



CONFIDENTIAL

United Republic of Tanzania
National Bureau of Statistics

NATIONAL PANEL SURVEY (NPS 2020/2021)

This information is collected under the Statistics Act, [Cap 351 R.E 2019]

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE

SECTION A-1: HOUSEHOLD IDENTIFICATION

	CODE	
1. REGION:	<input type="text"/>
2. DISTRICT	<input type="text"/>
3. WARD	<input type="text"/>
3_1. VILLAGE	<input type="text"/>
4. ENUMERATION AREA	<input type="text"/>
5. KITONGOJI OR MTAA NAME	
6. HOUSEHOLD ID (FROM LIST) :	<input type="text"/>	
7. NAME OF HOUSEHOLD HEAD:	
7_1. WAS THE ORIGINAL HOUSEHOLD PART OF NPS YEAR 4?	YES.....1 NO.....2 ▶13	<input type="text"/>
8. NAME OF HOUSEHOLD HEAD FROM NPS YEAR 4:	
9. FULL HOUSEHOLD IDENTIFICATION FROM NPS YEAR 4:		<input type="text"/> - <input type="text"/>
10. IS THIS HOUSEHOLD:	ORIGINAL HOUSEHOLD.....1 SPLIT-OFF HOUSEHOLD.....2	<input type="text"/>
11. LOCATION OF HOUSEHOLD:	IN SAME DWELLING...1 ▶13 LOCAL TRACKING.....2 DISTANCE TRACKING..3	<input type="text"/>
12. NAME AND ROSTER ID OF TRACKING TARGET FROM NPS YEAR 4:		<input type="text"/>
13. LOWEST ROSTER ID NUMBER FROM SECTION B, Q6:		<input type="text"/>

14. DESCRIPTION OF LOCATION OF HOUSEHOLD - INCLUDE ANY IDENTIFYING CHARACTERISTICS OF DWELLING, NAME OF NEIGHBOURING HOUSEHOLDS & KEY PERMANENT CONTACTS, PHONE NUMBER (IF ANY). SKETCH MAP OF DWELLING LOCATION IN SPACE AT PAGE BOTTOM.

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SECTION A-2: SURVEY STAFF DETAILS

17. TIME INTERVIEW START

:

18. DATE OF INTERVIEW:

/	/	/
<small>DD</small>	<small>MM</small>	<small>YYYY</small>

(ENUMERATOR ►NEXT PAGE)

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

NPSY4 HOUSEHOLDS:

In 2014/2015, the National Bureau of Statistics in Tanzania selected over one hundred households in each region of the country to ask them questions about how they were living. The responses which were provided by the households to these questions were used to help the government of Tanzania do a better job in meeting the needs of all Tanzanians. In 2014/2015 and possibly in 2018/2019, we revisited your household to follow up on the status of things. Now in 2020/2021, we are once again returning to these same households to see how things are progressing.

SPLIT-OFF HOUSEHOLDS:

At the time of that survey, one of your household members was living in a selected household, and we would like to see how things are progressing and how they, and the rest of their new household, are living now.

NEW HOUSEHOLDS:

The National Bureau of Statistics in Tanzania selected households in each region of the country to ask them questions about how they were living. The responses which were provided by the households to these questions were used to help the government of Tanzania do a better job in meeting the needs of all Tanzanians. Your household was selected as one of those to which the questions will be asked at this time. You were not selected for any specific reason. Your name simply appeared on a list of all of the households in this area, and your name was chosen randomly.

ALL HOUSEHOLDS:

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

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

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SECTION B: HOUSEHOLD MEMBER ROSTER

IN ORDER TO MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USE THE FOLLOWING PROBE QUESTIONS: FIRST, ASK NAMES OF ALL THE MEMBERS OF YOUR IMMEDIATE (NUCLEAR) FAMILY WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD FILL IN QUESTIONS 1 TO 6 THEN, ASK NAMES OF ANY OTHER PERSONS RELATED TO YOU OR OTHER HOUSEHOLD MEMBERS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. FILL IN QUESTIONS 1 TO 6 ALSO ASK OTHER PERSONS NOT HERE NOW WHO NORMALLY LIVE AND EAT THEIR MEALS HERE? FOR EXAMPLE, HOUSEHOLD MEMBERS STUDYING ELSEWHERE OR TRAVELING. FILL IN QUESTIONS 1 TO 6. THEN, ASK NAMES OF ANY OTHER PERSONS NOT RELATED TO YOU OR OTHER HOUSEHOLD MEMBERS, BUT WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE, SUCH AS LIVE-IN SERVANTS. FILL IN QUESTIONS 1 TO 6 IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES. Q.9 EXCEPTIONS INFANTS LESS THAN 3 MONTHS NEW HOUSEHOLD MEMBERS BOARDING SCHOOL STUDENTS	INDIVIDUAL	1.	2.	3.	4.	5.	6.	7.	8.	9.	INDIVIDUAL
		NAME LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED	Sex M..1 F..2	In what month and year was [NAME] born? PUT "99" IF DON'T KNOW YEAR MONTH	How old is [NAME]? IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE. CHECK THAT AGE IN QUESTION 4 AND YEAR OF BIRTH IN QUESTION 3 ARE CONSISTENT. YEARS	What is [NAME]'s relationship to the head of household? HEAD.....1 SPOUSE.....2 SON/DAUGHTER...3 STEP SON / DAUGHTER....4 SISTER/BROTHER.5 GRANDCHILD.....6 FATHER/MOTHER..7 OTHER RELATIVE (SPECIFY).....8 LIVE-IN SERVANT.....9 OTHER NON-RELATIVES (SPECIFY)...10	IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y4 ROSTER ID NUMBER FROM TRACKING FORM ELSE, ENTER 99 NPS Y3 ROSTER ID	Did [NAME] eat meals in this household in the last 7 days? YES...1 NO...2	For how many days in the last month was [NAME] present? DAYS	For the last 12 months has [NAME] stayed in this household for 3 months or more? YES...1 NO...2	
1											1
2											2
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12											12

I N D I V I D U A L I D	10.	11.	12.	12b	13.	14.	15.	15b	16.	17.	18.	19.	20.
	For how many cumulative months during the last 12 months has [NAME] been away from this household? MONTHS	What was [NAME]'s main occupation for the past 12 months? AGRICULTURE / LIVESTOCK.....1 FISHING.....2 MINING.....3 TOURISM.....4 EMPLOYED: GOVERNMENT.....5 PARASTATAL.....6 PRIVATE SECTOR.....7 NGO/RELIGIOUS.....8 EMPLOYED (NOT AGRICULTURE): WITH EMPLOYEES.....9 WITHOUT EMPLOYEES..10 UNPAID FAMILY WORK.....11 PAID FAMILY WORK...12 JOB SEEKERS.....13 STUDENT.....14 DISABLED.....15 NO JOB.....16 TOO YOUNG17	Where is [NAME]'s biological father? IF FATHER IS MEMBER OF HH, COPY ID. (▶15) LIVING OUTSIDE OF HH.....97 (▶14) DEAD.....98 DOES NOT KNOW.....99 (▶14)	Father's Roster ID	What was [NAME]'s age when [NAME]'s father died? AGE OF CHILD YEARS	How many years of school did/does [NAME]'s father have? NO SCHOOL.....1 SOME PRIMARY..2 COMPLETED PRIMARY.....3 SOME SECONDARY...4 COMPLETED SECONDARY...5 MORE THAN SECONDARY...6 DON'T KNOW ...7	Where is [NAME]'s biological mother? IF MOTHER IS MEMBER OF HH, COPY ID. (▶18) LIVING OUTSIDE OF HH....97 (▶17) DEAD.....98 DOES NOT KNOW.....99 (▶17)	Mother's Roster ID	What was [NAME]'s age when [NAME]'s mother died? AGE OF CHILD YEARS	How many years of school did/does [NAME]'s mother have? NO SCHOOL.....1 SOME PRIMARY..2 COMPLETED PRIMARY.....3 SOME SECONDARY...4 COMPLETED SECONDARY...5 MORE THAN SECONDARY...6 DON'T KNOW....7	IS [NAME] AGED 12 YEARS OR ABOVE? YES...1 NO...2 (▶NEXT)	What is [NAME]'s marital status? MONOGAMOUS MARRIED...1 POLYGAMOUS MARRIED...2 LIVING TOGETHER...3 (▶22) SEPARATED...4 (▶26) DIVORCED...5 (▶26) NEVER MARRIED...6 (▶26) WIDOW(ER)...7 (▶26)	What is [NAME]'s previous marital status before this current marriage? NEVER MARRIED...1 PREVIOUSLY DIVORCED..2 PREVIOUSLY WIDOWED...3 MULTIPLE PREVIOUS MARRIAGES.4
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SECTION C: EDUCATION

RESPONDENTS: 5 YEARS AND ABOVE

I N D I V I D U A L I D	1. IS [NAME] 5 YEARS OR ABOVE?	1_1 Is respondent answering for himself/ herself?	1_2 Who is reporting the information for [NAME]?	2. Can [NAME] read and write?	3. Did [NAME] ever go to school?	3_1 What was the major reason [NAME] never attended school? TOO YOUNG.....1 TOO FARAWAY.....2 TOO EXPENSIVE.....3 WORKING (AT HOME OR AT A JOB)...4 LACK OF MONEY.....5 DEATH OF PARENT(S).....6 SEPARATION OF PARENTS.....7 DOES NOT HAVE INTEREST.....8 PARENTS DO NOT THINK IT'S IMPORTANT.....9 ILLNESS.....10 DISABILITY.....11 OTHER (SPECIFY).....12	4. At what age did [NAME] start school?	5. Is [NAME] currently in school?	5a What was the main reason for [NAME] currently not attending school? FINANCIAL CONSTRAINTS...1 SCHOOL TOO FAR AWAY...2 ILLNESS/ SICKNESS...3 PREGNANCY RELATED...4 SATISFIED...5 REFUSAL...6 EXPULSION...7 TO WORK/ LOOKING FOR WORK...8 CARING FOR THE SICK/ CHILDREN...9 MARRIAGE...10 OTHER (SPECIFY)...11	6. Was [NAME] in school last year?	7. What is the highest grade completed by [NAME]? PP.....1 ADULT.....11 PRIMARY SECONDARY D1.....12 F1.....21 D2.....13 F2.....22 D3.....14 F3.....23 D4.....15 F4.....24 D5.....16 'O'+COURSE..25 D6.....17 F5.....31 D7.....18 F6.....32 D8.....19 'A'+COURSE.33 OSC.....20 DIPLOMA....34 MS+COURSE.2 UNIVERSITY & EQUIVALENT U1.....41 U2.....42 U3.....43 U4.....44 U5+.....45
	YES..1 NO...2 (▶NEXT)	YES..1 NO...2 (▶NEXT)			YES..1 NO...2 (▶29)		AGE	YES..1 (▶9) NO...2		YES..1 (▶10) NO...2	

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I N D I V I D U A L I D	17. Has [NAME] missed school in the last two schooling weeks?	18. Why was [NAME] absent from school? PUBLIC HOLIDAY...1 SCHOOL CLOSED NOT IN BREAK...2 SCHOOL CLOSED IN BREAK...3 ABSENCE TEACHER...4 ILLNESS CHILD...5 ILLNESS HH MEMBER...6 FUNERAL...7 DISCIPLINARY ACTION...8 CANNOT MEET COSTS...9 CHILD REFUSED...10 CHILD HAD TO WORK...11 OTHER, SPECIFY...12	19. What is the status of the textbooks [NAME] uses for school? NO TEXTBOOKS USED...1 ALL BORROWED FROM SCHOOL BUT CAN'T TAKE HOME...2 ALL BORROWED FROM SCHOOL, SOME/ALL CAN TAKE HOME...3 SOME OWNED BY HOUSEHOLD...4 OTHER, SPECIFY...5	20. In the last week, approximately how many hours did [NAME] spend on homework or studying? IF NONE, WRITE '0'	21. Has [NAME] had any problems at school? SELECT UP TO 2 NO PROBLEMS (SATISFIED)...1 INADEQUATE BOOKS/TOOLS...2 POOR TEACHING...3 INADEQUATE TEACHERS...4 POOR ATTENDANCE OF TEACHERS...5 OVERCROWDED CLASSROOMS...6 TOO EXPENSIVE...7	22. Did [NAME] take the Primary School Leaving Exam [PSLE]?	23. How did [NAME] score in the exam? PASS...1 FAIL...2 DON'T KNOW...3	24. Did [NAME] take the Form 4 or Form 6 exam? YES, FORM 4...1 YES, FORM 6...2 NO, DID NO TAKE...3 (▶28)	25. In what year did [NAME] take the exam? IF DON'T KNOW, WRITE 9999	26. Will you show me the exam certificate? YES, IT WAS SHOWN...1 NOT SHOWN, HOUSEHOLD HAS BUT REFUSED...2 NOT FOUND...3	27. How did [NAME] score in the exam? DIVISION 1..1 DIVISION 2..2 DIVISION 3..3 DIVISION 4..4 FAIL.....5 DON'T KNOW..6
	YES...1 NO...2 (▶19)			HOURS MINUTES	1 2	YES...1 NO...2 (▶24)					

