



United Republic of Tanzania
National Bureau of Statistics

CONFIDENTIAL

PUBLIC DISCLOSURE
AUTHORIZED

NATIONAL PANEL SURVEY (NPS 2010/2011)

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:
2. DISTRICT:
3. WARD:
4. VILLAGE/ENUMERATION AREA:
5. KITONGOJI OR MTAA NAME:
7. HOUSEHOLD ID (FROM LIST) :
8. NAME OF HOUSEHOLD HEAD:
9. NAME OF HOUSEHOLD HEAD FROM NPS YEAR 1:
10. FULL HOUSEHOLD IDENTIFICATION FROM NPS YEAR 1:
11. IS THIS HOUSEHOLD:
ORIGINAL HOUSEHOLD IN SAME LOCATION...1 ►14 ☐
ORIGINAL HOUSEHOLD IN NEW LOCATION...2 ►14 ☐
SPLIT-OFF HOUSEHOLD.....3 ☐
12. NAME OF TRACKING TARGET:
13. ROSTER ID OF TRACKING TARGET FROM NPS YEAR 1:

MARK BOX WITH AN 'X' AND
NUMBER FORMS BELOW IF YOU
USE MORE THAN THIS SINGLE
FORM TO COLLECT INFORMATION
FROM THIS HOUSEHOLD. IF SO,
BE SURE TO MARK IN THE SAME
WAY THE OTHER FORMS USED
FOR THIS HOUSEHOLD

FORM ____ OF ____ TOTAL

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:

17. TIME INTERVIEW START

:

18. DATE OF INTERVIEW:

/

/

(ENUMERATOR ▶NEXT PAGE)

19. NAME OF FIELD SUPERVISOR:

20. FIELD SUPERVISOR CODE:

21. DATE OF QUESTIONNAIRE INSPECTION:

/

/

22. NAME OF DATA ENTRY CLERK:

23. DATA ENTRY CLERK CODE:

24. DATE OF DATA ENTRY:

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/

25. 2ND DATA ENTRY CLERK CODE:

26. DATE OF 2ND DATA ENTRY:

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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:

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.

NEW HOUSEHOLDS IN MOROGORO, DAR ES SALAAM AND PWANI:

Now in 2010/2011 we are expanding these efforts. Your household was selected as one of those to which the questions will be asked this time. You were not selected for any specific reason. Simply your name appeared on a list of all of the households in this area, and your name was chosen randomly.

NPS HOUSEHOLDS:

Now in 2010/2011, we are returning the 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.

ALL:

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 B: HOUSEHOLD MEMBER ROSTER

IN ORDER TO MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USE THE FOLLOWING PROBE QUESTIONS:

FIRST, ASK NAMES OF ALL THE MEMBERS OF YOUR IMMEDIATE (NUCLEAR) FAMILY WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD

FILL IN QUESTIONS 1 TO 6 THEN, ASK NAMES OF ANY OTHER PERSONS RELATED TO YOU OR OTHER HOUSEHOLD MEMBERS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE.

FILL IN QUESTIONS 1 TO 6 ALSO ASK OTHER PERSONS NOT HERE NOW WHO NORMALLY LIVE AND EAT THEIR MEALS HERE? FOR EXAMPLE, HOUSEHOLD MEMBERS STUDYING ELSEWHERE OR TRAVELING.

FILL IN QUESTIONS 1 TO 6 THEN, ASK NAMES OF ANY OTHER PERSONS NOT RELATED TO YOU OR OTHER HOUSEHOLD MEMBERS, BUT WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE, SUCH AS LIVE-IN SERVANTS.

FILL IN QUESTIONS 1 TO 6 IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.

Q.9 EXCEPTIONS
INFANTS LESS THAN 3 MONTHS
NEW HOUSEHOLD MEMBERS
BOARDING SCHOOL STUDENTS

INDIVIDUAL 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. IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y1 HH ID NUMBER FROM TRACKING FORM ELSE, ENTER 99 NPS Y1 ROSTER ID	7. Did [NAME] eat meals in this household in the last 7 days? YES.. NO...	8. For how many days in the last month was [NAME] present? DAYS	9. For the last 12 months has [NAME] stayed in this household for 3 months or more? CROSS OUT ID CODE IN THE FLAP AND DO NOT ADMINISTER OTHER SECTIONS FOR INDIVIDUALS WITH CODE 2 YES...1 NO....2	INDIVIDUAL ID	
			M..1 F..2	YEAR	MONTH	YEARS					
	1										1
	2										2
	3										3
	4										4
	5										5
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12									12		

I N D I V I D U A L I D	10. For how many cumulative months during the last 12 months has [NAME] been <u>away</u> from this household?	11. What was [NAME]'s main occupation for the past 12 months? AGRICULTURE / LIVESTOCK.....1 FISHING.....2 MINING.....3 TOURISM.....4 EMPLOYED: GOVERNMENT.....5 PARASTATAL.....6 PRIVATE SECTOR.....7 NGO/RELIGIOUS.....8 EMPLOYED (NOT AGRICULTURE) : WITH EMPLOYEES.....9 WITHOUT EMPLOYEES..10 UNPAID FAMILY WORK.....11 PAID FAMILY WORK...12 JOB SEEKERS.....13 STUDENT.....14 DISABLED.....15 NO JOB.....16 TOO YOUNG17	12. Where is [NAME]'s biological father? IF FATHER IS MEMBER OF HH, COPY ID. (►15) LIVING OUTSIDE OF HH.....97 (►14) DEAD.....98 DOES NOT KNOW.....99 (►14)	13. What was [NAME]'s age when [NAME]'s father died? <div style="border: 1px solid black; padding: 5px; text-align: center;">AGE OF CHILD</div> YEARS	14. How many years of school did/does [NAME]'s father have? NO SCHOOL.....1 SOME PRIMARY...2 COMPLETED PRIMARY.....3 SOME SECONDARY...4 COMPLETED SECONDARY...5 MORE THAN SECONDARY...6 DON'T KNOW7	15. Where is [NAME]'s biological mother? IF MOTHER IS MEMBER OF HH, COPY ID. (►18) LIVING OUTSIDE OF HH.....97 (►17) DEAD.....98 DOES NOT KNOW.....99 (►17)	16. What was [NAME]'s age when [NAME]'s mother died? <div style="border: 1px solid black; padding: 5px; text-align: center;">AGE OF CHILD</div> YEARS	17. How many years of school did/does [NAME]'s mother have? NO SCHOOL.....1 SOME PRIMARY...2 COMPLETED PRIMARY.....3 SOME SECONDARY...4 COMPLETED SECONDARY...5 MORE THAN SECONDARY...6 DON'T KNOW..7	18. IS [NAME] AGED 12 YEARS OR ABOVE? YES...1 NO...2 (►NEXT)	19. What is [NAME]'s marital status? MONOGAMOUS MARRIED...1 POLYGAMOUS MARRIED...2 LIVING TOGETHER...3 (►21) SEPARATED...4 (►25) DIVORCED...5 (►25) NEVER MARRIED...6 (►25) WIDOW (ER) ...7 (►25)	20. What type of marriage ceremony did [NAME] have? GOVERNMENT..1 RELIGIOUS...2 TRADITIONAL.3 <div style="text-align: right;">Wife Number</div> <div style="display: flex; justify-content: flex-end;"><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">2</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div>
	MONTHS										

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I N D I V I D U A L I D	21. Does spouse/ partner live in this household now?	22. WRITE ID CODES OF SPOUSES WHO LIVE IN THE HOUSEHOLD	23. Does [NAME] have a spouse living outside of this household?	24. How many spouses does [NAME] have who are residing outside of this household?	25. For how many years have you lived in this community?	26. From which district did you move? [WRITE THE COUNTRY IF OUTSIDE TANZANIA] SEE CODES AT BACK OF QUESTIONNAIRE	27. Why did you move here? WORK RELATED..1 SCHOOL / STUDIES....2 MARRIAGE.....3 OTHER FAMILY REASONS....4 BETTER SERVICES / HOUSING..5 LAND / PLOT..6 OTHER, SPECIFY....7	28. In which district were you born? [WRITE THE COUNTRY IF OUTSIDE TANZANIA] SEE CODES AT BACK OF QUESTIONNAIRE
	YES..1 NO...2 (▶23)	1 2 3 4	YES...1 NO...2 (▶25)	ONLY MEN SHOULD BE ASKED NUMBER	ENTER 99 IF LIVED HERE SINCE BIRTH IF 99 ▶ NEXT SECTION NUMBER OF YEARS	DISTRICT/COUNTRY NAME REGION DISTRICT	DISTRICT/COUNTRY NAME REGION DISTRICT	DISTRICT/COUNTRY NAME REGION DISTRICT

