

AFYA NA MAENDELEO  
KAGERA HEALTH AND DEVELOPMENT SURVEY

HOUSEHOLD QUESTIONNAIRE  
2004

STRICTLY CONFIDENTIAL

CLUSTER NUMBER

ORIGINAL HH NUMBER

NEW TEMPORARY HH NUMBER

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BOOKLET NUMBER/TOTAL BOOKLETS

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SURVEY INFORMATION

1. HOUSEHOLD ID

OLD				NEW	
CLUSTER NUMBER		HOUSEHOLD NUMBER		HOUSEHOLD NUMBER	

2. HOUSEHOLD LOCATION

A. COUNTRY: \_\_\_\_\_  
 REGION: \_\_\_\_\_  
 DISTRICT: \_\_\_\_\_  
 WARD: \_\_\_\_\_  
 VILLAGE: \_\_\_\_\_  
 KITONGOJI: \_\_\_\_\_

B. GPS COORDINATES:

				O					.					,
				O					.					,

C. IS HOUSEHOLD LIVING IN .....

THE SAME CLUSTER AS 10 YEARS AGO.....1  
 NEARBY VILLAGE.....2  
 ELSEWHERE IN KAGERA.....3  
 ELSEWHERE IN TANZANIA.....4  
 NEIGHBOURING COUNTRY.....5  
 OTHER COUNTRY.....6




3. NAME OF HEAD: \_\_\_\_\_

4. RELIGION OF HEAD: MUSLIM.....1    PROTESTANT.....3    TRADITIONAL.....5  
 CATHOLIC.....2    OTHER CHRISTIAN..4    OTHER.....6

5. HEAD'S TRIBE: MHAYA.....1    MHANGAZA.....3    MSHUBI.....5    OTHER (SPECIFY).....7  
 MNYAMBO.....2    MSUBI.....4    MZINZA.....6

6. INTERVIEWER: \_\_\_\_\_ DATE:

7. INTERVIEW CONDUCTED IN: KISWAHILI.....1    KIHANGAZA.....4  
 ENGLISH.....2    KISUBI.....5  
 KIHAYA.....3    OTHER (SPECIFY)..6

8. INTERPRETER? YES.....1  
 NO.....2

9. VERIFICATION OF THE QUESTIONNAIRE

SUPERVISOR: \_\_\_\_\_  DATE:

REMARKS: \_\_\_\_\_  
 REINTERVIEW BY SUPERVISOR? YES...1  
 NO...2

10. DATA ENTRY

OPERATOR: \_\_\_\_\_  DATE:

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_

11. TRACKING PHASE OF FIELD WORK IN KAGERA ONLY: RECORD THE CLOSEST CLUSTER NUMBER FOR WHICH PRICE DATA COULD BE USED FOR THIS HOUSEHOLD

OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

DETAILED INSTRUCTIONS ON HOW TO FIND THE HOUSEHOLD

SECTION	TO BE FILLED IN BY THE INTERVIEWER			TO BE FILLED IN BY THE SUPERVISOR		TO BE FILLED IN BY THE DATA ENTRY OPERATOR	
	DATE			RESULT		RESULT	
	DAY	MONTH	YEAR	COMPLETE.....1 PARTIAL.....2 NOT APPLICABLE.....3	SATISFACTORY.....1 TO BE COMPLETED.....2 TO BE REDONE.....3	SATISFACTORY.....1 CORRECTIONS REQUIRED.....2	
1							
2							
3							
4							
5							
6							
7							
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10							
11							
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13							
14							
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16							
17							
18							

**INTERVIEWER:** HAVE YOU MADE ANY UPDATES ON THE HOUSEHOLD TRACKING FORM

YES.....1   
 NO.....2

NOTE: ALWAYS HAND IN YOUR QUESTIONNAIRE WITH ATTACHED HOUSEHOLD TRACKING FORM

**SUPERVISOR:** IS YOUR HOUSEHOLD TRACKING FORM UPDATED ON THE BASIS OF THE INTERVIEWER'S HOUSEHOLD TRACKING FORM?

YES.....1   
 NO.....2

H O U S E H O L D   R O S T E R   C A R D

PERSON INTERVIEWED: PREFERABLY THE HEAD OF HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A "PRINCIPAL RESPONDENT" TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

FOR EACH PERSON LISTED IN THE ROSTER CARD, PLEASE COMPLETE QUESTIONS 1-10 IN SECTION 1.