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I N D I V I D U A L I D	28.	How much was spent on [NAME]'s education in the last 12 months by members of your household:						29.	30.
	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>IF THERE WAS NO EXPENDITURE, WRITE '0'</p> </div>						Has [NAME] ever attended an adult education class? Which one? KCM MUKEJA . . 1 KCK (MUKEJA) . . 2 OTHER, NOT MUKEJA, SPECIFY . . . 3 NEVER ATTENDED . . . 4 (▶NEXT)		How many months did [NAME] attend this adult education class?
	School Fees	Books & Materials	Uniforms	Transport	Extra tuition	Other Contrib.	Cost of Meals	TOTAL CASH & IN KIND	
	TSH	TSH	TSH	TSH	TSH	TSH	TSH	TSH	NUMBER OF MONTHS

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SECTION D: HEALTH

RESPONDENTS 12 AND OLDER SHOULD RESPOND FOR THEMSELVES

INDIVIDUAL	1. IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	2. Has [NAME] visited a health care provider in the last 4 weeks?	3. What type of health provider did [NAME] visit?		4. How was the treatment financed?	5. How much did [NAME] spend when he/she visited [PROVIDER]?		6. Did [NAME] have any problems during the visit to the health provider?				
	YES..1 NO...2	YES..1 NO...2 (▶7)	<div style="border: 1px solid black; padding: 5px; text-align: center;">LIST UP TO TWO VISITS BY ORDER OF IMPORTANCE</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> GOV. PARASTATAL REFERRAL/SPEC. HOSP...1 REGIONAL HOSPITAL ...2 DISTRICT HOSPITAL ...3 HEALTH CENTER4 DISPENSARY5 VILLAGE HEALTH POST (WORKER)6 CBD WORKER7 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP...8 DISTRICT HOSPITAL ...9 HEALTH CENTER10 DISPENSARY11 </td> <td style="width: 50%; vertical-align: top;"> PRIVATE SPECIALISED HOSP...12 HEALTH CENTER13 DISPENSARY14 OTHER PHARMACY15 NGO.....16 OTHER, SPECIFY.....17 </td> </tr> </table>		GOV. PARASTATAL REFERRAL/SPEC. HOSP...1 REGIONAL HOSPITAL ...2 DISTRICT HOSPITAL ...3 HEALTH CENTER4 DISPENSARY5 VILLAGE HEALTH POST (WORKER)6 CBD WORKER7 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP...8 DISTRICT HOSPITAL ...9 HEALTH CENTER10 DISPENSARY11	PRIVATE SPECIALISED HOSP...12 HEALTH CENTER13 DISPENSARY14 OTHER PHARMACY15 NGO.....16 OTHER, SPECIFY.....17	<div style="border: 1px solid black; padding: 5px; text-align: center;">UP TO TWO PROVIDERS</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> FREE TREATMENT.....1 HEALTH INSURANCE...2 OWN CASH.....3 HAD TO WORK FOR PROVIDER.....4 USE OF ASSET.....5 TOOK LOAN.....6 GOT ASSISTANCE.....7 DIFFERED BY PROVIDER.....8 OTHER, SPECIFY.....9 </td> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">TSH</div> </td> </tr> </table>	FREE TREATMENT.....1 HEALTH INSURANCE...2 OWN CASH.....3 HAD TO WORK FOR PROVIDER.....4 USE OF ASSET.....5 TOOK LOAN.....6 GOT ASSISTANCE.....7 DIFFERED BY PROVIDER.....8 OTHER, SPECIFY.....9	<div style="border: 1px solid black; padding: 5px; text-align: center;">TSH</div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NO PROBLEMS (SATISFIED)1 POOR BUILDING / TOOLS.....2 LONG WAITING TIME.....3 INADEQUARE TRAINED STAFF..4 TOO EXPENSIVE.....5 LACK OF MEDICINE.....6 OTHER, SPECIFY.....7 </td> <td style="width: 50%;"></td> </tr> </table>		NO PROBLEMS (SATISFIED)1 POOR BUILDING / TOOLS.....2 LONG WAITING TIME.....3 INADEQUARE TRAINED STAFF..4 TOO EXPENSIVE.....5 LACK OF MEDICINE.....6 OTHER, SPECIFY.....7
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		PROVIDER 1	PROVIDER 2	1	2	1	2	1	2			

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I N D I V I D U A L I D	7. How much in total did the household spend on [NAME] in the <u>past 4 weeks</u> for all illnesses and injuries, including for prescription medicine, tests, consultation, & in-patient fees, if any?	8. How much in total did the household spend on [NAME] in the past <u>4 weeks</u> for <u>medical care not related to an illness, including</u> preventive health care, pre-natal visits, check-ups, etc., if any?	9. How much in total did the household spend on [NAME] in the past <u>4 weeks</u> for <u>non-prescription medicines, including</u> Panadol, Fansidar, cough syrup, etc.?	10. During the last <u>12 months</u> , was [NAME] hospitalized or did [NAME] have an overnight stay(s) in a medical facility?	11. How many stays and for how many nights was [NAME] hospitalized?	12. What type of illness or injury did [NAME] have that led to his/her hospitalization? FEVER.....1 MALARIA.....2 STOMACH.....3 DIARRHEA.....4 HEADACHE.....5 HEART.....6 LUNG.....7 BROKEN BONE.....8 MATERNITY.....9 HIV/AIDS/STD.....10 TUBERCULOSIS.....11 ACCIDENT.....12 OTHER (SPECIFY)..13	13. What was the total cost of [NAME]'s hospital- ization(s) or overnight stay(s) in a medical facility? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	14. During the last <u>12 months</u> , did [NAME] stay <u>overnight(s) at a traditional healer's or faith healer's dwelling?</u>	15. What was the total cost of [NAME]'s stay(s) at the traditional healer or faith healer? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	
	INCLUDE VALUE REPORTED IN Q5			INCLUDE VALUE REPORTED IN Q5		INCLUDE VALUE REPORTED IN Q5		INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS		
	TSH	TSH	TSH	YES..1 NO...2 (▶14)	STAYS	TOTAL NIGHTS	1 2	TSH	YES..1 NO...2 (▶16)	TSH
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I N D I V I D U A L I D	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.
	IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD)	Because of a physical, mental or emotional health condition...												CHECK QUESTIONS 17, 19, 21, 23, 25, 27 IF [NAME] HAS ANY DIFFICULTY (ANSWERS 2, 3, 4, 5):	
	YES...1 (▶31) NO...2	Does [NAME] have difficulty seeing, even if he/she is wearing glasses? NO, NOT AT ALL.....1▶! NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY...3 YES, A LOT OF DIFFICULTY...4 CANNOT PERFORM.....5	How old was [NAME] when the difficulty seeing began? AGE	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid? USE CODES FROM Q17	How old was [NAME] when the difficulty hearing began? AGE	Does [NAME] have difficulty walking or climbing steps? USE CODES FROM Q17	How old was [NAME] when the difficulty walking or climbing stairs began? AGE	Does [NAME] have difficulty remembering or concentrating? USE CODES FROM Q17	How old was [NAME] when the difficulty remembering or concentrating began? AGE	Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting etc)? USE CODES FROM Q17	How old was [NAME] when the difficulty began? AGE	Using your usual [NAME] OF LANGUAGE] does [NAME] have difficulty communicating; for example understanding or being understood? USE CODES FROM Q17	How old was [NAME] when the difficulty communicating began? AGE	Does this difficulty reduce the amount of work [NAME] can do at home, at work or at school? YES, ALL THE TIME.....1 YES, SOMETIMES...2 NO.....3 NA (IF NOT WORKING OR ATTENDING SCHOOL).....4 At Home At School At Work	During the past 12 months, what measures were taken to address [NAME]'s difficulty and increase performance of activities? NONE.....1 SURGICAL OPERATION...2 MEDICATION.....3 ASSISTIVE DEVICES (GLASSES, WHEELCHAIR, BRACES, HEARING AID, ARTIFICIAL LIMB)...4 SPECIAL EDUCATION...5 SKILLS TRAINING (VOCATIONAL).....6 ACTIVITY OF DAILY LIVING (ADL) TRAINING.....7 COUNSELING.....8 SPIRITUAL / TRADITIONAL.....9 OTHER (SPECIFY).....10

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WOMEN 12-49 YEARS (Q 21-26)

I N D I V I D U A L I D	31. Did [NAME] sleep under a bednet yesterday? YES UNTREATED NET.....1 YES TREATED NET < 6 MONTHS...2 YES TREATED NET > 6 MONTHS...3 NO.....4 (▶34) DONT KNOW.....5 (▶34) YES, DONT KNOW IF TREATED NET.....6	32. How did the household obtain this bednet? FREE GIFT.....1 (▶34) PURCHASED.....2 PURCHASED W/ VOUCHER...3	33. How much did the household pay for the bednet? IF THE NET IS SHARED, ENTER THE AMOUNT FOR ONE MEMBER ONLY.	34. Does [NAME] possess their birth certificate? IF NO, PROBE: Has [NAME]'s birth ever been registered with the civil authority? HAS CERTIFICATE.1 REGISTERED...2 NEITHER3 DON'T KNOW...4	35. In the last 12 months did [NAME] access a medical exemption at a public health facility? YES.....1 NO.....2 DON'T KNOW...3	36. IS THE RESPONDENT A WOMAN AGED 12 TO 49 YEARS? HAS CERTIFICATE.1 REGISTERED...2 NEITHER3 DON'T KNOW...4	36a Is [NAME] currently Pregnant? YES.....1 NO.....2 DON'T KNOW...3	37. In the past 24 months, did [NAME] give birth to a child, even if born dead? YES..1 NO...2 (▶NEXT)	38. Did [NAME] regularly go to a health clinic when she was pregnant with her last child born in the last 24 months? YES..1 NO...2	39. Where did [NAME] deliver [NAME]'s last child born in the last 24 months? HOSPITAL/ MATERNITY...1 CLINIC.....2 AT HOME.....3 HEALTH CARE.....4 DISPENSARY..5 OTHER, SPECIFY...6	40. Who delivered this child? DOCTOR OR CLINICAL OFFICER.....1 NURSE.....2 MIDWIFE.....3 TRADITIONAL BIRTH ATTENDANT...4 FRIEND OR RELATIVE....5 SELF.....6 OTHER, SPECIFY.....7	41. Was this birth registered with the civil authorities? YES..1 NO...2
			TSH									

1												
2												
3												
4												
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7												
8												
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10												
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CHILDREN <5 YEARS (Q 27-34)

I N D I V I D U A L I D	42. IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD)	43. Has [NAME] had diarrhea in the last two weeks?	44. Now I would like to know how much [NAME] was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less? MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME....3 MORE.....4 NOTHING TO DRINK..5 DON'T KNOW.....6	45. When [NAME] had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less? MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME....3 MORE.....4 NOTHING TO EAT...5 DON'T KNOW.....6	46. Was he/she given any of the following to drink: Oral rehydration salts (ORS)?	47. A health worker- recommended homemade fluid?	48. Did [NAME] seek advice or treatment for the diarrhea?	49. Where did [NAME] seek advice or treatment? USE CODES FROM QUESTION 3
	YES..1 NO...2 (▶NEXT)	YES..1 NO...2 (▶NEXT)			YES..1 NO...2	YES..1 NO...2	YES..1 NO...2 (▶NEXT)	

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SECTION E1: LABOUR

WAGE/PAID

HOUSEHOLD BUSINESS-RUN AND HELP

AGRICULTURE

INTENDED DESTINATION

I N D I V I D U A L I D	CAPI: IS THE HOUSE- HOLD MEMBER 5 YEARS OR ABOVE?	1. IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?	2. WHO IS REPORTING THE INFORMATION FOR THE INDIVIDUAL?	3. Last week, that is from [DAY] up to [DAY] did [NAME] do any work for someone else for pay for 1 or more hours?"	4. How many hours in the last week did [NAME] work in this activity?	5. Last week, did [NAME] work in a non-farm household business that [NAME] operates, for one or more hours? READ IF NEEDED: For example: making things for sale;buying and reselling things; providing services for pay.	6. How many hours in the last week did [NAME] work in this activity?	6a. Last week, did [NAME] help in a non-farm household business that is operated by another HH member for one or more hours?	6b. How many hours in the last week did [NAME] work in this activity?	7. Last week, did [NAME] work or help on household agricultural activities, including farming, raising livestock or fishing, even if only for one hour?	8. How many hours in the last week did [NAME] work in this activity?	9. Thinking about all the products [NAME] worked on, are they intended...? ONLY FOR SALE.....1 MAINLY FOR SALE.....2 MAINLY FOR FAMILY USE...3 ONLY FOR FAMILY USE.....4
	YES...1	YES...1		YES....1		YES...1		YES...1		YES...1		
	NO...2 (▶NEXT)	(▶3) NO...2	ID CODE	NO....2 (▶5)	HOURS	NO...2 (▶5)	HOURS	NO...2 (▶7)	HOURS	NO...2 (▶11)	HOURS	

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FILTER **JOB SEARCH AND AVAILABILITY**

