



CONFIDENTIAL

United Republic of Tanzania
National Bureau of Statistics

NATIONAL PANEL SURVEY (NPS 2018/2019)

This information is collected under the Act of the Parliament (Act No. 1 of 2002)

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"/> <input type="text"/>
2. DISTRICT	<input type="text"/> <input type="text"/>
3. WARD	<input type="text"/> <input type="text"/> <input type="text"/>
3_1. VILLAGE	<input type="text"/> <input type="text"/>
4. ENUMERATION AREA	<input type="text"/> <input type="text"/> <input type="text"/>
5. KITONGOJI OR MTAA NAME	
6. HOUSEHOLD ID (FROM LIST) :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
7. NAME OF HOUSEHOLD HEAD:	
8. NAME OF HOUSEHOLD HEAD FROM NPS YEAR 4:	
9. FULL HOUSEHOLD IDENTIFICATION FROM NPS YEAR 4:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <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"/> <input type="text"/> <input type="text"/>
13. LOWEST ROSTER ID NUMBER FROM SECTION B, Q6:	<input type="text"/> <input type="text"/> <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.

SECTION A-2: SURVEY STAFF DETAILS

15. NAME OF ENUMERATOR:

.....

16. ENUMERATOR CODE:

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17. TIME INTERVIEW START

:

18. DATE OF INTERVIEW:

/	/	
---	---	--

DD MM YYYY

(ENUMERATOR ►NEXT
PAGE)

19. NAME OF FIELD SUPERVISOR:

.....

20. FIELD SUPERVISOR CODE:

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OBSERVATIONS ON THE INTERVIEW

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

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

NPSY3 HOUSEHOLDS:

In 2008/2009, the National Bureau of Statistics in Tanzania selected over one hundred households in each region of the country to ask them questions about how they were living. The responses which were provided by the households to these questions were used to help the government of Tanzania do a better job in meeting the needs of all Tanzanians. In 2010/2011, 2012/2013, and 2014/2015, we revisited your household to follow up on the status of things. Now in 2018/2019, 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 your household?

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SECTION B1A: HOUSEHOLD MEMBER ROSTER

<p>IN ORDER TO MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USE THE FOLLOWING PROBE QUESTIONS:</p> <p>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</p> <p><u>FILL IN QUESTIONS 1 TO 6</u> THEN, ASK NAMES OF ANY OTHER PERSONS RELATED TO YOU OR OTHER HOUSEHOLD MEMBERS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE.</p> <p><u>FILL IN QUESTIONS 1 TO 6</u> ALSO ASK OTHER PERSONS NOT HERE NOW WHO NORMALLY LIVE AND EAT THEIR MEALS HERE? FOR EXAMPLE, HOUSEHOLD MEMBERS STUDYING ELSEWHERE OR TRAVELING.</p> <p><u>FILL IN QUESTIONS 1 TO 6</u> 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.</p> <p><u>FILL IN QUESTIONS 1 TO 6</u> IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.</p> <p><u>Q.9 EXCEPTIONS</u> INFANTS LESS THAN 3 MONTHS NEW HOUSEHOLD MEMBERS BOARDING SCHOOL STUDENTS</p>	INDIVIDUAL ID	1. NAME	2. Sex	3. In what month and year was [NAME] born?	4. 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.	5. 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	6. CAP: IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y4 ROSTER ID NUMBER FROM TRACKING FORM ELSE, ENTER 99 NPS Y4 ROSTER ID	7. Did [NAME] eat meals in this household in the last 7 days?	8. For how many days in the last month was [NAME] present?	9. For the last 12 months has [NAME] stayed in this household for 3 months or more? <div>CROSS OUT ID CODE IN THE FLAP AND DO NOT ADMINISTER OTHER SECTIONS FOR INDIVIDUALS WITH CODE 2</div> YES...1 NO...2	INDIVIDUAL ID		
		1											1
		2											2
		3											3
		4											4
		5											5
		6											6
		7											7
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		9											9
		10											10
		11											11
		12											12

SECTION B1B: LAND PLOT ROSTER

PREVIOUSLY REPORTED PLOTS

	1. CAPI: PLOT NUMBER	2. CAPI: PLOT NAME	3. CAPI: LOCATION / DESCRIPTION	4. Does the household still control this [PLOT]?	5. Is this [PLOT] the piece of land on which the dwelling is located?	6. How was this [PLOT] acquired? USE CODES ON THE BOTTOM	7. Under which tenure system is this [PLOT]?	8. What is the primary current use of this [PLOT]?	9. In the last 12 months, has this [PLOT] been used for agriculture or for livestock grazing?	10. How is this plot currently being used?	11. Why do you not have this [PLOT] (owned or cultivated) anymore?	12. How much did you receive when you sold [PLOT]?	13. How much compensation did you receive for [PLOT]?
				YES...1 NO...2 (▶11)	YES...1 NO...2	CUSTOMARY.....1 FREEHOLD.....2 LEASEHOLD.....3 STATE.....4 COMMUNITY/ GROUP RIGHT..5 COOPERATIVES...6 OTHER (SPECIFY)....7	CUSTOMARY.....1 FREEHOLD.....2 LEASEHOLD.....3 STATE.....4 COMMUNITY/ GROUP RIGHT..5 COOPERATIVES...6 OTHER (SPECIFY)....7	RESIDENTIAL.....1 AGRICULTURAL.....2 PASTORAL.....3 FOREST.....4 BUSINESS/ COMMERCIAL.....5 DON'T KNOW.....6 OTHER (SPECIFY)...7	YES...1 NO...2	CULTIVATED.....1 RENTED OUT.....2 GIVEN OUT.....3 FALLOW.....4 FOREST.....5 OTHER, SPECIFY..6	SOLD IT.....1 ABANDONED.....2 ▶NEXT PLOT TAKEN.....3 ▶13 REDISTRIBUTED BY VILLAGE.....4 ▶13 GIVEN AWAY.....5 ▶13 STOPPED RENTING/ SHARECROPPING...6 ▶NEXT PLOT	▶ NEXT TSH	TSH
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2													
3													
4													
5													

14. Do you or any member of your household use, own, or hold use rights for any parcel of land, in addition to any listed above, either alone or jointly with someone else, irrespective of whether the parcel is used by your or another household, and irrespective of the use of the parcel (including dwelling plot, agricultural, pastoral, forest and business/commercial plots)?

YES...1
NO...2

NEW PLOTS

	15 PLOT NAME	16 LOCATION / DESCRIPTION	17 Is this [PLOT] the piece of land on which the dwelling is located?	18. How was this [PLOT] acquired? USE CODES ON THE BOTTOM	19. Under which tenure system is this [PLOT]?	20. What is the primary current use of this [PLOT]?	21 In the last 12 months, has this [PLOT] been used for agriculture or for livestock grazing?	22. How is this plot currently being used?
			YES...1 NO...2	CUSTOMARY.....1 FREEHOLD.....2 LEASEHOLD.....3 STATE.....4 COMMUNITY/GROUP RIGHT.....5 COOPERATIVES...6 OTHER (SPECIFY) ...7	RESIDENTIAL...1 AGRICULTURAL..2 PASTORAL.....3 FOREST.....4 BUSINESS/ COMMERCIAL...5 DON'T KNOW...6 OTHER (SPECIFY) ...7	CUSTOMARY.....1 FREEHOLD.....2 LEASEHOLD.....3 STATE.....4 COMMUNITY/ GROUP RIGHT..5 COOPERATIVES...6 OTHER (SPECIFY)....7	YES...1 NO...2	CULTIVATED.....1 RENTED OUT.....2 GIVEN OUT.....3 FALLOW.....4 FOREST.....5 OTHER, SPECIFY..6
1								
2								
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4								
5								

CODES FOR 6 & 18
GRANTED BY CUSTOMARY/COMMUNITY AUTHORITIES1
ALLOCATED BY GOVERNMENT.....2
ALLOCATED BY FAMILY MEMBER.....3
INHERITED BY THE DEATH OF A FAMILY MEMBER....4
PURCHASED.....5
RENTED IN, SHORT-TERM (< 3 YEARS).....6 >> 8, 20
RENTED IN, LONG-TERM.....7
SHARECROPPED IN8 >> 8, 20
BORROWED FOR FREE.....9
BRIDE PRICE.....10
GIFT FROM NON-HOUSEHOLD MEMBER.....11
MOVED IN WITHOUT PERMISSION.....12 >> NEXT PLOT
OTHER (SPECIFY).....13

SECTION B2: HOUSEHOLD MEMBER DETAILS

	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
I N D I V I D U A L I D	For how many cumulative months during the last 12 months has [NAME] been away from this household?	What was [NAME]'s main occupation for the past 12 months?	Where is [NAME]'s biological father?	What was [NAME]'s age when [NAME]'s father died?	How many years of school did/does [NAME]'s father have?	Where is [NAME]'s biological mother?	What was [NAME]'s age when [NAME]'s mother died?	How many years of school did/does [NAME]'s mother have?	CAPI: IS [NAME] AGED 12 YEARS OR ABOVE?	What is [NAME]'s marital status?	What is [NAME]'s previous marital status before this current marriage?
	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	IF FATHER IS MEMBER OF HH, COPY ID. (►15) LIVING OUTSIDE OF HH.....97 (►14) DEAD.....98 DOES NOT KNOW.....99 (►14)	<div>AGE OF CHILD</div>	NO SCHOOL.....1 SOME PRIMARY....2 COMPLETED PRIMARY.....3 SOME SECONDARY..4 COMPLETED SECONDARY.....5 MORE THAN SECONDARY.....6 ADULT EDUCATION..7 DON'T KNOW.....8	IF MOTHER IS MEMBER OF HH, COPY ID. (►18) LIVING OUTSIDE OF HH....97 (►17) DEAD.....98 DOES NOT KNOW.....99 (►17)	<div>AGE OF CHILD</div>	NO SCHOOL.....1 SOME PRIMARY....2 COMPLETED PRIMARY.....3 SOME SECONDARY..4 COMPLETED SECONDARY.....5 MORE THAN SECONDARY.....6 ADULT EDUCATION..7 DON'T KNOW.....8	YES...1 NO...2 (►NEXT)	MONOGAMOUS MARRIED....1 POLYGAMOUS MARRIED....2 LIVING TOGETHER...3 (►22) SEPARATED....4 (►26) DIVORCED.....5 (►26) NEVER MARRIED....6 (►26) WIDOW (ER)7 (►26)	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. CAP: IS [NAME] 5 YEARS OR ABOVE?	1_1. IS THIS PERSON 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 main reason [NAME] never attended school? TOO YOUNG.....1 TOO FAR AWAY.....2 TOO EXPENSIVE3 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 IS IMPORTANT.....9 ILLNESS.....10 DISABILITY.....11 OTHER (SPECIFY).....12	4. At what age did [NAME] start school?	5. Is [NAME] currently in school?	5a. Why is [NAME] currently not in school? HAD ENOUGH/ COMPLETED SCHOOLING.....1 AWAITING ADMISSION.....2 NO SCHOOL/ LACK OF TEACHERS.....3 NO TIME/NO INTEREST.....4 EDUCATION NOT USEFUL.....5 LACK OF MONEY.....6 MARITAL OBLIGATION.....7 SICKNESS.....8 DISABILITY.....9 SEPARATION OF PARENTS.....10 DEATH OF PARENTS.....11 TOO OLD TO ATTEND12 DOMESTIC OBLIGATION ...13 JOB/WORK.....14 OTHER SPECIFY.....15	6. Was [NAME] in school last year?
	YES..1 NO...2 (▶NEXT)	YES..1 (▶2) NO...2	ID CODE	KISWAHILI...1 ENGLISH....2 KISWAHILI & ENGLISH...3 ANY OTHER LANGUAGE..4 NO.....5	YES..1 (▶4) NO...2	▶29	AGE	YES..1 (▶9) NO...2	YES..1 (▶10) NO...2	

