



CONFIDENTIAL

FORMATTING DATE:

LANGUAGE

ENGLISH

2022 TANZANIA DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE

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

IDENTIFICATION				
REGION				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
DISTRICT				
WARD				
LOCATION URBAN : 1 RURAL : 2				
NAME OF HOUSEHOLD HEAD				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
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				<div style="display: flex; justify-content: space-between;"> <div>DAY</div></div>

MONTH

YEAR

INT. NO.

RESULT*

<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>		<p>TOTAL PERSONS IN HOUSEHOLD <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>TOTAL ELIGIBLE WOMEN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>TOTAL ELIGIBLE MEN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">LANGUAGE OF QUESTIONNAIRE**</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 25%;">LANGUAGE OF INTERVIEW**</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 20%;">NATIVE LANGUAGE OF RESPONDENT**</td> <td style="width: 10%; text-align: center;"><input style="width: 20px;" type="text"/></td> <td style="width: 10%; text-align: center;"><input style="width: 20px;" type="text"/></td> <td style="width: 20%;">TRANSLATOR USED (YES = 1, NO = 2)</td> <td style="width: 10%; text-align: center;"><input style="width: 20px;" type="text"/></td> </tr> </table>				LANGUAGE OF QUESTIONNAIRE**	0	1	LANGUAGE OF INTERVIEW**	0	1	NATIVE LANGUAGE OF RESPONDENT**	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	TRANSLATOR USED (YES = 1, NO = 2)	<input style="width: 20px;" type="text"/>
LANGUAGE OF QUESTIONNAIRE**	0	1	LANGUAGE OF INTERVIEW**	0	1	NATIVE LANGUAGE OF RESPONDENT**	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	TRANSLATOR USED (YES = 1, NO = 2)	<input style="width: 20px;" type="text"/>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">LANGUAGE OF QUESTIONNAIRE**</td> <td style="width: 20%;">ENGLISH</td> <td style="width: 20%;"> **LANGUAGE CODES: 01 ENGLISH 02 KISWAHILI </td> <td style="width: 20%;"> 03 Kikongo 04 LANGUAGE 4 </td> <td style="width: 20%;"> 05 LANGUAGE 5 06 LANGUAGE 6 </td> </tr> </table>				LANGUAGE OF QUESTIONNAIRE**	ENGLISH	**LANGUAGE CODES: 01 ENGLISH 02 KISWAHILI	03 Kikongo 04 LANGUAGE 4	05 LANGUAGE 5 06 LANGUAGE 6						
LANGUAGE OF QUESTIONNAIRE**	ENGLISH	**LANGUAGE CODES: 01 ENGLISH 02 KISWAHILI	03 Kikongo 04 LANGUAGE 4	05 LANGUAGE 5 06 LANGUAGE 6										
<p style="text-align: center;">TEAM</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center;">NUMBER</p>	<p style="text-align: center;">TEAM SUPERVISOR</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> NAME NUMBER </div>		<p style="text-align: center;">CAPI SUPERVISOR</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> NAME NUMBER </div>											

THIS PAGE IS INTENTIONALLY BLANK

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?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

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



100	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"><div>HOURS</div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-between;"><div>MINUTES</div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div>
-----	------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER- MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-[49]</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

7A) 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 ☐

7B) 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 ☐

7C) 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 HOUSEHOLD

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

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER		
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		
	12	13	14	15	16	17	17A
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? 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) complete the class successfully and pass?
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2

CODES FOR Qs. 17 AND 19: EDUCATION

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

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

HOUSEHOLD SCHEDULE

IF AGE 4-24 YEARS			IF AGE 0-4 YEARS	IF AGE 0-14 YEARS OR MORE THAN 49 YEARS	
CURRENT/RECENT SCHOOL ATTENDANCE			BIRTH REGISTRATION	HEALTH INSURANCE	
18	19		20	20A	20B
Did (NAME) attend school or any early childhood education program at any time during the 2022 school year?	During this school year, what level and grade is (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?
Y N 1 2 ↓ GO TO 20	LEVEL	GRADE		Y N DK 1 2 8 ↓ GO TO 21	
1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/>
1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/>

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

HOUSEHOLD SCHEDULE

		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?	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? 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
10	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

HOUSEHOLD SCHEDULE

	IF AGE 5 OR OLDER				
LINE NO.	DISABILITY				
	27	28	29	30	30A
	<p>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?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>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?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>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?</p> <p>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</p>	<p>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?</p> <p>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</p>	<p>Does (NAME) have any other type of disability(ies) among the following ?</p> <p>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</p>
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 G H I
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 G H I
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 G H I
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 G H I
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 G H I
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 G H I
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 G H I
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 G H I
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 G H I
10	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 G H I