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SECTION C: EDUCATION

RESPONDENTS: 5 YEARS AND ABOVE

I N D I V I D U A L I D	1. IS [NAME] 5 YEARS OR ABOVE?	2. Can [NAME] read and write?	3. Did [NAME] ever go to school?	4. At what age did [NAME] start school?	5. Is [NAME] currently in school?	6. Was [NAME] in school last year?	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. CHECK Q5: IS [NAME] CURRENTLY ATTENDING SCHOOL?
		YES...1 NO...2 (▶NEXT)	KISWAHILI...1 ENGLISH...2 KISWAHILI & ENGLISH...3 ANY OTHER LANGUAGE...4 NO...5	YES...1 NO...2 (▶29)	AGE	YES...1 (▶9) NO...2	YES...1 (▶10) NO...2	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 U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45	PUT "9999" IF DON'T KNOW ▶22	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 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 OSC.....19 DIPLOMA...34 MS+COURSE.20 UNIVERSITY U1.....41 U2.....42 U3.....43 U4.....44 U5&+.....45 NOT YET STARTED90

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I N D I V I D U A L I D	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? YES, FORM 4..1 YES, FORM 6..2 NO, DID NO TAKE..3 (▶28)	25. In what year did [NAME] take the exam? IF DON'T KNOW, WRITE 9999	26. Will you show me the exam certificate? YES, IT WAS SHOWN.....1 NOT SHOWN, HOUSEHOLD HAS BUT REFUSED...2 NOT FOUND...3	27. How did [NAME] score in the exam? DIVISION 1..1 DIVISION 2..2 DIVISION 3..3 DIVISION 4..4 FAIL.....5 DON'T KNOW..6	28. How much was spent on [NAME]'s education in the last 12 months by members of your household: <div>IF THERE WAS NO EXPENDITURE, WRITE '0'</div>							29. Has [NAME] ever attended an adult education class? Which one? KCM (MUKEJA) ..1 KCK (MUKEJA) ..2 OTHER, NOT MUKEJA, SPECIFY...3 NEVER ATTENDED...4 (▶NEXT)	30. How many months did [NAME] attend this adult education class? NUMBER OF MONTHS
	YES...1 NO...2 (▶24)	PASS.....1 FAIL.....2 DON'T KNOW..3					School Fees TSH	Books & Material TSH	Uniform TSH	Trans- port TSH	Extra tuition TSH	Other Contrib. TSH	Cost of Meals TSH	TOTAL CASH & IN KIND TSH	

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SECTION D: HEALTH

RESPONDENTS 12 AND OLDER SHOULD RESPOND FOR THEMSELVES

I N D I V I D U A L I D	1. IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	2. Has [NAME] visited a health care provider in the last 4 weeks?	3. What type of health provider did [NAME] visit?		4. How was the treatment financed?	5. How much did [NAME] spend when you visited [PROVIDER]?	6. Did [NAME] have any problems during the visit to the health provider?	7. How much in total did the household spend on [NAME] in the <u>past 4 weeks</u> for all illnesses and injuries, including for prescription medicine, tests, consultation, & in-patient fees, if any?	8. How much in total did the household spend on [NAME] in the <u>past 4 weeks</u> for medical care <u>not related to an illness</u> , including preventative health care, pre-natal visits, check-ups, etc., if any?	9. How much in total did the household spend on [NAME] in the <u>past 4 weeks</u> for <u>non-prescription medicines</u> , including Panadol, Fansidar, cough syrup, etc.?
			<div>LIST UP TO TWO VISITS BY ORDER OF IMPORTANCE</div> <div> <div>GOV. PARASTATAL</div> <div> REFERRAL/SPEC. HOSP...1 REGIONAL HOSPITAL ...2 DISTRICT HOSPITAL ...3 HEALTH CENTER ...4 DISPENSARY ...5 VILLAGE HEALTH POST (WORKER) ...6 CBD WORKER ...7 </div> </div> <div> <div>PRIVATE</div> <div> SPECIALISED HOSP...12 HEALTH CENTER ...13 DISPENSARY ...14 </div> </div> <div> <div>OTHER</div> <div> PHARMACY ...15 NGO...16 OTHER, SPECIFY...17 </div> </div> <div> <div>RELIGIOUS/VOLUNTARY</div> <div> REFERRAL/SPEC. HOSP...8 DISTRICT HOSPITAL ...9 HEALTH CENTER ...10 DISPENSARY ...11 </div> </div>		<div>UP TO TWO PROVIDERS</div> <div> 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>TSHS</div>	<div>NO PROBLEMS (SATISFIED).....1 POOR BUILDING / TOOLS.....2 LONG WAITING TIME.3 INADEQUATE TRAINED STAFF.....4 TOO EXPENSIVE.....5 LACK OF MEDICINE..6 OTHER, SPECIFY....7</div>	<div>INCLUDE VALUE REPORTED IN Q5</div>		
	YES...1 NO...2	YES...1 NO...2								
		(▶7)	PROVIDER 1	PROVIDER 2	1	2	1	2	1	2
		INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. ALLOW UP TO TWO SERVICE PROVIDERS		TSHS		TSHS		TSHS		

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I N D I V I D U A L I D	10. During the last 12 months, were you hospital-ized or did [NAME] have an overnight stay(s) in a medical facility?	11. How many stays and for how many nights was [NAME] hospitalized?	12. What type of illness or injury did [NAME] have that led to his/her hospitalization?	13. What was the total cost of [NAME]'s hospital-ization(s) or overnight stay(s) in a medical facility?	14. During the last 12 months, did [NAME] stay overnight(s) at a traditional healer's or faith healer's dwelling?	15. What was the total cost of [NAME]'s stay(s) at the traditional healer or faith healer?	16. IS THE RESPONDENT A CHILD OF UNDER 5 YEARS OLD? (LESS THAN 60 MONTHS OLD)	17. Because of a physical, mental or emotional health condition...					18.	19.	20.	21.	22.
	YES...1 NO...2 (►14)	NEW STAYS TOTAL NIGHTS FOR ALL STAYS	FEVER.....1 MALARIA.....2 STOMACH.....3 DIARRHEA....4 HEADACHE....5 HEART.....6 LUNG.....7 BROKEN BONE.8 MATERNITY...9 OTHER, SPECIFY..10	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. TSHS	YES...1 NO...2 (►16)	INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. TSHS	YES...1 (►31) NO...2	Does [NAME] have difficulty seeing, even if he/she is wearing glasses? NO, NOT AT ALL.....1►! NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY...3 YES, A LOT OF DIFFICULTY..4 CANNOT PERFORM.....5	How old was [NAME] when the difficulty seeing began?	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid?	How old was [NAME] when the difficulty hearing began?	Does [NAME] have difficulty walking or climbing steps?	How old was [NAME] when the difficulty walking or climbing stairs began?				
								AGE	USE CODES FROM Q17	AGE	USE CODES FROM Q17						

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						CHECK QUESTIONS 17, 19, 21, 23, 25, 27 IF [NAME] HAS ANY DIFFICULTY (ANSWERS 2, 3, 4, 5):		Did [NAME] sleep under a bednet yesterday?	How did the household obtain this bednet?	How much did the household pay for the bednet?	
I N D I V I D U A L I D USE CODES FROM Q17	Does [NAME] have difficulty remembering or concentrating?	How old was [NAME] when the difficulty remembering or concentrating began?	Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting etc)?	How old was [NAME] when the difficulty began?	Using your usual [NAME] OF [LANGUAGE] does [NAME] have difficulty communicating; for example understanding or being understood?	How old was [NAME] when the difficulty communicating began?	Does this difficulty reduce the amount of work [NAME] can do at home, at work or at school? YES, ALL THE TIME.....1 YES, SOMETIMES..2 NO.....3 NA (IF NOT WORKING OR ATTENDING SCHOOL).....4 At Home At School At Work	During the past 12 months, what measures were taken to improve [NAME]'s 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	YES UNTREATED NET.....1 YES TREATED NET < 6 MONTHS...2 YES TREATED NET > 6 MONTHS...3 NO.....4 (▶34) DONT KNOW.....5 (▶34)	FREE GIFT.....1 (▶34) PURCHASED.....2 PURCHASED W/ VOUCHER..3	IF THE NET IS SHARED, ENTER THE AMOUNT FOR ONE MEMBER ONLY. TSHS
	AGE		AGE		USE CODES FROM Q17	AGE					

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I N D I V I D U A L I D	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 year, did [NAME] access a medical exemption at a public health facility?	36. IS THE RESPOND-ENT A WOMAN AGED 12 TO 49 YEARS?
	HAS CERTIFICATE..1 REGISTERED...2 NEITHER3 DON'T KNOW...4		
	YES.....1 NO.....2 DON'T KNOW..3	YES..1 NO...2 (►42)	