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SECTION C: EDUCATION

I N D I V I D U A L I D	7. What is the highest grade completed by [NAME]?	8. What year did [NAME] leave school for the last time?	9. What grade is [NAME] currently attending?	10. What grade was [NAME] attending last year?	11. CAPI: IS [NAME] CURRENTLY ATTENDING SCHOOL?	12. Who owns the school [NAME] attends?	13. Is this school a boarding school?	14. How does [NAME] usually travel to school?
	PP.....1 ADULT.....2 PRIMARY SECONDARY D1.....11 F1.....21 D2.....12 F2.....22 D3.....13 F3.....23 D4.....14 F4.....24 D5.....15 'O'+COURSE..25 D6.....16 F5.....31 D7.....17 F6.....32 D8.....18 'A'+COURSE..33 PREFORM 1..19 DIPLOMA....34 MS+COURSE..20 UNIVERSITY & EQUIVALENT U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45	PP.....1 ADULT.....2 PRIMARY SECONDARY D1.....11 F1.....21 D2.....12 F2.....22 D3.....13 F3.....23 D4.....14 F4.....24 D5.....15 'O'+COURSE..25 D6.....16 F5.....31 D7.....17 F6.....32 D8.....18 'A'+COURSE..33 PREFORM 1..19 DIPLOMA....34 MS+COURSE..20 UNIVERSITY & EQUIVALENT U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45	PP.....1 ADULT.....2 PRIMARY SECONDARY D1.....11 F1.....21 D2.....12 F2.....22 D3.....13 F3.....23 D4.....14 F4.....24 D5.....15 'O'+COURSE..25 D6.....16 F5.....31 D7.....17 F6.....32 D8.....18 'A'+COURSE..33 PREFORM 1..19 DIPLOMA....34 MS+COURSE..20 UNIVERSITY & EQUIVALENT U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45	PP.....1 ADULT.....2 PRIMARY SECONDARY D1.....11 F1.....21 D2.....12 F2.....22 D3.....13 F3.....23 D4.....14 F4.....24 D5.....15 'O'+COURSE..25 D6.....16 F5.....31 D7.....17 F6.....32 D8.....18 'A'+COURSE..33 PREFORM 1..19 DIPLOMA....34 MS+COURSE..20 UNIVERSITY & EQUIVALENT U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45	NOT YET STARTED.....90 NOT ATTENDING.....91	YES..1 NO...2 (►22)	LOCAL GOV'T.....1 CENTRAL GOV'T....2 LOCAL PEOPLE....3 FOREIGN PEOPLE...4 RELIGIOUS.....5 CHARITABLE ORG ..6 PRIVATE ORG.....7 OTHER, SPECIFY...8	YES..1 (►16) NO...2
		►22						

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SECTION C: EDUCATION

I N D I V I D U A L I D	15. How long does it take [NAME] to get to school by this means of transportation? ONE WAY ONLY	16. Does [NAME] get meals at the school (school feeding)? FREE MEALS	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?	21. Has [NAME] had any problems at school? NO PROBLEMS (SATISFIED).....1 INADEQUATE BOOKS/TOOLS....2 POOR TEACHING....3 INADEQUATE TEACHERS.....4 POOR ATTENDANCE OF TEACHERS....5 OVERCROWDED CLASSROOMS.....6 TOO EXPENSIVE....7 OTHER, SPECIFY...8	22. Did [NAME] take the Primary School Leaving Exam [PSLE]?	23. How did [NAME] score in the exam?	24. Did [NAME] take the Form 4 or Form 6 exam?	25. In what year did [NAME] take the exam?
	MINUTES	YES...1 NO...2	YES...1 NO...2 (►19)			HOURS MINUTES	1 2	YES...1 NO...2 (►24)	PASS.....1 FAIL.....2 DON'T KNOW...3	YES, FORM 4...1 YES, FORM 6...2 NO, DID NO TAKE...3 (►28)	IF DON'T KNOW, WRITE 9999

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I N D I V I D U A L I D	26. Will you show me the exam certificate?	27. How did [NAME] score in the exam?	28. How much was spent on [NAME]'s education in the last 12 months by members of your household: <div style="border: 1px solid black; padding: 10px; text-align: center;"> IF THERE WAS NO EXPENDITURE, WRITE '0' </div>		29. Has [NAME] ever attended an adult education class? Which one?	30. How many months did [NAME] attend this adult education class?	
	YES, IT WAS SHOWN....1 NOT SHOWN, HOUSEHOLD HAS BUT REFUSED...2 NOT FOUND...3	DIVISION 1...1 DIVISION 2...2 DIVISION 3...3 DIVISION 4...4 FAIL.....5 DON'T KNOW...6	YES...1 NO...2 (▶29)		KCM (MUKEJA)...1 KCK (MUKEJA)...2 OTHER, NOT MUKEJA, SPECIFY.....3 NEVER ATTENDED....4 (▶NEXT)	NUMBER OF MONTHS	
	School Fees TSH	Books & Materials TSH	Uniforms TSH	Transport TSH	Extra Tuition TSH	Other Contributions TSH	Cost of Meals TSH

[illegible]

SECTION D: HEALTH

RESPONDENTS 12 AND OLDER SHOULD RESPOND FOR THEMSELVES

I N D I V I D U A L	1. IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?	1_1. WHO IS REPORTING THE INFORMATION FOR THE INDIVIDUAL?	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?	
				<div style="border: 1px solid black; padding: 5px; text-align: center;"> LIST UP TO TWO VISITS BY ORDER OF IMPORTANCE </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> GOV. PARASTATAL REFERRAL/SPEC. HOSP...1 REGIONAL HOSPITAL ...2 DISTRICT HOSPITAL ...3 HEALTH CENTER4 DISPENSARY5 VILLAGE HEALTH POST (WORKER).....6 CBD WORKER7 </div> <div style="width: 48%;"> PRIVATE SPECIALISED HOSP...12 HEALTH CENTER13 DISPENSARY14 OTHER PHARMACY15 NGO.....16 OTHER, SPECIFY.....17 </div> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> UP TO TWO PROVIDERS </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP...8 DISTRICT HOSPITAL ...9 HEALTH CENTER10 DISPENSARY11 </div> <div style="width: 48%;"> 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> </div>		<div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> TSH </div>		<div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> TSH </div>			
	YES...1 (▶2) NO...2	ID CODE	YES...1 NO...2	PROVIDER 1	PROVIDER 2	1	2	1	2	1	2

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SECTION D: HEALTH

I N D I V I D U A L I D	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
	How much in total did the household spend on [NAME] in the <u>past 4 weeks</u> for <u>all illnesses and injuries</u> , including for prescription medicine, tests, consultation, & in-patient fees, if any?	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</u> , including preventive health care, prenatal visits, check-ups, etc., if any?	How much in total did the household spend on [NAME] in the past <u>4 weeks</u> for <u>non-prescription medicines</u> , including Panadol, Fansidar, cough syrup, etc.?	During the last <u>12 months</u> , was [NAME] hospitalized or did [NAME] have an overnight stay(s) in a medical facility?	How many stays and for how many nights was [NAME] hospitalized?	What event (e.g. illness/accident) have led to [NAME] hospitalization?"	What was the total cost of [NAME]'s hospitalization(s) or overnight stay(s) in a medical facility?	During the last <u>12 months</u> , did [NAME] stay <u>overnight(s) at a traditional healer's or faith healer's dwelling</u> ?	What was the total cost of [NAME]'s stay(s) at the traditional healer or faith healer?	CAPI: IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD)
	<div>INCLUDE VALUE REPORTED IN Q5</div>	<div>INCLUDE VALUE REPORTED IN Q5</div>	<div>INCLUDE VALUE REPORTED IN Q5</div>			FEVER.....1 MALARIA.....2 STOMACH.....3 DIARRHEA.....4 HEADACHE.....5 HEART.....6 LUNG.....7 BROKEN BONE.....8 MATERNITY/PREGNANCY /DELIVERY.....9 HIV/AIDS/STD.....10 TUBERCULOSIS.....11 ACCIDENT.....12 OTHER, SPECIFY.....13				
	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS			YES...1 NO...2 (▶14)	NEW STAYS TOTAL NIGHTS FOR ALL STAYS	1 2 3	TSH	YES...1 NO...2 (▶16)	TSH	YES...1 (▶31) NO...2
	TSH	TSH	TSH							
1										
2										
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SECTION D: HEALTH

	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.
I N D I V I D U A L I D	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):	
	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] 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 N/A (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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SECTION D: HEALTH
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?	32. How did the household obtain this bednet?	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?	35. In the last 12 months did [NAME] access a medical exemption at a public health facility?	36. CAPI: IS THE RESPONDENT A WOMAN AGED 12 TO 49 YEARS?	37. In the past 24 months, did [NAME] <u>give birth</u> to a child, even if born dead?	38. Did [NAME] regularly go to a health clinic when she was pregnant with her last child born in the last 24 months?	39. Where did [NAME] deliver [NAME]'s last child born in the last 24 months?	40. Who delivered this child?	41. Was this birth registered with the civil authorities?
	YES UNTREATED NET.....1 YES TREATED NET < 6 MONTHS...2 YES TREATED NET > 6 MONTHS...3 NO.....4 (▶34) DON'T KNOW.....5 (▶34)	FREE GIFT.....1 (▶34) PURCHASED.....2 PURCHASED W/ VOUCHER..3		HAS CERTIFICATE.1 REGISTERED...2 NEITHER3 DON'T KNOW...4	YES.....1 NO.....2 DON'T KNOW..3	YES..1 NO...2 (▶42)	YES..1 NO...2 (▶NEXT)		HOSPITAL/ MATERNITY.1 CLINIC.....2 AT HOME.....3 OTHER, SPECIFY...4	DOCTOR OR CLINICAL OFFICER.....1 NURSE.....2 MIDWIFE.....3 TRADITIONAL BIRTH ATTENDANT.....4 FRIEND OR RELATIVE.....5 SELF.....6 OTHER, SPECIFY.7	YES..1 NO...2

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CHILDREN <5 YEARS (Q 27-34)

I N D I V I D U A L I D	42. CAPI: 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 E: 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. In the last 7 days , 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?	4. How many hours in the last 7 days did [NAME] work in this activity?	5. In the last 7 days , 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?	6. How many hours in the last 7 days did [NAME] work in this activity?	7. In the last 7 days , 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?	8. How many hours in the last 7 days 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 NO...2 (▶NEXT)	YES...1 (▶3) NO...2	ID CODE	YES....1 NO....2 (▶5)	HOURS	YES...1 NO...2 (▶7)	HOURS	YES...1 NO....2 (▶11)	HOURS	

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SECTION E: LABOUR

TEMPORARY ABSENCE

10. CAPI: IS THE ANSWER TO Q9=1 OR Q9=2?	11. In the last 7 days , did [NAME] work as unpaid apprentice even if for one hour?	12. CAPI: Q3, Q5, Q7, Q11: IS THE ANSWER TO AT LEAST ONE QUESTION A 'YES'?	13. Although [NAME] did not do any work during the last 7 days, does [NAME] have a job or own farm or enterprise at which [NAME] will definitely return to work?	14. What is the main reason [NAME] did not work at this activity during the last 7 days? ON LEAVE/HOLIDAY.....1 SICKNESS.....2 BUSINESS CLOSED TEMPORARILY.....3 STRIKE, LABOR DISPUTE...4 SHIFT WORK, FLEX TIME...5 SEASONAL WORK6 OTHER (SPECIFY)7	15. Including the time that [NAME] has been absent, will [NAME] return to that same job or own farm or enterprise in 3 months or less?	16. Is the work [NAME] plans to return to in household farming, livestock or fishing?	17. Are the products obtained from this activity intended ? ONLY FOR SALE.....1 MAINLY FOR SALE.....2 MAINLY FOR FAMILY USE..3 ONLY FOR FAMILY USE....4
YES...1 NO...2	YES...1 NO...2	YES...1 (►18) NO...2	YES...1 NO...2 (►18)		YES...1 NO...2	YES...1 NO...2 (►18)	