I N D I V I D U A L I D	18. CAPI: CHECK Q3, Q5, 6A, Q10, IS THE ANSWER TO AT LEAST ONE QUESTION A 'YES'?	19. Has [NAME] taken any steps within the past 4 weeks to look for a paid job?	20. Has [NAME] taken any steps within the past 4 weeks to start a business?	21. What steps has [NAME] taken to find a job/start a business? LIST TWO MOST RELEVANT APPLIED TO PROSPECTIVE EMPLOYERS, CHECKED AT FARMS, FACTORIES OR WORK SITE.....1 SEEKING ASSISTANCE OF FRIENDS, RELATIVES, UNIONS.....2 TOOK ACTION TO START BUSINESS (USUAL SMALL SCALE).....3 TOOK ACTION TO START AGRICULTURE..... 4 REGISTRATION AT EMPLOYMENT AGENCIES.....5 OTHER (SPECIFY).....6	22. At present does [NAME] want to work?	23. Which of the following best describes what [NAME] is mainly doing at present? PLEASE READ ALL OPTIONS STUDYING OR TRAINING.....1 ENGAGED IN HOUSEHOLD OR FAMILY RESPONSIBILITIES....2 FAMILY FARMING, LIVESTOCK OR FISHING FOR FAMILY USE..3 RETIRED OR PENSIONER.....4 WITH A LONG TERM ILLNESS, INJURY OR DISABILITY.....5 DOING VOLUNTEERING, COMMUNITY OR CHARITY WORK..6 ENGAGED IN CULTURAL OR LEISURE ACTIVITIES.....7	24. What is the main reason [NAME] did not look for a job/tried to start a business in the past 4 weeks? MOST IMPORTANT REASON STUDENT.....1 HOUSEWIFE/CHILDCARE....2 TOO OLD/RETIRED.....3 SICKNESS/ILLNESS.....4 DISABILITY.....5 WAITING FOR REPLY FROM EMPLOYER.....6 WAITING FOR RECALL BY EMPLOYER.....7 ON LEAVE.....8 WAITING FOR BUSY SEASON.....9 CONFLICT (MILITANCY/ INSURGENCY).....10 OTHER (SPECIFY).....11
	YES...1 (▶28) NO...2	YES...1 (▶21) NO...2	YES...1 (▶22) NO...2	▶ 25 PRIMARY SECONDARY	YES...1 (▶24) NO...2	▶ NEXT	

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SECTION E1: LABOUR

I N D I V I D U A L I D	32. How many people altogether work at the place where [NAME] does this work?	33. Does [NAME] receive wages, salary or other payments either in cash or in other forms from this employer for this work?	34. What is the main reason [NAME] receives no payment for this work?	35. How much was [NAME]'s last payment?	36. Does [NAME] receive any payment for this work in any other form?	37. What is the value of those payments? Over what time interval?	38. During the last 12 months, for how many months did [NAME] work in this job?	39. During these months, how many weeks per month did [NAME] usually work in this job?	40. During these weeks, how many hours per week did [NAME] usually work in this job?	41. In the last 7 days, how many hours did [NAME] work in this job?	42. Does this job have a contract?					
	TOTAL NUMBER	YES...1 (▶35) NO...2	APPRENTICESHIP OR UNPAID TRAINEESHIP...1 LABOR PAYING OFF DEBT...2 VOLUNTEER...3 OTHER (SPECIFY).....4 ▶38	IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to does [NAME] expect? What period of time did this payment cover? HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT...4 MONTH.....5 QUARTER....6 HALF YEAR...7 YEAR.....8	[APART FROM SALARY] YES...1 NO...2 (▶38)	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT...4 MONTH.....5 QUARTER....6 HALF YEAR...7 YEAR.....8	TSH UNIT	MAX AMOUNT: 12 MONTHS	MAX AMOUNT: 5 WEEKS	MAX AMOUNT: 168 HOURS	MAX AMOUNT: 168 HOURS	TSH UNIT	MONTHS	WEEKS	HOURS	HOURS

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SECTION E1: LABOUR

Wage Jobs/Apprenticeships (Secondary)

I N D I V I D U A L I D	43. What is the type of your work contract?	44. Does this job:					45. Other than the job just listed, has [NAME] had any other sort of employment or apprenticeship?	46. Is [NAME]'s main employer in this secondary work...	47. What kind of work does [NAME] usually do in this (second) job?	48. What kind of trade or business is it connected with?
	PERMANENT CONTRACT.....1 TEMPORARY CONTRACT: SPECIFIC TASK...2 FIXED TIME.....3 CASUAL.....4	offer paternity/ maternity leave	offer paid sick leave in case of illness or injury	offer paid annual leave	withhold taxes from your wages	offer health insurance	YES...1 NO...2	CENTRAL GOVT.....1 LOCAL GOVT.....2 PARASTATAL.....3 POLITICAL PARTY...4 COOPERATIVE.....5 NGO.....6 INT'L ORG.....7 RELIGIOUS ORG....8 PRIVATE SECTOR...9 OTHER (SPECIFY)..10	DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.	
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	(▶58)		[CODE: TASC0 CODE]	[CODE: ISIC SECTOR]	
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SECTION E1: LABOUR

General

I N D I V I D U A L I D	49. Does [NAME] receive wages, salary or other payments either in cash or in other forms from this employer for this work?	50. What is the main reason [NAME] receives no payment for this work?	51. How much was [NAME]'s last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to does [NAME] expect? What period of time did this payment cover?	52. Does [NAME] receive any payment for this work in any other form? [APART FROM SALARY]	53. What is the value of those payments? Over what time interval?	54. In the last 7 days, how many hours did [NAME] work in this job?	55. Does this job have a contract?	56. What is the type of your work contract?	57. Are you a member of any trade union?	58. CAPI: IS THE ANSWER TO QUESTION Q5 'YES'?	59. Were you available to work more hours in the last 7 days?
	YES...1 (▶51) NO...2	APPRENTICESHIP OR UNPAID TRAINEESHIP...1 LABOR PAYING OFF DEBT...2 OTHER (SPECIFY)...3 <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">▶54</div>	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT...4 MONTH.....5 QUARTER....6 HALF YEAR...7 YEAR.....8	YES...1 NO...2 (▶54)	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT...4 MONTH.....5 QUARTER....6 HALF YEAR...7 YEAR.....8	MAX AMOUNT: 168 HOURS		PERMANENT CONTRACT...1 TEMPORARY CONTRACT: SPECIFIC TASK.....2 FIXED TIME.....3 CASUAL.....4	YES...1 NO...2	YES...1 NO...2 (▶NEXT)	YES...1 NO...2

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SECTION E2: LABOUR (USUAL ACTIVITY)

I N D I V I D U A L I D	<p>CAPI: IS THE HOUSEHOLD MEMBER 5 YEARS OR ABOVE?</p>	<p>1. IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?</p>	<p>2. WHO IS REPORTING THE INFORMATION FOR THE INDIVIDUAL?</p>	<p>3. In the last 12 months, did [NAME] work as an employee for a wage, salary, commission or any payment in kind; including doing paid apprenticeship, domestic work or paid farm work even if for one hour?</p>	<p>4. In the last 12 months, did [NAME] run a non-farm business of any size for themselves or the household or help in any kind of non-farm business run by this household, even if for one hour?</p>	<p>5. In the last 12 months, did [NAME] work on household agricultural activities (including farming, raising livestock or fishing, whether for sale or for household food) even if just for one hour?</p>	<p>6. In the last 12 months, did [NAME] work as unpaid apprentice even if for one hour?</p>	<p>7. In what type of economic activity did [NAME] spend most of the time in the last 12 months:</p> <p style="text-align: right;">A PAID EMPLOYEE.....1</p> <p style="text-align: right;">SELF EMPLOYED (NON-AGRIC) :</p> <p style="text-align: right;">WITH EMPLOYEES.....2</p> <p style="text-align: right;">WITHOUT EMPLOYEES.....3</p> <p style="text-align: right;">UNPAID FAMILY HELPER (NON-AGRIC)4</p> <p style="text-align: right;">UNPAID FAMILY HELPER (AGRIC)5</p> <p style="text-align: right;">ON YOUR OWN FARM OR SHAMBA.....6</p> <p style="text-align: right;">UNPAID APPRENTICESHIP....7</p> <p style="text-align: right;">PAID APPRENTICESHIP.....8</p> <p style="text-align: right;">NO SECONDARY ECONOMIC ACTIVITY.....99</p>
	<p>YES...1</p> <p>NO...2</p> <p>▶NEXT</p>	<p>YES...1 (▶2)</p> <p>NO...2</p>	<p>ID CODE</p>	<p>YES...1</p> <p>NO...2</p>	<p>YES...1</p> <p>NO...2</p>	<p>YES...1</p> <p>NO...2</p>	<p>YES...1</p> <p>NO...2</p>	<p>PRIMARY</p> <p>SECONDARY</p>

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DO NOT INCLUDE GIFTS OF [ITEM] GIVEN OUT BY [NAME] BUT DO INCLUDE GIFTS OF [ITEM] RECEIVED BY [NAME]. IF CONSUMED BUT NOT PURCHASED ASK MARKET VALUE.

SECTION F: FOOD CONSUMPTION OUTSIDE THE HH

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

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CRIME

I N D I V I D U A L I D	6. IS [NAME] 12 YEARS OR OLDER?	7. In the last 12 months, has [NAME] been a victim of a crime?	8. What was the type of crime? ASK ABOUT MOST RECENT CRIME CAR THEFT.....1 MOTORBIKE THEFT.....2 BICYCLE THEFT.....3 THEFT OF PERSONAL PROPERTY (SUCH AS MOBILE, PURSE/WALLET, JEWELRY, LAPTOP)...4 LIVESTOCK THEFT.....5 CROP THEFT.....6 HOME BURGLARY.....7 ASSAULT.....8 OTHER, SPECIFY.....9	9. Did [NAME] or someone else report this crime to the police?	10. Why was this crime not reported to the police? CRIME NOT SERIOUS.....1 POLICE TOO FAR...2 POLICE CORRUPT...3 REPORTING WOULD CAUSE TROUBLE...4 NEIGHBORHOOD ISSUE, DID NOT WANT POLICE INVOLVED.....5 OTHER, SPECIFY...6
	YES..1 NO...2 (▶NEXT)	YES..1 NO...2 (▶NEXT)		YES..1 (▶NEXT) NO...2	

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FLAP OF NAMES

SECTION H: FOOD SECURITY

[ASK OF HOUSEHOLD HEAD]

1 In the past 7 days, did you worry that your household would not have enough food? YES...1 NO....2	2 In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO.								3 How many meals, including breakfast are taken per day in your household? A B Children (6-59 months) LEAVE BLANK IF NO CHILDREN	4 What did your children below 5 years old (0-4 years) have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN UNDER AGE 5, RECORD "00"	5 What did your children between 5 to 13 years old have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN 5-13 YEARS OLD, RECORD "00"
	A	B	C	D	E	F	G	H			
	Rely on less preferred foods? DAYS	Limit the variety of foods eaten? DAYS	Limit portion size at meal-times? DAYS	Reduce number of meals eaten in a day? DAYS	Restrict consumption by adults for small children to eat? DAYS	Borrow food, or rely on help from a friend or relative? DAYS	Have no food of any kind in your household? DAYS	Go a whole day and night without eating anything? DAYS			

6 Do all household members eat roughly the same diet? YES...1 (▶8) NO....2	7 Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods? NONE...0 MORE DIVERSE...1 LESS DIVERSE...2 IF NONE, RECORD "00"	8 In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household? YES...1 NO....2 (▶Q11)	9 When did you experience this incident in the last 12 months? MARK X IN EACH COLUMN FOR 2019, 2020, AND 2021												10 What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM.	11 In the last month, has there been any time when your household did not have sufficient quantities of drinking water? YES, AT LEAST ONCE.....1 NO, ALWAYS SUFFICIENT..2
			2019													
			Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec		
2020																
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec					
2021																
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec					
A Men	B Women	C Children (6-59 months)	A 1ST	B 2ND	C 3RD											

CODES FOR 4 AND 5
 TEA/DRINK WITH SUGAR.....1
 MILK/MILK TEA WITH SUGAR.....2
 SOLID FOOD ONLY.....3
 TEA/DRINK WITH SOLID FOOD.....4
 PORRIDGE WITH GROUNDNUT FLOUR.....5
 PORRIDGE WITH SOLID FOOD.....6

PORRIDGE WITH SUGAR.....7
 PORRIDGE WITH MILK.....8
 PORRIDGE WITHOUT SUGAR.....9
 BREASTMILK.....10
 NOTHING.....11
 OTHER, SPECIFY.....12

CODES FOR 10A, 10B & 10C
 INADEQUATE HOUSEHOLD STOCKS DUE TO DROUGHT/POOR RAINS.....1
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO CROP PEST DAMAGE.....2
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO SMALL LAND SIZE.....3
 INADEQUATE HOUSEHOLD FOOD STOCKS DUE TO LACK OF FARM INPUTS.....4
 FOOD IN THE MARKET WAS VERY EXPENSIVE.....5
 NOT ABLE TO REACH THE MARKET DUE TO HIGH TRANSPORTATION COSTS...6
 NO FOOD IN THE MARKET.....7
 FLOODS/WATER LOGGING/HAILSTORM.....8
 NO MONEY.....9
 OTHER, SPECIFY.....10

SECTION I: HOUSING, WATER AND SANITATION

IN ZANZIBAR, USE THE WORD "MAJI YA MFEREJI" FOR PIPED WATER.