WOMEN 12-49 YEARS (Q 37-41)				
37. In the past 24 months, did [NAME] give birth to a child, even if born dead?	38. Did [NAME] regularly go to a health clinic when you were pregnant with your 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? DOCTOR OR CLINICAL OFFICER....1 NURSE.....2 MIDWIFE.....3 TRADITIONAL BIRTH ATTENDANT..4 FRIEND OR RELATIVE...5 SELF.....6 OTHER, SPECIFY...7	41. Was this birth registered?
YES..1 NO...2 (►NEXT)	YES..1 NO...2			YES..1 NO...2

CHILDREN <5 YEARS (Q 43-49)		
42. IS THE RESPOND-ENT 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
YES..1 NO...2 (►NEXT)	YES..1 NO...2 (►NEXT)	

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SECTION E: LABOUR

RESPONDENTS 5 AND OLDER

I N D I V I D U A L I D	1. IS THE HOUSE- HOLD MEMBER 5 YEARS OR ABOVE?	2. IS THIS PERSON ANSWERING FOR HIMSELF/ HERSELF?	3. WHAT IS THE ID CODE OF THE PERSON ANSWERING FOR [NAME]?	4. Did you do any work of any type for pay, profit, barter or home use during the last 7 days?	5. Although you did not do any work during the last 7 days, did you have a job or own farm or enterprise at which you did not work during the last 7 days and to which you will definitely return to work?	6. The following question refers to the economic activity on which you spend most of your time if you have more than one activity: Are you working as: 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	7. How often in a week do you work in your current job? <div>▶12</div>
	YES...1 NO...2 ▶NEXT	YES...1 (▶4) NO...2	ID CODE	YES...1 (▶6) NO...2	YES...1 NO...2 (▶8)	EVERY DAY..1 OFTEN.....2 SOMETIMES..3 SELDOM.....4	

Unemployment

8. Were you available for work during the last 7 days?	9. Why were you not available for work during the last 7 days? IN SCHOOL.....1 BUSY WITH HOUSEHOLD DUTIES.....2 UNABLE TO WORK: TOO YOUNG.....3 TOO OLD.....4 SICK.....5 DISABLED.....6 <div>▶11</div>	10. Have you taken any steps within the past 4 weeks to look for work?	11. When was the last time you did work for pay, profit or gain? [ENTER '0 / 0' IF NEVER] <div>▶13</div>
YES...1 (▶10) NO...2		YES...1 NO...2	MONTH YEAR

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12						

Wage Jobs

I N D I V I D U A L I D	12. Did you do any wage work during the <u>last 7 days?</u> (i.e. work for someone else for pay)	13. Did you do any wage work during the <u>last 12 months?</u> (i.e. work for someone else for pay)	14. What is the name of the company or organization that you work for? <div>IF WORKING FOR MORE THAN 1 EMPLOYER, LIST PRIMARY JOB</div>	15. Is your employer for this work... CENTRAL GOVT....1 LOCAL GOVT.....2 PARASTATAL.....3 POLITICAL PARTY.4 COOPERATIVE.....5 NGO6 INT'L ORG.....7 RELIGIOUS ORG...8 PRIVATE SECTOR..9 OTHER, SPECIFY.10	16. What kind of work do you usually do in this job? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.		17. What kind of trade or business is it connected with? [CODE: ISIC SECTOR]		18. How many people altogether work at the place where you do this work?	19. How long does it take you to get to work from here? (TIME ONE WAY ONLY) <div>TIME ONE WAY ONLY</div>		20. Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work?	21. What is the main reason you receive no payment for this work? APPRENTICESHIP OR UNPAID TRAINEESHIP...1 LABOR PAYING OFF DEBT.....2 OTHER, SPECIFY..3
	YES...1 (▶14) NO...2	YES...1 NO...2 (▶44)	WRITE NAME		DESCRIPTION	CODE	DESCRIPTION	CODE	TOTAL NUMBER	HOURS	MINUTES	YES...1 (▶22) NO...2	▶25

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Wage Jobs									
I N D I V I D U A L I D	22. How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect? What period of time did this payment cover?	23. Do you receive any payment for this work in any other form?	24. What is the value of those payments? Over what time interval?	25. How many hours did you work last week?	26. During the last 12 months, for how many months did you work in this job?	27. During the last 12 months, how many weeks per month do you usually work in this job?	28. During the last 12 months, how many hours per week do you usually work in this job?		
	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	YES...1 NO....2	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8						
	TSH	UNIT	▶25	TSH	UNIT	HOURS	MONTHS	WEEKS	HOURS

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Wage Job (Secondary)	
29. Other than the job just listed, have you had any other sort of wage employment in the last 12 months?	30. Is your main employer in this secondary wage work... CENTRAL GOVT.....1 LOCAL GOVT.....2 PARASTATAL.....3 POLITICAL PARTY...4 COOPERATIVE.....5 NGO6 INT'L ORG.....7 RELIGIOUS ORG....8 PRIVATE SECTOR...9 OTHER, SPECIFY...10
YES...1 NO....2 (▶44)	31. What kind of work do you usually do in this (second) job? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.
	DESCRIPTION CODE

I N D I V I D U A L I D	32. What kind of trade or business is it connected with?	33. How many people altogether work at the place where you do this work?	34. How long does it take you to get to work from here?	35. Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work?	36. What is the main reason you receive no payment for this work?	37. How much was your last payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect? What period of time did this payment cover?	38. Do you receive any payment for this work in any other form?	39. What is the value of those payments? Over what time interval?	40. How many hours did you work last week?	41. During the last 12 months, for how many months did you work in this job?	42. During the last 12 months, how many weeks per month do you usually work in this job?	43. During the last 12 months, how many hours per week do you usually work in this job?
	[CODE: ISIC SECTOR]	TOTAL NUMBER	TIME ONE WAY ONLY	YES...1 (▶37) NO...2	APPRENTICESHIP OR UNPAID TRAINEESHIP.1 LABOR PAYING OFF DEBT....2 OTHER, SPECIFY.....3 ▶38	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	YES...1 NO....2 (▶40)	HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8	HOURS	MONTHS	WEEKS	HOURS
	DESCRIPTION	CODE				TSH	UNIT					

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Apprenticeships

INDIVIDUAL ID	44.	At any time over past 12 months, were you an unpaid apprentice for anyone who is not a member of your household?	45.	What kind of work do you usually do in this unpaid apprenticeship?	46.	What kind of trade or business was this apprenticeship connected with?	47.	Is your main employer in this unpaid apprenticeship...	48.	During the last 12 months, for how many months did you work in this unpaid apprenticeship?	49.	How many weeks per month do you usually work in this unpaid apprenticeship?	50.	How many hours per week do you usually work in this unpaid apprenticeship?
	YES...1 NO...2 (►51)	DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.	CODE	DESCRIPTION	CODE	CENTRAL GOVT.....1 LOCAL GOVT.....2 PARASTATAL.....3 POLITICAL PARTY...4 COOPERATIVE.....5 NGO6 INT'L ORG.....7 RELIGIOUS ORG.....8 PRIVATE SECTOR...9 OTHER, SPECIFY...10 [CODE: ISIC SECTOR]	MONTHS	WEEKS	HOURS					

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Self-employment									
I N D I V I D U A L I D	51. Did you operate any business or do any self- employed activity during the last week, other than agriculture?	52. Did you operate any business or do any self- employed activity during the last 12 months, other than agriculture?	53. What kind of business do you operate?	54. Who in the household owns this business? CAN LIST UP TO TWO	55. How many individuals outside this household co- own this income generating activity? IF NONE, WRITE 0	56. BUSINESS ID ENTER "A" FOR THE 1ST SELF- EMPLOYED BUSINESS IN THE HOUSEHOLD, "B" FOR THE 2ND, AND SO ON. IF TWO OR MORE MEMBERS WORK IN THE SAME BUSINESS, THEY SHOULD GET THE SAME BUSINESS ID.	IF THE ACTIVITIES HAVE BEEN OWNED BY MORE THAN ONE HOUSEHOLD MEMBERS, ANSWER QUESTION 57- 71 BY INTERVIEWING ONLY ONE HOUSEHOLD MEMBER.		
	YES...1 (►53) NO....2	YES...1 NO....2 (►74)	[CODE: ISIC SECTOR]	ID CODE OWNER 1	ID CODE OWNER 2	TOTAL NUMBER			ID
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LINES FOR SECONDARY ACTIVITIES		ID OF MEMBER							
		ID OF MEMBER							