SECTION E: LABOUR JOB SEARCH AND AVAILABILITY

<p>18. CAPI: CHECK Q3, Q5, Q10, IS THE ANSWER TO AT LEAST ONE QUESTION A 'YES'?</p> <p>YES...1 (▶28) NO...2</p>	<p>19. Has [NAME] taken any steps within the past 4 weeks to look for work?</p> <p>YES...1 (▶21) NO...2</p>	<p>20. Has [NAME] taken any steps within the past 4 weeks to start a business?</p> <p>YES...1 NO...2 (▶22)</p>	<p>21. What steps has [NAME] taken to find a job/start a business?</p> <p>REGISTERED WITH A RECRUITMENT AGENCY (EITHER PUBLIC, PRIVATE INSTITUTION OR INTERNET).....1 REPLIED TO ADVERTISEMENTS IN NEWSPAPERS, POSTERS OR INTERNET...2 INQUIRING FROM PERSONS WITH PUBLIC OR PRIVATE SECTOR JOB CONTRACTS...3 NETWORKING WITH FRIENDS/RELATIVES...4 SEEK FINANCIAL HELP TO START A BUSINESS.....5 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS.....6 APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS.....7 OTHER (SPECIFY)8</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">▶ 25</div>	<p>22. At present does [NAME] want to work?</p> <p>YES...1 (▶24) NO...2</p>	<p>23. Which of the following best describes what [NAME] is mainly doing at present?</p> <p>PLEASE READ ALL OPTIONS</p> <p>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</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">▶ NEXT</div>	<p>24. What is the main reason [NAME] did not look for a job/tried to start a business in the past 4 weeks?</p> <p>MOST IMPORTANT REASON</p> <p>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</p>
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[illegible]

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?
		<p>APPRENTICESHIP OR UNPAID TRAINEESHIP...1</p> <p>LABOR PAYING OFF DEBT.....2</p> <p>OTHER (SPECIFY) ..3</p>	<p>IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to does [NAME] expect? What period of time did this payment cover?</p> <p>HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8</p>	<p>[APART FROM SALARY]</p> <p>HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8</p>		<p>MAX AMOUNT: 12 MONTHS</p>	<p>MAX AMOUNT: 5 WEEKS</p>	<p>MAX AMOUNT: 168 HOURS</p>	<p>MAX AMOUNT: 168 HOURS</p>	
TOTAL NUMBER	<p>YES...1 (►35)</p> <p>NO...2</p>	<p>►38</p>	<p>TSH UNIT</p>	<p>YES...1 NO...2</p> <p>(►38)</p>	<p>TSH UNIT</p>	<p>MONTHS</p>	<p>WEEKS</p>	<p>HOURS</p>	<p>HOURS</p>	<p>YES...1 NO...2</p> <p>(►44)</p>

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<p>43.</p> <p>What is the type of your work contract?</p> <p>PERMANENT CONTRACT.....1</p> <p>TEMPORARY CONTRACT:</p> <p>SPECIFIC TASK...2</p> <p>FIXED TIME.....3</p> <p>CASUAL.....4</p>	<p>44.</p> <p>Does this job:</p> <table border="1"> <thead> <tr> <th>offer paternity/ maternity leave</th> <th>withhold taxes from your wages</th> <th>offer health insurance</th> </tr> </thead> <tbody> <tr> <td>YES...1</td> <td>YES...1</td> <td>YES...1</td> </tr> <tr> <td>NO...2</td> <td>NO...2</td> <td>NO...2</td> </tr> </tbody> </table>	offer paternity/ maternity leave	withhold taxes from your wages	offer health insurance	YES...1	YES...1	YES...1	NO...2	NO...2	NO...2
offer paternity/ maternity leave	withhold taxes from your wages	offer health insurance								
YES...1	YES...1	YES...1								
NO...2	NO...2	NO...2								

<p>45.</p> <p>Other than the job just listed, has [NAME] had any other sort of employment or apprenticeship?</p> <p>YES...1</p> <p>NO...2</p> <p>(►58)</p>	<p>46.</p> <p>Is [NAME]'s main employer in this secondary work...</p> <p>CENTRAL GOVT.....1</p> <p>LOCAL GOVT.....2</p> <p>PARASTATAL.....3</p> <p>POLITICAL PARTY...4</p> <p>COOPERATIVE.....5</p> <p>NGO.....6</p> <p>INT'L ORG.....7</p> <p>RELIGIOUS ORG.....8</p> <p>PRIVATE SECTOR....9</p> <p>OTHER (SPECIFY)..10</p>	<p>47.</p> <p>What kind of work does [NAME] usually do in this (second) job?</p> <p>DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.</p> <p>[CODE: TASCO CODE]</p>	<p>48.</p> <p>What kind of trade or business is it connected with?</p> <p>[CODE: ISIC SECTOR]</p>
		DESCRIPTION	CODE
		DESCRIPTION	CODE

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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? <div>APPRENTICESHIP OR UNPAID TRAINEESHIP...1 LABOR PAYING OFF DEBT.....2 OTHER (SPECIFY)3</div>	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? <div>HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8</div>	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? <div>HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8</div>	54. In the last 7 days, how many hours did [NAME] work in this job? MAX AMOUNT: 168 HOURS	55. Does this job have a contract?	56. What is the type of your work contract? PERMANENT CONTRACT...1 TEMPORARY CONTRACT: SPECIFIC TASK.....2 FIXED TIME.....3 CASUAL.....4	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		TSH UNIT	YES...1 NO...2 (▶54)	TSH UNIT	HOURS	YES..1 NO...2 (▶57)		YES...1 NO...2	YES...1 NO...2	YES...1 NO...2

SECTION E2: LABOUR (USUAL ACTIVITY)

I N D I V I D U A L I D	CAPI: IS THE HOUSEHOLD MEMBER 5 YEARS OR ABOVE?	1. IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?	2. WHO IS REPORTING THE INFORMATION FOR THE INDIVIDUAL?	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?	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?	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?	6. In the last 12 months , did [NAME] work as unpaid apprentice even if for one hour?	7. In what type of economic activity did [NAME] spend most of the time in the last 12 months:
	YES...1 NO...2 ▶NEXT	YES...1 (▶2) NO...2	ID CODE	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	A PAID EMPLOYEE.....1 SELF EMPLOYED (NON-AGRIC) : WITH EMPLOYEES.....2 WITHOUT EMPLOYEES.....3 UNPAID FAMILY HELPER (NON-AGRIC)4 UNPAID FAMILY HELPER (AGRIC)5 ON YOUR OWN FARM OR SHAMBA.....6
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SECTION E3: OWN USE PRODUCTION OF GOODS

P E R S O N I D	1.	2.	3.	4.	5.	6.	7.	8.	9.
	CAPI: IS [NAME] 5 YEARS OLD OR OLDER? YES...1 NO...2 (►NEXT PERSON)	IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF? YES...1 (►4) NO...2	WHO IS REPORTING THE INFORMATION FOR THE INDIVIDUAL? ID CODE	In the last 7 days, did [NAME] <u>gather foodstuffs</u> (e.g. wild berries, nuts, mushrooms)? YES...1 NO...2 (►6)	How many hours did [NAME] spend doing this in the last 7 days? HOURS	In the last 7 days, did [NAME] <u>go hunting for bush meat</u> for the household? YES...1 NO...2 (►8)	How many hours did [NAME] spend doing this in the last 7 days? HOURS	In the last 7 days, did [NAME] <u>prepare preserved food or drinks for storage</u> such as flour, dried fish, butter, cheese for use by the household? YES...1 NO...2 (►10)	How many hours did [NAME] spend doing this in the last 7 days? HOURS

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SECTION E3: OWN USE PRODUCTION OF GOODS

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P E R S O N I D	In the last 7 days, did [NAME] <u>do any construction work</u> to build, renovate or extend your household's dwelling or help without pay a family member with similar work?	How many hours did [NAME] spend doing this in the last 7 days?	In the last 7 days, did [NAME] <u>spend any time making goods for use</u> by your household or family such as mats, baskets, furniture, clothing...?	How many hours did [NAME] spend doing this in the last 7 days?	In the last 7 days, did [NAME] <u>fetch water from natural or public sources</u> for use by the household?	How many hours did [NAME] spend doing this in the last 7 days?	In the last 7 days, did [NAME] <u>collect firewood or other natural products for use as fuel</u> by the household?	How many hours did [NAME] spend doing this in the last 7 days?
	YES...1 NO...2 (►12)		YES...1 NO...2 (►14)		YES...1 NO...2 (►16)	INCL. WAITING TIME	YES...1 NO...2	
		HOURS		HOURS		HOURS		HOURS

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SECTION F: FOOD CONSUMPTION OUTSIDE THE HH

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.

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

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SECTION G. SUBJECTIVE WELFARE & CRIME

I N D I V I D U A L I D	1. IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?	2. CAPL : IS NAME OVER AGE 15?	3. Now we'd like to ask a few questions about your level of satisfaction with various components of your life. How satisfied or dissatisfied would you say you are with... [ITEM]?									4. Just thinking about your current financial circumstances, would you describe yourself as:	5. Just thinking about your circumstances that you were living in two years ago, would you describe yourself then as:
	YES...1 NO...2 ►6	YES...1 NO...2 ►6	<p>VERY SATISFIED.....1 SATISFIED.....2 SOMEWHAT SATISFIED.....3 NEITHER SATISFIED NOR DISSATISFIED..4 SOMEWHAT DISSATISFIED.....5 DISSATISFIED.....6 VERY DISSATISFIED.....7 NOT APPLICABLE.....8</p>									<p>VERY RICH.....1 RICH.....2 COMFORTABLE....3 CAN MANAGE TO GET BY.....4 NEVER HAVE QUITE ENOUGH.....5 POOR.....6 DESTITUTE.....7 NO OPINION.....8</p>	<p>VERY RICH.....1 RICH.....2 COMFORTABLE....3 CAN MANAGE TO GET BY.....4 NEVER HAVE QUITE ENOUGH.....5 POOR.....6 DESTITUTE.....7 NO OPINION.....8</p>
			A. Your health?	B. Your financial situation?	C. Your housing?	D. Your job?	E. The health care available to you?	F. The education available for your household?	G. Your protection against crime/your safety?	H. Your safety in transportation / on roads?	I. Your life as a whole?		

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SECTION G. SUBJECTIVE WELFARE & CRIME

CRIME

I N D I V I D U A L I D	6.	7.	8.	9.	10.
	CAP: IS [NAME] OVER AGE 12?	In the last 12 months, has [NAME] been a victim of a crime?	What was the type of crime? ASK ABOUT MOST RECENT CRIME	Did [NAME] or someone else report this crime to the police?	Why was this crime not reported to the police?
			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		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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MODULE G1: PLOT DETAILS

P L O T I D	CAPI: PLOT NAME	CAPI: LOCATION / DESCRIPTION	CAPI: CURRENT USE	CAPI: Is this [PLOT] the same piece of land on which the dwelling is located?	1. Do you use, own, or hold use rights for this [PLOT], either alone or jointly with someone else?	2. Do you own this [PLOT], either alone or jointly with someone else?	3. Does anyone WITHIN the household jointly own this [PLOT] with you?	4. Who else WITHIN the household jointly owns this [PLOT] with you? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER.		
				YES...1 NO...2	YES...1 NO...2 ► NEXT PLOT	YES...1 NO...2 ►NEXT	YES...1 NO...2 ►Q5	HH ID #1	HH ID #2	HH ID #3
1										
2										
3										
4										
5										
6										
7										
8										

MODULE G1: PLOT DETAILS

P L O T I D	5. Does anyone OUTSIDE the household jointly own this [PLOT] with you?	6a. How many MALES outside this household own this [PLOT] with you?	6b. How many FEMALES outside this household own this [PLOT] with you?	7. Is there a document for this [PLOT] issued by or registered at the Land Registry/ Cadastral Agency, such as a title deed, certificate of ownership, certificate of hereditary acquisition, lease or rental contract?	8. What type of documents are there for this [PLOT], and is your name listed on any of the documents as owner or right use holder?	9. Is your name among the names listed on the ownership document for the [PLOT]?	10. Is anyone WITHIN the household's name listed as owners on the ownership document for this [PLOT]?	11. Who WITHIN the household's name is listed as owners on the ownership document for this [PLOT]?			12. Is anyone OUTSIDE the household's name listed as owners on the ownership document for this [PLOT]?	13a. How many MALES outside this household's name is listed as owners on the ownership document for this [PLOT]?	13b. How many FEMALES outside this household's name is listed as owners on the ownership document for this [PLOT]?
	YES...1 NO...2 ►Q7	# OF OUTSIDE MALES	# OF OUTSIDE FEMALES	YES...1 NO...2 ►NEXT	SHOW PHOTO AID <u>CODES FOR DOCUMENT TYPE:</u> TITLE DEED.....1 CERTIFICATE OF CUSTOMARY OWNERSHIP.....2 CERTIFICATE OF OCCUPANCY...3 CERTIFICATE OF HEREDITARY ACQUISITION LISTED IN REGISTRY.....4 SURVEY PLAN.....5 RENTAL CONTRACT, REGISTERED.....6 LEASE, REGISTERED.....7 OTHER (SPECIFY).....8	YES...1 NO...2 ►NEXT	YES...1 NO...2 ►Q12	HH ID #1	HH ID #2	HH ID #3	YES...1 NO...2 ►NEXT	# OF OUTSIDE MALES	# OF OUTSIDE FEMALES
1													
2													
3													
4													
5													
6													
7													
8													

