



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)

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LIVESTOCK QUESTIONNAIRE

SECTION A-1: HOUSEHOLD IDENTIFICATION

| | CODE | NAME |
|---|---|--|
| 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. KIJILI / MTAA | <input type="text"/> <input type="text"/> | |
| 4. VILLAGE/ENUMERATION AREA | <input type="text"/> <input type="text"/> <input type="text"/> | |
| 5. KITONGOJI OR MTAA NAME | | |
| 7. HOUSEHOLD ID (FROM LIST) : | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 8. NAME OF HOUSEHOLD HEAD: | | |
| 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"/> |
| 9_1. (REFER TO HOUSEHOLD QUESTIONNAIRE) ROSTER ID NUMBER FROM COVER, Q13: | | <input type="text"/> <input type="text"/> <input type="text"/> |
| 9_2. ROSTER ID OF MAIN RESPONDENT OF THE LIVESTOCK QUESTIONNAIRE | | <input type="text"/> <input type="text"/> <input type="text"/> |

SECTION 2. LIVESTOCK STOCK

| C O D E | OWNERSHIP | | | | BORN | PURCHASED | | | GIFTS | | |
|------------------|--|--|--|---|--|--|--|---|---|---|---|
| | 1. Did anyone in this household own, or keep, any [ANIMAL] in the last 12 months? IF NOT INDICATED SEPERATELY, INCLUDE BABIES YES...1 NO...2 ▶NEXT | 2. Number of [ANIMAL] owned/kept two years ago. | 3. Number of [ANIMAL] owned/kept 12 months ago. | 4. How many [ANIMAL] does this household currently own /keep? Indigenous Improved/ Exotic | 5. How many [ANIMAL] were born in the past 12 months? NUMBER | 6. Have you, or anyone in this household, bought any [ANIMAL] alive in the past 12 months? YES...1 NO...2 ▶9 | 7. How many [ANIMAL] have you, and anyone else in this household, bought alive in the last 12 months? NUMBER | 8. What was the total value of these purchases? T-SHILLINGS | 9. Did you, or anyone in this household, receive any [ANIMAL] as a gift or payment for some services provided in the last 12 months? YES...1 NO...2 ▶12 | 10. How many [ANIMAL] were receive as gifts or payment for some services provided in the past 12 months? NUMBER | 11. From whom did you receive most of these [ANIMAL]? FRIEND/ RELATIVE...1 NGO.....2 OTHER, SPECIFY...3 |
| LARGE RUMINANTS | 1 | | | | | | | | | | |
| | 2 | | | | | | | | | | |
| | 3 | | | | | | | | | | |
| | 4 | | | | | | | | | | |
| | 5 | | | | | | | | | | |
| | 6 | | | | | | | | | | |
| SMALL RUMINANTS | 7 | | | | | | | | | | |
| | 8 | | | | | | | | | | |
| PIGS | 9 | | | | | | | | | | |
| POULTRY | 10 | | | | | | | | | | |
| | 11 | | | | | | | | | | |
| | 12 | | | | | | | | | | |
| OTHER ANIMALS | 13 | | | | | | | | | | |
| | 14 | | | | | | | | | | |
| | 15 | | | | | | | | | | |
| | 16 | | | | | | | | | | |