RESPONDENT: _____ ID CODE: <input type="checkbox"/>
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- A I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling, immediate family, who normally live and eat their meals together in this dwelling. Include the head of the household, spouse/s (or partners) and his/her children in order of age.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST WITH ID CODE 01, FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN IN ORDER OF AGE. IF THERE IS MORE THAN ONE WIFE, START WITH THE FIRST WIFE, FOLLOWED BY HER CHILDREN IN ORDER OF AGE, THEN THE SECOND WIFE AND HER CHILDREN IN ORDER OF AGE, AND SO ON.

WRITE DOWN THE NAME AND SEX OF EACH PERSON ON THE HOUSEHOLD ROSTER CARD

- B Please give me the names of any other persons related to the head of the household or to spouse, together with their families, who normally live and eat their meals here.

WRITE THE NAME AND SEX ON THE HOUSEHOLD ROSTER CARD

- C Please give me the names of any other persons not related to the head of household or to spouse but who normally live and eat their meals here. For instance, servants or other persons who are not relatives.

WRITE THE NAME AND SEX ON THE HOUSEHOLD ROSTER CARD

- D Are there any other persons not now present but who normally live and eat their meals here? For example, any person studying somewhere else, who is on vacation, who is visiting other people or who is seeking medical treatment?

WRITE THE NAME AND SEX ON THE HOUSEHOLD ROSTER CARD

SECTION 1: HOUSEHOLD ROSTER

I D E N T I F I C A T I O N C O D E	1 What is ...[NAME]'S relationship to you, the household head? HEAD.....1 WIFE OR HUSBAND.....2 SON/DAUGHTER.....3 GRANDCHILD.....4 FATHER OR MOTHER.....5 SISTER OR BROTHER.....6 NIECE OR NEPHEW.....7 SON/DAUGHTER-IN-LAW.....8 BROTHER/SISTER-IN-LAW..9 FATHER/MOTHER-IN-LAW..10 OTHER RELATIVE OF HEAD OR OF HIS/HER SPOUSE..11 SERVANT/MAKUBALIANO...12 SERVANT/MKATABA.....13 TENANT/BOARDER.....14 OTHER UNRELATED PERSON.....15	2 How old is ...[NAME].? YEARS IF 5 YEARS OR OVER. YEARS AND MONTHS IF <5 YEARS.		3 What is the present marital status of ...[NAME]...? Is he (or she) currently... READ TO RESPONDENT: married.....1 partner.....2 divorced....3 (>6) separated...4 (>6) widow/ widower...5 (>6) never married...6 (>6)	4 Does the partner(s) of ...[NAME].. live in this household?  YES..1 NO...2 (>6)	5 COPY THE IDENTIFICATION CODE(S) OF THE PARTNER(S) LIVING IN THIS HOUSEHOLD  ID CODE 1st 2nd 3rd 4th				6 For how many months during the past 12 months has he or she been away from from this household  (since MONTH/YEAR)  MONTHS  IF 9 MONTHS OR LESS, (>8)	7 Do you expect that ...[NAME] will be residing here in 6 months from now?  YES.....1 NO.....2	8 CURRENT HOUSEHOLD MEMBER?  CHECK THE CRITERIA	9 IS THIS A PREVIOUS HOUSEHOLD MEMBER?  CHECK HOUSEHOLD TRACKING FORM  YES.....1 NO.....2 (>NEXT PERSON)	10 RECORD TWO DIGIT INDIVIDUAL ID CODE FROM HOUSEHOLD TRACKING FORM
		YRS	MOS			1st	2nd	3rd	4th					
01														
02														
03														
04														
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08														
09														
10														
11														
12														

QUESTION 8 INSTRUCTIONS FOR CODING HOUSEHOLD MEMBERSHIP:

- . HEAD IS ALWAYS A MEMBER
- . FOLLOWING ARE NOT MEMBERS:
  - SERVANT/MKATABA (CODE 13, QUESTION 1)
  - TENANT/BOARDER (CODE 14, QUESTION 1)
  - IF ANSWER TO QUESTION 7 IS NO (CODE 2)
- . EVERYONE ELSE IS A MEMBER

COMPLETE QUESTIONS 1, 4 AND 6  
HOUSEHOLD ROSTER CARD

**NETWORK CARD**

FILL-IN THE NETWORK CARD.