MODULE G1B: INDIVIDUAL RIGHTS TO PLOTS

ENTIRE MODULE WILL BE ASKED OF EACH PLOT REPORTED BY THE HOUSEHOLD

	RESPONDENT										HOUSEHOLD MEMBER 1							
R I G H T	1 With regard to this [PLOT], are you among the individuals who have the right to [RIGHT] this land, even if you need to obtain consent or permission from someone else?	2 Do you need permission or consent from another household member to [RIGHT] this [PLOT]?	3 From which household member(s) do you need permission or consent? <div>LIST UP TO 4 HOUSEHOLD MEMBERS</div>				4 Do you need permission from another person from OUTSIDE the household to [RIGHT] this land [PLOT]?	5 From how many MALES from outside this household do you need permission or consent?	6 From how many FEMALES from outside this household do you need permission or consent?	7 Does any other member of this household have the right to [RIGHT] this land [PLOT]?	8 Which other household members have the right to [RIGHT] it, even if they needed to obtain consent or permission from someone else?	9 Does [HH MEMBER #1] need permission or consent from anybody inside this household to [RIGHT] this land [PLOT]?	10 From whom inside the household does [HH MEMBER #1] need permission to [RIGHT] this land [PLOT]?? <div>LIST UP TO 3 HOUSEHOLD MEMBERS</div>	11 Does [HH MEMBER #1] need permission or consent from another person from OUTSIDE this household to [RIGHT] this land [PLOT]?	12 From how many MALES from outside this household does [HH MEMBER #1] need permission or consent?	13 From how many FEMALES from outside this household does [HH MEMBER #1] need permission or consent?	14 Does any other member of this household have the right to [RIGHT] this land [PLOT]?	
	YES...1 NO...2 ► NEXT RIGHT	YES...1 NO...2 (► Q7)	HH ID 1	HH ID 2	HH ID 3	HH ID 4	YES...1 NO...2	NO. OF MALES	NO. OF FEMALES	YES...1 NO...2 (► Q28)	HH ROSTER ID	YES...1 NO...2 (► Q14)	HH ID 1	HH ID 2	HH ID 3	YES...1 NO...2	NO. OF MALES	NO. OF FEMALES
A. Sell																		
B. Bequeath																		
C. Use as collateral																		
D. Rent out																		
E. Make improvements/invest																		

MODULE G1B: INDIVIDUAL RIGHTS TO PLOTS

	HOUSEHOLD MEMBER 2								HOUSEHOLD MEMBER 3								
R I G H T	15 Which other household members have the right to [RIGHT] it, even if they needed to obtain consent or permission from someone else?	16 Does [HH MEMBER #2] need permission or consent from anybody inside this household to [RIGHT] this land [PLOT]?	17 From whom inside the household does [HH MEMBER #2] need permission to [RIGHT] this land [PLOT]?? <div>LIST UP TO 3 HOUSEHOLD MEMBERS</div>			18 Does [HH MEMBER #2] need permission or consent from another person from OUTSIDE this household to [RIGHT] this land [PLOT]?	19 From how many <u>MALES</u> from outside this household does [HH MEMBER #2] need permission or consent?	20 From how many <u>FEMALES</u> from outside this household does [HH MEMBER #2] need permission or consent?	21 Does any other member of this household have the right to [RIGHT] this land [PLOT]?	22 Which other household members have the right to [RIGHT] it, even if they needed to obtain consent or permission from someone else?	23 Does [HH MEMBER #3] need permission or consent from anybody inside this household to [RIGHT] this land [PLOT]?	24 From whom inside the household does [HH MEMBER #3] need permission to [RIGHT] this land [PLOT]?? <div>LIST UP TO 3 HOUSEHOLD MEMBERS</div>			25 Does [HH MEMBER #3] need permission or consent from another person from OUTSIDE this household to [RIGHT] this land [PLOT]?	26 From how many <u>MALES</u> from outside this household does [HH MEMBER #3] need permission or consent?	27 From how many <u>FEMALES</u> from outside this household does [HH MEMBER #3] need permission or consent?
	HH ROSTER ID	YES...1 NO...2 (► Q21)	HH ID 1	HH ID 2	HH ID 3	YES...1 NO...2	NO. OF MALES	NO. OF FEMALES	YES...1 NO...2 (► Q28)	HH ROSTER ID	YES...1 NO...2 (► Q28)	HH ID 1	HH ID 2	HH ID 3	YES...1 NO...2	NO. OF MALES	NO. OF FEMALES
A. Sell																	
B. Bequeath																	
C. Use as collateral																	
D. Rent out																	
E. Make improvements/ invest																	

MODULE G1B: INDIVIDUAL RIGHTS TO PLOTS

[illegible]

MODULE G1C: LAND (CONTINUED)

DWELLING

P L O T I D	<p>CAPI: IS THIS THE PLOT ON WHICH THE DWELLING IS LOCATED?</p>	<p>1. Do dwelling owners sell or rent out dwellings in or around this community?</p> <p>YES, LAND OWNERS RENT/SELL.....1 NO LAND TRANSACTIONS.....2 ▶Q3 DO NOT KNOW.....98 ▶Q3</p> <p>YES, LAND OWNERS RENT/SELL.....1 NO LAND TRANSACTIONS.....2 ▶Q3 DO NOT KNOW.....98 ▶Q3</p> <p>YES..1 NO ..2 ▶Q11</p>	<p>2. Are you informed regarding the value of recent dwelling sales/ rental transactions?</p> <p>YES.....1 NO2</p>	<p>3. If this dwelling were to be sold today, how much could be received for it?</p> <p>RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.</p> <p>TSH</p>	<p>4. What would it cost to construct this dwelling today, including the cost of the plot of land on which the dwelling is located?</p> <p>RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.</p> <p>TSH</p>	<p>5. If this dwelling/plot were to be sold/rented out today, would you be among the individuals that would decide how the money is used?</p> <p>YES..1 NO...2 ▶Q17</p>	<p>6. If this dwelling/plot were to be sold/rented out today, would anyone else WITHIN the household decide how the money is used?</p> <p>YES..1 NO...2 ▶Q8</p>	<p>7. If this dwelling/plot were to be sold/rented out today, who else WITHIN the household would decide how the money is used?</p> <p>LIST UP TO 3 FROM THE HOUSEHOLD.</p> <table border="1"> <tr> <td>HH ID #1</td> <td>HH ID #2</td> <td>HH ID #3</td> </tr> </table>			HH ID #1	HH ID #2	HH ID #3	<p>8. If this dwelling/plot were to be sold/rented out today, would anyone else OUTSIDE the household decide how the money is used?</p> <p>YES..1 NO...2 ▶Q11</p>	<p>9. If this dwelling/plot were to be sold/rented out today, how many MALES outside the household would decide how the money was used?</p> <p># OF OUTSIDE MALES</p>	<p>10. If this dwelling/plot were to be sold/rented out today, how many FEMALES outside the household would decide how the money was used?</p> <p># OF OUTSIDE FEMALES</p>
	HH ID #1	HH ID #2	HH ID #3													

[illegible]

MODULE G1C: LAND (CONTINUED)
LAND

P L O T I D	11. Are you among the decision-maker(s) about the plots on this [PLOT] regarding the timing of crop activities, crop choice, and input use?	12. Does anyone else in the household make decisions about the [PLOT] regarding the timing of crop activities, crop choice, and input use? <div style="text-align: center;">▶ NEXT</div>	13. Which other household members are the decision maker(s) across the plots on this land [nNAME] regarding the timing of crop activities, crop choice, and input use? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER.			14. Is there anyone outside this household that is(are) decision-maker(s) across the plots on this [PLOT] regarding the timing of crop activities, crop choice, and input use?	15. How many MALES outside this household are decision-makers for [PLOT] regarding the timing of crop activities, crop choice, and input use?	16. How many FEMALES outside this household are decision-makers for [PLOT] regarding the timing of crop activities, crop choice, and input use?	17. Do land owners sell or rent out any land in or around this community? YES, LAND OWNERS RENT/SELL.....1 NO LAND TRANSACTIONS..2 ▶Q19 DO NOT KNOW.....98 ▶Q19	18. Are you informed regarding the value of recent land sales/rental transactions? INFORMED OF TRANSACTIONS.....1 NOT INFORMED OF TRANSACTIONS.....2	19. If this [PLOT] were to be sold today, how much could be received for it? RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.
	YES..1 NO...2	YES..1 NO...▶Q14	HH ID #1	HH ID #2	HH ID #3	YES..1 NO...▶Q17	# OF OUTSIDE MALES	# OF OUTSIDE FEMALES			TSH

1											
2											
3											
4											
5											
6											
7											
8											

G29. CODE FOR ABILITY FOR RESPONDENT TO BE INTERVIEWED ALONE:

RESPONSE CODES:

ALONE.....1
WITH ADULT FEMALES PRESENT....2
WITH ADULT MALES PRESENT.....3
WITH ADULTS MIXED SEX PRESENT.4
WITH CHILDREN PRESENT.....5
WITH ADULTS MIXED SEX AND

(Reasons interview not administered with the respondent(s) alone should be explained in the remarks)

MODULE G1C: LAND (CONTINUED)

P L O T I D	20. If this [PLOT] were to be sold/ rented out today, would you be among the individuals to decide how the money is used?	21. If this [PLOT] were to be sold/rented out today, are there other household members that would decide how the money is used?	22. If this [PLOT] today, which household members would decide how the money is used? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER.			23. Is there anyone outside the household who would decide how the money is used if this [PLOT] were to be sold/rented out today?	24. If this [PLOT] were to be sold/rented out today, how many FEMALES outside this household would decide how the money is used?	25. If this [PLOT] were to be sold/rented out today, how many FEMALES outside this household would decide how the money is used?	26. On a scale from 1 to 5, where 1 is not at all likely and 5 is extremely likely, how likely are you to involuntarily lose ownership or use rights to this [PLOT] in the next 5 years? NOT AT ALL LIKELY...1 SLIGHTLY LIKELY...2 MODERATELY LIKELY...3 VERY LIKELY...4 EXTREMELY LIKELY...5	27. Are there any household members above the age of 18 that do not know about your ownership of this [PLOT]?	28. Are you the only member of your household above the age of 18 that knows about your ownership of this [PLOT]?	29. Which household member above the age of 18 does not know about your ownership of this [PLOT]? LIST UP TO THREE FROM HOUSEHOLD ROSTER.		
	YES...1 NO...2	YES...1 NO...2 ➤ Q23	HH ID #1	HH ID #2	HH ID #3	YES...1 NO...2 ➤ Q26	# OF OUTSIDE MALES	# OF OUTSIDE FEMALES	YES...1 ➤ NEXT NO...2	YES...1 ➤ NEXT NO...2	HH PID A	HH PID B	HH PID C	
1														
2														
3														
4														
5														
6														
7														
8														