<p>1. What is the household tenure status of main residence?</p> <p>OWNER OCCUPIED...1 EMPLOYER PROVIDED - SUBSIDIZED...2 ▶3 EMPLOYER PROVIDED - FREE...3 ▶4 RENTED...4 ▶3 FREE...5 ▶4 NOMADS...6 ▶5</p>	<p>2. Do you have any documentation of ownership of the dwelling?</p> <p style="text-align: center;">▶4</p> <p style="text-align: center;">USE CODES BELOW</p>	<p>3. How much does this household pay per month to rent this dwelling?</p> <p style="text-align: center;">INCLUDE VALUE OF IN-KIND PAYMENTS FOR RENT</p> <p style="text-align: center;">▶5</p> <p style="text-align: center;">TSH</p>	<p>4. Estimate the rent per month you could receive if you rented this dwelling?</p> <p style="text-align: center;">TSH</p>	<p>5. In the past year, how much have you paid on repairs to your dwelling?</p> <p style="text-align: center;">TSH</p>	<p>6. In the past year, how much have you paid in improvements to your home (excluding any purchases listed in previous question)?</p> <p style="text-align: center;">TSH</p>	<p>7. How many habitable rooms in each unit does this household occupy?</p> <p style="text-align: center;">DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE</p> <p style="text-align: center;">MAIN DWELLING</p>	<p>8. The walls of the main dwelling are predominantly made of what materials?</p> <p>POLES (INCLUDING BAMBOO), BRANCHES, GRASS...1 POLES AND MUD/MUD AND STONES...2 MUD ONLY...3 MUD BRICKS...4 BAKED/BURNT BRICKS...5 CONCRETE SLAB, SAND/CEMENT BLOCKS, STONES...6 OTHER, SPECIFY...7</p> <p style="text-align: center;">OTHER DWELLING(S)</p>	<p>9. The roof of the main dwelling is predominantly made of what materials?</p> <p>GRASS, LEAVES, BAMBOO, THATCH...1 MUD AND GRASS...2 CONCRETE SLAB (FLAT ROOF)...3 IRON SHEETS (GCI)...4 ASBESTOS SHEETS...5 TILES...6 OTHER, SPECIFY...7</p>	<p>CODES FOR Q2</p> <p>OFFER OF THE RIGHT OF OCCUPANCY...1 TITLE DEED FOR LAND...2 LETTER OR ALLOCATION FROM VILLAGE GOV'T...3 SETTLEMENT/RESIDENTIAL PERMIT...4 TRADITIONAL RIGHT OF OCCUPANCY...5 LAND SALE AGREEMENT...6 INHERITANCE LETTER...7 OTHER TITLE (SPECIFY)...8 NO DOCUMENTATION AT ALL...10 RESIDENTIAL LICENCES...11 CERTIFICATE OF CUSTOMARY RIGHT OF OCCUPANCY (CCRO)...12</p>
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<p>10. The floor of the main dwelling is predominantly made of what materials?</p> <p>EARTH...1 CONCRETE SLAB...2 SAND/CEMENT...3 TILES...4 TIMBER...5 OTHER, SPECIFY...6</p>	<p>11. How does the household dispose of its garbage?</p> <p>COLLECTED BY GOV / MUNICIPALITY...1 COLLECTED BY PRIVATE COMPANY...2 TAKEN TO GOV / MUNICIPAL BIN...3 BURIED IN COMPOUND...4 BURIED ELSEWHERE...5 HEAPED IN COMPOUND...6 BURIED ELSEWHERE...7 BURNT ELSEWHERE...8 HEAPED ELSEWHERE...9 INFORMAL PUBLIC COLLECTORS...10 OTHER, SPECIFY...11</p>	<p>11a. Typically, how much money do households spend per month to pay for waste disposal services?</p> <p style="text-align: center;">TSH</p>	<p>12. What kind of toilet facility do members of your household generally use?</p> <p>NO TOILET...1 (▶15) PIT LATRINE WITHOUT SLAB/OPEN PIT...2 (▶12B) PIT LATRINE WITH SLAB (NOT WASHABLE)...3 (▶12B) PIT LATRINE WITH SLAB (WASHABLE)...4 (▶12B) VIP...5 (▶12B) POUR FLUSH...6 FLUSH TOILET...7 ECOSAN...8 OTHER, SPECIFY...9</p>	<p>12a. Where does this toilet flush to?</p> <p>PIPED SEWER SYSTEM...1 (▶12D) IN OWN SEPTIC TANK...2 PIT LATRINE...3 FLUSH TO OPEN DRAIN...4 (▶12D) DON'T KNOW...5 (▶12D)</p>	<p>12b. Has your [toilet facility] ever been emptied?</p> <p>YES, EMPTIED: WITHIN LAST 5 YEARS...1 MORE THAN 5 YEARS AGO...2 DON'T KNOW WHEN...3 NO, NEVER EMPTIED...4 (▶12D) DON'T KNOW...5</p>	<p>12c. The last time it was emptied, where were it's contents emptied to?</p> <p>REMOVED BY SERVICE PROVIDER: TO A TREATMENT PLANT...1 BURIED IN COVERED PIT...2 TO DON'T KNOW WHERE...3 EMPTIED BY HOUSEHOLD: BURIED IN COVERED PIT...4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY, ELSEWHERE...5 OTHER, SPECIFY...6 DON'T KNOW...7</p>	<p>12d. Where is this toilet facility located?</p> <p>WITHIN OWN DWELLING...1 WITH OWN YARD/PLOT...2 ELSEWHERE...3</p>	<p>13. Do you share this toilet facility with other households?</p> <p>YES...1 NO...2 (▶15)</p>	<p>14. How many households use this toilet facility?</p> <p style="text-align: center;">NUMBER</p>	<p>15. The last time the youngest child in the household passed stools, what was done to dispose of them?</p> <p>CHILD USED TOILET OR LATRINE...1 PUT/RINSED INTO TOILET OR LATRINE...2 PUT/RINSED INTO DRAIN/DITCH...3 THROWN INTO GARBAGE...4 BURIED...5 LEFT IN OPEN...6 OTHER, SPECIFY...7 NO CHILDREN...8 WASHABLE DIAPERS...9 DIPOSABLE DIAPERS...10</p>
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SECTION I: HOUSING, WATER AND SANITATION

<p>16. Major fuel used for cooking?</p> <p>FIREWOOD...1 PARAFFIN...2 (▶17) ELECTRICITY...3 (▶17) GAS...4 CHARCOAL...5 ANIMAL RESIDUAL...6 GAS (BIOGAS)...7 (▶17) OTHER, SPECIFY...8 (▶17)</p>	<p>16.1. What type of stove does this household mainly use for cooking?</p> <p>STONE/OPEN FIRE...1 STOVE...1 OTHER SELF-BUILT...1 STOVE...2 MANUFACTURED...2</p>	<p>17. Major fuel used for lighting?</p> <p>IF NO ELECTRICITY OR SOLAR ▶ 19</p> <p>ELECTRICITY...1 SOLAR...2 GAS...3 GAS (BIOGAS)...4 LAMP OIL...5 CANDLE...6 FIREWOOD...7 PRIVATE GENERATOR...8 TORCH...9 OTHER, SPECIFY...10</p>	<p>18. What is HH main source of electricity?</p> <p>TANESCO...1 COMMUNITY GENERATOR...2 SOLAR PANELS...3 OWN GENERATOR...4 CAR BATTERY...5 MOTORCYCLE BATTERY...6 OTHER, SPECIFY...7</p>	<p>19. What is the household's main source of drinking water in the rainy season?</p> <p>USE CODES FROM BELOW</p>	<p>20. Where is that water source located?</p> <p>WITHIN OWN DWELLING...1 (▶24) WITH OWN YARD/PLOT...2 (▶24)</p>	<p>21. Who usually fetches water for your household in the rainy season?</p> <p>IF NO HH MEMBER FETCHES WATER, ENTER "99"</p>	<p>22. How long does it take [NAME] to get water from the main source of drinking water to this dwelling in the rainy season?</p> <p>GO AND RETURN TRIP INCLUDE WAITING</p>	<p>23. Out of these [READ] minutes, how long does [NAME] spend waiting?</p>	<p>24. What do you usually do to the water to make it safer to drink in the rainy season?</p> <p>NONE...1 BOIL...2 ADD BLEACH/CHLORINE...3 USE A WATER FILTER...4 SOLAR DISINFECTION...5 LET IT STAND AND SETTLE...6 OTHER, SPECIFY...7</p> <p>MARK UP TO 2</p>	<p>25. What is the main source of water used by your household for other purposes, such as cooking and handwashing in the rainy season?</p> <p>USE CODES FROM BELOW</p>	<p>26. How much on average does your household spend on all water used in the household (i.e. drinking water, hand washing, etc.) and including specific transportation costs of this water, if any) in one week during</p>	
						ROSTER ID	MINUTES	MINUTES	1	2		TSH

<p>27. During the dry season, is the main source of drinking water for members of your household the same as during the rainy season?</p> <p>YES...1 (▶NEXT MODULE) NO...2</p>	<p>28. What is the main reason you change sources of drinking water in the dry season?</p> <p>COST...1 AVAILABILITY...2 CONVENIENCE...3 SAFETY IN COLLECTING THE WATER...4 SAFETY OF CONSUMING THE WATER...5 OTHER, SPECIFY...6</p>	<p>29. What is the household's main source of drinking water in the dry season?</p> <p>USE CODES ON RIGHT</p>	<p>30. Where is that water source located?</p> <p>WITHIN OWN DWELLING...1 (▶34) WITHIN OWN YARD/PLOT...2 (▶34) IN NEIGHBOR'S COMPOUND...3 ELSEWHERE...4</p>	<p>31. Who usually fetches water for your household in the dry season?</p>	<p>32. How long does it take [NAME] to get water from the main source of drinking water this dwelling in the dry season?</p> <p>GO AND RETURN TRIP INCLUDE WAITING TIME</p>	<p>33. Out of these [READ] minutes, how long does [NAME] spend waiting?</p>	<p>34. What do you usually do to the water to make it safer to drink in the dry season?</p> <p>NONE...1 BOIL...2 ADD BLEACH/CHLORINE...3 USE A WATER FILTER...4 SOLAR DISINFECTION...5 LET IT STAND AND SETTLE...6 OTHER, SPECIFY...7</p> <p>MARK UP TO 2</p>	<p>35. What is the main source of water used by your household for other purposes, such as cooking and handwashing in the dry season?</p> <p>USE CODES ON RIGHT</p>	<p>36. How much on average does your household spend on all water used in the household (i.e. drinking water, hand washing, etc.) and including specific transportation costs of this water, if any) in one week during the dry reason?</p>	<p>CODES FOR 19,25,29,35</p> <p>PIPED WATER...1 TUBEWELL/BOREHOLE...2 PROTECTED DUG WELL...3 UNPROTECTED DUGWELL...4 PROTECTED SPRING...5 UNPROTECTED SPRING...6 RAINWATER COLLECTION...7 BOTTLED WATER...8 CART WITH SMALL TANK/DRUM...9 TANKER-TRUCK...10 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNELS)...11 OTHER, SPECIFY...12</p>		
						ROSTER ID	MINUTES	MINUTES	1	2		TSH

SECTION I2: HANDWASHING

[ASK OF HOUSEHOLD HEAD]

<p>1 Is there a place for household members to wash their hands in the dwelling, yard/plot?</p> <p>YES.....1 NO.....2 (▶ NEXT MODULE)</p>	<p>2 We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household most often wash their hands?</p> <p><i>Record result and observation</i></p> <p>OBSERVED FIXED FACILITY OBSERVED (SINK/TAP) IN DWELLING.....1 IN YARD.....2</p> <p>MOBILE OBJECT OBSERVED (BUCKET/JUG/KETTLE).....3</p> <p>NOT OBSERVED NO HAND WASHING PLACE IN DWELLING/ YARD.....4 (▶ NEXT MODULE) NO PERMISSION TO SEE.....5 (▶ NEXT MODULE) OTHER REASON (SPECIFY) (▶ NEXT MODULE).....6</p>	<p>3 <i>Observe presence of water at the place for handwashing.</i></p> <p>WATER IS AVAILABLE.....1 WATER IS NOT AVAILABLE...2</p>	<p>4 <i>Is soap or detergent present at the place for handwashing?</i></p> <p>YES, PRESENT.....1 NO, NOT PRESENT...2</p>

SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

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

I T E M C O D E	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any [. .] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES . . 1 NO . . . 2 (▶NEXT)	2 How much in total did your household consume in the <u>past 7 days</u> ? KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5		3 How much came from purchases during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5		4. How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6		6 How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		DE L I N E N U M B E R
		UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY	
Cereals and Cereal products											1
0101	Rice (paddy)										2
0102	Rice (husked)										3
0103	Maize (green, cob)										4
0104	Maize (grain)										5
0105	Maize (flour)										6
0106	Millet and sorghum (grain)										7
0107	Millet and sorghum (flour)										8
01081	Wheat flour										9
01082	Barley grain and other cereals										10
0109	Bread										11
0110	Buns, cakes and biscuits										12
0111	Macaroni, spaghetti										13
0112	Other cereal products										14
Starches											15
0201	Cassava fresh										16

SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

I T E M C O D E	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any [. .] within the household? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</div> YES . . . 1 NO . . . 2 (▶NEXT)	2 How much in total did your household consume in the <u>past 7 days</u> ? KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5	3 How much came from purchases during the <u>past 7 days</u> ? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5</div>	4. How much did you spend? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</div>	5. How much came from own-production? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6</div>	6 How much came from gifts and other sources? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</div>	DE LINE NUMBER						
									UNIT	QUANTITY	UNIT	QUANTITY	TSH
0202	Cassava dry/flour												17
0203	Sweet potatoes												18
0204	Yams/cocoyams												19
0205	Irish potatoes												20
0206	Cooking bananas, plantains												21
0207	Other starches												22
Sugar and Sweets													23
0301	Sugar												24
0302	Sweets												25
0303	Honey, syrups, jams, marmalade, jellies, canned fr												26
Pulses, Dry													27
0401	Peas, beans, lentils and other pulses												28
Nuts and Seeds													29
0501	Groundnuts in shell/shelled												30
0502	Coconuts (mature/immature)												31
0503	Cashew, almonds and other nuts												32
0504	Seeds and products from nuts/seeds (<i>excl.</i> cooking oil)												33

SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

I T E M C O D E	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any [. .] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES	2 How much in total did your household consume in the <u>past 7 days</u> ? KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5	3 How much came from purchases during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5	4. How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6	6 How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK	DE LINE NUMBER		
								YES . . 1 NO . . . 2 (▶NEXT)	UNIT
Vegetables								34	
0601	Onions, tomatoes, carrots and green pepper, other viungo							35	
0602	Spinach, cabbage and other green vegetables							36	
0603	Canned, dried and wild vegetables							37	
Fruits								38	
0701	Ripe bananas							39	
0702	Citrus fruits (oranges, lemon, tangerines, etc.)							40	
0703	Mangoes, avocadoes and other fruits							41	
0704	Sugarcane							42	
Meat, meat products, fish								43	
0801	Goat meat							44	
0802	Beef including minced sausage							45	
0803	Pork including sausages and bacon							46	
0804	Chicken and other poultry							47	
0805	Wild birds and insects							48	

SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

I T E M C O D E	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES . . . 1 NO . . . 2 (▶NEXT)	2 How much in total did your household consume in the <u>past 7 days</u> ? KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5		3 How much came from purchases during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5		4. How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6		6 How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		DE L I N E N U M B E R
		UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY	
0806	Other domestic/wild meat products										49
0807	Eggs										50
0808	Fresh fish and seafood (including dagaa)										51
0809	Dried/salted fish and seafood (incl. dagaa)										52
0810	Package/Canned fish										53
Milk and milk products											54
0901	Fresh milk										55
0902	Milk products (like cream, cheese, yoghurt etc)										56
0903	Canned milk/milk powder										57
Oil and fats											58
1001	Cooking oil										59
1002	Butter, margarine, ghee and other fat products										60
Spices and other foods											61
1003	Salt										62
1004	Other spices										63
Beverages											64
1101	Tea dry										65

SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

I T E M C O D E	1 Within the <u>past 7 days</u> , did the members of this household eat/drink any [. . .] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YES . . . 1 NO . . . 2 (▶NEXT)	2 How much in total did your household consume in the <u>past 7 days</u> ? KILOGRAMS 1 GRAMS 2 LITRE 3 MILLILITRE 4 PIECES 5	3 How much came from purchases during the <u>past 7 days</u> ? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5	4. How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3	5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6	6 How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK	DE LINE NUMBER					
							UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT
1102	Coffee and cocoa											66
1103	Other raw materials for drinks											67
Beverages												68
1104	Bottled/canned soft drinks (soda, juice, water)											69
1105	Prepared tea, coffee											70
1106	Bottled beer											71
1107	Local brews											72
1108	Wine and spirits											73

SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

USE NEW UNIT LIST FOR ALL ITEMS

ASK ONLY FOR SELECTED ITEMS
(select items are TBD)

ASK FOR ALL ITEMS
except as noted in Q2
instruction (don't ask when

QUESTIONS 3, 5, 6: USE CODES FROM QUESTION

ASK 7-9 ONLY FOR SELECTED ITEM-UNIT COMBOS
IN Q1. THEN, ASK Q7-9 FOR SELECTED ITEM-UNIT COMBOS (when Q1=yes)

X = photo reference collected during NSU survey

ITEM CODE	1 Within the past 7 days, did the members of this household eat/drink any [...] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YELLOW - ITEMS SUGGEST DELETING BLUE - ITEMS SUGGEST INCLUDING	2 How much in total did your household consume in the past 7 days? RECORD THE UNIT/QUANTITY AS IT IS INITIALLY REPORTED. IF UNIT= 1, 2, 3, OR 4 >>Q3 KILOGRAMS...1 CANE.....11 GRAMS.....2 JUG.....12 LITRE.....3 TIN.....13 MILLILITRE...4 BUCKET...14 PIECES.....5 CUP.....15 HEAP.....6 BOTTLE...16 BUNCH.....7 GLASS.....17 SPLINTER...8 BASKET...18 SPOON.....9 GALON...19 BOWL.....10 OTHER, (SPECIFY) 99	2a ENUMERATOR: SHOW RESPONDENT THE PICTURE OF [ITEM] IN [UNIT FROM Q2] AND ASK: Which of the pictured [UNIT FROM Q2] most closely matches the amount of [ITEM] your household consumed in the past 7 days? ALLOW THE RESPONDENT TO UPDATE THE QUANTITY IF NECESSARY SMALL.....1 MEDIUM...2 LARGE.....3		2b Approximately how many kilograms/grams [litres/millilitres] was the [QUANTITY-UNIT IN Q2] that you said your household consumed in the past 7 days? IF RESPONDENT IS UNSURE, DO NOT ASSIST THEM. ASK THEM TO PROVIDE THEIR BEST GUESS. KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4		3 How much came from purchases during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5		4 How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6		6 How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		7 ENUMERATOR: ASK THE RESPONDENT TO ASSIST YOU IN MEASURING THE [QUANTITY CONSUMED FROM Q2] [UNIT] OF [ITEM]. ARE YOU ABLE TO WEIGH THE ITEM AT THE HH? YES...1 >>9 NO...2		8 REASON DID NOT WEIGH AT HH FOOD ITEM NO LONGER IN HH1 MEASURING UNIT NOT AVAILABLE IN HH.....2 OTHER SPECIFY.....3		9 RECORD QUANTITY AS WEIGHED KG.....1 GRAMS...2	
			UNIT	QUANTITY	SIZE	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY	YES...1 >>9 NO...2	>> NEXT ITEM	UNIT	QUANTITY	
Cereals and Cereal products																				
	0101	Rice (paddy)																		
X	0102	Rice (husked)																X		
X	0103	Maize (green, cob)																X		
X	0104	Maize (grain)																X		
X	0105	Maize (flour)																X		
	0106	Millet and sorghum (grain)																		
	0107	Millet and sorghum (flour)																		
	01081	Wheat flour																		
	01082	Barley grain and other cereals																		
	0109	Bread																		
	0110	Buns, cakes and biscuits																		
X	0110a	Buns																X		
	0110b	Cakes and biscuits																		
	0111	Macaroni, spaghetti																		
	0112	Other cereal products																		
Starches																				
X	0201	Cassava fresh																X		
X	0202	Cassava dry/flour																X		
X	0203	Sweet potatoes																X		
	0204	Yams/cocoyams																		
X	0205	Irish potatoes																X		
X	0206	Cooking bananas, plantains																X		
	0207	Other starches																		

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ASK 7-9 ONLY FOR SELECTED ITEM-UNIT COMBOS
IN Q1. THEN, ASK Q7-9 FOR SELETED ITEM-UNIT
COMBOS (when Q1=yes)

SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

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ITEM CODE	1 Within the past 7 days, did the members of this household eat/drink any [...] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YELLOW - ITEMS SUGGEST DELETING BLUE - ITEMS SUGGEST INCLUDING		2 How much in total did your household consume in the past 7 days? RECORD THE UNIT/QUANTITY AS IT IS INITIALLY REPORTED. IF UNIT= 1, 2, 3, OR 4 >>Q3 KILOGRAMS...1 CANE.....11 GRAMS.....2 JUG.....12 LITRE.....3 TIN.....13 MILLILITRE...4 BUCKET...14 PIECES.....5 CUP.....15 HEAP.....6 BOTTLE...16 BUNCH.....7 GLASS...17 SPLINTER...8 BASKET...18 SPOON.....9 GALON...19 BOWL.....10 OTHER, (SPECIFY) 99		2a ENUMERATOR: SHOW RESPONDENT THE PICTURE OF [ITEM] IN [UNIT FROM Q2] AND ASK: Which of the pictured [UNIT FROM Q2] most closely matches the amount of [ITEM] your household consumed in the past 7 days? ALLOW THE RESPONDENT TO UPDATE THE QUANTITY IF NECESSARY SMALL.....1 MEDIUM....2 LARGE.....3		2b Approximately how many kilograms/grams [litres/millilitres] was the [QUANTITY-UNIT IN Q2] that you said your household consumed in the past 7 days? IF RESPONDENT IS UNSURE, DO NOT ASSIST THEM. ASK THEM TO PROVIDE THEIR BEST GUESS. KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4		3 How much came from purchases during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 5		4 How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶ 6		6 How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		7 ENUMERATOR: ASK THE RESPONDENT TO ASSIST YOU IN MEASURING THE [QUANTITY CONSUMED FROM Q2] [UNIT] OF [ITEM]. ARE YOU ABLE TO WEIGH THE ITEM AT THE HH? YES...1 >>9 NO...2		8 REASON DID NOT WEIGH AT HH FOOD ITEM NO LONGER IN HH1 MEASURING UNIT NOT AVAILALBE IN HH.....2 OTHER SPECIFY.....3		9 RECORD QUANTITY AS WEIGHED KG.....1 GRAMS...2	
	UNIT	QUANTITY	SIZE	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY			
Sugar and Sweets																						
	0301	Sugar																				
	0302	Sweets																				
	0303	Honey, syrups, jams, marmalade, jellies, canned fru																				
Pulses, Dry																						
	0401	Peas, beans, lentils and other pulses																				
X	0401a	Peas																	X			
X	0401b	Green beans																	X			
	0401c	Other beans, lentils and pulses																				
Nuts and Seeds																						
X	0501	Groundnuts in shell/shelled																	X			
	0502	Coconuts (mature/immature)																				
	0503	Cashew, almonds and other nuts																				
	0504	Seeds and products from nuts/seeds (excl. cooking oil)																				
Vegetables																						
	0601	Onions, tomatoes, carrots and green pepper, other viungo																				
X	0601a	Onions																	X			
X	0601b	Tomatoes																	X			
	0601c	Carrots, green pepper, other viungo																				
	0602	Spinach, cabbage and other green vegetables																				
X	0602a	Cabbage																	X			
X	0602b	Chiness/spinach																	X			
	0602c	other green vegetables																				
	0603	Canned, dried and wild vegetables																				

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SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

X = photo reference collected during NSU survey

ITEM CODE	1 Within the past 7 days, did the members of this household eat/drink any [...] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YELLOW - ITEMS SUGGEST DELETING BLUE - ITEMS SUGGEST INCLUDING		2 How much in total did your household consume in the past 7 days? RECORD THE UNIT/QUANTITY AS IT IS INITIALLY REPORTED. IF UNIT= 1, 2, 3, OR 4 >>Q3 KILOGRAMS...1 CANE.....11 GRAMS.....2 JUG.....12 LITRE.....3 TIN.....13 MILLILITRE...4 BUCKET...14 PIECES.....5 CUP.....15 HEAP.....6 BOTTLE...16 BUNCH.....7 GLASS...17 SPLINTER...8 BASKET...18 SPOON.....9 GALON...19 BOWL.....10 OTHER, (SPECIFY) 99		2a ENUMERATOR: SHOW RESPONDENT THE PICTURE OF [ITEM] IN [UNIT FROM Q2] AND ASK: Which of the pictured [UNIT FROM Q2] most closely matches the amount of [ITEM] your household consumed in the past 7 days? ALLOW THE RESPONDENT TO UPDATE THE QUANTITY IF NECESSARY SMALL...1 MEDIUM...2 LARGE...3		2b Approximately how many kilograms/grams [litres/millilitres] was the [QUANTITY-UNIT IN Q2] that you said your household consumed in the past 7 days? IF RESPONDENT IS UNSURE, DO NOT ASSIST THEM. ASK THEM TO PROVIDE THEIR BEST GUESS. KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4		3 How much came from purchases during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5		4 How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6		6 How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		7 ENUMERATOR: ASK THE RESPONDENT TO ASSIST YOU IN MEASURING THE [QUANTITY CONSUMED FROM Q2] [UNIT] OF [ITEM]. ARE YOU ABLE TO WEIGH THE ITEM AT THE HH? YES...1 >>9 NO...2		8 REASON DID NOT WEIGH AT HH FOOD ITEM NO LONGER IN HH1 MEASURING UNIT NOT AVAILABLE IN HH.....2 OTHER SPECIFY.....3		9 RECORD QUANTITY AS WEIGHED KG.....1 GRAMS...2	
	UNIT	QUANTITY	SIZE	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY			
Fruits																						
X 0701	Ripe bananas																		X			
0702	Citrus fruits (oranges, lemon, tangerines, etc.)																					
X 0702a	Lemon/lime																		X			
X 0702b	Orange/tangerine																		X			
0702c	Other citrus fruits																					
0703	Mangoes, avocados and other fruits																					
X 0703a	Mangoes																		X			
X 0703b	Avocados																		X			
0703c	Other fruits																					
0704	Sugarcane																					
Meat, meat products, fish																						
0801	Goat meat																					
0802	Beef including minced sausage																					
0803	Pork including sausages and bacon																					
0804	Chicken and other poultry																					
X 0804a	Chicken																		X			
0804b	Other poultry																					
0805	Wild birds and insects																					
0806	Other domestic/wild meat products																					
0807	Eggs																					
0808	Fresh fish and seafood (including dagaa)																					
X 0808a	Dagaa (fresh)																		X			
X 0808b	Kolekole (fresh)																		X			
X 0808c	Tilapia (fresh)																		X			
0808d	Other fresh fish and seafood																					
0809	Dried/salted fish and seafood (incl. dagaa)																					