ENTER EVERY LIVING PERSON ON THE HOUSEHOLD TRACKING FORM WHO IS NOT IDENTIFIED AS A HOUSEHOLD MEMBER ON THE HOUSEHOLD ROSTER CARD

ALL LIVING PERSONS ON THE HOUSEHOLD TRACKING FORM MUST BE LISTED ON THE NETWORK CARD OR BE A HOUSEHOLD MEMBER ON THE HOUSEHOLD ROSTER CARD.

CROSS-CHECK THE NETWORK ROSTER, HOUSEHOLD ROSTER AND HOUSEHOLD TRACKING FORM WITH EACH OTHER AND VERIFY WITH AN INFORMED RESPONDENT.

SECTION 2 : PREVIOUS CHILDREN LIVING ELSEWHERE

IS THERE AT LEAST ONE PERSON LISTED ON THE PREVIOUS CHILDREN LIVING ELSEWHERE ROSTER?

YES.....1

NO.....2 (>NEXT SECTION)

FOR EVERY CHILD PREVIOUSLY RECORDED ON THE CLE ROSTER

COPY FROM PRE-FILLED 1991-1994 CLE ROSTER BEFORE INTERVIEW STARTS											
	1	2	3	4	5	6	7	8	9	10	11
OLD CLE CODE	NAME  ENTER "BLANK" IF ROW OF PREVIOUS CHILD LIVING ELSEWHERE IS EMPTY	SEX  MALE.....1 FEMALE....2	ESTIMATED CURRENT AGE	Does at least one parent of ...[NAME]... live in the current household?	Where does he/she currently reside? SAME HOUSEHOLD....0 (>11) SAME VILLAGE.....1 (>7) NEARBY VILLAGE....2 (>7) RAGERA.....3 TANZANIA.....4 NEIGHBOURING COUNTRY.....5 ANOTHER COUNTRY.....6 DIED.....7 (NEXT CHILD) DON'T KNOW.....8 (NEXT CHILD )  CHOOSE LOWEST APPROPRIATE	IF RESPONSE TO QUESTION 5 IS: ....3 THEN SPECIFY DISTRICT ....4 THEN SPECIFY REGION ....5 or 6 THEN SPECIFY COUNTRY	Is..[NAME].. working?  YES.....1 NO.....2(>9) DON'T KNOW..3(>9)	Does..[NAME].. work for the government, a party, or a parastatal organization?.....1 Work for a private employer?.....2 Self-employed in business?.....3 or self-employed in farming? .. ....4 Other (Specify).....5  IF MORE THAN ONE, WRITE MOST IMPORTANT	What was the highest grade he/she completed?  CODES NONE ADULTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8  GRADE	ADD THE NAME AND ID CODE TO THE NETWORK ROSTER  PUT A CROSS IN THIS COLUMN AFTER DOING THIS  >NEXT CHILD	RECORD ID FROM CURRENT HH ROSTER  >NEXT CHILD
01											
02											
03											
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11											
12											

SECTION 3: MAIN ACTIVITIES OF THE HOUSEHOLD

RESPONDENT: HEAD OF HOUSEHOLD

1. During the past 12 months, has anyone in your household owned or worked on a shamba/garden?

YES....1  
NO.....2 (>3)

2. Who is the person who knows the most about all the agricultural activities of the members of your household?

NAME: _____	ID CODE: _____
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3. During the past 12 months, has any member of your household raised or owned livestock or animals?

YES....1  
NO.....2 (>5)

4. Who is the person who knows the most about all the livestock owned by members of your household?

NAME: _____	ID CODE: _____
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5. During the past 12 months, has any member of your household owned a business involved in all or part of the following: (only non farm activity)

A. Buying and selling?(trade) YES...1  
NO....2

D. Other business? YES....1  
NO.....2

B. Manufacturing/processing? YES...1  
NO....2

E. Independent profession? YES....1  
NO.....2

C. Crafts/Artisan? YES...1  
NO....2

F. Fishing YES....1  
NO.....2

IF ALL ANSWERS ARE "NO" (>8)

	6. What different...[REFER TO BUSINESSES MENTIONED IN QUESTION 5]...were owned by members of your household during the past 12 months? MAKE A COMPLETE LIST BEFORE GOING TO 7. LIST MOST IMPORTANT FIRST	OFFICE USE	7. Who is the person who knows most about the expenses and income of ...[NAME OF BUSINESS, ENTERPRISE, ETC....?]	NAME	ID CODE
1					
2					
3					
4					
5					