Self-employment

I N D I V I D U A L I D	57. Where do you do business?	58. How long has this business existed?	59. What was the main source of start-up capital for this income-generating activity?			60. To whom do you sell your products or services?		61. What is the total value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the business?	62. What is the total value of your current stock of inputs or supplies?	63. What is the total value of your current stock of finished merchandise (goods for sale)?
	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		LOAN FROM FAMILY/FRIENDS.....1 GIFT FROM FAMILY/FRIENDS.....2 SALE OF ASSETS OWNED.....3 PROCEEDS FROM ANOTHER BUSINESS.4 OWN SAVINGS.....5 LOAN FROM SACCOS.....6 NON-AGRICULTURAL CREDIT.....7 BANK OR OTHER INSTITUTION.....8 LOAN FROM MONEY LENDER.....9 INHERITED.....10 OTHER, SPECIFY.....11			FINAL CONSUMERS.1 SMALL BUSINESS..2 LARGE ESTABLISHED BUSINESS....3 INSTITUTIONS....4 EXPORT.....5 MANUFACTURERS...6 GOVERNMENT.....7 OTHER, SPECIFY..8				
			SOURCE OF CAPITAL							
		YEARS MONTHS	1ST	2ND	3RD	1st	2nd	TSH	TSH	TSH

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Self-employment

I N D I V I D U A L I D	64. What gross income/takings did you get from your business or businesses in the last week/month?		65. What was your net income (profit) from your business or businesses in the last week/month?		66. How many employees do you have who are not household members?		67. What is/was your total expenditure on wages in the last month?		68. What was your total expenditure on raw materials in the last month?		69. How much were your other operating expenses (for this business) such as fuel, kerosene, electricity etc. in the last month?		70. How many months during the last 12 months did you operate this business?		71. What was your AVERAGE net monthly income (profit) during the months when you operated this business?		72. In addition to this business, did you operate any OTHER business or do any OTHER self-employed activity during the last week, other than agriculture?		73. Did you operate any OTHER business or do any OTHER self-employed activity during the last 12 months, other than agriculture?	
	WEEK...1 MONTH..2	TSH	WEEK...1 MONTH..2	TSH	IF NONE WRITE '0'	NON HOUSEHOLD EMPLOYEES	IF NONE WRITE '0'	TSH	IF NONE WRITE '0'	TSH	TSH	MONTHS	TSH	YES...1 ►53 BOTTOM	NO....2	YES...1 ►53 BOTTOM	NO....2			
	PERIOD	TSH	PERIOD	TSH																

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General										
I N D I V I D U A L I D	74. In the <u>last 7 days</u> , did you <u>help without being paid</u> in any kind of <u>business</u> run by this household, even if it was only for one hour?	75. In the <u>last 7 days</u> , how many hours did you work as an unpaid family worker on a non-farm household business?	76. Did you do this in the <u>last 12 months</u> ?	77. In the last week, did you work on this household's farm? EXAMPLE: TENDING CROPS, FEEDING ANIMALS, ETC.	78. In the <u>last 7 days</u> , how many hours did you spend on household agricultural activities (including livestock or fishing, whether for sale or for household food)?	79. Did you work on the household's farm in the past <u>12 months</u> ?	80. How many hours did you spend <u>yesterday</u> collecting firewood (or other fuel materials)?	81. How many hours did you spend <u>yesterday</u> collecting/ fetching water?		
	YES...1 NO...2 (▶76)	[IF NONE WRITE '0'] ▶77 HOURS	YES...1 NO...2	YES...1 NO...2 (▶79)	▶80 HOURS	YES...1 NO...2	[IF NONE WRITE '0'] HOURS MINUTES	[ROUND TRIP] [IF NONE WRITE '0'] HOURS MINUTES		

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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.

	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, lunch or 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 meat, chips, roast bananas and other snacks</u> prepared on charcoal 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 other local 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, commercial beer and 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 other non-acholic 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-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, coffee, samosa, cake and other hoteli snacks</u> outside of the household?	15. What was the value of this consumption?
INDIVIDUAL	YES...1	YES...1		YES...1		YES...1		YES...1		YES...1		YES...1		YES...1	
	NO...2	NO...2		NO...2		NO...2		NO...2		NO...2		NO...2		NO...2	
	▶NEXT	(▶4)	TSH	(▶6)	TSH	(▶8)	TSH	(▶10)	TSH	(▶12)	TSH	(▶14)	TSH	(▶NEXT)	TSH

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SECTION G. SUBJECTIVE WELFARE

RESPONDENTS 15 AND OLDER

I N D I V I D U A L I D	1. IS THIS PERSON ANSWER ING FOR HIMSELF/ HERSELF ?	2. 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]? <div style="text-align: center;"> VERY SATISFIED.....1 SATISFIED.....2 SOMEWHAT SATISFIED.....3 NEITHER SATISFIED NOR DISSATISFIED..4 SOMEWHAT DISSATISFIED.....5 DISSATISFIED.....6 VERY DISSATISFIED.....7 NOT APPLICABLE.....8 </div>								4. Just thinking about your current circumstances, would you describe yourself as: <div style="text-align: center;"> 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 </div>	5. Just thinking about your circumstances that you were living in about 3 years ago, would you describe yourself then as: <div style="text-align: center;"> 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 </div>	6. Just thinking about your circumstances you were living in about 10 years ago, would you describe yourself then as: <div style="text-align: center;"> 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 </div> <div style="text-align: center;">▶ NEXT PERSON</div>
	YES...1 NO...2 ▶ NEXT	YES...1 NO...2 ▶ NEXT	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 life as a whole?			

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I N D I V I D U A L I D				I N D I V I D U A L I D
	NAME	SEX	AGE	

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4				4
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6				6
7				7
8				8
9				9
10				10
11				11
12				12

SECTION H. GOVERNANCE

1 WRITE THE NUMBER OF THE
SELECTED HOUSEHOLD MEMBER
FROM PRE-PRINTED TRACKING FORM

2 WAS THIS HOUSEHOLD MEMBER INTERVIEWED?
YES...1 ►4
NO....2

3 WRITE THE NUMBER OF THE
REPLACEMENT HOUSEHOLD MEMBER

	4 What is the name of your [OFFICIAL]? IF POST IS VACANT, WRITE 00 IF DON'T KNOW WRITE 98	5 When is the last time you spoke to your [OFFICIAL]? PAST WEEK.....1 PAST MONTH.....2 PAST YEAR.....3 MORE THAN 1 YEAR..4 NEVER.....5	6 Overall, would you say you approve or disapprove of the job your [OFFICIAL] is doing? STRONGLY APPROVE....1 APPROVE.....2 DISAPPROVE.....3 STRONGLY DISAPPROVE..4 DON'T KNOW.....5
A. Village Chairperson			
B. Village Executive Officer			
C. Ward Executive Officer			
D. Ward Councillor			
E. Headmaster/Headmistress			
F. Extension Officer			
G. Police Officer (Chief)			
H. MP			

	7 In the past year did you attend all of the [MEETING]? YES, ALL....1 ►NEXT ROW YES, SOME...2 NO.....3	8 Main reason for missing meetings? NOT INTERESTED.....1 FEEL THEY ARE NOT USEFUL..2 NOT INFORMED.....3 TRAVELING/WORKING.....4 NO MEETINGS.....5 OTHER, SPECIFY.....6
A. Kitongoji Meetings		
B. Village Meetings		
C. Farmers' cooperative meetings		
D. SACCOS or self-help group meeting		
E. School meetings (SMC or parents)		

9 In the past year, how often have you done the following? ALMOST DAILY.....1 A FEW TIMES A WEEK....2 A FEW TIMES A MONTH...3 A FEW TIMES A YEAR....4 NEVER.....5	
A. Attended a religious service	
B. Listened to the radio	
C. Watched TV	
D. Read newspaper	
E. Visited the district capital	

SECTION I: FOOD SECURITY

[ASK OF HOUSEHOLD HEAD]

1 In the past 7 days, did you worry that your household would not have enough food? YES...1 NO...2	2 In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO.								3 How many meals, including breakfast are taken per day in your household? A B Children (6-59 months) LEAVE BLANK IF NO CHILDREN		4 What did your children below 5 years old (0-4 years) have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN UNDER AGE 5, RECORD "00"	5 What did your children between 5 to 13 years old have for breakfast yesterday? USE CODES BELOW. IF NO CHILDREN 5-13, 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	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			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 ► NEXT MODULE	9 When did you experience this incident ? MARK X IN EACH COLUMN FOR 2009, 2010, AND 2011												10 What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE BOTTOM.		
					2009														
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec			
					2010														
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec			
					2011														
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec			
	A	B	C																
	Men	Women	Children (6-59 months)																

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
 OTHER, SPECIFY.....9

SECTION J: HOUSING, WATER AND SANITATION

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

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
LEASE (FOR RENTERS)..9
NO DOCUMENTATION
AT ALL.....10

