

TANZANIA INTERGRATED HOUSEHOLD BUDGET SURVEY 2024-25 (IHBS 2024-25)

CONTENTS OF THE IHBS 2024-25 QUESTIONNAIRE

The proposed questionnaire covers core modules that provide data for estimation of poverty indicators and other key indicators. The questionnaire covers the following modules:

1. Household identification
2. Household roster, migration, and individual asset
3. Education
4. Health, including disability
5. Labour
6. Digital tech and financial inclusion
7. Food away from home
8. Food consumption – diary & recall
9. Non-food expenditure - last 7-days
10. Non-food expenditure - last 30-days
11. Non-food expenditure - last 6-months
12. Non-food expenditure - last 12-months
13. Durables
14. Housing
15. Utilities and sanitation
16. Property and income
17. Non-farm enterprise
18. Shocks and coping mechanism
19. Climate adaptation
20. Remittances
21. PSSN (TASAF)
22. Food security
23. Dietary diversity
24. Time Use (TUS)
25. Consensual
26. Occupational health - death
27. Contact information
28. Agriculture - crops (short)
29. Agriculture - livestock (short)
30. Agriculture - crops (long)
31. Agriculture - livestock (long)

USING THE IHBS 2024-25 QUESTIONNAIRE

The proposed questions are **deemed the minimum requirement** for any survey that seeks to collect data for estimation of poverty and CPI weights. Beyond expenditure, some modules such as those for education, health, housing and utilities have been designed by taking into account any relevant standards and data requirements for calculating international indices such as 2030 Sustainable Development Goals (SDGs).

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SECTION #	SECTION NAME	DIARY SAMPLE	RECALL SAMPLE	NPS FRESH SAMPLE
A	HOUSEHOLD IDENTIFICATION	X	X	X
B	HOUSEHOLD ROSTER AND INDIVIDUAL GENDER ASSETS	X	X	X
C	EDUCATION	X	X	X
D	HEALTH, INCLUDING DISABILITY	X	X	X
M	LABOUR	X	X	X
MM	INSURANCE, DIGITAL AND FINANCIAL INCLUSION	X	X	X
E	FOOD AWAY FROM HOME	X	X	X
FF	FOOD CONSUMPTION - 14-DAYS DIARY	X		
F	FOOD CONSUMPTION - 7-DAYS RECALL		X	X
G-1	NON-FOOD EXPENDITURE - LAST 7-DAYS	X	X	X
G-2	NON-FOOD EXPENDITURE - LAST 30-DAYS	X	X	X
G-3	NON-FOOD EXPENDITURE - LAST 6-MONTHS	X	X	X
H	NON-FOOD EXPENDITURE - LAST 12-MONTHS	X	X	X
I	DURABLES	X	X	X
J	HOUSING	X	X	X
K	UTILITIES AND SANITATION	X	X	X
L	PROPERTY AND OTHER INCOMES	X	X	X
NN	HOUSEHOLD NON-FARM ENTERPRISES	X	X	X
BB	CLIMATE ADAPTATION	X	X	X
JJ	REMITTANCES	X	X	X
LL	PSSN (TASAF)	X	X	X
KK	FOOD SECURITY	X	X	X
S	DIETARY DIVERSITY	X	X	X
U	TIME USE (TUS)	X	X	X
T	CONSENSUAL APPROACH	X	X	X
W	WORKERS SAFETY AND COMPANSATION	X	X	X
Z	HOUSEHOLD MEMBERS CONTACT INFORMATION	X	X	X
R	AGRICULTURE - CROPS (SHORT)	X	X	
RR	AGRICULTURE - LIVESTOCK (SHORT)	X	X	
	AGRICULTURE - CROPS (LONG)			X
	AGRICULTURE - LIVESTOCK (LONG)			X



United Republic of Tanzania

CONFIDENTIAL

2024-25 TANZANIA INTEGRATED HOUSEHOLD BUDGET SURVEY
(IHBS 2024-25)

This information is collected under the Mainland Act of Parliament (THE STATISTICS ACT CAP. 351 R.E. 2019) and under section 4 (1) (a-i) of the Zanzibar Statistics Act No. 9 of 2007
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QUESTIONNAIRE

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SECTION A: IDENTIFICATION PARTICULARS

	CODE	NAME
A00. TIHBS SERIAL NUMBER	<div><div></div><div></div><div></div><div></div></div>	
A01. REGION	<div><div></div><div></div></div>	
A02. DISTRICT:	<div><div></div><div></div></div>	
A03. COUNCIL:	<div><div></div><div></div></div>	
A04. CONSTITUENCY:	<div><div></div></div>	
A05. DIVISION/WADI	<div><div></div></div>	
A06. WARD/SHEHIA	<div><div></div><div></div><div></div></div>	
A07. VILLAGE/MTAA:	<div><div></div><div></div></div>	
A08. HAMLET/ENUMERATION AREA	<div><div></div><div></div><div></div></div>	
A09. SUB-STRATUM (Urban = 1, Rural = 2)	<div><div></div></div>	
A10. HOUSEHOLD NO.:	<div><div></div><div></div><div></div></div>	
A11. GPS COORDINATES FROM HOUSEHOLD LISTING DATA		
A12. NAME OF HOUSEHOLD HEAD:		
A13. PHONE NUMBER OF HOUSEHOLD HEAD		
A14. NAME OF COMMUNITY LEADER/STREET/HAMLET/SHEHIA		
A15. PHONE NUMBER OF COMMUNITY LEADER/MTAA/SHEHIA		
A16. TYPE OF SAMPLE	DIARY HOUSEHOLDS...1 RECALL.....2 NPS NEW REFRESH...3	
A17. NAME OF INTERVIEWER:	<div><div></div><div></div><div></div><div></div></div>	
A18. NAME OF SUPERVISOR:	<div><div></div><div></div><div></div><div></div></div>	
A19. GPS COORDINATES OF THE DWELLING (to be collected outside the dwelling):	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

LATITUDE (N)

LONGITUDE (E)

Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician Zanzibar. Together with other stakeholders, we are conducting a Household Budget Survey in order to measure poverty status at household level and economic situation in the country. The information we collect will help the Government to plan development strategies which will help to determine the economic, employment and social welfare **programs of the country**. Your household was selected for the survey. The interview usually takes about 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. I would like to ask you some questions about your household, if I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

May I begin the interview now?

A20. Did a household member give consent to be interviewed? YES...1 NO...2 ▶A22

A21. Is it possible to start the interview now? YES...1 ▶A23 NO...2

A22. Reason why the household cannot be interviewed: END OF INTERVIEW if A22 is not code 2

A23. INTERVIEWER: TAP TO RECORD THE INTERVIEW DATE AND TIME

TIME

MINUTES

TIME TO START THE INTERVIEW

TIME

MINUTES

SECTION A-3: 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

CODES FOR A22 (INTERVIEW RESULTS)

REFUSED.....	1
NO COMPETENT RESPONDENT AT TIME OF THE VISIT.....	2
NONE AT HOME FOR AN EXTENDED AMOUNT OF TIME.....	3
HOUSEHOLD MOVED TO ANOTHER VILLAGE/TOWN/DISTRICT....	4
HOUSEHOLD MOVED TO A NEIGHBORING COUNTRY.....	5
HOUSEHOLD MOVED TO UNKNOWN LOCATION.....	6
HOUSEHOLD NOT FOUND.....	7
DWELLING DESTROYED.....	8
OTHER (SPECIFY).....	96