8. Who knows more about your household's food expenditures?

NAME: _____	ID CODE: _____
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>NEXT SECTION

SECTION 4: INFORMATION ON FATHER

IDENTIFICATION CODE	1 Is your natural father living in this household?	2 COPY THE FATHER'S IDENTIFICATION CODE FROM HOUSEHOLD ROSTER  CHECK HOUSEHOLD TRACKING FORM  PROBE FOR NAME OF FATHER	3 WAS NATURAL FATHER A PREVIOUS HH MEMBER?  READ NAMES OF PREVIOUS HOUSEHOLD MEMBERS FROM HOUSEHOLD TRACKING FORM AND CHECK WHETHER THE FATHER WAS A PREVIOUS HOUSEHOLD MEMBER	4 WRITE FATHER'S OLD TWO DIGIT ID CODE FROM THE HOUSEHOLD TRACKING FORM	5 Is your natural father still alive?	6 In what year did your father die?  4 - DIGITS YEAR	7 Where is your natural father living now?  SAME PLACE AS HOUSEHOLD..1 VILLAGE ELSEWHERE IN KAGERA.....2 TOWN ELSEWHERE IN KAGERA.3 DAR ES SALAAM.....4 OTHER URBAN AREA IN TANZANIA.....5 OTHER RURAL AREA IN TANZANIA.....6 OTHER COUNTRY.....7 DON'T KNOW.....8	8 Did your father attend school?  YES.....1 NO.....2 (>10)	9 What was the highest grade he completed?  CODES NONE ADULTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8  GRADE
01									
02									
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11									
12									

SECTION 4 : INFORMATION ON MOTHER (END)

I D E N T I F I C A T I O N  C O D E	10	11	12	13	14	15	16	17	18	19	20	21	
	Is your natural mother living in this household?	COPY THE MOTHER'S IDENTIFICATION CODE FROM HOUSEHOLD ROSTER	WAS NATURAL MOTHER A PREVIOUS HH MEMBER?  READ NAMES OF PREVIOUS HOUSEHOLD MEMBERS FROM HOUSEHOLD TRACKING FORM AND CHECK WHETHER THE MOTHER WAS A PREVIOUS HOUSEHOLD MEMBER	WRITE MOTHER'S OLD 2 DIGIT ID CODE FROM HOUSEHOLD TRACKING FORM	Is your natural mother still alive?	In what year did your mother die?  >17	Where is your mother living now? SAME PLACE AS HOUSEHOLD..1 VILLAGE ELSEWHERE IN KAGERA.....2 TOWN ELSEWHERE IN KAGERA.3 DAR ES SALAAM.....4 OTHER URBAN AREA IN TANZANIA.....5 OTHER RURAL AREA IN TANZANIA.....6 OTHER COUNTRY.....7 DON'T KNOW.....8	Did mother attend school?	What was the highest grade she completed?  CODES NONE ADLTED KORANIC  P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8	IS THIS PERSON LESS THAN 15 YEARS OLD?  YES..1  NO...2 (> NEXT MEMBER)	ARE BOTH OF [NAME]'S PARENTS ABSENT?  SEE QUESTIONS 1 AND 10  YES...1  NO...2 (> NEXT MEMBER)	How long have you been living with this household?  YEARS   MTHS	
	YES...1 NO....2 (>12)	>NEXT SECTION	YES...1 NO....2 (>14)		YES...1 (>16) NO....2	4 - DIGITS YEAR		YES.....1 NO.....2 (>19)	GRADE				
01													
02													
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10													
11													
12													