CODES FOR Q8

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

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 ▶4	2. Do you have any docu- mentation of ownership of the dwelling? <div>▶4</div> <div>USE CODES AT RIGHT</div>	3. How much does this household pay per month to rent this dwelling? <div>INCLUDE VALUE OF IN-KIND PAYMENTS FOR RENT</div> <div>TSH</div>	4. How many habitable rooms in each unit does this household occupy? <div>DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE</div> <div>MAIN DWELLING OTHER DWELLING (S)</div>	5. 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	6. 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	7. The floor of the main dwelling is predominantly made of what materials? EARTH.....1 CONCRETE, CEMENT, TILES, TIMBER.....2 OTHER, SPECIFY....3	8. Which is the household main source of cash income? <div>USE CODES AT RIGHT</div> <div>UP TO TWO SOURCES</div> <div>SOURCE 1 SOURCE 2</div>

9. How does the household dispose of its garbage? COLLECTED BY GOVERNMENT..1 COLLECTED BY PRIVATE FIRM.....2 GOVERNMENT BIN.....3 DISPOSAL WITHIN COMPOUND....4 NONE OR UNAUTHORISED HEAP.....5 OTHER, SPECIFY....6	10. What is the main toilet facilities usually used in this household? NO TOILET.....1 ▶14 FLUSH TOILET....2 POUR FLUSH.....3 VIP.....4 ▶12 ECOSAN.....5 ▶14 UNIMPROVED PIT LATRINE (SLAB NOT WASHABLE).....6 ▶12 IMPROVED PIT LATRINE (SLAB WASHABLE).....7 ▶12 OTHER, SPECIFY..8	11. Where does this toilet flush to? PIPED SEWER SYSTEM.....1 (▶15) SEPTIC TANK..2 PIT LATRINE..3 DON'T KNOW..4	12. In the last 12 months, have you paid to have your latrine pit or septic tank emptied? YES..1 NO...2 (▶14)	13. How much did you pay to for this service? <div>TSH</div>	14. What is the main reason you do not have a sewer connection? CONNECTION COST TOO HIGH.....1 MONTHLY CHARGE TOO HIGH.....2 SEWER NETWORK NOT AVAILABLE.....3 PRESENT ARRANGEMENT SATISFACTORY...4 RENTED HOUSE....5 ON INSTALLATION WAITING LIST...6 OTHER, SPECIFY..7	15. Do you share this toilet facility with other households? YES...1 NO....2	16. Major fuel used for cooking? FIREWOOD.....1 PARAFFIN.....2 ELECTRICITY..3 GAS4 CHARCOAL.....5 ANIMAL RESIDUAL....6 GAS (BIOGAS)..7 OTHER, SPECIFY.....8	17. Major fuel used for lighting? <div>IF NO ELECTRICITY OR SOLAR ▶19</div> ELECTRICITY..1 SOLAR.....2 GAS.....3 GAS (BIOGAS)..4 LAMP OIL5 CANDLE6 FIREWOOD.....7 PRIVATE GENERATOR...8 OTHER, SPECIFY.....9	18. What is HH 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> IF 1 ►22	20. How long does it take to get water from drinking water source to this dwelling in the rainy season? <div>GO AND RETURN TRIP INCLUDE WAITING</div> MINUTES	21. Out of these [READ] minutes, how long do you spend waiting? MINUTES	22. What is the household's main source of drinking water in the dry season? <div>USE CODES FROM BELOW</div> IF 1 ►25	23. How long does it take to get water from drinking water source to this dwelling in the dry season? <div>GO AND RETURN TRIP INCLUDE WAITING TIME</div> MINUTES	24. Out of these [READ] minutes, how long do you spend waiting? MINUTES	25. What measures does this household take to ensure the safety of drinking water? BOIL.....1 USE WATER FILTER.....2 STRAIN THROUGH A CLOTH.....3 TREATED WITH CHEMICALS.....4 BOTTLED WATER..5 OTHER, SPECIFY.6 NONE.....7 <div>MARK UP TO 2</div> 1 2	26. What is the household's main source of water for cooking? <div>USE CODES FROM BELOW</div> RAINY SEASON DRY SEASON	27. What is the household's main source of water for washing (for example laundry, bathing, etc)? <div>USE CODES FROM BELOW</div> RAINY SEASON DRY SEASON	28. What is the household's main source of water for gardening? <div>USE CODES FROM BELOW</div> <div>WRITE '00' IF NO GARDEN</div> RAINY SEASON DRY SEASON

	29 MARK X FOR EACH WATER SOURCE REPORTED IN QUESTIONS 19, 22, 26, 27, 28. THEN ASK 30-32 FOR EACH OF THESE SOURCES.	30 What type of container is used to collect water from [SOURCE]? <div>USE CODES AT RIGHT</div>	31 What is the average number of containers fetched from [SOURCE]? <div>USE CODES AT RIGHT</div>	32 What is the average price for a 20 liter jerry can from [SOURCE]? TSH
1 Piped water inside dwelling				
2 Private outside standpipe/tap				
3 Public standpipe/tap				
4 Neighbouring household				
5 Water vendor				
6 Subsidized water vending station				
7 Water truck/Tanker service				
8 Protected well with pump				
9 Unprotected well with pump				
10 Protected well without pump				
11 Unproteted well without pump				
12 River, lake, spring, pond				
13 Rainwater				
14 Other, specify				

CODES FOR 19, 22, 26, 27, & 28
PIPED WATER INSIDE DWELLING.....1
PRIVATE OUTSIDE STANDPIPE/TAP....2
PUBLIC STANDPIPE/TAP.....3
NEIGHBOURING HOUSEHOLD.....4
WATER VENDOR.....5
SUBSIDIZED WATER VENDING STATION.6
WATER TRUCK/TANKER SERVICE.....7
PROTECTED WELL WITH PUMP.....8
UNPROTECTED WELL WITH PUMP.....9
PROTECTED WELL WITHOUT PUMP....10
UNPROTECTED WELL WITHOUT PUMP...11
RIVER, LAKE, SPRING, POND.....12
RAINWATER.....13
OTHER, SPECIFY.....14

CODES FOR 30
OVERHEAD TANK.....1
UNDERGROUND TANK....2
DRUMS/TANKS
(METAL OR PLASTIC).3
BUCKETS/JERRY CAN...4
OTHER, SPECIFY.....5

CODES FOR 31
DAY....1
WEEK....2
MONTH...3

33. Does your household get water from the local water utility (ie DAWASA or MORUWASA) ?	34. Can you show me your monthly bill? YES, SHOWN....1 NO, CAN'T FIND OR REFUSED..2 (▶37) NO BILL RECEIVED.3 (▶37)	35. DOES HOUSEHOLD PAY FOR SEWAGE AND WATER TOGETHER? YES..1 NO...2	36. RECORD INFORMATION FROM BILL WRITE '00' IF NO SEWAGE CHARGE APPEARS ON BILL.				37. How satisfied are you in terms of the quality of the piped water delivered (taste, smell, color, etc)? VERY SATISFIED.....1 SOMEWHAT SATISFIED.....2 NEITHER SATISFIED NOR UNSAT.....3 SOMEWHAT UNSAT..4 VERY UNSAT.....5	38. On days when the water is running, on average, how many hours of supply per day do you receive water from the piped system?	39. On average, how many days per week do you receive water from the piped system? ▶41	40. What is the main reason that you do not have a connection in your house/yard? <div>SEE CODES BELOW</div>	41. What is your assessment of the water availability from the local utility water system? SUFFICIENT ALL YEAR.....1 INSUFFICIENT IN DRY SEASON.....2 SOMETIMES INSUFFICIENT.....3 INSUFFICIENT MOSTLY.....4 NOT AVAILABLE HERE.5 OTHER, SPECIFY.....6	42. If the local water utility supply service is improved (24 hour supply with adequate pressure and good water quality), what is the maximum amount you would be willing to pay for a 20 liter bucket?
YES..1 NO...2 (▶40)			DATE	DAYS	TSH	M3	SEWAGE TSH	HOURS	DAYS		TSH	

CODES FOR 40
 CONNECTION COST TOO HIGH.1
 MONTHLY CHARGE TOO HIGH..2
 CONNECTION NETWORK NOT
 AVAILABLE.....3
 PRESENT ARRANGEMENT
 SATISFACTORY.....4
 RENTED HOUSE.....5
 CONNECTION INSTALLATION
 WAITING LIST.....6
 OTHER, SPECIFY.....7

SECTION K: 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?	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		D E L I N E N U M B E R
			UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY	
Cereals and Cereal products												1
0101	Rice (paddy)											2
0102	Rice (husked)											3
0103	Maize (green, cob)											4
0104	Maize (grain)											5
0105	Maize (flour)											6
0106	Millet and sorghum (grain)											7
0107	Millet and sorghum (flour)											8
0108	Wheat, barley grain and other cereals											9
0109	Bread											10
0110	Buns, cakes and biscuits											11
0111	Macaroni, spaghetti											12
0112	Other cereal products											13
Starches												14
0201	Cassava fresh											15