SECTION B: HOUSEHOLD ROSTER

	B00	B01	B02	B03	B04	B04A	B04B	B04C
<p>FOR A COMPLETE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:</p> <p>First, give me the names of all the members of your immediate family who normally live and eat their meals together here.</p> <p>WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HH HEAD. LIST THE HOUSEHOLD HEAD ON LINE 1.</p> <p>Next, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.</p> <p>Are there any other people not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling?</p>	INDIVIDUAL	NAME MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.	What is the sex of [NAME]? MALE....1 FEMALE..2	What is [NAME]'s relationship to the head of household? HEAD.....1 SPOUSE.....2 SON/DAUGHTER.....3 GRANDCHILD.....4 STEP CHILD.....5 PARENT OF HEAD/SPOUSE.....6 SISTER/BROTHER OF HEAD OR SPOUSE...7 NEPHEW/NIECE.....8 SON/DAUGHTER-IN-LAW.....9 OTHER RELATIVE.....10 SERVANT.....11 GRANDMOTHER/GRANDFATHER.....12 SISTER/BROTHER IN LAW.....13 ADOPTIVE CHILD.....14 OTHER NON-RELATIVE.....15	During the past 12 months (since MONTH/ YEAR), how many months has [NAME] been away from this household?	How many days during the last 7 days was [NAME] present in the household?	What was the main reason for absence during (some of) the 7-days recall? <p style="text-align: center;">>>> B05</p>	How many of the 14-days diary keeping was [NAME] present in the household?
		CUMULATIVE MONTHS						
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B00	B09_2	B10	B11A	B11B	B12	B13	B14
I N D I V I D U A L I D	What nationality is [NAME]? UGANDA.....1 SOUTH SUDAN.....2 DR OF CONGO.....3 BURUNDI.....4 SOMALIA.....5 RWANDA.....6 TANZANIA.....7 KENYA.....8 ETHIOPIA.....9 OTHER (SPECIFY)96	How many years has [NAME] lived in this place/village? REFERS TO CURRENT HH LOCATION. IF LESS THAN ONE YEAR, RECORD 00. IF HERE SINCE BIRTH, RECORD -99 >>B15	In which region did [NAME] live before moving to the current place of residence? INSERT REGION CODES	In which district in [B11A] did [NAME] live before moving to the current place of residence? CAPI: FILTER DISTRICT CODES BASED ON B11A	What was the main reason [NAME] moved to their current place of residence? TO LOOK FOR WORK.....1 OTHER IMCOME REASONS.....2 DROUGHT, FLOOD, OR OTHER WEATHER-RELATED REASON.....3 EVICTION.....4 OTHER LAND-RELATED PROBLEM.....5 ILLNESS, INJURY.....6 DISABILITY.....7 EDUCATION.....8 MARRIAGE.....9 DIVORCE.....10 ESCAPE INSECURITY (HOUSEHOLD LEVEL)11 ESCAPE INSECURTY (COUNTRY)/DISPLACEMENT.....12 RETURN HOME FROM DISPLACEMENT..13 FOLLOW/JOIN FAMILY.....14 JOB TRANSFER.....15 COST OF LIVING.....16 LOOKING FOR AGRICULTURAL LAND SUITABLE FOR FARMING/LIVESTOCK.....17 CONFLICT OF MARRIAGE/FAMILY....18 DEATH.....19 MOVING TO A NEW HOMESTEAD.....20 NEW JOB APPOINTMENT.....21	In which region(s) did [NAME] live during the last 5 years? CAPI: ALLOW FOR MULTIPLE RESPONSES. INSERT REGION	In which district(s) in [B14A] did [NAME] live during the last 5 years? CAPI: FILTER DISTRICTS BASED ON B14A. ALLOW FOR MULTIPLE RESPONSES.
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QUESTIONS 15 AND 16 AND 18 MISSING		INDIVIDUAL GENDER ASSETS - AGE 5 OR OLDER		
B00	B15		B16	B17
INDIVIDUAL	What identification documents does [NAME] have in their name? MULTI-SELECT YES/NO FOR ALL ITEMS. CAPI: IF SOMEONE HAS AN ID, THEY SHOULD NATIONAL IDENTIFICATION CARD.....1 NATIONAL IDENTIFICATION NUMBER.....2 ZANZIBAR IDENTIFICATION CARD.....3 VOTER'S IDENTIFICATION CARD.....4 TASAF IDENTIFICATION CARD.....5 DRIVER'S LICENSE.....6 PASSPORT.....7 ELECTRICITY/WATER BILL.....8 TELEPHONE BILL/MOBILE PHONE BILL.....9 BANK/MFI STATEMENT.....10 LEASE OR RENTAL AGREEMENT E.G. VEHICLE OR HOUSE...11 SUBSCRIPTION (E.G. SATELLITE TV).....12 TAX IDENTIFICATION NUMBER.....13 INSURANCE POLICY.....14 PAY SLIP FROM EMPLOYER.....15 TITLE DEED.....16 BIRTH CERTIFICATE.....17 NO DOCUMENT(S)	CAPI: IS [NAME] 5 YEARS OLD OR OLDER? YES...1 NO...2 ► NEXT PERSON	Does [NAME] own any of the follow assets? RADIO.....A TELEPHONE (LAND LINE).....B MOBILE PHONEC BICYCLED DIESEL CARE PETROLIUM CARF BOATG MOTORCYCLE/VESPAH TRICYCLE (GUTA)I TRI MOTORCYCLE (BAJAJ).....J LAPTOPK VIDEO RECORDERL TELEVISIONM ELECTRIC IRONN CHARCOAL IRONO COOKER (ELECTRIC OR GAS) ..P REFRIGERATOR/FREEZERQ COMPUTER /DESKTOP.....R INTERNET FACILITYS PLOUGHT POWER TILLERU HAND HOEV WHEELBARROWW OXENX DRAFT ANIMALS (DONKEY/CAMEL) Y HOUSEZ	How is [NAME] owned? Individually Only.....1 Jointly Only2 All Household Members...3 Refused to Answer.....4
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2				
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SECTION C: EDUCATION

FOR ALL HOUSEHOLD MEMBERS 3 YEARS AND ABOVE (PARENTS OR GUARDIANS TO ANSWER FOR CHILDREN)

C00	C01	C02	C03	C04	PHCF0A&HBSZNZ58	C05	C06
I N D I V I D U A L I D	CAPI/ ENUMERATOR: IS THIS PERSON 3 YEAR OLD OR OLDER ?	IS [NAME] ANSWERING FOR HIMSELF/ HERSELF?	WHO IN THE HOUSEHOLD IS RESPONDING FOR [NAME]?	Can [NAME] read and write in any language? YES, KISWAHILI..1 YES, ENGLISH....2 YES, ENGLISH AND KISWAHILI....3 ANY LANGUAGE...4 NO.....5	Can [NAME] do a simple arithmetics addition, subtraction, division, or multiplication? YES.....1 NO.....2	Has [NAME] ever attended school? YES..1 ►C07 NO...2	What was the <u>main</u> reason why [NAME] never attended school? TOO YOUNG.....1 TOO EXPENSIVE.....2 TOO FAR AWAY.....3 HAD TO WORK (HOME OR JOB)..... 4 POOR SCHOOL QUALITY.....5 ORPHANED/DEATH OF PARENT(S).....6 SEPARATION OF PARENTS...7 DID NOT HAVE INTEREST...8 PARENTS DID NOT THINK IT IS IMPORTANT.....9 ILLNESS.....10 DISABILITY.....11 CONFLICT (MILITANCY/ INSURGENCY).....12
	YES...1 NO....2 ►NEXT PERSON	YES...1 ►C04 NO....2	ID CODE				► NEXT PERSON
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2							
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SEC

FOR

C00	C07	CODES FOR QUESTIONS C07 AND C09		C08
I N D I V I D U A L I D	What is the highest grade/class [NAME] has <u>completed</u> ?	<div><div>Pre-primary.....00 Nursery.....01 Adult Education.....02 Never Attended School....03</div><div>Primary Year 1.....11 Year 2.....12 Year 3.....13 Year 4.....14 Year 5.....15 Year 6.....16 Year 7.....17 Year 8.....18 Training After Primary...19</div><div>Secondary Pre-Form One.....21 Form 1.....22 Form 2.....23 Form 324 Form 4.....25 Training After Form 4....26</div></div>	<div><div>Form 531 Form 6.....32 Training After Form 6.....33 Other Certificate Courses...34 Diploma.....35</div><div>ELIMU YA CHUO KIKUU Year 1.....41 Year 2.....42 Year 3.....43 Year 4.....44 Year 5+.....45 Masters.....46 PHD.....47</div></div>	Is [NAME] currently attending school? IF SCHOOL IS ON A REGULARLY SCHEDULED BREAK, BUT [NAME] WAS ATTENDING PRIOR TO THE BREAK, RECORD YES. YES..1 NO...2 ►C11
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	2			
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SEC1
FOR

C00	C09	C10	C11	C12	
I N D I V I D U A L I D	What grade is [NAME] currently attending in the school year? PRE-PRIMARY.....0 NURSERY.....1 ADULT.....2 PRIMARY YEAR 1.....11 YEAR 2.....12 YEAR 3.....13 YEAR 4.....14 YEAR 5.....15 YEAR 6.....16 YEAR 7.....17 YEAR 8.....18 TRAINING AFTER PRIMARY.....19 SECONDARY FORM I.....21 FORM II.....22 FORM III.....23 FORM IV.....24 TRAINING AFTER SECONDARY...25 FORM V.....31 FORM VI.....32 TRAINING AFTER FORM VI....33 DIPLOMA.....34 OTHER COURSE.....35 UNIVERSITY YEAR 1.....41 YEAR 2.....42 YEAR 3.....43 YEAR 4.....44 YEAR 5+.....45 MASTERS.....46 PHD.....47	What kind of organization runs the school that [NAME] is attending? GOVERNMENT.....1 PRIVATE.....2 RELIGIOUS..3 CIVIL ORGANIZATIONS (NGOS, CSOS AND CBOS).....4 OTHER (SPECIFY) ..96	Did [NAME] attend School/ academic institution during the last school/ academic year ? YES..1 NO...2 ▶C13 CAPI - Change response to be Y/N	What grade/class was [NAME] attending during the last school/Academic year? PRE-PRIMARY.....0 NURSERY.....1 ADULT.....2 PRIMARY YEAR 1.....11 YEAR 2.....12 YEAR 3.....13 YEAR 4.....14 YEAR 5.....15 YEAR 6.....16 YEAR 7.....17 YEAR 8.....18 TRAINING AFTER PRIMARY.....19 SECONDARY FORM I.....21 FORM II.....22 FORM III.....23 FORM IV.....24 TRAINING AFTER SECONDARY...25 FORM V.....31 FORM VI.....32 TRAINING AFTER FORM VI....33 DIPLOMA.....34 OTHER COURSE.....35 UNIVERSITY YEAR 1.....41 YEAR 2.....42 YEAR 3.....43 YEAR 4.....44 YEAR 5+.....45 MASTERS.....46 PHD.....47	
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	7				
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	9				
10					

FOR

[illegible]

FOR

Ask if C05 = 1

[illegible]

SEC7

FOR	NPS14,HBS(5.10 & 16)	NPS15 & HBS(5.11 & 17)	NPS17 & HBS (5.12 & 18)	NPS18 & HBS(5.13 & 19)
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C00	C19	C20	C21	C22
I N D I V I D U A L I D	How does [NAME] usually travel to school? ON FOOT.....1 BY BIKE.....2 BY PRIVATE CAR/VEHICLE.....3 BY PUBLIC VEHICLE MINIBUS.....4 PRIVATE TRI-CYCLE/MOTOCYCLE.....5 PUBLIC TRI-CYCLE/MOTOCYCLE.....6 SCHOOL BUS/VAN.....7 OTHER.....96	How long does it take [NAME] to get to school [C19]? Exclude the time used to stop on the way by queueing or any other reason. CONSIDER ONLY ONE WAY, (WRITE TIME IN MINUTES) <		