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SECTION J: CONSUMPTION OF FOOD OVER PAST ONE WEEK

USE NEW UNIT LIST FOR ALL ITEMS

ASK ONLY FOR SELECTED ITEMS
(select items are TBD)

ASK FOR ALL ITEMS except as noted in Q2 instruction (don't ask when

QUESTIONS 3, 5, 6: USE CODES FROM QUESTION

ASK 7-9 ONLY FOR SELECTED ITEM-UNIT COMBOS
IN Q1. THEN, ASK Q7-9 FOR SELECTED ITEM-UNIT COMBOS (when Q1=yes)

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ITEM CODE	1 Within the past 7 days, did the members of this household eat/drink any [...] within the household? PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD. ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES YELLOW - ITEMS SUGGEST DELETING BLUE - ITEMS SUGGEST INCLUDING	2 How much in total did your household consume in the past 7 days? RECORD THE UNIT/QUANTITY AS IT IS INITIALLY REPORTED. IF UNIT= 1, 2, 3, OR 4 >>Q3 KILOGRAMS...1 CANE.....11 GRAMS.....2 JUG.....12 LITRE.....3 TIN.....13 MILLILITRE...4 BUCKET...14 PIECES.....5 CUP.....15 HEAP.....6 BOTTLE...16 BUNCH.....7 GLASS...17 SPLINTER...8 BASKET...18 SPOON.....9 GALON...19 BOWL.....10 OTHER, (SPECIFY) 99	2a ENUMERATOR: SHOW RESPONDENT THE PICTURE OF [ITEM] IN [UNIT FROM Q2] AND ASK: Which of the pictured [UNIT FROM Q2] most closely matches the amount of [ITEM] your household consumed in the past 7 days? ALLOW THE RESPONDENT TO UPDATE THE QUANTITY IF NECESSARY SMALL...1 MEDIUM...2 LARGE...3		2b Approximately how many kilograms/grams [litres/millilitres] was the [QUANTITY-UNIT IN Q2] that you said your household consumed in the past 7 days? IF RESPONDENT IS UNSURE, DO NOT ASSIST THEM. ASK THEM TO PROVIDE THEIR BEST GUESS. KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4		3 How much came from purchases during the past 7 days? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5		4 How much did you spend? THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3		5 How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6		6 How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		7 ENUMERATOR: ASK THE RESPONDENT TO ASSIST YOU IN MEASURING THE [QUANTITY CONSUMED FROM Q2] [UNIT] OF [ITEM]. ARE YOU ABLE TO WEIGH THE ITEM AT THE HH? YES...1 >>9 NO...2		8 REASON DID NOT WEIGH AT HH FOOD ITEM NO LONGER IN HH1 MEASURING UNIT NOT AVAILABLE IN HH.....2 OTHER SPECIFY.....3		9 RECORD QUANTITY AS WEIGHED KG.....1 GRAMS...2	
			UNIT	QUANTITY	SIZE	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	
0810	Package/Canned fish																			
Milk and milk products																				
X 0901	Fresh milk																	X		
0902	Milk products (like cream, cheese, yoghurt etc)																			
0903	Canned milk/milk powder																			
Oil and fats																				
X 1001	Cooking oil																	X		
1002	Butter, margarine, ghee and other fat products																			
Spices and other foods																				
1003	Salt																			
1004	Other spices																			
Beverages																				
1101	Tea dry																			
1102	Coffee and cocoa																			
1103	Other raw materials for drinks																			
Beverages																				
1104	Bottled/canned soft drinks (soda, juice, water)																			
1105	Prepared tea, coffee																			
1106	Bottled beer																			
1107	Local brews																			
1108	Wine and spirits																			

X = photo reference collected during NSU survey

7. ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE)...1 BELOW 15 PPM.....2 15 PPM AND ABOVE...3 NO SALT IN HH.....4 SALT NOT TESTED, SPECIFY REASON....5	
--	---	--

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

9. Over the past one week (7 days), did any people that you did not list as household members [READ LIST FROM HH ROSTER] eat any meals in your household?			
YES...1 <input type="checkbox"/>			
NO...2 (▶NEXT SECTION) <input type="checkbox"/>			
IF NOT SHARED, RECORD ZERO IN BOTH COLUMNS.		10 How many [...] were meals shared with over the past 7 days?	11 What was the total number of meals that were shared over past 7 days with [...]?
		NUMBER OF PEOPLE	NUMBER OF MEALS
A	Children 0-5 years		
B	Children 6-15 years		
C	Adults 16-65 years		
D	People over 65 years old		

SECTION K: NON-FOOD EXPENDITURES – Past one week & one month

ONE WEEK RECALL

ITEM CODE	1. Over the past 7 days, did you purchase any [...]?	2. How much did you pay in total?		D E L I N E N U M B E R
		YES . . 1 NO . . . 2 (▶NEXT ITEM)	TSH	
101	Cigarettes or tobacco			1
102	Matches			2
103	Public transport			3

ONE MONTH RECALL

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

ONE MONTH RECALL

ITEM CODE	1. Over the past 30 days, did you purchase or pay for any [...]?	2. How much did you pay in total?		D E L I N E N U M B E R
		YES . . 1 NO . . . 2 (▶NEXT ITEM)	TSH	
207	Charcoal			10
208	Milling fees, grain			11
209	Bar soap (body soap or clothes soap)			12
210	Clothes soap (powder)			13
211	Toothpaste, toothbrush			14
212	Toilet paper			15
213	Glycerine, Vaseline, skin creams			16
214	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)			17
215	Household cleaning products (dish soap, toilet cleansers, etc.)			18
216	Light bulbs			19
217	Phone, internet, postage stamps or other postal fees			20
218	Donation - to church, mosque, charity, beggar, etc.			21
219	Motor vehicle service, repair, or parts			22
220	Bicycle service, repair, or parts			23
221	Wages paid to servants			24
222	Mortgage - regular payment to purchase house			25
223	Repairs to household and personal items (radios, watches, etc.)			26

SECTION L: NON-FOOD EXPENDITURES – Past twelve months

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

Non-food items that may not have been purchased.

ITEM CODE	1.	2.	3.
	Over the past 12 months did you gather, purchase, or pay for any [...]?	What was the estimated total value of [...] consumed?	What was the cost of that which you purchased?
	YES...1 NO...2 (▶NEXT ITEM)	TSH	TSH
325	Wood poles, bamboo		
326	Grass for thatching roof or other use		

SECTION M: HOUSEHOLD ASSETS

CODE		1. How many [ITEMS] does your household own?	2. What is the age of this [ITEM]?	3. At what price did you buy [ITEM]?	4. If you wanted to sell one of this [ITEM] today, how much would you receive?
		IF NONE, WRITE '0' (►NEXT ITEM)	IF MORE THAN ONE ITEM, WRITE THE AVERAGE AGE	IF MORE THAN ONE, WRITE THE AVERAGE PRICE	IF MORE THAN ONE, WRITE THE AVERAGE PRICE
NUMBER		NUMBER	YEARS	TSH	TSH
401	Radio and Radio Cassette				
402	Telephone(landline)				
403	Telephone(mobile)				
404	Refridgerator or freezer				
405	Sewing Machine				
406	Television				
407	Video / DVD				
408	Chairs				
409	Sofas				
410	Tables				
411	Watches				
412	Beds				
413	Cupboards, chest-of-drawers, boxes, wardrobes,bookcases				
414	Lanterns				
415	Computer				
416	utencils				
417	Mosquito net				
418	Iron (Charcoal or electric)				
419	Electric/gas stove				
420	Other stove				
421	Water-heater				
422	Record/cassette player, tape recorder				
423	Complete music system				
424	Books (not school books)				
425	Motor Vehicles				
426	Motorcycle				
427	Bicycle				

CODE		1. How many [ITEMS] does your household own?	2. What is the age of this [ITEM]?	3. At what price did you buy [ITEM]?	4. If you wanted to sell one of this [ITEM] today, how much would you receive?
		IF NONE, WRITE '0' (►NEXT ITEM)	IF MORE THAN ONE ITEM, WRITE THE AVERAGE AGE	IF MORE THAN ONE, WRITE THE AVERAGE PRICE	IF MORE THAN ONE, WRITE THE AVERAGE PRICE
NUMBER		NUMBER	YEARS	TSH	TSH
428	Carts				
429	Animal-drawn cart				
430	Boat/canoe				
431	Wheel barrow				
432	Livestock				
433	Poultry				
434	Outboard engine				
435	Donkeys				
436	Fields/Land				
437	House(s)				
438	Fan/Air conditioner				
439	Dish antena/decoder				
440	Hoes				
441	Spraying machine				
442	Water pumping set				
443	Reapers				
444	Tractor				
445	Trailer for tractors etc.				
446	Plough etc.				
447	Harrow				
448	Milking machine				
449	Harvesting and threshing machine				
450	Hand milling machine				
451	Coffee pulping machine				
452	Fertilizer distributor				
453	Power tiller				
454	Bajaj / Toyo				
455	Guta				
456	Incubator				

SECTION N: FAMILY/HOUSEHOLD NON-FARM ENTERPRISES

1a. Over the past 12 months, has anyone in your household operated any non-agricultural income-generating enterprise which produces goods or services or has anyone in your household owned a shop or operated a trading business?

YES...1
 ▶2
 NO...2

1b. **ENUMERATOR:** CHECK MODULE E2 (LABOUR): DID ANY MEMBER REPORT YES TO QUESTIONS 4?

YES...1
 NO...2
 ▶NEXT SECTION

E N T E R P R I S E I D	2. Please provide details on the main product or service of each [ENTERPRISE] that your household operated during the past 12 months.	3. Which members of the household are engaged in this [ENTERPRISE]?	4. Who in the household manages this business or is most familiar with it?	5. Who in the household owns this business?
	PROVED A WRITTEN DESCRIPTION CONCERNING THE MAIN PRODUCT / SERVICE OF EACH ENTERPRISE THAT THE HOUSEHOLD OPERATED DURING THE PAST 12 MONTHS, BEFORE GOING ON TO Q3. PLEASE INCLUDE BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY IN THE LAST 12 MONTHS.		LIST UP TO TWO USE ROSTER ID CODES	LIST UP TO TWO USE ROSTER ID CODES
	WRITTEN DESCRIPTION	ISIC CODE	ID 1 ID 2 ID 3 ID 4 ID 5 ID 6	ID CODE OF MANAGER 1 ID CODE OF MANAGER 2 ID CODE OF OWNER 1 ID CODE OF OWNER 2
1				
2				
3				
4				
5				

E N T E R P R I S E I D	6. Where do you do business?	7. How long has this business existed?	8. What was the main source of start-up capital for this income-generating activity?			9. To whom do you sell your products or services?	10. What is the total value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the [ENTERPRISE]?	11. What is the total value of your current stock of inputs or supplies?	12. What is the total value of your current stock of finished merchandise (goods for sale)?	13. What gross income/takings did you get from your [ENTERPRISE] in the last week/month?	
	W/IN OWN OR BUS. PARTNER'S HOME - WITH SPECIAL BUS. SPACE.....1 W/IN OWN OR BUS. PARTNER'S HOME - WITHOUT SPECIAL BUS. SPACE...2 STRUCTURE ATTACHED TO/OUTSIDE OWN OR BUS. PARTNER'S HOUSE.....3 PERMANENT BLDG. OTHER THAN HOME..4 FIXED STALL/KIOSK - IN MARKET...5 VEHICLE, CART, TEMP. STALL - IN MARKET.....6 FIXED STALL/KIOSK - STREET.....7 VEHICLE, CART, TEMP. STALL - STREET.8 OTHER TEMP. STRUCTURE.....9 CONSTRUCTION SITE.....10 CLIENT'S/EMPLOYER'S HOUSE.....11 NO FIXED LOCATION/MOBILE.....12 OTHER, SPECIFY.....13	YEARS MONTHS	LOAN FROM FAMILY/FRIENDS.....1 GIFT FROM FAMILY/FRIENDS.....2 SALE OF ASSETS OWNED.....3 PROCEEDS FROM ANOTHER NON-AGRICULTURE BUSINESS...4 PROCEEDS FROM ANOTHER AGRICULTURE BUSINESS.....5 OWN SAVINGS.....6 LOAN FROM SACCOS.....7 NON-AGRICULTURAL CREDIT.....8 BANK OR OTHER INSTITUTION.....9 LOAN FROM MONEY LENDER.....10 INHERITED.....11 OTHER, SPECIFY.....12 NO START-UP COST.....13 LIST UP TO 3 IN ORDER OF IMPORTANCE SOURCE OF CAPITAL			FINAL CONSUMERS..1 SMALL BUSINESS..2 LARGE ESTABLISHED BUSINESS.....3 INSTITUTIONS....4 EXPORT.....5 MANUFACTURERS...6 GOVERNMENT.....7 OTHER, SPECIFY..8	TSH	TSH	TSH	WEEK...1 MONTH..2	PERIOD TSH