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? <div>THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</div>		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>		D E L I N E N U M B E R
			UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY		
0202	Cassava dry/flour												16
0203	Sweet potatoes												17
0204	Yams/cocoyams												18
0205	Irish potatoes												19
0206	Cooking bananas, plantains												20
0207	Other starches												21
<u>Sugar and Sweets</u>													22
0301	Sugar												23
0302	Sweets												24
0303	Honey, syrups, jams, marmalade, jellies, canned fruits												25
<u>Pulses, Dry</u>													26
0401	Peas, beans, lentils and other pulses												27
<u>Nuts and Seeds</u>													28
0501	Groundnuts in shell/shelled												29
0502	Coconuts (mature/immature)												30
0503	Cashew, almonds and other nuts												31
0504	Seeds and products from nuts/seeds (excl. cooking oil)												32

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?		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?		5. How much came from own-production?		6. How much came from gifts and other sources?		D E L I N E N U M B E R
	<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>		KILOGRAMS.....1 GRAMS.....2 LITRE.....3 MILLILITRE....4 PIECES.....5	<div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶5</div>	<div>THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</div>	<div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK ▶6</div>	<div>EXCLUDE FOOD TAKEN OUTSIDE THE HOUSEHOLD</div> <div>IF NONE WRITE 0 FOR QUANTITY AND LEAVE UNIT BLANK</div>	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	
	YES...1	NO...2											
	(▶NEXT)		UNIT	QUANTITY	UNIT	QUANTITY	TSH		UNIT	QUANTITY	UNIT	QUANTITY	
<u>Vegetables</u>													33
0601	Onions, tomatoes, carrots and green pepper, other viungo												34
0602	Spinach, cabbage and other green vegetables												35
0603	Canned, dried and wild vegetables												36
<u>Fruits</u>													37
0701	Ripe bananas												38
0702	Citrus fruits (oranges, lemon, tangerines, etc.)												39
0703	Mangoes, avocados and other fruits												40
0704	Sugarcane												41
<u>Meat, meat products, fish</u>													42
0801	Goat meat												43
0802	Beef including minced sausage												44
0803	Pork including sausages and bacon												45
0804	Chicken and other poultry												46
0805	Wild birds and insects												47

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?	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?	5. How much came from own-production?		6. How much came from gifts and other sources?		D E L I N E N U M B E R
		YES . . 1 NO . . . 2 (▶NEXT)	UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	
0806	Other domestic/wild meat products										48
0807	Eggs										49
0808	Fresh fish and seafood (including dagaa)										50
0809	Dried/salted fish and seafood (incl. dagaa)										51
0810	Package/Canned fish										52
Milk and milk products											53
0901	Fresh milk										54
0902	Milk products (like cream, cheese, yoghurt etc)										55
0903	Canned milk/milk powder										56
Oil and fats											57
1001	Cooking oil										58
1002	Butter, margarine, ghee and other fat products										59
Spices and other foods											60
1003	Salt										61
1004	Other spices										62
Beverages											63
1101	Tea dry										64

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? <div>THIS QUESTION REFERS TO THE QUANTITY IN QUESTION 3</div>		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>		D E L I N E N U M B E R
			UNIT	QUANTITY	UNIT	QUANTITY	TSH	UNIT	QUANTITY	UNIT	QUANTITY		
1102	Coffee and cocoa												65
1103	Other raw materials for drinks												66
Beverages													67
1104	Bottled/canned soft drinks (soda, juice, water)												68
1105	Prepared tea, coffee												69
1106	Bottled beer												70
1107	Local brews												71
1108	Wine and spirits												72

7.	<p>ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)</p> <div> <div>0 PPM (NO IODINE)...1 BELOW 15 PPM.....2 15 PPM AND ABOVE....3 NO SALT IN HH.....4 SALT NOT TESTED, SPECIFY REASON....5</div> <div></div> </div>
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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 NO....2 (►NEXT SECTION) <div style="float: right; border: 1px solid black; width: 40px; height: 30px; margin-top: 10px;"></div>			
IF NOT SHARED, RECORD ZERO IN BOTH COLUMNS.		10 What was the total number of days in which any meal was shared with people [...]?	11 What was the total number of meals that were shared over past 7 days with [...]?
		NUMBER OF DAYS	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 L: NON-FOOD EXPENDITURES – Past one week & one month

ONE WEEK RECALL

ITEM CODE	1. Over the past 7 days, did you purchase any [...]?	YES . . . 1 NO . . . 2 (►NEXT ITEM)	2. How much did you pay in total? TSH	D E L I N E N U M B E R
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 [...]?	YES . . . 1 NO . . . 2 (►NEXT ITEM)	2. How much did you pay in total? TSH	D E L I N E N U M B E R
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 [...]?	YES . . . 1 NO . . . 2 (►NEXT ITEM)	2. How much did you pay in total? TSH	D E L I N E N U M B E R
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, 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 & maintenance to dwelling			26
224	Repairs to household and personal items (radios, watches, etc.)			27

SECTION M: NON-FOOD EXPENDITURES – Past twelve months

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

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 [...]?	2. What was the estimated total value of [...] consumed?	3. What was the cost of that which you purchased?
	YES...1 NO...2 (▶NEXT ITEM)	TSH	TSH
318	Wood poles, bamboo		
319	Grass for thatching roof or other use		

SECTION N: HOUSEHOLD ASSETS

CODE	1. How many [ITEMS] does your household own? [IF NONE WRITE '0']	NUMBER
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	Motor cycle	
427	Bicycle	

CODE	1. How many [ITEMS] does your household own? [IF NONE WRITE '0']	NUMBER
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/Airconditioner	
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	

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		
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:								

7. Is anyone in the household a member of a credit or savings group (SACCOS)?	YES...1 NO...2 (►NEXT SECTION)	<input type="checkbox"/>	CODES FOR Q14 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
--	-----------------------------------	--------------------------	---

Please list all household members who are members of groups NAME OF HOUSEHOLD MEMBER	8 What is [NAME] total balance with the group?	9 How often does [NAME] contribute to the group? DAY...1 WEEK...2 MONTH...3 YEAR...4	10 How much does [NAME] give each time?	11 When was the last time [NAME] withdrew money? IF NEVER, ENTER "0" ►NEXT ROW	12 How much did [NAME] withdraw?	13 What was the balance just before the withdrawal?	14 What was the main reason [NAME] took money out this last time? USE CODES ABOVE	15 How much will [NAME] pay for this loan per [PERIOD]? DAY...1 WEEK...2 MONTH...3 YEAR...4	16 How long will it take [NAME] to repay the loan?
	TSH	FREQ. UNIT	TSH	MONTH YEAR	TSH	TSH	CODES	TSH PERIOD	MONTHS
A.									
B.									
C.									
D.									
E.									

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
ITEM)

[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? LIST ALL PEOPLE OR ORGANIZATIONS BEFORE GOING TO QUESTION 3	3. CODE SOURCE OF LOAN SEE CODES BELOW	4. Which house-hold member was responsibl e 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 re- paid? YES...1 (▶9) NO...2	8. Approximately when do you expect to pay back the money?		9. Total amount to be paid on the loan including interest. TSH	10. What did you use this loan/credit for? SUBSISTENCE NEEDS.....1 MEDICAL COST.....2 SCHOOL FEES.....3 CEREMONY/WEDDING.....4 PURCHASE LAND.....5 PURCHASE AGRIC. INPUTS.....6 OTHER BUSINESS INPUTS.....7 PURCHASE AGRIC. MACHINERY..8 BUY/BUILD DWELLING.....9 OTHER (SPECIFY)10 NO REASON.....11		
							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: YES...1 NO...2 M-PESA Z-PESA ZAP			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...? YES...1 NO...2 A B C D E F G H Buy Buy Send Receive Have someone pay Store/ save Store/save for Store/save money airtime for airtime money money you for a good or for other everyday for unusually large yourself else money money service emergencies expenses purchases						4. Which of these was the most important use of this service? USE LETTER	5. Have you or anyone in your household received remittances or financial assistance in the form of cash from abroad during the last 12 months? YES...1 NO...2 ►12	6. From which country did these remittances originate? USE CODES CODE

7. What is your relationship to the sender? USE CODES BELOW CODE	8. How long has sender lived abroad? MONTHS..1 YEARS...2 UNIT NUMBER	9. Which of the following remittances channels did you use in the past 12 months? USE CODES BELOW LIST UP TO 3 IN ORDER OF IMPORTANCE 1 2 3	10. How much in total did you receive in cash during the last 12 months? TSH	11. When you receive the money from abroad what did you use it for? USE CODES 1 2 3	12. Have you or anyone in your household received remittances or financial assistance in-kind from abroad during the last 12 months? YES...1 NO...2 (►15)	13. What is the total value of all those items which you received in-kind in the last 12 months? TSH	14. From which country did these in-kind remittances originate? USE CODES BELOW CODE	15. What is the total amount of income your household has received in the form of rental payments for property in the last 12 months, excluding agricultural land? IF NONE, WRITE '0' TSH	16. What is the total amount of income your household has received in the form of private or government pensions in the last 12 months? IF NONE, WRITE '0' TSH	17. What is the total amount of income your household has received in the form of domestic remittance in the last 12 months? (include cash and in-kind) IF NONE, WRITE '0' TSH