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D00	D08	D09	D10	D11	D12
I N D I V I D U A L I D	What is the MAIN reason why [NAME] did not consult anyone for the <u>most severe illness/injury</u> reported in D04? MILD ILLNESS.....1 FACILITY TOO FAR.....2 FACILITIES ARE COSTLY..3 NO QUALIFIED STAFF PRESENT.....4 FACILITY WAS CLOSED/DESTROYED.....5 DRUGS NOT AVAILABLE....6 HAD MEDICINE AT HOME...7 OTHER (SPECIFY)96 ►D13	What kind of health facility did [NAME] visit for the <u>most severe illness/injury</u> reported in D04? UP TO TWO VISITS BY ORDER OF VISIT PUBLIC NATIONAL/REFERRAL/ TEACHING HOSPITAL..... 1 PUBLIC REGIONAL HOSPITAL..... 2 PUBLIC DISTRICT HOSPITAL..... 3 PUBLIC HEALTH CENTRE..... 4 PUBLIC DISPENSARY..... 5 PRIVATE HOSPITAL..... 6 PRIVATE HEALTH CENTRE..... 7 PRIVATE DISPENSARY..... 8 PRIVATE DOCTOR/DENTIST..... 9 MISSION HOSPITAL..... 10 MISSION HEALTH CENTRE..... 11 MISSION DISPENSARY..... 12 MISSION REFERRAL HOSPITAL..... 13 TRADITIONAL HEALER..... 14 PHARMACY..... 15	What is the distance (in kms) to the the place where [NAME] <u>first</u> sought consultation for the most <u>severe illness/injury</u> ? IF MULTIPLE CONSULTATIONS, REPORT DISTANCE TO FIRST CONSULTATION	How much did [NAME] pay for the <u>first trip</u> (to and from) for consultation (transport costs only)? IF THERE WAS NO COST, WRITE 00	How much did [NAME] pay for the consultation?
			KMs	Tshs	Tshs

1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

HEALTH FACILITY ADMISSIONS IN LAST 12 MONTHS					PREVENTIVE SERVICES IN LAST 12 MONTHS		
D00	D13	D14	D15	D16	D17	D18	
I N D I V I D U A L I D	In the past 4 weeks, did [NAME] spend any money for drugs or medicines over the counter or at kiosks or by prescription?	In the past 4 weeks, how much did [NAME] pay for these drugs or medicines?	During the <u>past 12 months</u> , was [NAME] admitted or had an overnight stay(s) in a health facility/ traditional Healer's facility?	During the <u>past 12 months</u> , how many nights did [NAME] stay in a health facility or traditional healer's facility?	How much did [NAME] pay in total for staying in a hospital or health facility/ traditional healer's in the last <u>12 months</u> ?	Even if [NAME] did not fall sick, did he/she spend on any preventive/promotive health care services in the last 12 months?	How much in total did [NAME] spend in the last 12 months for [NAME] (Exclude cost covered by insurance)
	YES...1 NO....2 ► D15		YES...1 NO....2 ► D18			<i>Note: Preventive services aim at avoiding illnesses, diseases; detecting diseases (e.g. via screening). The main distinction between preventive services and other outpatient services is the criterion "before symptoms appear."</i>	
		Tshs		NO OF NIGHTS	Tshs		APPLIES TO ALL PERSONS Immunization/vaccination services for maternal and child care; travel and tourism vaccination as well as any other compulsory or voluntary immunization/ vaccination service
							WOMEN 15-49 YEARS, AND MEN 15+
							Family planning and counselling
1							
2							
3							
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5							
6							
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8							
9							
10							

DISABILITY (4 Years and Older Washington Group)

D00	D22	D23	D24	D25	D26	D27
I N D I V I D U A L I D	Does [NAME] have difficulty seeing, even if he/she is using glasses?	Does [NAME] have difficulty hearing, even if he/she is using a hearing aid?	Does [NAME] have difficulty walking or climbing steps?	Does [NAME] have difficulty remembering or concentrating?	Does [NAME] have difficulty with self care such as washing all over or dressing?	Using his/her usual (customary) language, does [NAME] have difficulty communicating, for example understanding or being understood?
	READ RESPONSES NO, NO DIFFICULTY...1 YES, SOME.....2 YES, A LOT....3 CANNOT SEE....4	READ RESPONSES NO, NO DIFFICULTY...1 YES, SOME.....2 YES, A LOT....3 CANNOT HEAR...4	READ RESPONSES NO, NO DIFFICULTY...1 YES, SOME.....2 YES, A LOT....3 CANNOT WALK/CLIMB AT ALL.....4	READ RESPONSES NO, NO DIFFICULTY...1 YES, SOME.....2 YES, A LOT....3 CANNOT REMEMBER	READ RESPONSES NO, NO DIFFICULTY...1 YES, SOME.....2 YES, A LOT....3 CANNOT DO.....4	READ RESPONSES NO, NO DIFFICULTY...1 YES, SOME.....2 YES, A LOT....3 CANNOT DO.....4
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SECTION M: LABOUR

SECTION M: LABOUR

FOR HOUSEHOLD MEMBER [5 YEARS] OLD OR OLDER -PARENTS OR GUARDIANS TO ANSWER FOR CHILDREN

ENUMERATOR READ: We would now like to ask you questions regarding the different activities that you and your household members do.

Wage, Salary, comission in cash and in kind					Non Farm Enterprise (NFE) Operator		Non Farm Enterprise Worker		NFE Recovery QN	
M00	M01	M02	M03	M04	M05	M06	M07	M08	M08a.	M09
INDIVIDUAL ID	CAPI/ ENUMERATOR: IS THE RESPONDENT 5 YEARS OR OLDER? YES...1 NO....2 ► NEXT PERSON	IS [NAME] REPORTING FOR HIMSELF/ HERSELF? YES...1 ►M04 NO....2	WHO IS RESPONDING ON BEHALF OF [NAME]?	Last week, that is from [DAY e.g Mon] up to [DAY e.g Sun], did [NAME] do any work for someone else for pay for one or more hours? INCLUDE PAID APPRENTICESHIPS AND PAID INTERNSHIPS. YES...1 NO....2 ► M06	How many hours did [NAME] do this work last week? EXCLUDE TIME GOING TO AND FROM WORK	Last week, did [NAME] work for one or more hours in a business enterprise (non-farm household business) that [NAME] manages/operates? YES...1 NO....2 ►M08	How many hours did [NAME] do this work last week?	Last week, did [NAME] work for one or more hours in a business enterprise (non-farm household business) that is operated/managed by another household member? YES...1 ►M09 NO....2	Last week, did [NAME] help in a business enterprise (non-farm household business) that is operated by another household member, for one or more hours? YES...1 NO....2 ►M10	How many hours did [NAME] do this work last week?
			ID CODE		HOURS		HOURS			HOURS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

SECTION M: LABOUR

Farm		Farm Recovery QN			Filter		Temporary Absence	
M00	M10	M11	M12	M13	M14	M14b	M15	M16
INDIVIDUAL	Last week, did [NAME] work on household farm, raising livestock, fishing or forestry activities, for one or more hours? YES...1 ►M12 NO....2	Last week, did [NAME] help on a household farming, raising livestock, fishing or forestry activities, for one or more hours? YES...1 NO....2 ►M14	How many hours did [NAME] do this work in the last week?	Are the [farming, animal and/or fishing] products/ services that [you are /[NAME is] working on intended for..? READ OPTIONS ONLY FOR SALE....1 MAINLY FOR SALE..2 MAINLY FOR HOUSEHOLD USE....3 ONLY FOR HOUSEHOLD USE....4	CAPI/ENUMERATOR: REVIEW QUESTIONS M04, M06, M08, M08a, M10, AND M11: IS THERE ANY YES? YES...1 if M10=1 ►M14b if M10=2 ►M15 NO....2	CAPI/ENUMERATOR: IS (M13==3 | M13==4) YES...1 NO....2	CAPI/ENUMERATOR: ENTER APPROPRIATE CODE 1. NO TYPE OF WORK M04==M06==M08==M08a==2 & M10==M11==2 ENTER 1 ►M16 2. FAMILY FARM/AGRIC ONLY, M14b==1 & M04==M06==M08== M08a==2 ENTER 2 ►M22 3. WORKED ANY AGRIC FOR MARKET, ANY WAGE, OR ANY Non-Farm Enterprise M4==1 | M6==1 |M8==1 | M8a==1 | M14b==2 ENTER 3 ►M32	Even though [NAME] did not work last week, did [NAME] have a paid job,or any kind of business, or farming or other activity to generate income that you were absent from and definitely you will return to? YES...1 NO....2 ►M22
			HOURS					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION M: LABOUR