MODULE G1: PLOT DETAILS

P L O T I D	1. In addition to the plots listed for the household, do you use, own, or hold use, do you use, own, or hold use rights for any additional [PLOT], either alone or jointly with someone else?	1_ Are there any household members above the age of 18 that do not know about your ownership of this [PLOT]?	1_ Are you the only member of your household above the age of 18 that knows about your ownership of this [PLOT]?	1_ Which household member above the age of 18 does not know about your ownership of this [PLOT]?			2. Do you own this [PLOT], either alone or jointly with someone else?	3. Does anyone WITHIN the household jointly own this [PLOT] with you?	4. Who else WITHIN the household jointly owns this [PLOT] with you?		
	YES...1 NO...2 ▶ NEXT MODULE	YES...1 NO...2 ▶ THIS PLOT MUST BE ADDED TO THE MAIN HOUSEHOLD LAND ROSTER	YES...1 ▶NEXT NO...2	LIST UP TO THREE FROM HOUSEHOLD ROSTER.			YES...1 NO...2 ▶NEXT	YES...1 NO...2 ▶Q5	LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER.		
				HH ID #1	HH ID #2	HH ID #3			HH ID #1	HH ID #2	HH ID #3

1											
2											
3											
4											
5											
6											
7											
8											

MODULE G1: PLOT DETAILS

P L O T I D	5. Does anyone OUTSIDE the household jointly own this [PLOT] with you?	6a. How many MALES outside this household own this [PLOT] with you?	6b. How many FEMALES outside this household own this [PLOT] with you?	7. Is there a document for this [PLOT] issued by or registered at the Land Registry/ Cadastral Agency, such as a title deed, certificate of ownership, certificate of hereditary acquisition, lease or rental contract? YES...1 NO...2 ►NEXT	8. What type of documents are there for this [PLOT], and is your name listed on any of the documents as owner or right use holder? LIST UP TO 3, SHOW PHOTO AID <u>CODES FOR DOCUMENT TYPE:</u> TITLE DEED.....1 CERTIFICATE OF CUSTOMARY OWNERSHIP.....2 CERTIFICATE OF OCCUPANCY...3 CERTIFICATE OF HEREDITARY ACQUISITION LISTED IN REGISTRY.....4 SURVEY PLAN.....5 RENTAL CONTRACT, REGISTERED.....6 LEASE, REGISTERED.....7 OTHER (SPECIFY).....8	9. Is your name among the names listed on the ownership document for the [PLOT]? YES...1 NO...2 ►NEXT	10. Is anyone WITHIN the household's name listed as owners on the ownership document for this [PLOT]? YES...1 NO...2 ►Q12	11. Who WITHIN the household's name is listed as owners on the ownership document for this [PLOT]? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER. HH ID #1 HH ID #2 HH ID #3			12. Is anyone OUTSIDE the household's name listed as owners on the ownership document for this [PLOT]? YES...1 NO...2 ►NEXT	13a. How many MALES outside this household's name is listed as owners on the ownership document for this [PLOT]? # OF OUTSIDE MALES	13b. How many FEMALES outside this household's name is listed as owners on the ownership document for this [PLOT]? # OF OUTSIDE FEMALES
	YES...1 NO...2 ►Q7	# OF OUTSIDE MALES	# OF OUTSIDE FEMALES										

1												
2												
3												
4												
5												
6												
7												
8												

MODULE G1B: INDIVIDUAL RIGHTS TO PLOTS

ENTIRE MODULE WILL BE ASKED OF EACH PLOT REPORTED BY THE HOUSEHOLD

	RESPONDENT										HOUSEHOLD MEMBER 1									
R I G H T	1 With regard to this [PLOT], are you among the individuals who have the right to [RIGHT] this land, even if you need to obtain consent or permission from someone else?	2 Do you need permission or consent from another household member to [RIGHT] this [PLOT]?	3 From which household member(s) do you need permission or consent? <div>LIST UP TO 4 HOUSEHOLD MEMBERS</div>				4 Do you need permission from another person from OUTSIDE the household to [RIGHT] this land [PLOT]?	5 From how many <u>MALES</u> from outside this household do you need permission or consent?	6 From how many <u>FEMALES</u> from outside this household do you need permission or consent?	7 Does any other member of this household have the right to [RIGHT] this land [PLOT]?	8 Which other household members have the right to [RIGHT] it, even if they needed to obtain consent or permission from someone else?	9 Does [HH MEMBER #1] need permission or consent from anybody inside this household to [RIGHT] this land [PLOT]?	10 From whom inside the household does [HH MEMBER #1] need permission to [RIGHT] this land [PLOT]?? <div>LIST UP TO 3 HOUSEHOLD MEMBERS</div>			11 Does [HH MEMBER #1] need permission or consent from another person from OUTSIDE this household to [RIGHT] this land [PLOT]?	12 From how many <u>MALES</u> from outside this household does [HH MEMBER #1] need permission or consent?	13 From how many <u>FEMALES</u> from outside this household does [HH MEMBER #1] need permission or consent?	14 Does any other member of this household have the right to [RIGHT] this land [PLOT]?	
	YES...1 NO...2 ► NEXT RIGHT	YES...1 NO...2 (► Q7)	HH ID 1	HH ID 2	HH ID 3	HH ID 4		NO. OF MALES	NO. OF FEMALES			YES...1 NO...2 (► Q14)	HH ROSTER ID	HH ID 1	HH ID 2	HH ID 3		NO. OF MALES	NO. OF FEMALES	
A. Sell																				
B. Bequeath																				
C. Use as collateral																				
D. Rent out																				
E. Make improvements/ invest																				

MODULE G1B: INDIVIDUAL RIGHTS TO PLOTS

	HOUSEHOLD MEMBER 2									HOUSEHOLD MEMBER 3							
R I G H T	15 Which other household members have the right to [RIGHT] it, even if they needed to obtain consent or permission from someone else?	16 Does [HH MEMBER #2] need permission or consent from anybody inside this household to [RIGHT] this land [PLOT]?	17 From whom inside the household does [HH MEMBER #2] need permission to [RIGHT] this land [PLOT]??			18 Does [HH MEMBER #2] need permission or consent from another person from OUTSIDE this household to [RIGHT] this land [PLOT]?	19 From how many MALES from outside this household does [HH MEMBER #2] need permission or consent?	20 From how many FEMALES from outside this household does [HH MEMBER #2] need permission or consent?	21 Does any other member of this household have the right to [RIGHT] this land [PLOT]?	22 Which other household members have the right to [RIGHT] it, even if they needed to obtain consent or permission from someone else?	23 Does [HH MEMBER #3] need permission or consent from anybody inside this household to [RIGHT] this land [PLOT]?	24 From whom inside the household does [HH MEMBER #3] need permission to [RIGHT] this land [PLOT]??			25 Does [HH MEMBER #3] need permission or consent from another person from OUTSIDE this household to [RIGHT] this land [PLOT]?	26 From how many MALES from outside this household does [HH MEMBER #3] need permission or consent?	27 From how many FEMALES from outside this household does [HH MEMBER #3] need permission or consent?
	HH ROSTER ID	YES...1 NO...2 (► Q21)	HH ID 1	HH ID 2	HH ID 3	YES...1 NO...2	NO. OF MALES	NO. OF FEMALES	YES...1 NO...2 (► Q28)	HH ROSTER ID	YES...1 NO...2 (► Q28)	HH ID 1	HH ID 2	HH ID 3	YES...1 NO...2	NO. OF MALES	NO. OF FEMALES
A. Sell																	
B. Bequeath																	
C. Use as collateral																	
D. Rent out																	
E. Make improvements/ invest																	

MODULE G1B: INDIVIDUAL RIGHTS TO PLOTS

OUTSIDE THE HOUSEHOLD											
R I G H T	28 With regard to this plot [PLOT], is there anyone else OUTSIDE of the household who has the right to [RIGHT] this land, even if they needed to obtain consent or permission from someone else?	29 With regard to this plot [PLOT], how many <u>MALES OUTSIDE</u> of the household have the right to [RIGHT] this land, even if they needed to obtain consent or permission from someone else?	30 Of the <u>MALES OUTSIDE</u> of the household that have the right to [RIGHT] this plot [PLOT], do any need to obtain consent or permission from any members of this household?	31 From whom inside the household do these <u>MALES OUTSIDE</u> the household need permission to [RIGHT]?			32 With regard to this plot [PLOT], how many <u>FEMALES OUTSIDE</u> of the household have the right to [RIGHT] this land, even if they needed to obtain consent or permission from someone else?	33 Of the <u>FEMALES OUTSIDE</u> of the household that have the right to [RIGHT] this plot [PLOT], do any need to obtain consent or permission from any members of this household?	34 From whom inside the household do these <u>FEMALES OUTSIDE</u> the household need permission to [RIGHT]?		
	YES...1 NO...2 ► NEXT MODULE)	NUMBER OF MALES	YES...1 NO...2	<div>LIST UP TO 3 HOUSEHOLD MEMBERS</div> HH ID 1 HH ID 2 HH ID 3	NUMBER OF FEMALES	YES...1 NO...2	<div>LIST UP TO 3 HOUSEHOLD MEMBERS</div> HH ID 1 HH ID 2 HH ID 3				
A. Sell											
B. Bequeath											
C. Use as collateral											
D. Rent out											
E. Make improvements/ invest											

MODULE G1C: LAND (CONTINUED)

LAND

P L O T I D	11. Are you among the decision-maker(s) across the plot on this [PLOT] regarding the timing of crop activities, crop choice, and input use?	12. Does anyone else in the household make decisions about the [PLOT] regarding the timing of crop activities, crop choice, and input use?	13. Which other household members are the decision-maker(s) across the plots on this land [nNAME] regarding the timing of crop activities, crop choice, and input use? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER.			14. Is there anyone outside this household that is(are) decision-maker(s) across the plots on this [PLOT] regarding the timing of crop activities, crop choice, and input use?	15. How many MALES outside this household are decision-makers for [PLOT] regarding the timing of crop activities, crop choice, and input use?	16. How many FEMALES outside this household are decision-makers for [PLOT] regarding the timing of crop activities, crop choice, and input use?	17. Do land owners sell or rent out any land in or around this community? YES, LAND OWNERS RENT/SELL.....1 NO LAND TRANSACTIONS...2 ► Q19 DO NOT KNOW...98 ► Q19	18. Are you informed regarding the value of recent land sales/rental transactions? INFORMED OF TRANSACTIONS.....1 NOT INFORMED OF TRANSACTIONS.....2
	YES...1 NO...2	YES...1 NO...2 ►Q14	HH ID #1	HH ID #2	HH ID #3	YES...1 NO...2 ►Q17	# OF OUTSIDE MALES	# OF OUTSIDE FEMALES		
1										
2										
3										
4										
5										
6										
7										
8										

G29. CODE FOR ABILITY FOR RESPONDENT TO BE INTERVIEWED ALONE:

RESPONSE CODES:

ALONE.....1
WITH ADULT FEMALES PRESENT...2
WITH ADULT MALES PRESENT.....3
WITH ADULTS MIXED SEX PRESENT.4
WITH CHILDREN PRESENT.....5
WITH ADULTS MIXED SEX AND

(Reasons interview not administered with the respondent(s) alone should be explained in the remarks)

MODULE G1C: LAND (CONTINUED)

P L O T I D	19. If this [PLOT] were to be sold today, how much could be received for it? RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.	20. If this [PLOT] were to be sold/ rented out today, would you be among the individuals to decide how the money is used? YES...1 NO....2	21. If this [PLOT] were to be sold/rented out today, are there other household members that would decide how the money is used? YES...1 NO...2 ►Q23	22. If this [PLOT] today, which household members would decide how the money is used? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER.			23. Is there anyone outside the household who would decide how the money is used if this [PLOT] were to be sold/rented out today? YES...1 NO...2 ►Q26	24. If this [PLOT] were to be sold/rented out today, how many FEMALES outside this household would decide how the money is used? # OF OUTSIDE MALES	25. If this [PLOT] were to be sold/rented out today, how many FEMALES outside this household would decide how the money is used? # OF OUTSIDE FEMALES	26. On a scale from 1 to 5, where 1 is not at all likely and 5 is extremely likely, how likely are you to involuntarily lose ownership or use rights to this [PLOT] in the next 5 years? NOT AT ALL LIKELY...1 SLIGHTLY LIKELY....2 MODERATELY LIKELY...3 VERY LIKELY.....4 EXTREMELY LIKELY....5
	TSH			HH ID #1	HH ID #2	HH ID #3				
1										
2										
3										
4										
5										
6										
7										
8										