SECTION 2. LIVESTOCK STOCK

| C O D E | GIFTS | | | DISEASE | | | THEFT | | | INJURIES | | |
|------------------|--|---|---|--|--|--|--|--|--|---|--|---|
| | 12. Did you, or any member of this household, give any [ANIMAL] as a gift or payment for some services provided in the last 12 months? YES...1 NO....2 ▶15 | 13. How many [ANIMAL] did you, and members of this household, give as gifts or payment for some services provided in the past 12 months? NUMBER | 14. To whom were most of these [ANIMAL] gifted to? FRIEND/ RELATIVE..1 NGO.....2 OTHER, SPECIFY...3 | 15. Have you, and members of this household, lost any [ANIMAL] to DISEASE in the past 12 months? YES...1 NO....2 ▶18 | 16. How many [ANIMAL] have you, and members of this household, lost to DISEASE in the past 12 months? NUMBER | 17. What was the value of these [ANIMAL]s lost to disease? T-SHILLINGS | 18. Have you lost any [ANIMAL] to THEFT in the past 12 months? YES...1 NO....2 ▶21 | 19. How many [ANIMAL] have you, and members of this household, lost to THEFT in the past 12 months? NUMBER | 20. What was the value of these [ANIMAL]s lost to THEFT? T-SHILLINGS | 21. Have you, and members of this household, lost any [ANIMAL] to INJURY / ACCIDENT / NATURAL CALAMITY in the past 12 months? YES...1 NO....2 ▶24 | 22. How many [ANIMAL] have you, and members of this household lost to INJURY / ACCIDENT / NATURAL CALAMITY in the past 12 months? NUMBER | 23. What was the value of these [ANIMAL]s lost to INJURY / ACCIDENT / NATURAL CALAMITY? T-SHILLINGS |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |

SECTION 2. LIVESTOCK STOCK

| C O D E | SALES | | | | SLAUGHTER | | | | | | | |
|------------------|--|---|--|--|---|--|---|--|---|--|--|--|
| | 24. Have you, or members of this household sold any [ANIMAL] alive in the past 12 months? YES...1 NO...2 ▶29 | 25. How many [ANIMAL] have you, and members of this household, sold alive in the past 12 months? NUMBER | 26. What was the total value of sales? T-SHILLINGS | 27. Who in your household decided what to do with these earnings? INDICATE UP TO 2 PEOPLE IN HH ID #1 ID #2 | 28. Where did you sell most [ANIMAL]? NETWORK ROSTER CODE LOCATION | 29. Did you, or any member of this household, slaughter any [ANIMAL] in the past 12 months? YES...1 NO...2 ▶NEXT | 30. How many [ANIMAL] did you, and members of this household, slaughter in the past 12 months? NUMBER | 31. What was the live weight, on average, of the [ANIMAL] that this household slaughtered? KG/HEAD | 32. How many of the [ANIMAL] slaughtered did this household sell? IF '0' ▶ NEXT NUMBER | 33. What was the total value of the sold slaughtered [ANIMAL]? T-SHILLINGS | 34. Where did you sell most [ANIMAL] that you slaughtered? NETWORK ROSTER CODE LOCATION | 35. Who in your household decided what to do with these earnings? INDICATE UP TO 2 PEOPLE IN HH ID #1 ID #2 |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |

SECTION 2. LIVESTOCK STOCK

| | | |
|--|------|--|
| | | HOUSEHOLD OWNED [ANIMAL] IN THE LAST 12 MONTHS YES...1 NO....2 |
| | CODE | |

| | | | |
|-----------------|----|---------------------|--|
| LARGE RUMINANTS | 1 | BULLS | |
| | 2 | COWS | |
| | 3 | STEERS | |
| | 4 | HEIFERS | |
| | 5 | MALE CALVES | |
| | 6 | FEMALE CALVES | |
| SMALL RUMINANTS | 7 | GOATS | |
| | 8 | SHEEP | |
| PIGS | 9 | PIGS | |
| POULTRY | 10 | CHICKENS | |
| | 11 | DUCKS | |
| | 12 | OTHER POULTRY _____ | |
| OTHER ANIMALS | 13 | RABBITS | |
| | 14 | DONKEYS | |
| | 15 | DOGS | |
| | 16 | OTHER _____ | |