Job Search							
M00	M17	M18	M19	M20	M21	M22	M23
I N D I V I D U A L I D	Why did [NAME] not work during the last week? <div>WAITING TO START NEW JOB OR BUSINESS.....1 LOW OR OFF-SEASON .....2 ▶M19 SHIFT WORK, FLEXI TIME, NATURE OF WORK.....3 VACATION, HOLIDAYS .....4 SICKNESS, ILLNESS, ACCIDENT ...5 MATERNITY, PATERNITY LEAVE ....6 EDUCATION LEAVE OR TRAINING ...7 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES).....8 TEMPORARY LAY OFF, NO CLIENTS OR MATERIALS, WORK BREAK.....9 BAD WEATHER, NATURAL DISASTER , ETC ....10 STRIKE OR LABOUR DISPUTE .....11 LONG-TERM DISABILITY .....12 OTHER (SPECIFY) .....96</div>	Including the time that [NAME] has already been absent, will [NAME] return to that same job, business or household farm in <u>three months or less</u> ? YES...1 ▶ M20 NO....2 ▶ M22	During the low or off- season, does [NAME] continue to do some work for that job, business, or household farm? YES...1 NO....2 ▶ M22	Was [NAME]'s work in household farming, livestock, fishing or forestry activities? YES...1 NO....2 ▶ M33	Thinking about all the products [NAME] worked on, are they intended... READ OPTIONS ONLY FOR SALE....1 ▶M33 MAINLY FOR SALE..2 ▶M33 MAINLY FOR HOUSEHOLD USE....3 ONLY FOR HOUSEHOLD USE....4	During the <u>last four</u> <u>weeks</u> , did [NAME] do anything to find a paid job? YES...1 ▶M24 NO....2	Has [NAME] taken any steps within the past 4 weeks to start a business? YES..1 NO...2 ▶M26
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
10							

SECTION M: LABOUR

M00	M24	M25	M26	M27	M28
I N D I V I D U A L I D	What did [NAME] mainly do in the last four weeks to find a paid job or start a business? SELECT UP TO TWO APPLY TO PROSPECTIVE EMPLOYERS FOR A PAID JOB OR INTERNSHIP.....1 PLACE OR ANSWER JOB ADVERTISEMENTS.....2 POST/UPDATE RESUME ON PROFESSIONAL /SOCIAL NETWORKING SITES.....3 REGISTER WITH PUBLIC EMPLOYMENT SERVICE....4 REGISTER WITH A PRIVATE EMPLOYMENT CENTRE/AGENCY.....5 TAKE PUBLIC SERVICE EXAM OR INTERVIEW.....6 TAKE PRIVATE COMPANY'S EXAM OR INTERVIEW....7 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS...8 CHECK AT FACTORIES, WORK SITES.....9 WAIT ON THE STREET TO BE RECRUITED.....10 SEEK FINANCIAL HELP TO START A BUSINESS....11 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS.....12 DEVELOPED A BUSINESS PLAN.....13 APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS.....14 OTHER (SPECIFY).....96	For how long has [NAME] been without work and trying to find a job or start a business? LESS THAN 1 MONTH....1 1 TO < 3 MONTHS.....2 3 TO < 6 MONTHS.....3 6 TO < 12 MONTHS....4 1 YEAR TO < 2 YEARS..5 2 YEARS OR MORE.....6 ALL ► M28	At present does [NAME] want to work? YES...1 NO....2 ►M31	What is the main reason [NAME] did not try to find a paid job or start a business in the last 4 weeks? WAITING FOR RESULTS OF A PREVIOUS SEARCH.....1 AWAITING RECALL FROM A PREVIOUS JOB.....2 WAITING FOR THE SEASON TO START.....3 WAITING TO START NEW JOB OR BUSINESS....4 TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA.....5 NO JOBS MATCHING SKILLS, LACKS EXPERIENCE.....6 CONSIDERED TOO YOUNG/OLD BY EMPLOYERS...7 IN STUDIES, TRAINING.....8 FAMILY/HOUSEHOLD RESPONSIBILITIES.....9 IN AGRICULTURE/FISHING FOR FAMILY USE.....10 OWN DISABILITY, INJURY, ILLNESS .....11 RETIRED, PENSIONER .....12 OTHER SOURCES OF INCOME .....13 OLD AGE ("TOO OLD").....14 Family does not approve it.....12 My spouse would'nt allow that.....13 OTHER (SPECIFY) .....96	If a job or business opportunity had been available, could [NAME] have started working last week? YES...1 ►M31 NO....2
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
10					

SECTION M: LABOUR

Main Job Identification										Main Job	
M00	M29	M30	M31	M32	M33	M34		M35			
INDIVIDUAL	If a job or business opportunity is available, can [NAME] start working within the next 2 weeks? YES...1 ►M31 NO....2	Why is [NAME] not available to start working? AWAITING RECALL FROM A PREVIOUS JOB.....1 WAITING FOR SEASON TO START..2 IN STUDIES, TRAINING.....3 FAMILY/HOUSEHOLD RESPONSIBILITIES.....4 IN FAMILY FARMING/LIVESTOCK/ FISHING FOR FAMILY USE....5 RETIRED, PENSIONER.....6 OWN DISABILITY, INJURY, OR ILLNESS.....7 OLD AGE.....8 YOUNG AGE.....9	Which of the following best describes what [NAME] is mainly doing at present? PLEASE READ ALL OPTIONS FIRST BEFORE CHOOSING Studying or training .....1 Engaged in household or family responsibilities .....2 Household farming, livestock, fishing, or forest activities for household use.....3 Retired or pensioner .....4 With a long term illness, injury or disability.....5 Doing volunteering, community or charity work.....6 Engaged in cultural or leisure activities.....7 Old age.....8 Young age.....9	Last week, that is from [DAY e.g Mon] up to [DAY e.g Sun], did [NAME] have more than one job or business? YES...1 NO....2 ►M34	ENUMERATOR READ: I am now going to ask you some questions about [NAME]'s main job. The main job is the one where [NAME] usually works the highest number of hours (even if [NAME] was temporarily absent last week).	What are [NAME]'s tasks or duties in [NAME]'s main job? <i>([e.g. Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write])</i>		What is the main activity of this business or organization where [NAME] works in this main job? <i>([e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods])</i>			
						WRITTEN DESCRIPTION	TASCO CODE	WRITTEN DESCRIPTION	ISIC CODE		
1											
2											
3											
4											
5											
6											
7											
8											
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10											

SECTION M: LABOUR

M00	M36	M37	M38	M39	M40
INDIVIDUAL ID	In [NAME]'s main job, does he/she work as...? In [NAME's] main job, does [NAME] work as...? READ RESPONSES IN OWN BUSINESS OR FARMING ACTIVITY...1 IN A BUSINESS OR FARM OPERATED BY A HOUSEHOLD OR FAMILY MEMBER2 AS AN EMPLOYEE FOR SOMEONE ELSE3 AS AN APPRENTICE, TRAINEE, INTERN.....4 HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE.....5 IN OWN BUSINESS ON A DIGITAL PLATFORM ..6	In the past 12 months,how many months did [NAME] work this main job?	How many weeks per month does [NAME] usually work in this main job?	How many days per week does [NAME] usually work in this main job?	How many hours per day does [NAME] usually work in this main job?
		MONTHS	WEEKS	DAYS	HOURS PER DAY
1					
2	LABOUR AND PRICE DEPARTMENT TO CONFIRM OPTIONS (E.G GOVERNMENT EMPLOYEES)				
3					
4					
5					
6					
7					
8					
9					
10					

SECTION M: LABOUR

M00	M41		M42	M42b.	M43	M44
INDIVIDUAL	How much does [NAME] usually earn in this main job? Over what time interval?		What kind of enterprise/ establishment does [NAME] work for in his/her main job? GOVERNMENT OR STATE-OWNED ENTERPRISE .....1 ►M48 PRIVATE AGRICULTURAL ENTITY..2 PRIVATE NON-AGRICULTURAL ENTITY.....3 OTHER HOUSEHOLD(S)/INDIVIDUAL (EX: DOMESTIC WORKER).....4 ►M47 NGO, NON-PROFIT INSTITUTION, OR CHURCH.....5 INTERNATIONAL ORG. OR A FOREIGN EMBASSY.....6 ►M43	In what kind of place does [NAME] typically work? DO NOT READ OUT CODE RESPONSE AS APPROPRIATE. AT YOUR HOME (NO SPECIAL WORK SPACE)..... 1 WORK SPACE INSIDE OR ATTACHED TO YOUR HOME..... 2 FACTORY, OFFICE, WORKSHOP, SHOP, KIOSK, ETC. (INDEPENDENT FROM HOME).... 3 HOME OR WORKPLACE OF CLIENT (EXCEPT CONSTRUCTION)..... 4 EMPLOYER'S HOME 5 CONSTRUCTION SITE 6 MARKET OR BAZAAR STALL 7 STREET STALL (SEPARATE FROM THE DWELLING)..... 8 NO FIXED LOCATION (MOBILE) ... 9 PLANTATION, FARMS, ESTATES, SHADES, SEA ETC. (AGRICULTURAL RELATED) 10	Is the business where [NAME] works registered as (LIMITED COMPANY, PARTNERSHIP)? YES.....1 ►M46 NO.....2 DON'T KNOW ....98	Is the business [NAME] works for registered in the [National Business Register]? YES, BRELA/BPRA.....1 YES, TRA/ZRA.....2 YES, LOCAL GOVERNMENT..3 NO.....4 DONT KNOW.....98
	FOR HOUSEHOLD BUSINESS REPORT PROFIT (IE. NET INCOME AFTER COST DEDUCTIONS)					
	TIME UNIT HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7 YEAR.....8					
	CURRENCY	TIME UNIT				
1	CAPI - ADD SPACE FOR TIME					
2						
3						
4						
5						
6						
7						
8						
9						
10						