MODULE G2: FINANCIAL ASSETS

A S S E T C O D E	A S S E T T Y P E	1. Do you own [FINANCIAL ASSET], exclusively or jointly with someone else? READ ALL CATEGORIES YES.....1 NO.....2 ▶NEXT ITEM REFUSES TO RESPOND....97 ▶NEXT ITEM	A S S E T N O	2. FINANCIAL ASSET NAME: Please list all the [FINANCIAL TYPE] Financial Assets that you own, exclusively or jointly with someone else.	3. Name of Financial Institution NAME	4. Does anyone else jointly own [FINANCIAL ASSET] with you? YES...1 NO...2 ▶Q11	5. Does anyone else WITHIN the household jointly own [FINANCIAL ASSET] with you? YES...1 NO...2 ▶Q8	6. Who else jointly owns [FINANCIAL ASSET] with you? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER.	7. Does anyone OUTSIDE the household jointly own [FINANCIAL ASSET] with you? YES...1 NO...2 ▶Q9	8a How many MALES OUTSIDE this household jointly own this [FINANCIAL ASSET]?	8b How many FEMALES OUTSIDE this household jointly own this [FINANCIAL ASSET]?
		HH ID #1		HH ID #2	HH ID #3	# OF OUTSIDE MALES	# OF OUTSIDE FEMALES				
1	FORMAL BANK/CREDIT UNION CHECKING ACCOUNT		FA1								
2	FORMAL BANK/CREDIT UNION SAVINGS ACCOUNT		FA2								
3	MICROFINANCE ACCOUNT		FA3								
4	INFORMAL SAVINGS PROGRAM/CLUB (BANK M'KHONDE, BANK YA M'MUDZI, CHIPEREGANYO OR SIMILAR)		FA4								
96	OTHER (SPECIFY)		FA9								

11. CODE FOR ABILITY FOR RESPONDENT TO
BE INTERVIEWED ALONE:

(Reasons module not administered with the respondent(s) alone should be explained in the remarks)

☐

MODULE G2: FINANCIAL ASSETS

A S S E T N O	9.			10a	10b	11.	12.	13.	14.		
	Whose names are on the ownership documents for [FINANCIAL ASSET]? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER.			How many MALES OUTSIDE this household name's are on the ownership documents for [FINANCIAL ASSET]?	How many FEMALES OUTSIDE this household name's are on the ownership documents for [FINANCIAL ASSET]?	What is the current value [FINANCIAL ASSET]? RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.	Are there any household members above the age of 18 that do not know about your ownership of this [FINANCIAL ASSET]?	Are you the only member of your household above the age of 18 that knows about your ownership of this [FINANCIAL ASSET]?	Which household member above the age of 18 does not know about your ownership of this [FINANCIAL ASSET]? LIST UP TO THREE FROM HOUSEHOLD ROSTER.		
	HH ID #1	HH ID #2	HH ID #3	# OF OUTSIDE MALES	# OF OUTSIDE FEMALES	TSH	YES...1 NO...2 ►NEXT ROW	YES...1 ►NEXT ROW NO...2	HH ID #1	HH ID #2	HH ID #3
FA1											
FA2											
FA3											
FA4											
FA9											

MODULE G3: MOBILE PHONE OWNERSHIP

<p>1. Do you own any mobile phones, exclusively or jointly with someone else?</p> <p>YES.....1 NO.....2 ► NEXT MODULE</p> <p>REFUSES TO RESPOND....97 ► NEXT MODULE</p>	<p>2. How many mobile phones do you own, exclusively or jointly, with someone else?</p> <p>NUMBER</p>	<p>A S S E T N O</p>	<p>3. Does anyone else WITHIN this household jointly own this mobile phone with you?</p> <p>YES...1 NO...2 ►Q5</p>	<p>4. Who else WITHIN this household jointly owns this mobile phone with you?</p> <p>LIST UP TO 3 MEMBERS FROM HOUSEHOLD</p> <table border="1"> <tr> <td>HH ID #1</td> <td>HH ID #2</td> <td>HH ID #3</td> </tr> </table>	HH ID #1	HH ID #2	HH ID #3	<p>5. Is there anyone OUTSIDE the household who jointly owns this mobile phone with you?</p> <p>YES...1 NO...2 ►Q7</p>	<p>6a. How many MALES OUTSIDE this household jointly own this mobile phone?</p> <p># OF OUTSIDE MALES</p>	<p>6b. How many FEMALES OUTSIDE this household jointly own this mobile phone?</p> <p># OF OUTSIDE FEMALES</p>	<p>7. Is this mobile phone in working condition?</p> <p>WORKING CONDITION: ABLE TO BE CHARGED TO INITIATE AT LEAST ONE CALL AND HAS A WORKING SIM CARD.</p> <p>YES..1 NO...2 DON'T KNOW..98</p>	<p>8. Do you currently have enough airtime to initiate a call with this mobile phone?</p> <p>YES...1 NO...2</p>	<p>9. In the past 12 months, have you personally used this mobile phone to pay bills or to send or receive money using a service such as M-PESA, TIGO PESA, or AIRTEL MONEY?</p> <p>YES...1 NO...2</p>
HH ID #1	HH ID #2		HH ID #3										
1													
2													
3													
4													

CODE FOR ABILITY FOR RESPONDENT TO BE INTERVIEWED ALONE:

RESPONSE CODES:

ALONE.....1
WITH ADULT FEMALES PRESENT.....2
WITH ADULT MALES PRESENT.....3
WITH ADULTS MIXED SEX PRESENT....4
WITH CHILDREN PRESENT.....5
WITH ADULTS MIXED SEX AND CHILDREN PRESENT.....6

(Reasons interview not administered with the respondent(s) alone should be explained in the remarks)

I N D I V I D U A L I D	NAME	SEX	AGE	I N D I V I D U A L I D	SEC 'E'		
					YES TO 4AB OR 8AB?	YES TO 4E OR 8E?	YES TO 8CD?

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

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. <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></tr> <tr> <td>Rely on less preferred foods?</td><td>Limit the variety of foods eaten?</td><td>Limit portion size at meal-times?</td><td>Reduce number of meals eaten in a day?</td><td>Restrict consumption by adults for small children to eat?</td><td>Borrow food, or rely on help from a friend or relative?</td><td>Have no food of any kind in your household?</td><td>Go a whole day and night without eating anything?</td></tr> <tr> <td>DAYS</td><td>DAYS</td><td>DAYS</td><td>DAYS</td><td>DAYS</td><td>DAYS</td><td>DAYS</td><td>DAYS</td></tr> </table>								A	B	C	D	E	F	G	H	Rely on less preferred foods?	Limit the variety of foods eaten?	Limit portion size at meal-times?	Reduce number of meals eaten in a day?	Restrict consumption by adults for small children to eat?	Borrow food, or rely on help from a friend or relative?	Have no food of any kind in your household?	Go a whole day and night without eating anything?	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	3 How many meals, including breakfast are taken per day in your household? <table border="1"> <tr> <td>A</td><td>B</td></tr> <tr> <td></td><td>Children (6-59 months)</td></tr> <tr> <td></td><td>LEAVE BLANK IF NO CHILDREN</td></tr> <tr> <td>NUMBER</td><td>NUMBER</td></tr> </table>	A	B		Children (6-59 months)		LEAVE BLANK IF NO CHILDREN	NUMBER	NUMBER	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?	Limit the variety of foods eaten?	Limit portion size at meal-times?	Reduce number of meals eaten in a day?	Restrict consumption by adults for small children to eat?	Borrow food, or rely on help from a friend or relative?	Have no food of any kind in your household?	Go a whole day and night without eating anything?																																				
DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS																																				
A	B																																										
	Children (6-59 months)																																										
	LEAVE BLANK IF NO CHILDREN																																										
NUMBER	NUMBER																																										

6 Do all household members eat roughly the same diet? YES...1 (▶8) NO....2	7 Who in the household usually eats a more diverse variety of foods, a less diverse variety of foods? MORE DIVERSE...1 LESS DIVERSE...2 IF NONE, RECORD "00" <table border="1"> <tr> <td>A</td><td>B</td><td>C</td></tr> <tr> <td>Men</td><td>Women</td><td>Children (6-59 months)</td></tr> </table>	A	B	C	Men	Women	Children (6-59 months)	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 2018, 2019, AND 2020 <table border="1"> <tr> <th colspan="12">2018</th> </tr> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <th colspan="12">2019</th> </tr> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <th colspan="12">2020</th> </tr> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	2018												Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec													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													10 What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM. <table border="1"> <tr> <td>A</td><td>B</td><td>C</td></tr> <tr> <td>1ST</td><td>2ND</td><td>3RD</td></tr> </table>	A	B	C	1ST	2ND	3RD	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
A	B	C																																																																																																																											
Men	Women	Children (6-59 months)																																																																																																																											
2018																																																																																																																													
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A	B	C																																																																																																																											
1ST	2ND	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.

1. What is HH tenure status of main residence? OWNER OCCUPIED...1 EMPLOYER PROVIDED - SUBSIDIZED...2 ▶3 EMPLOYER PROVIDED - FREE...3 ▶4 RENTED...4 ▶3 FREE...5 ▶4 NOMADS...6 ▶5	2. Do you have any documentation of ownership of the dwelling? <div style="border: 1px solid black; width: 50px; height: 20px; margin: 10px auto; text-align: center;">▶4</div> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 10px auto; text-align: center;">USE CODES BELOW</div>	3. How much does this household pay per month to rent this dwelling? <div style="text-align: center;">INCLUDE VALUE OF IN-KIND PAYMENTS FOR RENT</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px auto; text-align: center;">▶5</div>	4. Estimate the rent per month you could receive if you rented this dwelling? TSH	5. In the past year, how much have you paid on repairs to your dwelling? TSH	6. In the past year, how much have you paid in improvements to your home (excluding any purchases listed in previous question)? TSH	7. How many habitable rooms in each unit does this household occupy? <div style="text-align: center;">DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE</div> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">MAIN DWELLING</td> <td style="width: 50%;">OTHER DWELLING(S)</td> </tr> </table>	MAIN DWELLING	OTHER DWELLING(S)	8. The walls of the main dwelling are predominantly made of what materials? POLES (INCLUDING BAMBOO), BRANCHES, GRASS...1 POLES AND MUD/MUD AND STONES...2 MUD ONLY...3 MUD BRICKS...4 BAKED/BURNT BRICKS...5 CONCRETE, CEMENT, STONES...6 OTHER, SPECIFY...7	9. The roof of the main dwelling is predominantly made of what materials? GRASS, LEAVES, BAMBOO...1 MUD AND GRASS...2 CONCRETE, CEMENT...3 METAL SHEETS (GCI)...4 ASBESTOS SHEETS...5 TILES...6 OTHER, SPECIFY...7	CODES FOR Q2 OFFER OF THE RIGHT OF OCCUPANCY...1 TITLE DEED FOR LAND...2 LETTER OR ALLOCATION FROM VILLAGE GOV'T...3 SETTLEMENT PERMIT...4 TRADITIONAL RIGHT OF OCCUPANCY...5 LAND SALE AGREEMENT...6 INHERITANCE LETTER...7 OTHER TITLE (SPECIFY)...8 NO DOCUMENTATION AT ALL...10
MAIN DWELLING	OTHER DWELLING(S)										

10. The floor of the main dwelling is predominantly made of what materials? EARTH...1 CONCRETE, CEMENT, TILES, TIMBER...2 OTHER, SPECIFY...3	11. How does the household dispose of its garbage? COLLECTED BY GOV /MUNICIPALITY...1 COLLECTED BY PRIVATE COMPANY...2 TAKEN TO GOV / MUNICIPAL BIN...3 BURIED IN COMPOUND...4 BURNT IN COMPOUND...5 HEAPED IN COMPOUND...6 BURIED ELSEWHERE...7 BURNT ELSEWHERE...8 HEAPED ELSEWHERE...9 OTHER, SPECIFY...10	12. What kind of toilet facility do members of your household generally use? 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	12a. Where does this toilet flush to? PIPED SEWER SYSTEM...1 (▶12D) IN OWN SEPTIC TANK...2 PIT LATRINE...3 FLUSH TO OPEN DRAIN...4 (▶12D) DON'T KNOW...5 (▶12D)	12b. Has your [toilet facility] ever been emptied? 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 (▶12D)	12c. The last time it was emptied, where were it's contents emptied to? 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	12d. Where is this toilet facility located? IN OWN DWELLING...1 IN OWN YARD/PLOT...2 ELSEWHERE...3	13. Do you share this toilet facility with other households? YES...1 NO...2 (▶15)	14. How many households use this toilet facility? NUMBER	15. The last time the youngest child in the household passed stools, what was done to dispose of them? 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 DISPOSABLE DIAPERS...10