18. Do you or anyone else in your household have a bank account, either with a commercial bank, a credit union, or other similar institution? YES...1 NO...2 ►21	19. Please list up to 3 institutions with whom you or a member of your household has a savings account. A B C	20. In what year did you open your first bank account? ► NEXT SECTION YEAR	21. Why do you not have a bank account? USE CODES AT RIGHT LIST UP TO 3 IN ORDER OF IMPORTANCE 1 2 3

CODES FOR Q6 & Q14

USA.....1
 UK.....2
 UAE.....3
 SOUTH AFRICA.....4
 JAPAN.....5
 INDIA.....6
 KENYA.....7
 UGANDA.....8
 GERMANY.....9
 CANADA.....10

CODES FOR Q9

BANK ACCOUNT.....1
 WESTERN UNION.....2
 MONEYGRAM.....3
 POST OFFICE.....4
 FRIENDS/RELATIVES...5
 OTHER, SPECIFY.....6

CODES FOR Q7

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 Q11

HOUSEHOLD
 CONSUMPTION.....1
 EDUCATION.....2
 HEALTH.....3
 INVESTMENT.....4
 BUSINESS.....5
 FARMING.....6
 CEREMONY.....7

CODES FOR Q18

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

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

SHOCK ID	1.	<p>Over the <u>past five years</u>, was your household severely affected negatively by any of the following events?</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>GO THROUGH ENTIRE LIST BEFORE PROCEEDING TO 2.</p> </div>	2.	<p>Rank the three most significant shocks you experienced</p> <p>MOST SEVERE.....1 SECOND MOST SEVERE.....2 THIRD MOST SEVERE.....3</p> <p style="text-align: center;">PUT CODE OF BIGGEST SHOCKS</p>
		<p>YES...1 NO...2 (▶NEXT ITEM)</p>		

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		
115	Jailed		
116	Fire		
117	Hijacking/Robbery/burglary/assault		
118	Dwelling damaged, destroyed		
119	Other _____		

THE
QUESTIONS
TO THE RIGHT
SHOULD
ONLY BE
ASKED
CONCERNING
THE THREE
MOST
SEVERE
SHOCKS, AS
NOTED IN
QUESTION 2.

LEAVE ALL
OTHER ROWS
BLANK.

[illegible]

SECTION S: DEATHS IN HOUSEHOLD

1. Over the past 2 years, did any member of your household die, including any infants, including those listed as "dead" in PRE-PRINTED TRACKING FORM?

YES...1

NO....2 (►NEXT SECTION)

11

2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	
<div> <div>SERIAL NO</div> <div>NAME OF DECEASED</div> </div>	<div> <div>DECEASED'S RELATIONSHIP TO HEAD OF HOUSEHOLD</div> <div> <div>CODES BELOW</div> </div> </div>	<div> <div>IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER Y1 HH ID NUMBER FROM TRACKING FORM</div> <div> <div>ELSE, ENTER 99</div> <div> <div>ROSTER ID</div> </div> </div> </div>	<div> <div>SEX</div> <div> <div>MALE...1</div> <div>FEMALE...2</div> </div> </div>	<div> <div>AGE AT DEATH</div> <div> <div>IF UNDER 5 YEARS, INCLUDE MONTHS</div> <div>IF UNDER 12 (►9)</div> </div> </div>	<div> <div>Was this event registered with the death registration system?</div> <div> <div>YES...1</div> <div>NO...2</div> </div> </div>	<div> <div>What kind of work did [NAME] do for most of his/her life?</div> <div> <div>CODES BELOW</div> </div> </div>	<div> <div>Did [NAME] die of old age, an illness, or of some other cause?</div> <div> <div>OLD AGE...1 (►13)</div> <div>ILLNESS...2 (►10)</div> <div>OTHER CAUSE...3</div> </div> </div>	<div> <div>What was the non-illness cause of [NAME]'s death?</div> <div> <div>▶14</div> <div> <div>TRAFFIC ACCIDENT...1</div> <div>OTHER ACCIDENT OR INJURY...2</div> <div>CHILDBIRTH OR COMPLICATIONS...3</div> <div>MURDER...4</div> <div>SUICIDE...5</div> <div>WITCHCRAFT/SORCERY...6</div> <div>OTHER (SPEC.)...7</div> </div> </div> </div>	<div> <div>What was the illness that caused [NAME]'s death?</div> <div> <div>CAN NOTE UP TO TWO.</div> <div> <div>CODES BELOW</div> </div> </div> </div>	<div> <div>For how long was [NAME] suffering from this illness before he/she died?</div> <div> <div>1ST ILLNESS</div> <div>2ND ILLNESS</div> </div> </div>	<div> <div>Was this cause of death diagnosed, or is this only your own perception?</div> <div> <div>DAY...1</div> <div>WEEK...2</div> <div>MONTH...3</div> <div>YEAR...4</div> </div> </div>	<div> <div>After this person died, did you or members of your household lose any land or other assets due to inheritance traditions?</div> <div> <div>MEDICAL DIAG-NOSIS...1</div> <div>NON-MEDICAL DIAG-NOSIS...2</div> <div>OWN PER-</div> </div> </div>	<div> <div>What was the value of the land or assets lost?</div> <div> <div>YES...1</div> <div>NO...2 (►NEXT DECEASED)</div> </div> </div>	<div> <div>TSH</div> </div>