HOUSEHOLD CHARACTERISTICS

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 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 300px;"> → 103 → 102 → 103 </div>
101A	Which authority or agency provide drinking water services?	GOVERNMENT 1 CBO/NGOs 2 PRIVATE COMPAN' 3 DON'T KNOW 4	<div style="position: relative; height: 50px;"> → 106 </div>
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 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 250px;"> → 106 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 50px;"> → 106 </div>
104	How long does it take to go there, get water, and come back?	MINUTES <div style="display: inline-block; width: 40px; height: 30px; border: 1px solid black; margin-left: 10px;"></div> <div style="display: inline-block; width: 40px; height: 30px; border: 1px solid black; margin-left: 10px;"></div> <div style="display: inline-block; width: 40px; height: 30px; border: 1px solid black; margin-left: 10px;"></div> DON'T KNOW 998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
104A	How far 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 <table><tr><td></td><td></td></tr></table>			
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 DISINFECTION 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 <table><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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, <input type="checkbox"/> 22, 23, OR 31 CIRCLED ↓ OTHER <input type="checkbox"/>		→ 117
114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 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	
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)	<input type="checkbox"/> → 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	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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)	<div>→ 123</div>
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
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)	<div>→ 125</div> <div>→ 125</div> <div>→ 126</div> <div>→ 125</div>
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 CROP 13 ANIMAL DUNG/WASTE 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 15 GARBAGE/PLASTIC 16 SAWDUST 17 OTHER 96 (SPECIFY)	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 CROP 11 ANIMAL DUNG/WASTE 12 OIL LAMP 13 CANDLE 14 NO LIGHTING IN HOUSEHOLD 95 OTHER 96 <div align="center">(SPECIFY)</div>	
127	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
127A	How many sleeping equipment like carpets, mattresses, mats, are used in this household?	NUMBER OF EQUIPMENT <input type="text"/> <input type="text"/>	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 130
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? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pig?	 a) COWS/BULLS <input type="text"/> <input type="text"/> b) OTHER CATTLE <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) CHICKENS/POULTRY <input type="text"/> <input type="text"/> g) PIG <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE ACRES 950 DON'T KNOW 998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
132	Does your household have:	YES	NO	
	a) Electricity?	a) ELECTRICITY 1	2	
	b) A radio in working condition?	b) RADIO 1	2	
	c) A television in working condition?	c) TELEVISION 1	2	
	d) A non-mobile telephone in working condition?	d) NON-MOBILE TELEPHONE .. 1	2	
	e) A computer in working condition?	e) COMPUTER 1	2	
	f) A refrigerator in working condition?	f) REFRIGERATOR 1	2	
	g) Battery or generators in working condition?	g) BATTERY OR GENERATOR .. 1	2	
	h) An iron (charcoal or electrical) in working condition?	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 in working condition	n) WATER PUMP 1	2	
	o) Sewing machine in working condition?	o) SEWING MACHINE 1	2	
	p) Blender in working condition?	p) BLENDER 1	2	
	q) CD/DVD player in working condition	q) CD/DVD PLAYER 1	2	
	r) Washing machine in working condition	r) WASHING MACHINE 1	2	
	s) Microwave oven in working condition	s) MICROWAVE OVEN 1	2	
	t) Air conditioner in working condition	t) AIR CONDITIONER 1	2	
133	Does any member of this household own:	YES	NO	
	a) A watch in working condition?	a) WATCH 1	2	
	b) A mobile phone in working condition?	b) MOBILE PHONE 1	2	
	c) A bicycle in working condition?	c) BICYCLE 1	2	
	d) A motorcycle or motor scooter in working condition?	d) MOTORCYCLE/SCOOTER .. 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1	2	
	f) A car or truck in working condition?	f) CAR/TRUCK 1	2	
	g) A boat with a motor in working condition?	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 <input type="text"/>		

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 <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> 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 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SCHOOL DISTRIBUTION 4 NO 5	→ 145
144	Where did you get the net?	GOVERNMENT HEALTH FACILITY 01 PRIVATE/PARASTATAL HEALTH FACILITY 02 CHW 03 RELIGIOUS HEALTH FACILITIES 04 SCHOOL 05 PHARMACY 06 SHOP/MARKET 07 OTHER 96 DON'T KNOW 98	→ 145 → 145
144A	Did you pay any money for this net?	YES 1 NO 2 NOT SURE 8	→ 145
144B	How much did you pay for this net in Tsh?	5,000 -9999 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.		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

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 <div align="center">(SPECIFY)</div>									
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 or is benefitting from TASAF?	YES 1 NO 2	→ 155A								
154C	What type of program this household received?	CASH TRANSFER A PUBLIC WORK B OTHER _____ X <div align="center">(SPECIFY)</div>									
155A	CHECK COVER PAGE HOUSEHOLD SELECTED FOR MICRONUTRIENTS NO <input type="checkbox"/> ↓	YES <input type="checkbox"/>	→ 221								
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 <div align="center">(SPECIFY REASON)</div>									
221	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