SECTION I: HOUSING, WATER AND SANITATION

16. Major fuel used for cooking? FIREWOOD....1 PARAFFIN....2 (►17) ELECTRICITY.3 (►17) GAS4 (►17) CHARCOAL....5 ANIMAL RESIDUAL...6 GAS (BIOGAS) 7 (►17) OTHER, SPECIFY....8 (►17)	16.1. What type of stove does this household mainly use for cooking? STONE/OPEN FIRE STOVE.....1 OTHER SELF-BUILT STOVE.....2 MANUFACTURED STOVE.....3 OTHER, SPECIFY....4	17. Major fuel used for lighting? IF NO ELECTRICITY OR SOLAR ►19 ELECTRICITY..1 SOLAR.....2 GAS.....3 GAS (BIOGAS)..4 LAMP OIL5 CANDLE6 FIREWOOD.....7 PRIVATE GENERATOR...8 TORCH.....9 OTHER, SPECIFY....10	18. What is household's main source of electricity? TANESCO.....1 COMMUNITY GENERATOR.....2 SOLAR PANELS...3 OWN GENERATOR..4 CAR BATTERY....5 MOTORCYCLE BATTERY.....6 OTHER, SPECIFY.....7	19. What is the household's main source of drinking water in the rainy season? <div>USE CODES FROM BELOW</div>	20. Where is that water source located? IN OWN DWELLING....1 (►24) IN OWN YARD/PLOT...2 (►24) IN NEIGHBOR'S COMPOUND....3 ELSEWHERE....4	21. Who usually fetches water for your household in the rainy season? <div>IF NO HH MEMBER FETCHES WATER, ENTER "99"</div>	22. How long does it take [NAME] to get water from the main source of drinking water to this dwelling in the rainy season? <div>GO AND RETURN TRIP INCLUDE WAITING TIME</div>	23. Out of these [READ] minutes, how long does [NAME] spend waiting? MINUTES	24. What do you usually do to the water to make it safer to drink in the rainy season? 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 <div>MARK UP TO 2</div>	25. What is the main source of water used by your household for other purposes, such as cooking and handwashing in the rainy season? <div>USE CODES FROM BELOW</div>	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 the rainy season? TSH	
						ROSTER ID	MINUTES	MINUTES	1	2		

27. During the dry season, is the main source of drinking water for members of your household the same as during the rainy season? YES...1 (►NEXT MODULE) NO....2	28. What is the main reason you change sources of drinking water in the dry season? COST.....1 AVAILABILITY.....2 CONVENIENCE.....3 SAFETY IN COLLECTING THE WATER.....4 SAFETY OF CONSUMING THE WATER.....5 OTHER, SPECIFY.....6	29. What is the household's main source of drinking water in the dry season? <div>USE CODES ON RIGHT</div>	30. Where is that water source located? IN OWN DWELLING....1 (►34) IN OWN YARD/PLOT..2 (►34) IN NEIGHBOR'S COMPOUND...3 ELSEWHERE...4	31. Who usually fetches water for your household in the dry season? ROSTER ID	32. How long does it take [NAME] to get water from the main source of drinking water this dwelling in the dry season? <div>GO AND RETURN TRIP INCLUDE WAITING TIME</div>	33. Out of these [READ] minutes, how long does [NAME] spend waiting? MINUTES	34. What do you usually do to the water to make it safer to drink in the dry season? 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 <div>MARK UP TO 2</div>	35. What is the main source of water used by your household for other purposes, such as cooking and handwashing in the dry season? <div>USE CODES ON RIGHT</div>	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? TSH	
							1	2		

CODES FOR 19,25,29,35

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

SECTION I2: HANDWASHING

[ASK OF HOUSEHOLD HEAD]

<p>1</p> <p>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</p> <p>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</p> <p><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</p> <p><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	4 1. Where did you purchase the [ITEM]? LOCAL MILL 1 MARKET PRE-PACKAGED, LABELED 2 PRE-PACKAGED, NO LABEL 3 OPEN, BULK CONTAINER 4 SHOP/KIOSK PRE-PACKAGED, LABELED 5 PRE-PACKAGED, NO LABEL 6 OPEN, BULK CONTAINER 7 OTHER, SPECIFY . . . 8	5. How much came from own-production? IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6		6 How much came from gifts and other sources? EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK		DE LINE NUMBER
		UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	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>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</div> <div>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>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5</div>		4. How much did you spend?	4 1. Where did you purchase the [ITEM]? LOCAL MILL 1 MARKET PRE-PACKAGED, LABELED 2 PRE-PACKAGED, NO LABEL 3 OPEN, BULK CONTAINER 4 SHOP/KIOSK PRE-PACKAGED, LABELED 5 PRE-PACKAGED, NO LABEL 6 OPEN, BULK CONTAINER 7 OTHER, SPECIFY . . . 8	5. How much came from own-production? <div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6</div>		6 How much came from gifts and other sources? <div>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	UNIT	QUANTITY	UNIT	QUANTITY		
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 fruit												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? <div>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</div> <div>ASK THIS QUESTION FOR ALL ITEMS, BEFORE MOVING ON TO THE NEXT QUESTIONS FOR ITEMS WITH YES</div> <div>YES . . 1 NO . . . 2 (▶NEXT)</div>	2 How much in total did your household consume in the <u>past 7 days</u> ?		3 How much came from purchases during the <u>past 7 days</u> ?		4. How much did you spend?	4 1. Where did you purchase the [ITEM]?	5. How much came from own-production?		6 How much came from gifts and other sources?		DE LINE NUMBER
		UNIT	QUANTITY	UNIT	QUANTITY	TSH		UNIT	QUANTITY	UNIT	QUANTITY	
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, avocados 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? <div>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</div> <div>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>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5</div>		4. How much did you spend?	4 1. Where did you purchase the [ITEM]? LOCAL MILL 1 MARKET PRE-PACKAGED, LABELED 2 PRE-PACKAGED, NO LABEL 3 OPEN, BULK CONTAINER 4 SHOP/KIOSK PRE-PACKAGED, LABELED 5 PRE-PACKAGED, NO LABEL 6 OPEN, BULK CONTAINER 7 OTHER, SPECIFY . . . 8	5. How much came from own-production? <div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6</div>		6 How much came from gifts and other sources? <div>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	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? <div>PLEASE ONLY LIST ITEMS CONSUMED WITHIN THE HOUSEHOLD AND EXCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD.</div> <div>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>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5</div>		4. How much did you spend?	4 1. Where did you purchase the [ITEM]? LOCAL MILL.....1 MARKET PRE-PACKAGED, LABELED.....2 PRE-PACKAGED, NO LABEL.....3 OPEN, BULK CONTAINER.....4 SHOP/KIOSK PRE-PACKAGED, LABELED.....5 PRE-PACKAGED, NO LABEL.....6 OPEN, BULK CONTAINER.....7 OTHER, SPECIFY...8	5. How much came from own-production? <div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6</div>		6 How much came from gifts and other sources? <div>EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD</div> <div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</div>		DE LINE NUMBER
			UNIT	QUANTITY	UNIT	QUANTITY	TSH		UNIT	QUANTITY	UNIT	QUANTITY	
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

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

Non-food items that may not have been purchased.

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

SECTION M: HOUSEHOLD ASSETS

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

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

SECTION N: FAMILY/HOUSEHOLD NON-FARM ENTERPRISES

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

YES...1
▶2
NO...2

YES...1
NO...2
▶NEXT
SECTION

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

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. PROVIDE 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.	ISIC CODE	3. Which members of the household are engaged in this [ENTERPRISE]?	ID 1	ID 2	ID 3	ID 4	ID 5	ID 6	4. Who in the household manages this business or is most familiar with it? LIST UP TO TWO USE ROSTER ID CODES	ID CODE OF MANAGER 1	ID CODE OF MANAGER 2	4_1. Who is the respondent for this [ENTERPRISE]? ENUMERATOR: RESPONDENT MUST BE ONE OF MANAGERS LISTED IN QUESTION 4 IF INDIVIDUAL IS AVAILABLE DURING TIME IN EA	ID CODE OF RESPONDENT	4_2. Is the respondent for this [ENTERPRISE] one of the managers listed in question 4? YES...1 ▶Q5 NO...2	4_3. If the respondent for this [ENTERPRISE] is NOT one of the managers listed in question 4, please provide a reason why. NOT AVAILABLE DURING TIME IN EA.....1 REFUSED.....2 OTHER, SPECIFY.....3	5. Who in the household owns this business? LIST UP TO TWO USE ROSTER ID CODES	ID CODE OF OWNER 1	ID CODE OF OWNER 2
	WRITTEN DESCRIPTION																		
1																			
2																			
3																			
4																			
5																			

SECTION N: FAMILY/HOUSEHOLD NON-FARM ENTERPRISES

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	NUMBER OF YEARS	NUMBER OF MONTHS	LIST UP TO 3 IN ORDER OF IMPORTANCE SOURCE OF CAPITAL	1ST	2ND	3RD	1ST	2ND	TSH	TSH	TSH	PERIOD
1													
2													
3													
4													
5													

SECTION N: FAMILY/HOUSEHOLD NON-FARM ENTERPRISES

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).] WEEK...1 MONTH...2	15. How many employees do you have who are not household members? IF NONE WRITE '0' NON HOUSEHOLD EMPLOYEES	16. What was your total expenditure on wages/salary in the last month? IF NONE WRITE '0' TSH	17. What was your total expenditure on raw materials in the last month? IF NONE WRITE '0' TSH	18. How much were your other operating expenses (for this business) such as fuel, kerosene, electricity etc. in the last month? TSH	19. How many months during the last 12 months did you operate this business? MONTHS	20. What was your AVERAGE net monthly income (profit) during the months when you operated this business? TSH	21. Is this company officially registered with the ...? YES...1 NO...2			
	PERIOD	TSH						A Registrar of Companies	B Tax Authority	C Local Authority	D Other, specify
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 YES...1 NO...2 (▶NEXT ITEM)	2. What is the name of the organization/program who provided this assistance? NAMES	3. How much cash did your household receive from this organization in the last 12 months? TSH	4. What was the value of food the household received from this organization in the last 12 months? TSH	5. What was the value of any other in-kind assistance received in the last 12 months? TSH	6. Which members of the household participated in this program? LIST UP TO 3 ROSTER ID 1 2 3	7. Who in your household controls/decides on the use of assistance from the program? LIST UP TO 2 ROSTER ID 1 2
A. Free food/maize distribution						
B. Food-for-work programme or cash-for-work programme						
C. Inputs-for work programme						
D. Scholarships or bursaries for primary school						
E. Scholarships or bursaries for secondary school						
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)	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	CODES FOR Q16 SUBSISTENCE NEEDS.....1 MEDICAL COST.....2 SCHOOL FEES.....3 CEREMONY/WEDDING.....4 PURCHASE LAND.....5 PURCHASE AGRICULTURAL INPUTS.....6 OTHER BUSINESS INPUTS.....7 PURCHASE AGRICULTURAL MACHINERY.....8 PURCHASE/CONSTRUCTION OF DWELLING...9 OTHER, SPECIFY.....10
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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? DAY...1 WEEK...2 MONTH...3 YEAR...4	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]? DAY...1 WEEK...2 MONTH...3 YEAR...4	18. How long will it take [NAME] to repay the loan?
NAME	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? <div>LIST ALL PEOPLE OR ORGANIZATIONS BEFORE GOING TO QUESTION 3</div>	3. CODE SOURCE OF LOAN <div>SEE CODES BELOW</div>	4. Which household member was responsible for the loan? ID CODE	5. Was this a cash loan or goods on credit? CASH...1 GOODS...2	6. How much was borrowed or what was the value of the credit? TSH	7. Is the loan/credit repaid? 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
MICRO-FINANCE INST.....2
BUILDING SOC./MORTGAGE.3
INSURANCE COMPANIES....4
OTHER FINANCIAL INST...5
NEIGHBOURS / FRIENDS...6