1											
2											
3											
4											
5											

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

1												
2												
3												
4												
5												

SECTION O: ASSISTANCE AND GROUPS

1. Did you or members of your household receive any [...] in the past 12 months from the government or a non-governmental institution (such as church)? EXCLUDE SACCOS, SELF-HELP GROUPS	2. What is the name of the organization/program who provided this assistance?	3. How much cash did your household receive from this organization in the last 12 months?	4. What was the value of food the household received from this organization in the last 12 months?	5. What was the value of any other in-kind assistance received in the last 12 months?	6. Which members of the household participated in this program?			7. Who in your household controls/decides on the use of assistance from the program?	
					LIST UP TO 3 ROSTER ID			LIST UP TO 2 ROSTER ID	
YES...1 NO...2 (▶NEXT ITEM)	NAMES	TSH	TSH	TSH	1	2	3	1	2
A. Free food/maize distribution									
B. Food-for-work programme or cash-for-work programme									
C. Inputs-for work programme									
D. Scholarships or bursaries for primary school									
E. Scholarships or bursaries for secondary school									
F. Other assistance (not listed above), specify:									

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

YES...1
NO...2 (▶NEXT SECTION)

CODES FOR Q16

SUBSISTENCE NEEDS.....1	PURCHASE AGRICULTURAL INPUTS.....6
MEDICAL COST.....2	OTHER BUSINESS INPUTS.....7
SCHOOL FEES.....3	PURCHASE AGRICULTURAL MACHINERY....8
CEREMONY/WEDDING.....4	PURCHASE/CONSTRUCTION OF DWELLING..9
PURCHASE LAND.....5	OTHER, SPECIFY.....10

9. Please list all household members who are members of groups NAME OF HOUSEHOLD MEMBER	10. What is [NAME] total balance with the group?	11. How often does [NAME] contribute to the group?		12. How much does [NAME] give each time?	13. When was the last time [NAME] withdrew money? IF NEVER, ENTER "0" ▶ NEXT ROW		14. How much did [NAME] withdraw?	15. What was the balance just before the withdrawal?	16. What was the main reason [NAME] took money out this last time? USE CODES ABOVE	17. How much will [NAME] pay for this loan per [PERIOD]?		18. How long will it take [NAME] to repay the loan?	
		DAY...1 WEEK...2 MONTH...3 YEAR...4	FREQ.		UNIT	MONTH				YEAR	TSH		PERIOD
NAME	ID CODE	TSH	FREQ.	UNIT	TSH	MONTH	YEAR	TSH	TSH	CODES	TSH	PERIOD	MONTHS
A.													
B.													
C.													
D.													

SECTION P: CREDIT

1. Over the past 12 months, did you or anyone else in this household borrow from someone outside the household or from an institution receiving either cash, goods, or services?

YES...1
NO...2
(▶NEXT SECTION)

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

L O A N / C R E D I T	2. What are the names of the persons or institutions from whom you or anyone else in your household borrowed or took credit in the last 12 months? LIST ALL PEOPLE OR ORGANIZATIONS BEFORE GOING TO QUESTION 3	3. CODE SOURCE OF LOAN SEE CODES BELOW	4. Which household member was responsible for the loan? ID CODE	5. Was this a cash loan or goods on credit? CASH...1 GOODS...2	6. How much was borrowed or what was the value of the credit? TSH	6a. Did you use Land owning certificate or Certificate of Customary Right of Occupancy (CCRO) as collateral for this loan? YES, (Land owning certificate)...1 YES, Certificate of Customary Right of Occupancy...2 NO...3	7. Is the loan/credit re-paid? YES...1 (▶9) NO...2	8. Approximately when do you expect to pay back the money?		9. Total amount to be paid on the loan including interest. TSH	10. What did you use this loan/credit for? SUBSISTENCE NEEDS...1 MEDICAL COST...2 SCHOOL FEES...3 CEREMONY/WEDDING...4 PURCHASE LAND...5 PURCHASE AGRIC. INPUTS...6 OTHER BUSINESS INPUTS...7 PURCHASE AGRIC. MACHINERY...8 BUY/BUILD DWELLING...9 OTHER (SPECIFY)...10 NO REASON...11 LIST UP TO THREE IN ORDER OF IMPORTANCE		
								MONTH	YEAR		FIRST	SECOND	THIRD
1													
2													
3													
4													
5													
6													
7													
8													
9													

- CODES FOR Q3**
- | | |
|--------------------------|--------------------------|
| COMMERCIAL BANKS...1 | GROCERY/LOCAL MERCHANT.7 |
| MICRO-FINANCE INST...2 | MONEY LENDER...8 |
| BUILDING SOC./MORTGAGE.3 | EMPLOYER...9 |
| INSURANCE COMPANIES...4 | RELIGIOUS INST...10 |
| OTHER FINANCIAL INST...5 | NGO...11 |
| NEIGHBOURS / FRIENDS...6 | SELF-HELP GROUPS...12 |
| | OTHER, SPECIFY...13 |

SECTION Q: FINANCE

<p>1. Did you or anyone in your household use any of the following services to transfer money over the last 12 months:</p> <p style="text-align: center;">IF ALL NO, ►5</p> <p>YES...1 NO...2</p>			<p>2. How often does your household use this service?</p> <p>DAILY.....1 WEEKLY.....2 EVERY 2 WEEKS...3 MONTHLY.....4 EVERY 3 MONTHS.5 EVERY 6 MONTHS.6 LESS OFTEN.....7 NEVER.....8</p>			<p>3. Did you use this service to...?</p> <p>YES...1 NO...2</p> <table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> <td>H</td> <td>I</td> </tr> <tr> <td>Buy airtime for yourself</td> <td>Buy airtime for someone else</td> <td>Send money</td> <td>Receive money</td> <td>Have someone pay you for a good or service</td> <td>Store/ save for emergencies</td> <td>Store/save for other everyday expenses</td> <td>Store/save money for unusually large purchases</td> <td>Credit</td> </tr> </table>						A	B	C	D	E	F	G	H	I	Buy airtime for yourself	Buy airtime for someone else	Send money	Receive money	Have someone pay you for a good or service	Store/ save for emergencies	Store/save for other everyday expenses	Store/save money for unusually large purchases	Credit	<p>4. Which of these was the most important use of this service?</p> <p style="text-align: center;">USE LETTER</p>		<p>5. Which is the household main source of cash income?</p> <p style="text-align: center;">USE CODES BELOW</p> <p style="text-align: center;">LIST UP TO</p> <table border="1"> <tr> <td>SOURCE 1</td> <td>SOURCE 2</td> </tr> </table>		SOURCE 1	SOURCE 2
A	B	C	D	E	F	G	H	I																											
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SOURCE 1	SOURCE 2																																		
M-PESA	EZY PESA	AIRTEL MONEY	TIGO PESA	T-PESA	HALO PESA																														

<p>6. What is the total amount of income your household has received in the form of rental payments for property (such as land/ house/shop/store rental) in the last 12 months, excluding agricultural land?</p> <p style="text-align: center;">IF NONE, WRITE '0'</p> <p>TSH</p>		<p>7. What is the total amount of income your household has received in the form of <u>private or government pensions</u> in the last 12 months?</p> <p>TSH</p>		<p>8. What is the total amount of income your household has received in the form of <u>other income</u> in the last 12 months?</p> <p style="text-align: center;">IF NONE, WRITE '0' AND ►10</p> <p>TSH</p>		<p>9. What was the type of other income that your household received in the last 12 months?</p> <p style="text-align: center;">USE CODES</p> <p style="text-align: center;">LIST UP TO THREE</p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>			1	2	3	<p>10. Do you or anyone else in your household have a bank account, either with a commercial bank, a credit union, or other similar institution?</p> <p>YES...1 NO...2 ►13</p>		<p>11. Please list up to 3 institutions with whom you or a member of your household has a savings account.</p> <table border="1"> <tr> <td>A</td> <td></td> </tr> <tr> <td>B</td> <td></td> </tr> <tr> <td>C</td> <td></td> </tr> </table>		A		B		C		<p>12. In what year did you open your first bank account?</p> <p style="text-align: center;">►14</p> <p>YEAR</p>		<p>13. Why do you not have a bank account?</p> <p style="text-align: center;">USE CODES</p> <p style="text-align: center;">LIST UP TO THREE IN ORDER OF</p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>			1	2	3
1	2	3																											
A																													
B																													
C																													
1	2	3																											

- CODES FOR Q5**
- SALE OF FOOD CROPS...1
 - SALE OF LIVESTOCK...2
 - SALE OF LIVESTOCK PRODUCTS...3
 - SALE OF CASH CROPS...4
 - BUSINESS INCOME...5
 - WAGES OR SALARIES IN CASH...6
 - OTHER CASUAL CASH EARNINGS...7
 - CASH REMITTANCES...8
 - FISHING...9
 - OTHER, SPECIFY...10

- CODES FOR Q9**
- SAVINGS, INTEREST OR INVESTMENT...1
 - REAL ESTATE SALES...2
 - NON-AGRICULTURAL ASSET SALES...3
 - AGRICULTURAL/FISHING ASSET SALES...4
 - INHERITANCE...5
 - LOTTERY/GAMBLING...6
 - OTHER, SPECIFY...7

- CODES FOR Q13**
- NO MONEY TO SAVE...1
 - DO NOT TRUST FINANCIAL INSTITUTIONS...2
 - DIFFICULT TO PRODUCE REQUIRED DOCUMENTATION (ID CARD, ETC)...3
 - USE SOMEONE ELSE'S ACCOUNT...4
 - TOO FAR AWAY...5
 - DON'T WANT TO PAY USERS FEES...6

14. Have you or anyone in your household received any remittances or financial assistance in the form of cash or in-kind during the last 12 months?

YES...1
NO...2

►NEXT SECTION

SOURCE ID	15. What is the name of [SOURCE]?	16. What is the relationship of [SOURCE] to the household head?	17. How old is [SOURCE]?	18. Sex of [SOURCE]	19. What is the highest grade completed by [SOURCE]?	20. From what location did [SOURCE] send these remittances?	21. How long has [SOURCE] lived in his/her present location?	22. Which of the following remittances channels did [SOURCE] use in the last 12 months?	23. How much in total did you receive in cash from [SOURCE] during the last 12 months?	24. For what did you or anyone in your household use the cash sent from [SOURCE] in the last 12 months?	25. Who in the household decided on the use of the cash sent by [SOURCE] in the last 12 months?	26. What is the total value of all those items which you received in-kind in the last 12 months?	27. Who in the household decided on the use of the in-kind items sent by [SOURCE] in the last 12 months?
	NAME	USE CODES BELOW CODE	YEARS	M...1 F...2	USE CODES BELOW CODE	USE CODES BELOW CODE	MONTHS...1 YEARS...2	USE CODES BELOW LIST UP TO 3 IN ORDER OF IMPORTANCE	RECORD 0 IF NONE AND ►26 TSH	USE CODES BELOW LIST UP TO 3	LIST UP TO TWO FROM HH ROSTER	RECORD 0 IF NONE AND ►NEXT SOURCE TSH	LIST UP TO TWO FROM HH ROSTER
							UNIT NUMBER	1 2 3		1 2 3	ID 1 ID 2		ID 1 ID 2
1													
2													
3													
4													

CODES FOR Q16

- SPOUSE.....1
- PARENT.....2
- DAUGHTER.....3
- SON.....4
- SISTER.....5
- BROTHER.....6
- INLAW.....11
- OTHER RELATIVE.....7
- BUSINESS ASSOCIATE.....8
- FRIEND.....9
- OTHER, SPECIFY.....10
- NGO OR RELIGIOUS
- INSITUITION...12

CODES FOR Q19

- PP.....1
- PRIMARY**
- D1.....11
- D2.....12
- D3.....13
- D4.....14
- D5.....15
- D6.....16
- D7.....17
- D8.....18
- OSC.....19
- MS+COURSE..20
- UNIVERSITY & EQUIVALENT**
- U1.....41
- U2.....42
- U3.....43
- U4.....44
- U5&+.....45

CODES FOR Q20

- WITHIN TANZANIA**
- DODOMA.....01
- ARUSHA.....02
- KILIMANJARO.....03
- TANGO.....04
- MOROGORO.....05
- PWANI.....06
- DAR-ES-SALAAM.....07
- LINDI.....08
- MTWARA.....09
- RUVUMA.....10
- IRINGA.....11
- MBEYA.....12
- SINGIDA.....13
- TABORA.....14
- RUKWA.....15

- KIGOMA.....16
- SHINYANGA.....17
- KAGERA.....18
- MWANZA.....19
- MARA.....20
- MANYARA.....21
- NJOMBE.....22
- KATAVI.....23
- SIMIYU.....24
- GEITA.....25
- KASKAZINI UNGUJA...51
- KUSINI UNGUJA.....52
- MJINI/MAGHARIBI
- UNGUJA.....53
- KASKAZINI PEMBA...54
- KUSINI PEMBA.....55

- INTERNATIONAL**
- USA.....61
- UK.....62
- UAE.....63
- SOUTH AFRICA.....64
- JAPAN.....65
- INDIA.....66
- KENYA.....67
- UGANDA.....68
- GERMANY.....69
- CANADA.....70
- OTHER, SPECIFY.....71

CODES FOR Q22

- BANK ACCOUNT.....1
- WESTERN UNION.....2
- MONEYGRAM.....3
- POST OFFICE.....4
- FRIENDS/RELATIVES...5
- M-PESA.....6
- TIGO PESA.....7
- EZY PESA.....8
- AIRTEL MONEY.....9
- OTHER, SPECIFY.....10