SECTION M: LABOUR

Employees & Interns only										
M00	M45	M46	M47	M48	M49	M50a	M50b	M50c	M50d	M50e
INDIVIDUAL	What kind of accounts or records does this business keep? READ ALL OPTIONS COMPLETE WRITTEN ACCOUNTS FOR TAX PURPOSES .....1 SIMPLIFIED WRITTEN ACCOUNTS, NOT FOR TAX PURPOSES .....2 INFORMAL RECORDS OF ORDERS, SALES, PURCHASES...3 NO RECORDS KEPT.....4 DON'T KNOW .....98	CAPI/ENUMERATOR: IS M36==3 OR 4? YES...1 NO....2 ► M51	Including [NAME], how many people work at his/her place of work? 1.....1 2-4 ...2 5-9....3 10-19..4 20-49..5 50+....6	What is the status of [NAME]'s contract/ agreement in his/her main job? PERMANENT/ PENSIONABLE/JOB..1 CONTRACT, LESS THAN 1 YEAR.....2 CONTRACT, 1-5 YEARS.....3 CONTRACT, MORE THAN 5 YEARS.....4 WITHOUT ANY CONTRACT.....5 OTHER (SPECIFY)...96 DON'T KNOW.....98	Is [NAME]'s employer responsible for deducting any taxes on [NAME]'s income, or is that [NAME]'s responsibility? EMPLOYER RESPONSIBLE....1 [NAME] RESPONSIBLE.....2 NOT APPLICABLE .....3	Does [NAME]'s main job employer pay/provide the following benefits? READ ALL THE OPTIONS TO THE RESPONDENT, AND MARK ALL THAT APPLY WITH "X"				
						Paid annual leave or vacation	Paid maternity or parental leave	Paid medical/sick leave	Health insurance benefits	Pension/retirement
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

SECTION M: LABOUR

M00	M50f	M50g	M50h	M50i	M51	M52
I N D I V I D U A L I D					CAPI/ ENUMERATOR: IS M32==1? YES . . 1 NO . . 2 ▶M61	ENUMERATOR READ: I am now going to ask you some questions about [NAME]'s secondary job. The secondary job is the one where [NAME] usually works the second highest number of hours, even if [NAME] was temporarily absent last week.
	Disability pension	Paid/subsidized meals at work	Transport subsidy	Other benefits		
1						
2						
3						
4						
5						
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SECTION M: LABOUR

|

Second job					Additional work desires								
M00	M53		M54		M55	M56	M57	M58	M59	M60		M61	M62
I N D I V I D U A L I D	What are [NAME]'s main tasks and duties in his/her secondary job?		What is the main activity of this business or organization where [NAME] works in this secondary job?		In [NAME]'s second job, does [NAME] work ... READ RESPONSES IN OWN BUSINESS OR FARMING ACTIVITY...1 IN A BUSINESS OR FARM OPERATED BY A HOUSEHOLD OR FAMILY MEMBER .....2 AS AN EMPLOYEE FOR SOMEONE ELSE . ....3 AS AN APPRENTICE, TRAINEE, INTERN.....4 HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE.....5	In the past 12 months, during how many months did [NAME] work this job?	How many weeks per month does [NAME] usually work in this job?	How many days per week does [NAME] usually work in this job?	How many hours per day does [NAME] usually work in this job?	How much does [NAME] usually earn in this job? Over what time interval?		During the last four weeks, did [NAME] look for additional or other paid work? <div>YES...1 NO....2</div>	Would [NAME] want to work more hours per week than usually worked, provided the extra hours are paid? <div>YES...1 NO....2 ▶M65</div>
	WRITTEN DESCRIPTION	ISCO CODE	WRITTEN DESCRIPTION	ISIC CODE						MONTHS	WEEKS			DAYS	HOURS PER DAY	CURRENCY	TIME UNIT	CURRENCY	TIME UNIT
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

SECTION M: LABOUR

					OSHA 5 YEARS OR OLDER			
M00	M63	M64	M65	M66	M67	M68	M69	M70
I N D I V I D U A L I D	If additional paid work was available, could [NAME] start working more hours within the next two weeks?	How many additional hours per week could [NAME] work?	Does [NAME] want to change his/her current employment situation?	What is the main reason [NAME] wants to change his/her employment situation?	Has [NAME] ever been hurt in an occupational accident in the last 12 months (that is, an unexpected event that happened at work or in connection with his/her work and that caused personal injury or illness to them)?	Did any of the injuries [NAME] experienced in the last 12 months result in them being absent from work, or unable to work, for at least one day, apart from the day of the accident?	How many calendar days was [NAME] away from work or unable to work because of the injury?	How many of these injuries (with lost time) did [NAME] have in the last 12 months?
	YES...1 NO....2 ►M65	HOURS	YES..1 NO...2 ►M67	PRESENT JOB IS TEMPORARY.....1 TO HAVE A BETTER PAID JOB....2 TO HAVE MORE CLIENTS/BUSINESS.....3 TO WORK MORE HOURS.....4 TO WORK FEWER HOURS.....5 TO BETTER MATCH SKILLS.....6 TO WORK CLOSER TO HOME.....7 TO IMPROVE OTHER WORKING CONDITIONS.....8 OTHER (SPECIFY).....96	YES...1 NO....2 >> NEXT PERSON	YES...1 NO....2 >> M70		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION M: LABOUR

M00	M71		M72	M73	M74
I N D I V I D U A L I D	Which job was [NAME] working in at the time of the accident?		Where was [NAME] when the accident took place? IN YOUR USUAL WORK AREA IN THE ESTABLISHMENT/UNIT.....1 SOMEWHERE ELSE IN THE ESTABLISHMENT /UNIT.....2 IN YOUR USUAL WORK AREA AWAY FROM THE ESTABLISHMENT/NO FIXED WORK AREA (E.G. FOR LORRY DRIVER, TAXI DRIVER, TRAVELLING SALESMAN, CONSTRUCTION WORKER).....3 ON WORK-RELATED TRAVEL.....4 OR SOMEWHERE ELSE (SPECIFY).....5 DON'T KNOW.....98	What part of [NAME]'s body was injured? SELECT ONLY ONE RESPONSE HEAD.....1 NECK.....2 BACK.....3 TRUNK.....4 INTERNAL ORGANS.....5 UPPER EXTREMITIES.....6 LOWER EXTREMITIES.....7 WHOLE BODY OR MULTIPLE SITES...8 DON'T KNOW.....98	What type of injury did [NAME] experience on their part of the body mentioned? SELECT ONLY ONE RESPONSE SUPERFICIAL INJURY.....1 FRACTURE.....2 DISLOCATION, SPRAIN, STRAIN.....3 AMPUTATION.....4 CONCUSSION, INTERNAL INJURY.....5 BURN, CORROSION, SCALD, FROSTBITE...6 ACUTE POISONING OR INFECTION.....7 OTHER INJURY (SPECIFY).....96 DON'T KNOW.....98
	WRITTEN DESCRIPTION	TASCO CODES			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

SECTION M: LABOUR

WORKERS COMPENSATION FUND OR ZANZIBAR (WCF)							
M00	M75	M76		M77	M78	M79	M80
INDIVIDUAL	How did the [NAME]'s injury occur? SELECT ONLY ONE RESPONSE	Which item or agent, if any, caused [NAME]'s injury? SELECT ONLY ONE RESPONSE	CAPI: IS M44==1,2, OR 3 & M67==1 EMPLOYED IN REGISTERED BUSINESS AND SUSTAINED INJURY YES...1 NO....2 >> NEXT PERSON	Was [NAME] compensated by the Workers Compensation Fund (WCF) for the injury? YES...1 NO....2 >> NEXT PERSON NOT AWARE OF WCF...3 >> NEXT PERSON	What type of compensation did [NAME] receive from WCF for the injury? SELECT ALL THAT APPLY Medical Aid.....1 Temporary Disablement.....2 Permanent Disablement.....3 Constant Attendance Care Grants..4 Rehabilitation.....5 Funeral Grants.....6 Compensation to dependants of the deceased employees.....7	Was the compensation [NAME] received from WCF helpful to them? YES...1 NO....2	Is [NAME] a member of any voluntary group to help each other in times of trouble and pl.....2 YES...1 NO....2
	CONTACT WITH ELECTRIC VOLTAGE.....1 CONTACT WITH TEMPERATURE EXTREME.....2 CONTACT WITH HAZARDOUS SUBSTANCE .....3 DROWNING, BURIED .....4 FELL OR CRASHED INTO SOMETHING.....5 STRUCK BY SOMETHING.....6 COLLIDED WITH SOMETHING.....7 CAME INTO CONTACT WITH SHARP/POINTED/ROUGH/COARSE ELEMENT...8 TRAPPED, CRUSHED.....9 SUFFERED ACUTE OVERLOADING OF BODY .....10 RECEIVED BITE, KICK.....11 OTHER REASON {SPECIFY}.....96 DON'T KNOW.....98	BUILDINGS, STRUCTURES.....1 PRIME MOVERS (ENGINES, ETC.).....2 DISTRIBUTION SYSTEMS.....3 HAND TOOLS.....4 MACHINES, EQUIPMENT.....5 CONVEYING/TRANSPORT/EPACKAGING QUIPMENT, OR VEHICLES...6 MATERIALS, OBJECTS.....7 CHEMICAL SUBSTANCES.....8 HUMANS, ANIMALS, PLANTS, ETC.....9 OTHER {SPECIFY}.....10 NONE.....11 NOT KNOWN.....12					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SECTION MM: DIGITAL AND FINANCIAL INCLUSION