GROCERY/LOCAL MERCHANT.7
MONEY LENDER.....8
EMPLOYER.....9
RELIGIOUS INST.....10
NGO.....11
SELF-HELP GROUPS.....12
OTHER, SPECIFY.....13

SECTION Q: FINANCE

1. Did you or anyone in your household use any of the following services to transfer money over the last 12 months: <div style="display: flex; justify-content: space-between; align-items: center;"> <div> YES...1 NO...2 </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> IF ALL NO, ▶5 </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>M-PESA</div> <div>EZY PESA</div> <div>AIRTEL MONEY</div> <div>TIGO PESA</div> <div>T PESA</div> <div>HALLO PESA</div> </div>						2. How often does your household use this service? DAILY.....1 WEEKLY.....2 EVERY 2 WEEKS...3 MONTHLY.....4 EVERY 3 MONTHS..5 EVERY 6 MONTHS..6 LESS OFTEN.....7 NEVER.....8		3. Did you use this service to...? <div style="display: flex; justify-content: space-between; align-items: center;"> <div>YES...1 NO...2</div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div>A</div><div>B</div><div>C</div><div>D</div><div>E</div><div>F</div><div>G</div><div>H</div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>Buy airtime for yourself</div> <div>Buy airtime for someone else</div> <div>Send money</div> <div>Receive money</div> <div>Have someone pay you for a good or service</div> <div>Store/ save for emergencies</div> <div>Store/save for other everyday expenses</div> <div>Store/save money for unusually large purchases</div> </div>						4. Which of these was the most important use of this service? <div style="border: 1px solid black; padding: 5px; text-align: center;"> USE LETTER </div>	5. Which is the household main source of cash income? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> USE CODES BELOW </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> LIST UP TO TWO </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>SOURCE 1</div> <div>SOURCE 2</div> </div>	

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? <div style="text-align: center;"> IF NONE, WRITE '0' </div> <div style="text-align: center; margin-top: 10px;">TSH</div>		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? <div style="text-align: center;">TSH</div>		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? <div style="text-align: center;"> IF NONE, WRITE '0' AND ▶10 </div> <div style="text-align: center; margin-top: 10px;">TSH</div>		9. What was the type of other income that your household received in the last 12 months? <div style="text-align: center;"> USE CODES BELOW </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> LIST UP TO THREE </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>1</div><div>2</div><div>3</div> </div>		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? <div style="text-align: center;"> YES...1 NO...2 ▶13 </div>		11. Please list up to 3 institutions with whom you or a member of your household has a savings account. <div style="display: flex;"> <div style="width: 20px; text-align: center;">A</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div> <div style="display: flex; margin-top: 10px;"> <div style="width: 20px; text-align: center;">B</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div> <div style="display: flex; margin-top: 10px;"> <div style="width: 20px; text-align: center;">C</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>		12. In what year did you open your first bank account? <div style="text-align: center; margin-top: 10px;">▶ 14</div> <div style="text-align: center; margin-top: 10px;">YEAR</div>		13. Why do you not have a bank account? <div style="text-align: center;"> USE CODES BELOW </div> <div style="text-align: center; margin-top: 10px;"> LIST UP TO THREE IN ORDER OF IMPORTANCE </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>1</div><div>2</div><div>3</div> </div>		

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/GAMBLING6
 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
 OTHER, SPECIFY.....7

SECTION Q: FINANCE

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)

S O U R C E I D	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	UNIT	MONTHS..1 YEARS..2	USE CODES BELOW LIST UP TO 3 IN ORDER OF IMPORTANCE 1 2 3	RECORD 0 IF NONE AND ► 26 TSH	USE CODES BELOW LIST UP TO 3 IN ORDER OF IMPORTANCE 1 2 3	LIST UP TO TWO FROM HH ROSTER ID 1 ID 2	RECORD '0' IF NONE AND ► NEXT SOURCE TSH	LIST UP TO TWO FROM HH ROSTER ID 1 ID 2
1														
2														
3														
4														

CODES FOR Q16

SPOUSE.....1
PARENT.....2
DAUGHTER.....3
SON.....4
SISTER.....5
BROTHER.....6
OTHER RELATIVE.....7
BUSINESS ASSOCIATE.....8
FRIEND.....9
OTHER, SPECIFY.....10

CODES FOR Q19

PP.....1 ADULT.....2
PRIMARY SECONDARY
D1.....11 F1.....21
D2.....12 F2.....22
D3.....13 F3.....23
D4.....14 F4.....24
D5.....15 'O'+COURSE.25
D6.....16 F5.....31
D7.....17 F6.....32
D8.....18 'A'+COURSE.33
OSC.....19 DIPLOMA...34
MS+COURSE. 20
UNIVERSITY & EQUIVALENT
U1.....41 U2.....42
U3.....43 U4.....44
U5&+.....45
NO EDUCATION.....46

CODES FOR Q20

WITHIN TANZANIA
DODOMA.....01
ARUSHA.....02
KILIMANJARO.....03
TANGO.....04
MOROGORO.....05
PWANI.....06
DAR-ES-SALAAM.....07
LINDI.....08
MTWARA.....09
RUWUMA.....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

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

101	Drought or Floods		
102	Crop disease or crop pests		
103	Livestock died or were stolen		
104	Household business failure, non-agricultural		
105	Loss of salaried employment or non-payment of salary		
106	Large fall in sale prices for crops		
107	Large rise in price of food		
108	Large rise in agricultural input prices		
109	Severe water shortage		
110	Loss of land		
111	Chronic/severe illness or accident of household member		
112	Death of a member of household		
113	Death of other family member		
114	Break-up of the household		
117	Hijacking/Robbery/burglary/assault		
118	Dwelling damaged, destroyed		
119	Other _____		

LEAVE ALL
OTHER ROWS
BLANK.

[illegible]

OTHER (SPECIFY)20

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	6. Was this event registered with the death registration system?	7. AGE AT DEATH IF UNDER 5 YEARS, INCLUDE MONTHS IF UNDER 12 (►9)	8. What kind of <u>work</u> did [NAME] do for most of his/her life?	9. Did [NAME] die of old age, an illness, or of some other cause?	10. What was the non-illness <u>cause</u> of [NAME]'s death?	11. What was the illness that caused [NAME]'s death?	12. For how long was [NAME] suffering from this illness before he/she died?	13. Was this cause of death diagnosed, or is this only your own perception?	14. After this person died, did you or members of your household <u>lose any land or other assets</u> due to inheritance traditions?	15. What was the value of the land or assets lost?
		CODES BELOW		MALE...1 FEMALE...2	YES...1 NO...2	YEARS MONTHS	CODES BELOW TRAFFIC ACCIDENT.....1 OTHER ACCIDENT OR INJURY.....2 CHILDBIRTH OR COMPLICATIONS...3 MURDER.....4 SUICIDE.....5 WITCHCRAFT/SORCERY.....6 OTHER (SPEC.)...7	OLD AGE...1 (►13) ILLNESS...2 (►11) OTHER CAUSE...3	►14 CODES BELOW	1ST ILLNESS 2ND ILLNESS TIME UNIT	DAY...1 WEEK...2 MONTH...3 YEAR...4 MEDICAL DIAGNOSIS...1 NON-MEDICAL DIAGNOSIS...2 OWN PERCEPTION...3	YES...1 NO...2 (►NEXT DECEASED)	TSH	

[illegible]

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

- QUESTION 8**
- | | |
|--------------------------|---|
| AGRICULTURE/LIVESTOCK... | 1 |
| FISHING..... | 2 |
| MINING..... | 3 |
| TOURISM..... | 4 |
| EMPLOYED: | |
| GOVERNMENT..... | 5 |
| PARASTATAL..... | 6 |
| PRIVATE SECTOR..... | 7 |
| NGO / RELIGIOUS..... | 8 |

- ```
SELF-EMPLOYED
(NOT AGRICULTURE):
WITH EMPLOYEES.....9
W/OUT EMPLOYEES....10
UNPAID HOUSEHOLD
 LABOUR.....11
 JOB SEEKERS.....12
 STUDENT.....13
 DISABLED.....14
 NO JOB.....15
 <5 YEARS OLD.....16
```

- CODES FOR Q11**
- |               |    |
|---------------|----|
| MALARIA.....  | 1  |
| DIARRHEA..... | 2  |
| VOMITING..... | 3  |
| FLU.....      | 4  |
| ASTHMA.....   | 5  |
| HEADACHE..... | 6  |
| BACKACHE..... | 7  |
| TB.....       | 8  |
| DIABETES..... | 9  |
| STDs.....     | 10 |
| BURN.....     | 11 |
| FRACTURE..... | 12 |
| HIV/AIDS..... | 13 |

- |                      |    |
|----------------------|----|
| EAR/NOSE/THROAT...   | 14 |
| TYPHOID.....         | 15 |
| POISONING.....       | 16 |
| DENTAL.....          | 17 |
| URINATING IS         |    |
| PAINFUL.....         | 18 |
| MENTAL DISORDER...   | 19 |
| STOMACH DISORDER...  | 20 |
| PROLONGED WOUND...   | 21 |
| SKIN PROBLEM.....    | 22 |
| PREGNANCY RELATED... | 23 |

- |                        |    |
|------------------------|----|
| CANCER.....            | 24 |
| LOWER RESPIRATORY..... | 25 |
| UPPER RESPIRATORY..... | 26 |
| HEART PROBLEM/BP.....  | 27 |
| UNSPECIFIED LONG       |    |
| TERM ILLNESS.....      | 28 |
| BILHARZIA              |    |
| /CHISTOSOMIASIS.....   | 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 2018?

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**MARK YES IF RESPONDENT SAID 'YES' TO QUESTION 6**

9. PROCEED TO LIVESTOCK 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

|                                                              |                                                |                                       |                               |                                                                                                       |                                                                                     |                                                                                                                      |                                                                            |                                                 |                                                                                                                       |
|--------------------------------------------------------------|------------------------------------------------|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 1.<br>CAPI: IS [NAME]<br>A WOMAN AGE<br>15-49? | 2.<br>CAPI: IS [NAME]<br>OVER AGE 15? | 3.<br>WAS [NAME]<br>MEASURED? | 4.<br>WHY NOT?                                                                                        | 5.<br>WEIGHT                                                                        | 6.<br>HEIGHT                                                                                                         | 7.<br>HEIGHT / LENGTH<br>MEASURED WITH<br>CHILD STANDING<br>OR LYING DOWN? | 8.<br>CAPI: IS [NAME] 5<br>YEARS OR<br>YOUNGER? | 9.<br>UPPER ARM<br>CIRCUMFERENCE                                                                                      |
|                                                              | YES...1<br>(▶3)<br>NO...2                      | YES...1<br>(▶NEXT)<br>NO...2          | YES...1<br>(▶5)<br>NO...2     | <div>▶NEXT</div><br>CURRENTLY<br>NOT HOME...1<br>TOO ILL...2<br>UNWILLING...3<br>OTHER<br>SPECIFY...4 | <div>IF LESS THAN 10<br/>KG, PUT LEADING<br/>ZEROS<br/>(3.2 KG = 003.2)</div><br>KG | <div>IF LESS THAN 100<br/>CMS, PUT ZERO (0) ON<br/>PRECEEDING SPACE<br/>OF THIS COLUMN<br/>(97 CM = 097)</div><br>CM | STANDING...1<br>LYING DOWN...2                                             | YES...1<br>NO...2 ▶NEXT                         | <div>IF LESS THAN 10<br/>CMS, PUT ZERO (0)<br/>ON PRECEEDING<br/>SPACE OF THIS<br/>COLUMN<br/>(9 CM = 09)</div><br>CM |

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

END TIME



## MAGERESHO YA MIKOA NA WILAYA - 73

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