any money for this net?		
144B	How much did you pay for this net in Tsh?		
144D	Has anybody from this household been infected with COVID-19		
145	Did anyone sleep under this mosquito net last night?		
146	Who slept under this mosquito net last night?		
147	What was the main reason this net was not used last night?		
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?		
155	I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?		
154A	In the last 5 years, have there been any member diagnosed with TB in this household?		
154B	Has this household ever benefited from TASAF		
154C	What type of program this household received?		

	ENGLISH	LANGUAGE 6
Translation Date	06 August 2026	
Language Code	01	06
INTRODUCTION AND CONSENT	Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician. We are conducting a survey about health and other topics all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card. GIVE CARD WITH CONTACT INFORMATION Do you have any questions? May I begin the interview now?	
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2A)	Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	
2B)	Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	
2C)	Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	
3	What is the relationship of (NAME) to the head of the household?	
4	Is (NAME) male or female?	
5	Does (NAME) usually live here?	
6	Did (NAME) stay here last night?	

	ENGLISH	LANGUAGE 6
7	How old is (NAME)?	
8	What is (NAME)'s current marital status?	
12	Is (NAME)'s biological mother alive?	
13	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name?	
14	Is (NAME)'s biological father alive?	
15	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name?	
16	Has (NAME) ever attended school or any early childhood education program?	
17	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?	
18	Did (NAME) attend school or any early childhood education program at any time during the [2019-2020] school year?	
19	During [this/that] school year, what level and grade [is/was] (NAME) attending?	
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	ENGLISH	LANGUAGE 6
26	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	
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104A	How far is it between your house and the place you collect water?	
105	Who usually goes to this source to collect the water for your household?	
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	
107	Do you do anything to the water to make it safer to drink?	

	ENGLISH	LANGUAGE 6
108	What do you usually do to make the water safer to drink? Anything else?	
109	What kind of toilet facility do members of your household usually use?	
110	Do you share this toilet facility with other households?	
111	Including your own household, how many households use this toilet facility?	
112	Where is this toilet facility located?	
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	ENGLISH	LANGUAGE 6
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130	Does any member of this household own any agricultural land?	
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133f)	A car or truck?	
133g)	A boat with a motor?	
134	Does any member of this household have an account in a bank or other financial institution?	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	

	ENGLISH	LANGUAGE 6
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	
137	Does your household have any mosquito nets?	
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143	Did you get the net through a MASS DISTRIBUTION CAMPAIGN, during an antenatal care visit, during an immunization visit or school distribution?	
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