SECTION 3: ANIMAL HEALTH

| | | VACCINATION | | | | DEWORMING | | | |
|----------------------------|---|---|--|--|--|--|---|--|--|
| C O D E | 1. CAPI: REFER TO SECTION 1, QUESTION 1: DID THE HOUSEHOLD OWN / KEEP ANY OF THESE TYPES OF ANIMALS? YES...1 NO....2 ▶NEXT | 2. What kind of diseases did [ANIMAL] suffer in the past 12 months? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">USE CODES BELOW</div> #1 #2 #3 #4 | 3. Did you vaccinate your [ANIMAL] in the past 12 months? YES, ALL ANIMALS AT LEAST ONCE.....1 YES, SOME....2 NO.....3 ▶6 | 4. Who provided the vaccine (or vaccinated) your [ANIMAL]? PRIVATE VET CLINIC.....1 DISTRICT VET CLINIC.....2 NGO/PROJECT....3 OTHER, SPECIFY.4 | 5. Against which diseases did you vaccinate your [ANIMAL]? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">USE CODES BELOW</div> #1 #2 #3 #4 | 6. During the last 12 months have you, or members of this household, used dewormers on your [ANIMAL]? YES, ALL ANIMALS...1 YES, SOME.....2 NO.....3 ▶8 | 7. Who administered the dewormer treatment to your [ANIMAL]? PRIVATE VET CLINIC.....1 DISTRICT VET CLINIC.....2 NGO/PROJECT....3 OTHER, SPECIFY..4 | | |
| | 1 | | | | | | | | |
| | 2 | | | | | | | | |
| | 3 | | | | | | | | |
| | 4 | | | | | | | | |
| | 5 | | | | | | | | |
| | 6 | | | | | | | | |

SECTION 3: ANIMAL HEALTH

| | | TICKS | | | CURATIVE TREATMENTS | | EXPENDITURE | |
|------------------|--|---|--|--|--|--|--|-------------|
| C O D E | 8. | 9. | 10. | 11. | 12. | 13. | 14. | |
| | During the last 12 months, have you taken any preventative measures for your [ANIMAL] against tick borne diseases? | What preventive measures did this household take for your [ANIMAL]? | During the last 12 months have your [ANIMAL] been treated against ticks? | Who administered the tick treatment to your [ANIMAL]? | During the last 12 months have your [ANIMAL] receive some curative treatments? | Who administered the curative treatment to your [ANIMAL]? | How much did you spend in total on vaccines, preventive measures, treatments and other veterinary costs in the last 12 months? | |
| | YES, ALL ANIMALS...1 YES, SOME.....2 NO.....3 ▶10 | DIPPING/ DIP TANK...1 SPRAYING.....2 OTHER, SPECIFY.....3 | YES, ALL ANIMALS...1 YES, SOME.....2 NO.....3 ▶12 | PRIVATE VET CLINIC.....1 DISTRICT VET CLINIC.....2 NGO/PROJECT....3 OTHER, SPECIFY..4 | YES, ALL ANIMALS...1 YES, SOME.....2 NO.....3 ▶14 | PRIVATE VET CLINIC.....1 DISTRICT VET CLINIC.....2 NGO/PROJECT....3 OTHER, SPECIFY..4 | | |
| | | | | | | | | T-SHILLINGS |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |

SECTION 4A: LIVESTOCK EXTENSION SERVICES

| C O D E | SOURCE | 1. In the last 12 months, did you receive any advice from [SOURCE] about ...? YES...1 NO...2 | | | | | | 2. CAPI: ENUMERATOR: DID THE RESPONDENT ANSWER YES FOR ANY TYPE OF ADVICE IN QUESTION 1? YES...1 NO...2 (▶NEXT) | 3. Who in your household received advice from [SOURCE]? LIST UP TO | | | | 4. How would you rate the advice received from [SOURCE]? GOOD...1 AVERAGE...2 BAD...3 | 5. Did you pay anything in order to receive the advice from [SOURCE]? YES...1 NO...2 (▶7) | 6. How much did you pay? T-SHILLINGS | 7. How many times did Extension Advisor from [SOURCE] visit your farm in the last 12 months? PUT '0' IF NEVER |
|------------------|----------------------------------|--|----------------------------|---|---|--|------------------------------|--|---|------|------|------|--|---|--|---|
| | | A. Animal Breeding | B. Feeds and Feeding | C. Housing and Husbandry practices | D. Livestock Identification and Registration (BRANDING/ HEAR TAGS) | E. Processing of Livestock products | F. Livestock Marketing | G. Prevention of Livestock diseases | ID#1 | ID#2 | ID#3 | ID#4 | | | | |
| 1 | Government | | | | | | | | | | | | | | | |
| 2 | NGO | | | | | | | | | | | | | | | |
| 3 | Cooperative/Farmer's Association | | | | | | | | | | | | | | | |
| 4 | Large Scale Farmer | | | | | | | | | | | | | | | |
| 5 | Other, Specify | | | | | | | | | | | | | | | |