SECTION 5: EDUCATION

I D E N T I F I C A T I O N  C O D E	1	2	3	4	5	6	7	8	9							10	11	12	13
	IS RESPONDENT 6 YEARS OR OLDER?	Can ...[NAME]. Read a newspaper?	Write a letter?	Has...[NAME]. ever attended or is he/she attending school?	At what age did ...[NAME]... start school?	What was the highest grade he/she completed?	Is ...[NAME]... attending school now?	What is the name of the school in which ...[NAME]... is attending now?	RECORD THE NUMBER OF HOURS ATTENDED EACH DAY							Are these the number of hours that he/she usually spends at school during a week?	Why did ...[NAME]... not attend school for the normal hours in the past 7 days?	Has...[NAME]... attended school during the past 12 months?	Was the current/last school attended by [NAME]...
	YES.....1 NO.....2 (->NEXT SECTION)	YES.....1 NO.....2	YES.....1 NO.....2	YES...1 NO....2 (->SECTION 6)	AGE	CODES NONE ADULTED KORANIC P1 P2 P3 P4 P5 P6 P7 P8 S1 S2 S3 S4 A1 A2 U1 U2 U3 U4 U5 U6 U7 U8	YES...1 NO....2 (->12)	NAME OF SCHOOL	MON	TUE	WED	THU	FRI	SAT	SUN	YES...1 (->13) NO.....2	OWN ILLNESS.....1 TO CARE FOR ILL FAMILY MEMBER....2 TO WORK AT HOME....3 TO WORK OUTSIDE HOME .....4 PUBLIC OR RELIGIOUS HOLIDAY .....5 VACATION.....6 FUNERAL/MOURNING...7 SCHOOL CLOSED.....8 CLASS CANCELLED....9 OTHER (SPECIFY _____).10  [ >13 ]	YES...1 NO....2 (->SECTION 6)	Public?.....1 Private secular?.....2 Private religious?...3
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02																			
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09																			
10																			
11																			
12																			

SECTION 5: EDUCATION (CONT)

I D E N T I F I C A T I O N C O D E	14 How far is [NAME'S] school from here?		15 Does ...[NAME]... live in this household while attending school?		16 How much has your household spent during the past 12 months on...[NAME'S]...education for... IF NOTHING WAS SPENT, WRITE ZERO. DO NOT INCLUDE CONTRIBUTIONS MADE BY OTHERS. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE TOTAL IN COLUMN H						17 Did... [NAME]... have a sponsorship during the past 12 Months, from any organisation including in-kind support in schooling such as school uniform, books, supplies or free food at school?		18 From what institution was this sponsorship obtained?		19 Why was ...[NAME]... given this sponsorship?		20 What was the value of the sponsorship for the past 12 months?	
	DISTANCE	DISTANCE CODE	YES...1 NO...2	A. School fees?	B. Uniforms and sports clothes?	C. Books and school supplies?	D. Transportation to school?	E. Board and lodging?	F. Contributions to school (building materials, other materials, or side payments)?	G. Other? Clubs, extra classes, pocket money, etc.)	H. TOTAL	DO NOT INCLUDE CONTRIBUTIONS FROM PRIVATE PERSONS  YES...1 NO...2(>21)	COOPERATIVE UNION.....1 SCHOOL.....2 COMMUNITY FUNDS.....3 CHURCH/RELIGIOUS GROUP.....4 GOVERNMENT.....5 OTHER PRIVATE ORGANIZATION (SPECIFY:____).....6 OTHER (SPECIFY:____).....7  IF MORE THAN ONE, CITE ONE WHO CONTRIBUTED THE MOST  CODE		FAMILY UNABLE TO PAY FEES.....1 MERIT/COMPETITION.....2 OTHER.(SPECIFY)....3  INCLUDE VALUE OF CASH AND IN-KIND SPONSORSHIP  TSHS			
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SECTION 5: EDUCATION (END)

I D E N T I F I C A T I O N C O D E	21	22	23							
	Has any other person, who is not a member of your household paid any other school expenses for ..[NAME]...?  YES...1 NO...2 (>NEXT SECTION)	How is this other person related to...[NAME]...?  IF MORE THAN ONE BENEFACTOR, CITE THE ONE WHO CONTRIBUTED THE MOST.  PARENT.....1 SIBLING.....2 GRANDPARENT.....3 AUNT/UNCLE.....4 OTHER RELATIVE.....5 UNRELATED PERSON.....6	How much did these other persons contribute in the past 12 months for ..[NAME'S]... IF NOTHING WAS SPENT, WRITE ZERO.  IF RESPONDENT CAN ONLY GIVE A TOTAL, WRITE TOTAL IN COLUMN H.							
			A.	B.	C.	D.	E.	F.	G.	H.
			School fees?	Uniforms and sport clothes?	Books and school supplies?	Transportation to school?	Board and lodging?	Contributions to school (building materials, other materials, or side payments)?	Other schooling expenses? Clubs, extra classes, pocket money, etc.)	TOTAL
			AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
01										
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04										
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