CODES FOR Q24

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

SECTION S: DEATHS IN HOUSEHOLD

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

S E R I A L N O	2. NAME OF DECEASED	3. DECEASED'S RELATIONSHIP TO HEAD OF HOUSEHOLD	4. IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y3 HH ID NUMBER FROM TRACKING FORM ELSE, ENTER 99	5. SEX MALE...1 FEMALE...2	6. Was this event registered with the death registration system? YES...1 NO...2	7. AGE AT DEATH IF UNDER 5 YEARS, INCLUDE MONTHS IF UNDER 12 (▶9) YEARS MONTHS	8. What kind of work did [NAME] do for most of his/her life? CODES BELOW	9. Did [NAME] die of old age, an illness, or of some other cause? OLD AGE...1 (▶13) ILLNESS...2 (▶11) OTHER CAUSE...3	10. What was the non-illness cause of [NAME]'s death? ▶14 TRAFFIC ACCIDENT...1 OTHER ACCIDENT OR INJURY...2 CHILDBIRTH OR COMPLICATIONS...3 MURDER...4 SUICIDE...5 WITCHCRAFT/SORCERY...6 OTHER (SPEC)...7	11. What was the illness that caused [NAME]'s death? CAN NOTE UP TO TWO. CODES BELOW 1ST ILLNESS 2ND ILLNESS	12. For how long was [NAME] suffering from this illness before he/she died? DAY...1 WEEK...2 MONTH...3 YEAR...4 TIME UNIT	13. Was this cause of death diagnosed, or is this only your own perception? MEDICAL DIAGNOSIS...1 NON-MEDICAL DIAGNOSIS...2 OWN PERCEPTION...3	14. After this person died, did you or members of your household lose any land or other assets due to inheritance traditions? YES...1 NO...2 (▶NEXT DECEASED)	15. What was the value of the land or assets lost? TSH
	D1													
D2														
D3														
D4														
D5														
D6														

- QUESTION 3**
- HEAD...1
 - SPOUSE...2
 - CHILD OF HEAD...3
 - NIECE/NEPHEW...4
 - BROTHER/SISTER...5
 - GRANDCHILD OF THE HEAD...6
 - PARENT OF THE HEAD...7
 - OTHER RELATIVE...8
 - SERVANT...9
 - OTHER, SPECIFY...10

- QUESTION 8**
- AGRICULTURE/LIVESTOCK...1
 - FISHING...2
 - MINING...3
 - TOURISM...4
 - EMPLOYED:
 - GOVERNMENT...5
 - PARASTATAL...6
 - PRIVATE SECTOR...7
 - NGO / RELIGIOUS...8
 - SELF-EMPLOYED (NOT AGRICULTURE):
 - WITH EMPLOYEES...9
 - W/OUT EMPLOYEES...10
 - UNPAID HOUSEHOLD LABOUR...11
 - JOB SEEKERS...12
 - STUDENT...13
 - DISABLED...14
 - NO JOB...15
 - <5 YEARS OLD...16

- CODES FOR Q11**
- MALARIA...1
 - DIARRHEA...2
 - VOMITING...3
 - FLU...4
 - ASTHMA...5
 - HEADACHE...6
 - BACKACHE...7
 - TB...8
 - DIABETES...9
 - STDs...10
 - BURN...11
 - FRACTURE...12
 - HIV/AIDS...13
 - EAR/NOSE/THROAT...1
 - TYPHOID...1
 - POISONING...1
 - DENTAL...1
 - URINATING IS PAINFUL...18
 - CANCER...24
 - LOWER RESPIRATORY...25
 - UPPER RESPIRATORY...26
 - HEART PROBLEM/BP...27
 - UNSPECIFIED LONG TERM ILLNESS...28
 - BILHARZIA /SCHISTOSOMIASIS...29
 - ARTHRITIS/NERVE DISORDER...30
 - RHEUMATISM...31
 - EYE PROBLEM...32
 - WITCHCRAFT...33
 - OTHER, SPECIFY...34

SECTION U-1: HOUSEHOLD RECONTACT INFORMATION

GIVE DETAILS OF HOW TO FIND THE HOUSEHOLD, IF NO PHONE WRITE 98.

GPS

_____ ° _____ ' S

_____ ° _____ ' E

PROBE AT LEAST FOR THE FOLLOWING:

1. PHONE NUMBER OF HOUSEHOLD HEAD : _____

2. PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

A) NAME : _____ PHONE : _____

B) NAME : _____ PHONE : _____

C) NAME : _____ PHONE : _____

3. REFERENCE PERSON (WITH COMMUNITY)

A) NAME : _____

B) RELATIONSHIP TO HEAD : _____

C) MAIN OCCUPATION : _____

D) LOCATION : _____

E) OTHER : _____

F) PHONE : _____

4. REFERENCE PERSON (OUTSIDE COMMUNITY)

A) NAME : _____

B) RELATIONSHIP TO HEAD : _____

C) MAIN OCCUPATION : _____

D) LOCATION : _____

E) OTHER : _____

F) PHONE : _____

SECTION U-2: FILTER QUESTIONS

1. Does anyone in the household cultivate any plot? YES..1 NO...2

2. Does anyone in the household own a farm plot that they do not cultivate? YES..1 NO...2

3. Did anyone in the household own or cultivate a plot during the long rainy season 2014? YES..1 NO...2

4. Did anyone in the household own or cultivate any plot during the last completed short rainy season? YES..1 NO...2

MARK YES IF RESPONDENT SAID 'YES' TO ANY QUESTION 1-4

5. PROCEED TO AGRICULTURE MODULE? YES..1 NO...2

6. Did anyone in the household own any livestock, excluding dogs, during the last 12 months? YES..1 NO...2

7. Did anyone in this household do any fishing or operate a fish farm in the last 12 months? YES..1 NO...2

8. Did anyone in this household engage in fish trading in the last 12 months? YES..1 NO...2

MARK YES IF RESPONDENT SAID 'YES' TO QUESTION 6, 7, OR 8

9. PROCEED TO LIVESTOCK/FISHERY MODULE? YES..1 NO...2

RESPONDENT GIFT:

EXPLAIN TO THE RESPONDENT THAT YOU WOULD LIKE TO GIVE THEM A GIFT AS THANKS FOR THEIR COOPERATION WITH THE SURVEY.

10. WHICH GIFT DID THIS HOUSEHOLD RECEIVE?

HAND HOE..1 BEDNET..2 OTHER..3

11. WHO IN THE HOUSEHOLD RECEIVED THE GIFT?

NAME: _____ ID NUMBER:

ENUMERATOR SIGNATURE _____

SECTION V: ANTHROPOMETRY

INDIVIDUAL ID	1. IS [NAME] A WOMAN AGE 15-49?	2. IS [NAME] OVER AGE 15?	3. WAS [NAME] MEASURED?	4. WHY NOT? <div style="border: 1px solid black; padding: 2px; display: inline-block;">▶NEXT</div> CURRENTLY NOT HOME...1 TOO ILL...2 UNWILLING...3 OTHER SPECIFY...4	5. WEIGHT <div style="border: 1px solid black; padding: 2px; display: inline-block;">IF LESS THAN 10 KG, PUT LEADING ZEROS (3.2 KG = 003.2)</div>	6. HEIGHT <div style="border: 1px solid black; padding: 2px; display: inline-block;">IF LESS THAN 100 CMS, PUT ZERO (0) ON PRECEDING SPACE OF THIS COLUMN (97 CM = 097)</div>	7. HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	8. IS [NAME] 5 YEARS OR YOUNGER?	9. UPPER ARM CIRCUMFERENCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">IF LESS THAN 10 CMS, PUT ZERO (0) ON PRECEDING SPACE OF THIS COLUMN (9 CM = 09)</div>
	YES...1 (▶3) NO...2	YES...1 (▶NEXT) NO...2	YES...1 (▶5) NO...2		KG	CM	STANDING...1 LYING DOWN...2	YES...1 NO...2 ▶NEXT	CM

1					— — — — • —	— — — — • —			— — • —
2					— — — — • —	— — — — • —			— — • —
3					— — — — • —	— — — — • —			— — • —
4					— — — — • —	— — — — • —			— — • —
5					— — — — • —	— — — — • —			— — • —
6					— — — — • —	— — — — • —			— — • —
7					— — — — • —	— — — — • —			— — • —
8					— — — — • —	— — — — • —			— — • —
9					— — — — • —	— — — — • —			— — • —
10					— — — — • —	— — — — • —			— — • —
11					— — — — • —	— — — — • —			— — • —
12					— — — — • —	— — — — • —			— — • —

END TIME
:

MAGERESHO YA MIKOA NA WILAYA - 49

1. DODOMA-01		6. PWANI-06		12.MBEYA-12		17. SHINYANGA-17		22. NJOMBE-22	
KONDOA	1	BAGAMOYO	1	CHUNYA	1	SHINYANGA RURAL	1	NJOMBE URBAN	1
MPWAPWA	2	KIBAHA RURAL	2	MBEYA RURAL	2	KISHAPU	2	WANGING'OMBE	2
KONGWA	3	KISARAWA	3	KYELA	3	SHINYANGA URBAN	3	MAKETE	3
CHAMWINO	4	MKURANGA	4	RUNGWE	4	KAHAMA RURAL	4	NJOMBE RURAL	4
DODOMA URBAN	5	RUFUJI	5	ILEJE	5	KAHAMA URBAN	5	LUDEWA	5
BAHI	6	MAFIA	6	MBOZI	6			MAKAMBAKO	6
CHEMBA	7	KIBAHA URBAN	7	MBALALI	7	18. KAGERA-18			
				MBEYA URBAN	8	KARAGWE	1	23. KATAVI-23	
2. ARUSHA-02		7. DAR-ES-SALAAM-07		MOMBA	9	BUKOKA RURAL	2	MPANDA URBAN	1
MONDULI	1	KINONDONI	1	TUNDUMA	10	MULEBA	3	MPANDA RURAL	2
MERU	2	ILALA	2			BIHARAMULO	4	MLELE	3
ARUSHA URBAN	3	TEMEKE	3	13. SINGIDA-13		NGARA	5		
KARATU	4			IRAMBA	1	BUKOKA URBAN	6	24. SIMIYU-24	
NGORONGORO	5	8. LINDI-08		SINGIDA RURAL	2	MISSENYI	7	BARIADI	1
ARUSHA RURAL	6	KILWA	1	SINGIDA URBAN	3	KYERWA	8	ITILIMA	2
LONGIDO	7	LINDI RURAL	2	IKUNGI	4			MEATU	3
		NACHINGWEA	3	MKALAMA	5	19. MWANZA-19		MASWA	4
3. KILIMANJARO-03		LIWALE	4		6	UKEREWE	1	BUSEGA	5
ROMBO	1	RUANGWA	5	14. TABORA-14		MAGU	2		
MWANGA	2	LINDI URBAN	6	NZEGA	1	NYAMAGANA	3	25. GEITA-25	
SAME	3			IGUNGA	2	KWIMBA	4	GEITA	1
MOSHI RURAL	4	9. MTWARA-09		UYUI	3	SENGEREMA	5	NYANG'HWALE	2
HAI	5	MTWARA RURAL	1	URAMBA	4	ILEMELA	6	MBOGWE	3
MOSHI URBAN	6	NEWALA	2	SIKONGE	5	MISUNGWI	7	BUKOMBE	4
SIHA	7	MASASI RURAL	3	TABORA URBAN	6			CHATO	5
		TANDAHIMBA	4	KALIUA	7	20. MARA-20			
4. TANGA-04		MTWARA MIKINDANI	5			TARIME	1	51. KASKAZINI UNGUJA-51	
LUSHOTO	1	NANYUMBU	6	15. RUKWA-15		SERENGETI	2	KASKAZINI 'A'	1
KOROGWE RURAL	2	MASASI URBAN	7	KALAMBO	1	MUSOMA RURAL	3	KASKAZINI 'B'	2
MUHEZA	3			SUMBAWANGA RURAL	2	BUNDA	4		
TANGA URBAN	4	10. RUVUMA-10		NKASI	3	MUSOMA URBAN	5	52. KUSINI UNGUJA-52	
PANGANI	5	TUNDURU	1	SUMBAWANGA URBAN	4	RORYA	6	KATI	1
HANDENI	6	SONGEA RURAL	2			BUTIAMA	7	KUSINI	2
KILINDI	7	MBINGA	3	16. KIGOMA-16					
MKINGA	8	SONGEA URBAN	4	KIBONDO	1	21. MANYARA-21		53. MJINI/MAGHARIBI UNGUJA-53	
				KASULU RURAL	2	BABATI RURAL	1	MAGHARIBI A	1
KOROGWE URBAN	9	NAMTUMBO	5	KIGOMA RURAL	3	HANANG	2	MAGHARIBI B	2
HANDENI URBAN	10	NYASA	6	KIGOMA URBAN	4	MBULU	3	MJINI	3
				UVINZA	5	SIMANJIRO	4		
5. MOROGORO-05		11. IRINGA-11		BUHIGWE	6	KITETO	5	54. KASKAZINI PEMBA-54	
KILOSA	1	IRINGA RURAL	1	KAKONKO	7	BABATI URBAN	6	WETE	1
MOROGORO RURAL	2	MUFINDI	2	KASULU URBAN	8			MICHWEWENI	2
KILOMBERO	3	IRINGA URBAN	3						
ULANGA	4	KILOLO	4					55. KUSINI PEMBA-55	
MOROGORO URBAN	5	MAFINGA	5					CHAKECHAKE	1
MVOMERO	6							MKOANI	2
GAIRO	7								