| C O D E | SOURCE | 8. In the last 12 months, did anyone in your household receive any information about livestock prices from [SOURCE]? YES...1 NO...2 > NEXT ROW | 9. Did you pay anything in order to receive the information? YES...1 NO...2 > NEXT ROW | 10. How much did you pay? T - SHILLINGS |
|------------------|----------------------------------|---|--|--|
| 1 | Government | | | |
| 2 | NGO | | | |
| 3 | Cooperative/Farmer's Association | | | |
| 4 | Large Scale Farmer | | | |
| 5 | Radio/Television | | | |
| 6 | Publication | | | |
| 7 | Neighbour | | | |
| 8 | Other (Specify) | | | |

SECTION 5. LIVESTOCK- LABOUR

| C O D E | 1 In principal, who is responsible for keeping [ANIMAL]? | | 2 Who in your household mainly provided labor for feeding/watering of [ANIMAL]? | | 3 Who in your household mainly provided the labour for selling the animals and animal products? | | 4 Who in your household mainly provided labour for grazing of [ANIMAL]? | | 5 Did you hire any labor to help you with the [ANIMAL] in the past 12 months? | | 6 In which months did you hire help? | | | | | | | | | | | | 7 What was the total cost of this labor for [ANIMAL] in the past 12 months? |
|------------------|---|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|
| | LIST UP TO TWO FROM HOUSEHOLD ROSTER ID #1 ID #2 | | LIST UP TO TWO FROM HOUSEHOLD ROSTER ID #1 ID #2 | | LIST UP TO TWO FROM HOUSEHOLD ROSTER ID #1 ID #2 | | LIST UP TO TWO FROM HOUSEHOLD ROSTER ID #1 ID #2 | | YES...1 NO...2 (▶NEXT) | | CIRCLE ALL THAT APPLIES | | | | | | | | | | | | T-SHILLINGS |
| 1 | | | | | | | | | | | J | F | M | A | M | J | J | A | S | O | N | D | |
| 2 | | | | | | | | | | | J | F | M | A | M | J | J | A | S | O | N | D | |
| 3 | | | | | | | | | | | J | F | M | A | M | J | J | A | S | O | N | D | |
| 4 | | | | | | | | | | | J | F | M | A | M | J | J | A | S | O | N | D | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 6. MILK

| C O D E | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | 13 | |
|------------------|---|---|--|--|------------|---|------------|---|--|---|---|---|--|--|--|----|--|
| | How many [ANIMAL] were milked in the last 12 months? IF 0, SKIP TO NEXT ANIMAL NUMBER | How many months on average, were [ANIMAL] milked for? MONTHS | During this period, what was the average milk production per day per milked [ANIMAL]? INCLUDE ALL CONSUMED, SOLD AND PROCESSED MILK LITRES | During this period in which month was milk production per animal the highest? MONTH | LITRES/DAY | During this period in which month was milk production per animal the lowest? MONTH | LITRES/DAY | In general, were your [ANIMAL] suckling during the time the [ANIMAL] were being milked? LIMITED SUCKLING...1 UNLIMITED SUCKLING...2 | During this period, how much of the milk produced by [ANIMAL] was consumed by your household each day either in the form of liquid milk? LITRES/DAY | During this period, how many litres of [ANIMAL] liquid milk did you sell per day? LITRES/DAY | During this period, how much milk did you convert each day into processed dairy products? LITRES/DAY | How much of this production of processed dairy products did you sell per day? LITRES/DAY | How much did you earn on average per day from these sales of milk and processed dairy products? TSH/DAY | Where did you sell most of the milk and processed dairy products from [ANIMAL] that you sold? NETWORK ROSTER CODE LOCATION | Who in your household decided what to do with these earnings? LIST UP TO TWO FROM HOUSEHOLD ROSTER ID #1 ID #2 | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | |

SECTION 7. ANIMAL POWER & DUNG

| C O D E | 1. Has this household made any use of the dung produced by [ANIMAL] in the past 12 months? | 2. What have been the major uses of the dung from [ANIMAL] in the last 12 months? LIST UP TO TWO MANURE.....1 ▶4 COOKING FUEL.....2 ▶4 FEED TO OTHER ANIMALS...3 ▶4 CONSTRUCTION OF BUILDING.....4 ▶4 SALES.....5 OTHER, SPECIFY....6 ▶4 | | 3. What was the total value of sales of the dung from [ANIMAL] in the last 12 months? | 4. What was the total quantity of dung produce [ANIMAL] over the last 12 months? WRITE '99' IF ANIMALS WERE LEFT TO GRAZE ON FIELD KG.....1 LITER..2 | | 5. Has this household used any of its [ANIMAL] for its own transport (persons, crops, etc.) in the past 12 months? | 6. Has this household used any of its [ANIMAL] for ploughing its own field in the past 12 months? |
|------------------|---|---|---|--|---|------|---|--|
| | YES...1 NO....2 ▶5 | 1 | 2 | TSH | QUANTITY | UNIT | YES...1 NO....2 | YES...1 NO....2 |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |

ANIMALS FLAP

| | | |
|------------------|--------|---|
| C O D E | | <p>DID THE HOUSEHOLD OWN ANY OF [ANIMAL]?</p> <p>YES...1 NO...2</p> |
| | ANIMAL | |

| | | |
|---|--|--|
| 1 | <p>LARGE RUMINANTS Bulls, cows, steers, heifers, male calves, female calves</p> | |
| 2 | <p>SMALL RUMINANTS Goats, sheep</p> | |
| 3 | <p>PIGS</p> | |
| 4 | <p>POULTRY Chickens, ducks, etc</p> | |
| 5 | <p>DONKEYS</p> | |
| 6 | <p>DOGS</p> | |

SECTION 8. OTHER LIVESTOCK PRODUCTS

| C O D E | | 1. Did your households produce any [PRODUCT] in the last 12 months? | 2. During the last 12 months, for how many months did your household produce any [PRODUCT]? | 3. During these months, what was the average quantity of [PRODUCT] produced per month? | 4. Did you sell any of the [PRODUCT] that you produced in the last 12 months? | 5. How much of the [PRODUCT] produced did you sell in the last 12 months? | 6. What was the total value of the sale of [PRODUCT] in the last 12 months? | 7. Where did you sell most of the [PRODUCT] that you sold? | 8. Who in your household decided what to do with these earnings? |
|------------------|------------|--|--|---|--|--|--|---|---|
| | | YES...1 NO....2 (▶NEXT ITEM) | MONTH | LITRES..1 KG.....2 PIECES..3 QUANTITY UNIT | YES...1 NO....2 (▶NEXT ITEM) | LITRES..1 KG.....2 PIECES..3 QUANTITY UNIT | T-SHILLINGS | NETWORK ROSTER CODE LOCATION | ID #1 ID #2 |
| 1 | EGGS | | | | | | | | |
| 2 | HONEY | | | | | | | | |
| 3 | SKIN/HIDES | | | | | | | | |

TIME FINISHED

| |
|---|
| : |
|---|

NETWORK ROSTER CARD

NETWORK CODES

RELATIVE.....1
NEIGHBOR.....2
FRIEND.....3
MARKET.....4
OPEN MARKET.....5
COOPERATIVE UNION..6
FARMERS PARTY.....7
MAIN PLOT/FARM.....8
PRIVATE BUSINESS
 PERSON.....9
MAIN MARKET.....10
BUSINESS CONTACT...11
ABATTORI/FACTORY...12
EMPLOYER.....13
RELIGIOUS
 INSTITUTION.....14
BANK (COMMERCIAL)..15
GROCERY/LOCAL
 MERCHANT.....16
MONEY LENDER.....17
NGO.....18
DISTRIBUTION
 OFFICER.....19

NETWORK LOCATION CODES

WITHIN THE VILLAGE..1
NEAR THE VILLAGE...2
NEAR THE TOWN.....3
OTHER DISTRICT.....4
OTHER REGION.....5
ACROSS THE BORDER...6