[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

```

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<br>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              |    |
| /SCHISTOSOMIASIS....   | 29 |
| ARTHRITIS/NERVE        |    |
| DISORDER.....          | 30 |
| RHEUMATISM.....        | 31 |
| EYE PROBLEM.....       | 32 |
| WITCHCRAFT.....        | 33 |
| OTHER, SPECIFY.....    | 34 |

## SECTION V-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 V-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 2010? 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

5. Did anyone in the household own any livestock during the last 12 months? YES...1 NO...2

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

**MARK YES IF RESPONDENT SAID 'YES' TO ANY QUESTION 1-5**

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

8. PROCEED TO FISHERY MODULE? YES...1 NO...2

**MARK YES IF RESPONDENT SAID 'YES' TO QUESTION 7**

### RESPONDENT GIFT:

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

9. WHICH GIFT DID THIS HOUSEHOLD RECEIVE?

RADIO...1 BEDNET...2 OTHER...3

10. WHO IN THE HOUSEHOLD RECEIVED THE GIFT?

NAME: \_\_\_\_\_ ID NUMBER:

ENUMERATOR SIGNATURE \_\_\_\_\_

**SECTION U: 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>WAS [NAME]<br>MEASURED?                                                                                       | 2.<br>WHY NOT?                                                                                                      | 3.<br>WEIGHT                                                                               | 4.<br>HEIGHT                                                                                                                     | 5.<br>HEIGHT / LENGTH<br>MEASURED WITH<br>CHILD STANDING<br>OR LYING<br>DOWN?                                                 | 6.<br>IS [NAME] 5<br>YEARS OR<br>YOUNGER? | 7.<br>UPPER ARM<br>CIRCUMFERENCE     |
|                                                              | <div>IF LESS THAN 10<br/>KG, PUT LEADING<br/>ZEROS<br/>3.2 KG = 003.2)</div> <div>YES...1<br/>(▶3)<br/>NO...2</div> | <div>CURRENTLY<br/>NOT HOME...1<br/>TOO ILL....2<br/>UNWILLING...3<br/>OTHER<br/>SPECIFY...4</div> <div>▶NEXT</div> | <div>IF LESS THAN 10<br/>KG, PUT LEADING<br/>ZEROS<br/>3.2 KG = 003.2)</div> <div>KG</div> | <div>IF LESS THAN 100<br/>CMS, PUT ZERO (0)<br/>ON PRECEEDING<br/>SPACE OF THIS<br/>COLUMN<br/>(97 CM = 097)</div> <div>CM</div> | <div>IF LESS THAN 10<br/>CMS, PUT ZERO (0)<br/>ON PRECEEDING<br/>SPACE OF THIS<br/>COLUMN<br/>(9 CM = 09)</div> <div>CM</div> | <div>STANDING...1<br/>LYING DOWN.2</div>  | <div>YES...1<br/>NO....2 ▶NEXT</div> |
| 1                                                            |                                                                                                                     |                                                                                                                     | — — — . —                                                                                  | — — — . —                                                                                                                        |                                                                                                                               |                                           | — — — . —                            |
| 2                                                            |                                                                                                                     |                                                                                                                     | — — — . —                                                                                  | — — — . —                                                                                                                        |                                                                                                                               |                                           | — — — . —                            |
| 3                                                            |                                                                                                                     |                                                                                                                     | — — — . —                                                                                  | — — — . —                                                                                                                        |                                                                                                                               |                                           | — — — . —                            |
| 4                                                            |                                                                                                                     |                                                                                                                     |                                                                                            |                                                                                                                                  |                                                                                                                               |                                           |                                      |
| 5                                                            |                                                                                                                     |                                                                                                                     |                                                                                            |                                                                                                                                  |                                                                                                                               |                                           |                                      |
| 6                                                            |                                                                                                                     |                                                                                                                     |                                                                                            |                                                                                                                                  |                                                                                                                               |                                           |                                      |
| 7                                                            |                                                                                                                     |                                                                                                                     | — — — . —                                                                                  | — — — . —                                                                                                                        |                                                                                                                               |                                           | — — — . —                            |
| 8                                                            |                                                                                                                     |                                                                                                                     | — — — . —                                                                                  | — — — . —                                                                                                                        |                                                                                                                               |                                           | — — — . —                            |
| 9                                                            |                                                                                                                     |                                                                                                                     | — — — . —                                                                                  | — — — . —                                                                                                                        |                                                                                                                               |                                           | — — — . —                            |
| 10                                                           |                                                                                                                     |                                                                                                                     |                                                                                            |                                                                                                                                  |                                                                                                                               |                                           |                                      |
| 11                                                           |                                                                                                                     |                                                                                                                     |                                                                                            |                                                                                                                                  |                                                                                                                               |                                           |                                      |
| 12                                                           |                                                                                                                     |                                                                                                                     |                                                                                            |                                                                                                                                  |                                                                                                                               |                                           |                                      |

END TIME

|  |   |  |
|--|---|--|
|  | . |  |
|--|---|--|

|                          |   |                            |   |                       |   |                         |   |                                      |   |
|--------------------------|---|----------------------------|---|-----------------------|---|-------------------------|---|--------------------------------------|---|
| <b>1. DODOMA-01</b>      |   | <b>6. PWANI-06</b>         |   | <b>12.MBEYA-12</b>    |   | <b>17. SHINYANGA-17</b> |   | <b>51. KASKAZINI UNGUJA-51</b>       |   |
| KONDOA                   | 1 | BAGAMOYO                   | 1 | CHUNYA                | 1 | BARIADI                 | 1 | KASKAZINI 'A'                        | 1 |
| MPWAPWA                  | 2 | KIBAHA                     | 2 | MBEYA RURAL           | 2 | MASWA                   | 2 | KASKAZINI 'B'                        | 2 |
| KONGWA                   | 3 | KISARAWA                   | 3 | KYELA                 | 3 | SHINYANGA RURAL         | 3 |                                      |   |
| DODOMA RURAL             | 4 | MKURANGA                   | 4 | RUNGWE                | 4 | KAHAMA                  | 4 | <b>52. KUSINI UNGUJA-52</b>          |   |
| DODOMA URBAN             | 5 | RUFJI                      | 5 | ILEJE                 | 5 | BUKOMBE                 | 5 | KATI                                 | 1 |
| BAHI                     | 6 | MAFIA                      | 6 | MBOZI                 | 6 | MEATU                   | 6 | KUSINI                               | 2 |
|                          |   |                            |   | MBALALI               | 7 | SHINYANGA URBAN         | 7 |                                      |   |
|                          |   |                            |   | MBEYA URBAN           | 8 | KISHAPU                 | 8 |                                      |   |
| <b>2. ARUSHA-02</b>      |   | <b>7. DAR-ES-SALAAM-07</b> |   |                       |   |                         |   | <b>53. MJINI/MAGHARIBI UNGUJA-53</b> |   |
| MONDULI                  | 1 | KINONDONI                  | 1 |                       |   |                         |   | MAGHARIBI                            | 1 |
| ARUMERU                  | 2 | ILALA                      | 2 | <b>13. SINGIDA-13</b> |   | <b>18. KAGERA-18</b>    |   | MJINI                                | 2 |
| ARUSHA                   | 3 | TEMEKE                     | 3 | IRAMBA                | 1 | KARAGWE                 | 1 |                                      |   |
| KARATU                   | 4 |                            |   | SINGIDA RURAL         | 2 | BUKOBIA RURAL           | 2 |                                      |   |
| NGORONGORO               | 5 | <b>8. LINDI-08</b>         |   | MANYONI               | 3 | MULEBA                  | 3 | <b>54. KASKAZINI PEMBA-54</b>        |   |
|                          |   | KILWA                      | 1 | SINGIDA URBAN         | 4 | BIHARAMULO              | 4 | WETE                                 | 1 |
|                          |   | LINDI RURAL                | 2 |                       |   | NGARA                   | 5 | MICHWEWENI                           | 2 |
| <b>3. KILIMANJARO-03</b> |   | NACHINGWEA                 | 3 | <b>14. TABORA-14</b>  |   | BUKOBIA URBAN           | 6 |                                      |   |
| ROMBO                    | 1 | LIWALE                     | 4 | NZEGA                 | 1 | CHATO                   | 7 | <b>55. KUSINI PEMBA-55</b>           |   |
| MWANGA                   | 2 | RUANGWA                    | 5 | IGUNGA                | 2 | MISENYES                | 8 | CHAKECHAKE                           | 1 |
| SAME                     | 3 | LINDI URBAN                | 6 | UYUI                  | 3 |                         |   | MKOANI                               | 2 |
| MOSHI RURAL              | 4 |                            |   | URAMBA                | 4 | <b>19. MWANZA-19</b>    |   |                                      |   |
| HAI                      | 5 | <b>9. MTWARA-09</b>        |   | SIKONGE               | 5 | UKERWE                  | 1 |                                      |   |
| MOSHI URBAN              | 6 | MTWARA RURAL               | 1 | TABORA URBAN          | 6 | MAGU                    | 2 |                                      |   |
|                          |   | NEWALA                     | 2 |                       |   | NYAMAGANA               | 3 |                                      |   |
| <b>4. TANGA-04</b>       |   | MASASI                     | 3 | <b>15. RUKWA-15</b>   |   | KWIMBA                  | 4 |                                      |   |
| LUSHOTO                  | 1 | TANDAHIMBA                 | 4 | MPANDA                | 1 | SENGEREMA               | 5 |                                      |   |
| KOROGWE                  | 2 | MTWARA MIKINDANI           | 5 | SUMBAWANGA            | 2 | GEITA                   | 6 |                                      |   |
| MUHEZA                   | 3 |                            |   | NKASI                 | 3 | MISUNGWI                | 7 |                                      |   |
| TANGA URBAN              | 4 | <b>10. RUVUMA-10</b>       |   | SUMBAWANGA URBAN      | 4 | ILEMELA                 | 8 |                                      |   |
| PANGANI                  | 5 | TUNDURU                    | 1 |                       |   |                         |   |                                      |   |
| HANDENI                  | 6 | SONGEA RURAL               | 2 | <b>16. KIGOMA-16</b>  |   | <b>20. MARA-20</b>      |   |                                      |   |
| KILINDI                  | 7 | MBINGA                     | 3 | KIBONDO               | 1 | TARIME                  | 1 |                                      |   |
| MKINGA                   | 8 | SONGEA URBAN               | 4 | KASULU                | 2 | SENGEREMA               | 2 |                                      |   |
|                          |   | NAMTUMBO                   | 5 | KIGOMA RURAL          | 3 | MUSOMA RURAL            | 3 |                                      |   |
| <b>5. MOROGORO-05</b>    |   |                            |   | KIGOMA URBAN          | 4 | BUNDA                   | 4 |                                      |   |
| KILOSA                   | 1 | <b>11. IRINGA-11</b>       |   |                       |   | MUSOMA URBAN            | 5 |                                      |   |
| MOROGORO RURAL           | 2 | IRINGA RURAL               | 1 |                       |   |                         |   | <b>21. MANYARA-21</b>                |   |
| KILOMBERO                | 3 | MUFINDI                    | 2 |                       |   | BABATI                  | 1 |                                      |   |
| ULANGA                   | 4 | MAKETI                     | 3 |                       |   | HANANG                  | 2 |                                      |   |
| MOROGORO URBAN           | 5 | NJOMBE                     | 4 |                       |   | MBULU                   | 3 |                                      |   |
| MVOMERO                  | 6 | LUDEWA                     | 5 |                       |   | SIMANJIRO               | 4 |                                      |   |
|                          |   | IRINGA URBAN               | 6 |                       |   | KITETO                  | 5 |                                      |   |
|                          |   | KILOLO                     | 7 |                       |   |                         |   |                                      |   |