SECTION MM: DIGITAL AND FINANCIAL INCLUSION

ENUMERATOR: THIS MODULE IS FOR HOUSEHOLD MEMBERS 18 AND OLDER ONLY

				ACCOUNT OWNERSHIP			
	0.	1.	2.	3.	4.	5.	
INDIVIDUAL ID	CAPI: ACTIVATE FOR PERSONS 18 YEARS OLD OR OLDER	ENUMERATOR: IS [NAME] REPORTING FOR HIM/HERSELF?	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [NAME]? COPY ID FROM ROSTER SECTION	An account can be used to save money, to make or to receive payments, or to receive wages or financial help. Does [NAME] currently have an account at a bank or another type of formal financial institution, either by themselves or together with someone else? YES.....1 NO.....2 (► Q6)	Does [NAME] have a current account or savings account or both? CURRENT ACCT.....1 SAVINGS ACCT.....2 BOTH.....3	Does anyone else in the household jointly own [ACCT TYPE] with [NAME]? YES.....1 NO.....2	
						CHECKING ACCOUNT	SAVING ACCOUNT
1							
2							
3							
4							
5							
6							
7							
8							
9							

SECTION MM: DIGITAL AND FINANCIAL INCLUSION

SAVINGS

6.	7.	8.	9.				10.	11.
In the last 12 months, has [NAME] saved in any way?	What is the main reason that you saved money? EMERGENCIES.....1 HEALTH OR MEDICAL EXPENSES.....2 TO START OR GROW A BUSINESS.....3 OLD AGE.....4 EDUCATION.....5 FOR MY CHILDREN'S FUTURE.....6 ASSET BUILDING.....7 OTHER(SPECIFY).....8	Has [NAME] used any <i>informal</i> savings group in the last 12 months? YES...1 NO....2>>Q10	In the last 12 months, did [NAME] informally save in cash in any of the following ways? YES...1 NO....2				Does [NAME] have an ATM/DEBIT card? YES...1 NO....2	Does [NAME] do online Banking transactions? YES...1 NO....2
YES.....1 NO.....2 (► Q8)			HOME (CASH)	FRIENDS/ FAMILY	COMMUNITY MICROFINANCE GROUPS	MONEY LENDERS		

SECTION MM: DIGITAL AND FINANCIAL INCLUSION

INSURANCE		MOBILE MONEY		
12.	13.	14.	15.	16.
<p>In the last 12 months, have you owned/used any formal insurance product besides health insurance (eg. life insurance, home, auto)?</p> <p>YES...1 NO....2>>Q14</p>	<p>In the last 12 months, which insurance products has [NAME] owned/used? PROBE AND SELECT ALL THAT APPLY</p> <p>MOTOR VEHICLE INSURANCE.....1 HOUSEHOLDS CONTENTS INSURANCE.....2 PERSONAL ACCIDENT INSURANCE.....3 COMMUNITY HEALTH FUND INSURANCE (CHF) .4 LIFE INSURANCE.....5 LOAN INSURANCE IN CASE OF DEATH.....6 BUILDING INSURANCE.....7 EDUCATION POLICY.....8 FUNERAL COVER.....9 AGRICULTURAL INSURANCE.....10 OTHER, SPECIFY.....96</p>	<p>Does [NAME] own a mobile phone ?</p> <p>YES..1>> Q16 NO...2</p>	<p>Does [NAME] have access to a mobile phone that belongs to someone else?</p> <p>YES...1 NO....2 >>Q21</p>	<p>What type of mobile phones does [NAME] own/use? READ OUT LOUD</p> <div> <p>Basic (only allows calling, messaging, and saving phone numbers).....1 All features A plus a camera &, radio.....2 Smartphone (has email, mobile applications).....3</p> </div>

SECTION MM: DIGITAL AND FINANCIAL INCLUSION

17.	18.	19.	20.
<p>Does [NAME] use Mobile Money services?</p> <div> <p>YES....1</p> <p>NO....2 >> Q21</p> </div>	<p>How often does [NAME] use Mobile Money services?</p> <div> <p>DAILY.....1</p> <p>AT LEAST ONCE A WEEK.....2</p> <p>AT LEAST ONCE A MONTH.....3</p> <p>AT LEAST ONCE A YEAR.....4</p> </div>	<p>Who is providing your mobile money service?</p> <p>A Bank.....1</p> <p>A Mobile Operator...2</p> <p>Fintech company..3</p> <p>Don't know.....4</p>	<p>What type of service does [NAME] make using Mobile Money?</p> <p>Buy Airtime/Package....1</p> <p>Deposit</p> <p>Cash/Saving.....2</p> <p>To Send Money/Fund transfer...3</p> <p>Balance inquiry.....4</p> <p>Pay Bill, fees, and Utility, Buy Ticket etc.....5</p> <p>Pay for Merchant (good&services).....6</p> <p>Receive Payment.....7</p> <p>Withdraw Cash.....8</p> <p>To Contribte on Social Events....9</p> <p>To access credit.....10</p>

SECTION MM: DIGITAL AND FINANCIAL INCLUSION

INTERNET ACCESS

21.	22.	23.	24.
<p>Does [NAME] have access to the internet?</p> <div> <p>YES....1 >> Q24</p> <p>NO....2</p> </div>	<p>Why does [NAME] not have access to the Internet?</p> <div> <p>TOO EXPENSIVE.....1</p> <p>DO NOT NEED IT.....2</p> <p>NO SERVICE AVAILABLE IN AREA (INFRASTRUCTURE).....3</p> <p>DO NOT KNOW HOW TO USE.....4</p> <p>NO DEVICE TO ACCESS IT.....5</p> <p>OTHER (SPECIFY).....96</p> </div>	<p>If [NAME] wanted to use the internet, how would [NAME] access it?</p> <div> <p>PERSONAL DEVICE.....1</p> <p>OTHER HH DEVICE.....2</p> <p>RELATIVE/FRIEND/NEIGHBOR.....3</p> <p>WORKPLACE.....4</p> <p>CYBERCAFE.....5</p> <p>OTHER (SPECIFY).....96</p> </div> <p>>>>> NEXT PERSON</p>	<p>How often did [NAME] typically use the Internet during the last three months (from any location)?</p> <div> <p>DAILY.....1</p> <p>WEEKLY.....2</p> <p>MONTHLY.....3</p> <p>ONCE IN 3 MONTHS..4</p> </div>

SECTION E. FOOD AWAY FROM HOME

SECTION E: MEALS TAKEN OUTSIDE THE HOUSEHOLD DURING THE LAST 7 DAYS

DO NOT INCLUDE MEALS GIVEN OUT BY [NAME] BUT DO INCLUDE GIFTS/INKIND MEALS RECEIVED BY [NAME]. IF CONSUMED BUT NOT PURCHASED ASK AT MARKET VALUE. THE 7 DAY REFERENCE

FOR FOOD TAKEN (TOGETHER) OUTSIDE THE HOUSEHOLD (BY TWO OR MORE) MEMBERS OF THE HOUSEHOLD, DISTRIBUTE THE VALUE EQUALLY AMONG MEMBERS WHO ATE OUT

E00	E01	E02	E03	E03_b	E04	E05	E05_b	E06
I N D I V I D U A L I D	Is [NAME] present/available? Yes.....1 No.....2 (>>NEXT PERSON) PARENTS/GUARDIANS TO ANSWER FOR CHILDREN UNDER THE AGE OF 5 YEARS AND THOSE WHO ARE DISABLED FOR ADULTS , MAKE CALL- BACKS TO OBTAIN THE REQUIRED INFORMATION	In the past 7 days, did [NAME] consume ANY BREAKFAST (Complete meal e.g bread, coffee, tea, porridge, donought, croissant away from home ? YES...1 NO...2 ▶E04	In the past 7 days, how much IN TOTAL did [NAME] pay for breakfast away from home? If it was free, please estimate what it would have cost if you had to pay. (TZS)	What is the main Point of Service RESTAURANT/CAFE, FULL SERVICE.....1 RESTAURANT/CAFE, LIMITED SERVICE.....2	Yesterday did [NAME] consume ANY LUNCH (complete meal e.g rice,ugali, meat, greens) away from home ? YES...1 NO...2 ▶E06	In the past 7 days, how much IN TOTAL did [NAME] pay for Lunch away from home? If it was free, please estimate what it would have cost if you had to pay. (TZS)	What is the main Point of Service RESTAURANT/CAFE, FULL SERVICE.....1 RESTAURANT/CAFE, LIMITED SERVICE.....2 SHOP.....3 SUPERMARKET.....4	In the past 7 days, did [NAME] consume ANY DINNER (complete meal e.g rice, ugali,chicken) away from home? YES...1 NO...2 ▶E08
1								
2								
3								
4								
5								
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8								
9								
10								

SECTION E. FOOD AWAY FROM HOME

ICE PERIOD MUST BE THE SAME AS THAT FOR FOOD CONSUMPTION AT HOME

E00	E07	E07_b	E08	E09	E09_b	E10	E11	E11_b
INDIVIDUAL DID [NAME] TOTAL did [NAME] pay for dinner away from home? If it was free, please estimate what it would have cost if you had to pay. (TZS)	In the past 7 days, how much IN TOTAL did [NAME] pay for dinner away from home? If it was free, please estimate what it would have cost if you had to pay. (TZS)	What is the main Point of Service RESTAURANT/CAFE, FULL SERVICE.....1 RESTAURANT/CAFE, LIMITED SERVICE.....2	In the past 7 days did [NAME] consume ANY FOOD BETWEEN THE MAIN MEALS such as samosas, chapati, barbecued meat, chips, roast bananas, cakes, meatpies, sweet, ice cream and other snacks away from home? YES...1 NO...2 ▶E10	In the past 7 days, how much IN TOTAL did [NAME] pay for food/snacks between meals away from home? If it was free, please estimate what it would have cost if you had to pay. (TZS)	What is the main Point of Service RESTAURANT/CAFE, FULL SERVICE.....1 RESTAURANT/CAFE, LIMITED SERVICE.....2 SHOP.....3 SUPERMARKET.....4	In the past 7 days did [NAME] consume ANY HOT BEVERAGE (tea, coffee etc), away from home? (EXCLUDES NON ALCOHOLIC DRINKS) YES...1 NO...2 ▶E12	In the past 7 days, how much IN TOTAL did [NAME] pay for any hot beverage away from home? If it was free, please estimate what it would have cost if you had to pay. (TZS)	What is the main Point of Service RESTAURANT/CAFE, FULL SERVICE.....1 RESTAURANT/CAFE, LIMITED SERVICE.....2
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION E. FOOD AWAY FROM HOME

E00	E12	E13	E13_b	E14	E15	E15_b
INDIVIDUAL	<p>In the <u>past 7 days</u> did [NAME] consume ANY NON-ALCOHOLIC DRINKS (sodas, bottled juice, water etc..) away from home?</p> <p>(EXCLUDES HOT DRINKS)</p> <p>YES...1 NO...2 ►E14</p>	<p>In the past 7 days, how much IN TOTAL did [NAME] pay for any non-alcoholic drinks away from home?</p> <p>If it was free, please estimate what it would have cost if you had to pay.</p> <p>(TZS)</p>	<p>What is the main Point of Service</p> <p>RESTAURANT/CAFE, FULL SERVICE.....1 RESTAURANT/CAFE, LIMITED SERVICE.....2 SHOP.....3 SUPERMARKET.....4</p>	<p>In the <u>past 7 days</u> did [NAME] consume any ALCOHOLIC DRINKS (local brews, wine, beer and spirits etc) away from home?</p> <p>YES...1 NO...2 ►NEXT PERSON</p>	<p>In the past 7 days, how much IN TOTAL did [NAME] pay for alcoholic drinks taken away from home?</p> <p>If it was free, please estimate what it would have cost if you had to pay. (TZS)</p>	<p>What is the main Point of Service</p> <p>RESTAURANT/CAFE, FULL SERVICE.....1 RESTAURANT/CAFE, LIMITED SERVICE.....2</p>
1						
2						
3						
4						
5						
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7						
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FORM VI: Household Budget Survey 2017-18 Tanzania Mainland
Daily sheet for recording expenditure and consumption

Name:

Date:...../...../.....

Record all the products you PURCHASED or OBTAINED during the day						
B1. FOOD PRODUCTS PURCHASED OR OBTAINED						
S/N	2. Name of product	3. Unit of measurement	4. Quantity	5. Availability	6. Outlet	6. Amount paid or estimated monetary value in Tanzania Shillings
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
B.2 Record all FOOD products you CONSUMED during the day						
S/N	2. Name of product	3. Unit of measurement	4. Quantity	5. Availability	6. Outlet	6. Amount paid or estimated monetary value in Tanzania Shillings
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

B3. Record non-food items/services purchased for household members						
S/N	2. Name of product	3. Unit of measurement	4. Amount	5. Availability	6. Outlet	6. Amount paid or estimated monetary value in Tanzania
1						
2						
3						
4						
B4. Record food and non-food items/services purchased for non-household members						
S/N	2. Name of product	3. Unit of measurement	4. Amount	5. Availability	6. Outlet	6. Amount paid or estimated monetary value in Tanzania
1						
2						
3						
4						

A. DAILY EXPENDITURES

Date:...../...../.....

HOUSEHOLD ID

Record all products PURCHASED or OBTAINED from other sources by household and the members during the day																										
S/N	2. SUPERVISOR only COICOP CODE							3. Name of product		4. Unit of Measure <div>1. Gram 2. Kilogram 3. Metre 4. Litre 5. Millilitres 6. Pair 7. Piece 8. Unit</div>		5. Quantity	6. Amount paid or estimated monetary value in Tanzania Shillings		7. Where from?	8. Destination	8b. Member ID									
FOOD PRODUCTS																										
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
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22																										
23																										
24																										
25																										
NON-FOOD PRODUCTS AND SERVICES																										
1																										
2																										
3																										
4																										
5																										
6																										
7																										
7. Where from? Purchased from: 1. Market stall 2. Street vendors 3. Permanent shop 4. Supermarket 5. Department store 6. Purchased from other household 7. Other specify									Obtained (but not purchased) 8. Own production 9. Gift from other household 10. Institutional Aid 11. Gathered									8. Destination Codes 1. Own Consumption 2. Sale 3. To stock 4. Feed animals								

B. DAILY FOOD CONSUMED BY HOUSEHOLD MEMBERS (EXCLUDE FOOD FOR PARTIES)

B.1 Record all FOOD products CONSUMED by household and the members during the day																	
S/N	9. SUPERVISOR only COICOP CODE							10. Name of food products <div>(write the food products used to prepare the meals)</div>			11. Unit of Measure <div>1. Gram 2. Kg 3. Metre 4. Litre 5. ml/cc 6. Pair 7. Piece 8. Unit</div>		12. Quanity	13. Amount paid or estimated monetary value in Tanzania Shillings		14. Source <div>1. Purchased 2. Own production 3. Received as payment in kind 4. Free or a gift 5. Food aid 6. Gathered</div>	
1																	
2																	
3																	
4																	
5																	
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20																	
21																	
22																	
23																	
B2. Daily number of people eating food inside the household by meals																	
									15. Breakfast			16. Lunch		17. Dinner			
Household members																	
Non household members																	
B3. FOOD CONSUMED OUTSIDE HOME																	
S/N	18. Office Use only COICOP CODE							19. Description of FOOD CONSUMED OUTSIDE HOME <i>(Restaurants, bars, cafés, fast food, street vendors, etc.) Describe in detail what purchased, e.g 2 plates of rice and meat, 3 cups of coffee</i>				20a. Number of HH members		20b. Number of Non HH members		21. Amount spent on total food in Tanzania Shillings	
1																	
2																	
3																	
B4. Daily number of household members eating at work/school canteens or friend's places by meals																	
									22. Breakfast			23. Lunch		24. Dinner			
Household members																	
Non Household members																	

F01	F02		F03	F04	F05	F06		F07
<p>REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN SECTION E (PREVIOUS SECTION)</p> <p>ASK F03 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS</p>	ITEM CODE	COICOP CODE	<p>Over the past 7 days, did the household either consume/ purchase/ acquire any [ITEM]?</p> <p>YES...1 NO...2 ► NEXT ITEM</p>	<p>During the past 7 days, did members of this household eat/drink any [ITEM] within the household?</p> <p>YES...1 NO...2 ► F09</p>	<p>In total, how much of [ITEM] did your household consume in the past 7 days?</p> <p>DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD</p> <p>USE UNIT FROM F05</p> <p> KILOGRAMS...1 GRAMS.....2 LITRE.....3 MILILITRE...4 </p>	<p>Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases?</p>	<p>Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production?</p> <p>USE UNIT FROM F05</p>	
					QUANTITY	UNIT	QUANTITY	QUANTITY
Beef	126	01.1.2.2.1						
Pork (pig meat)	127	01.1.2.2.2						
Goat/lamb/sheep meat	128	01.1.2.2.3						
Meat of poultry (chicken, ducks, geese, turkeys)	129	01.1.2.2.4						
Rabbit/hare meat	130	01.1.2.2.5						
Other fresh, chilled or frozen meat	131	01.1.2.2.9						
Meat, dried, salted, in brine or smoked								
Salted, dried or smoked meat of Cattle (	132	01.1.2.3.1						
	133	01.1.2.3.2						
Processed meats such as Bacon, Ham, Salami								
Other meat dried, salted or smoked	134	01.1.2.3.9						
Offal, blood and other parts of slaughtered animals								
Offals,liver and kidney	135	01.1.2.4.0						
Sausages	136	01.1.2.5.1						
Canned meat	137	01.1.2.5.2						
Other meat, offals or blood preparations	138	01.1.2.5.9						
Live Land Animals (whole animal)								
Cattle	139	01.1.2.1.1						
Pigs	140	01.1.2.1.2						
Goats, lambs and sheep	141	01.1.2.1.3						
Poultry	142	01.1.2.1.4						
Fish and Sea Food								
Fresh /frozen Fish -e.g Tilapa, Nile Perch etc	143	01.1.3.1.1						
Smoked Nile Perch/Tilapia	144	01.1.3.2.1						
Other fresh, chilled, or frozen fish	145	01.1.3.1.9						
Silver fish, dried	146	01.1.3.2.2						
Other dried, salted, smoked fish (Sardines,Dagaa Omena)	147	01.1.3.2.9						
Prepared or preserved fish (tinned fish)	148	01.1.3.3.9						
Sea food (shrimps, prawns, lobster)	149	01.1.3.4.1						
Milk,other diary products and Eggs								
Raw and whole milk of cattle (packed/sold loose)	150	01.1.4.1.1						
Other raw and whole milk	151	01.1.4.1.9						
Skimmed milk	152	01.1.4.2.0						
Other milk and cream (Powdered milk,cream etc)	153	01.1.4.3.2						
Non-animal milk	154	01.1.4.4.1						
Cheese	155	01.1.4.5.0						
Yoghurt and similar products	156	01.1.4.6.0						
Milk-based dessert and beverages	157	01.1.4.7.0						

F01	F02		F03	F04	F05	F06		F07
REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN SECTION E (PREVIOUS SECTION) ASK F03 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS	ITEM CODE	COICOP CODE	Over the past 7 days, did the household either <u>consume/ purchase/ acquire</u> any [ITEM]? YES...1 NO...2 ►NEXT ITEM	During the past 7 days, did members of this household eat/drink any [ITEM] within the household? YES...1 NO...2 ► F09	In total, how much of [ITEM] did your household <u>consume</u> in the past 7 days? DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD KILOGRAMS...1 GRAMS.....2 LITRE.....3 MILILITRE...4	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from <u>purchases</u> ? USE UNIT FROM F05	Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from <u>own production</u> ? USE UNIT FROM F05	
					QUANTITY	UNIT	QUANTITY	QUANTITY
Eggs of hen (local/exotic)	158	01.1.4.8.1						
Eggs of other birds	159	01.1.4.8.2						
Other dairy products	160	01.1.4.9.0						
Oils and Fats								
Vegetable oils (e.g sunflower oil , palm oil, olive oil, soyabean pil,groundnut oil,coconut oil, corn oil)	161	01.1.5.1.1						
Butter	162	01.1.5.2.1						
Margarine	163	01.1.5.3.0						
Other animal oils and fats (Ghee, Lard, Tamu, Kimbo, Cowboy)	164	01.1.5.9.1						
Fruits and Nuts								
Avocados	165	01.1.6.1.1						
Sweet bananas (short/long fingers)	166	01.1.6.1.2						
Mangoes	167	01.1.6.1.3						
Guavas	168	01.1.6.1.4						
Papayas	169	01.1.6.1.5						
Pineapples	170	01.1.6.1.6						
Coconuts	171	01.1.6.1.7						
Grapes	172	01.1.6.2.1						
Lemons and limes	173	01.1.6.2.2						
Oranges	174	01.1.6.2.3						
Tangerines, mandarins	175	01.1.6.2.4						
Apples	176	01.1.6.3.1						
Pears	177	01.1.6.3.2						
Strawberries	178	01.1.6.4.1						
Grapes	179	01.1.6.5.1						
Watermelons	180	01.1.6.5.2						
Passion Fruits	181	01.1.6.5.3						
Jack Fruit	182	01.1.6.5.4						
Other fresh fruits (specify)	183	01.1.6.5.5						
Frozen fruit	184	01.1.6.6.0						
Dried and dehydrated fruit	185	01.1.6.7.0						
Cashew nuts, in shell or shelled	186	01.1.6.8.1						
Groundnuts, in shell or shelled	187	01.1.6.8.2						
Other nuts, in shell or shelled	188	01.1.6.8.3						
Groundnut, paste or roasted	189	01.1.6.9.4						
Simsim, paste or roasted	190	01.1.6.9.9						
Vegetables, tubers, plantains, cooking bananas and pulses								
Cabbages	191	01.1.7.1.1						
Cauliflowers and broccoli	192	01.1.7.1.2						

F01	F02		F03	F04	F05	F06		F07
<p>REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN SECTION E (PREVIOUS SECTION)</p> <p>ASK F03 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS</p>	ITEM CODE	COICOP CODE	<p>Over the past 7 days, did the household either consume/ purchase/ acquire any [ITEM]?</p> <p>YES...1 NO...2 ► NEXT ITEM</p>	<p>During the past 7 days, did members of this household eat/drink any [ITEM] within the household?</p> <p>YES...1 NO...2 ► F09</p>	<p>In total, how much of [ITEM] did your household consume in the past 7 days?</p> <p>DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD</p> <p>KILOGRAMS...1 GRAMS.....2 LITRE.....3 MILILITRE...4</p>	<p>Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases?</p> <p>USE UNIT FROM F05</p>	<p>Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production?</p> <p>USE UNIT FROM F05</p>	
					QUANTITY	UNIT	QUANTITY	QUANTITY
Lettuce/ spinach	193	01.1.7.1.3						
Cassava leaves	194	01.1.7.1.4						
Other leafy vegetables (e.g Sukumawiki/Mchicha/Mnafu/Doodo)	195	01.1.7.1.9						
Chilies and peppers	196	01.1.7.2.1						
Cucumbers	197	01.1.7.2.2						
Eggplants	198	01.1.7.2.3						
Tomatoes	199	01.1.7.2.4						
Pumpkins	200	01.1.7.2.5						
Ladies finger/okra	201	01.1.7.2.6						
Beans (fresh)	202	01.1.7.3.1						
Beans (dried)	203	01.1.7.6.1						
Peas (fresh)	204	01.1.7.3.2						
Peas (dried)	205	01.1.7.6.2						
Soya beans (fresh)	206	01.1.7.3.3						
Soya beans (dried)	207	01.1.7.6.3						
Carrots	208	01.1.7.4.1						
Garlic	209	01.1.7.4.2						
Onions and Leeks	210	01.1.7.4.3						
Mushrooms	211	01.1.7.4.4						
Maize (green corn)	212	01.1.7.4.5						
Potatoes	213	01.1.7.5.1						
Sweet potatoes	214	01.1.7.5.2						
Cassava (roots)	215	01.1.7.5.3						
Cassava flour	216	01.1.7.9.1						
Yams	217	01.1.7.5.4						
Cooking bananas (Matooke)	218	01.1.7.5.5						
Plantains	219	01.1.7.5.6						
Other vegetables, tubers, plantains and cooking bananas dried and dehydrated	220	01.1.7.7.0						
Vegetables, tubers, plantains and cooking bananas frozen	221	01.1.7.8.0						
Sugar, confectionery and desserts (ND)								
Sugar	222	01.1.8.1.1						
Sugar substitutes (e.g artificial sweeteners,molasses, glucose	223	01.1.8.2.0						
Honey	223	01.1.8.3.1						
Jam	224	01.1.8.3.2						
Nut puree, nut butter and nut pastes	224	01.1.8.4.0						
Cocoa, chocolate	225	01.1.8.5.1						
Ice cream	225	01.1.8.6.0						

F01	F02		F03	F04	F05	F06		F07
REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN SECTION E (PREVIOUS SECTION) ASK F03 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS	ITEM CODE	COICOP CODE	Over the past 7 days, did the household either consume/ purchase/ acquire any [ITEM]? YES...1 NO...2 ► NEXT ITEM	During the past 7 days, did members of this household eat/drink any [ITEM] within the household? YES...1 NO...2 ► F09	In total, how much of [ITEM] did your household consume in the past 7 days? DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD KILOGRAMS...1 GRAMS.....2 LITRE.....3 MILILITRE...4	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from purchases ? USE UNIT FROM F05	Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from own production ? USE UNIT FROM F05	
					QUANTITY	UNIT	QUANTITY	QUANTITY
Other sugar confectionery and desserts (sweets, chewing gum, tofees etc)	226	01.1.8.9.9						
Ready-made food and other food products								
Ready made food (e.g soups,pre-cooked pasta, pizzas etc)	227	01.1.9.1.1						
Baby formula food	228	01.1.9.2.1						
Other baby food (rice cereals/flours for baby meals)	229	01.1.9.2.9						
Salt	230	01.1.9.3.1						
Sauces and condiments (e.g mayonnaise,mustard, soy sauce)	231	01.1.9.3.9						
Spices, Culinary herbs and seeds (Pepper, Ginger, Curry powder, Coriander,Cinamon, Parsley,Thyme)	232	01.1.9.4.0						
Non aloholic beverages (includes purchased for consumption at home, excludes those sold for immediate consumption away from home e.g at hotels, restaurants)								
Fruit juices	233	01.2.1.0.1						
Vegetable juices	234	01.2.1.0.2						
Coffee	235	01.2.2.0.1						
Tea	236	01.2.3.0.1						
Mate	237	01.2.3.0.2						
Cocoa and chocolate based drinks	238	01.2.4.0.0						
Bottled water (mineral/filtered)	239	01.2.5.0.1						
Soft drinks(e.g sodas,squashes, sparkling juices)	240	01.2.6.0.0						
Other non-alcoholic beverages (e.g energy drinks,	241	01.2.9.0.0						
Alcoholic drinks (includes purchased for consumption at home, excludes those sold for immediate consumption away from home e.g at hotels, restaurants)								
Spirits and liquors [e.g Vodka, Whisky, Konyagi, Uganda Waragi]	242	02.1.1.0						
Wine from grapes [provide examples]	243	02.1.2.1						
Wine from other sources [provide examples]	244	02.1.2.2						
Beer (e.g Lagers,Stouts)	245	02.1.3.0						
Other alcoholic beverages (specify)	246	02.1.9.0						

MEAL PARTICIPATION

F11: On average,how many people ate meals in this household during the last 7 days?

F01	F02		F03	F04	F05	F06		F07
REPORT ONLY ITEMS CONSUMED WITHIN THE HOUSEHOLD. FOOD CONSUMED OUTSIDE THE HOUSEHOLD MUST BE REPORTED IN SECTION E (PREVIOUS SECTION) ASK F03 FOR ALL ITEMS, BEFORE MOVING TO FOLLOW UP QUESTIONS	ITEM CODE	COICOP CODE	Over the past 7 days, did the household either <u>consume/ purchase/ acquire</u> any [ITEM]? YES...1 NO...2 ►NEXT ITEM	During the past 7 days, did members of this household eat/drink any [ITEM] within the household? YES...1 NO...2 ► F09	In total, how much of [ITEM] did your household <u>consume</u> in the past 7 days? DO NOT INCLUDE FOOD CONSUMED OUTSIDE THE HOUSEHOLD KILOGRAMS...1 GRAMS.....2 LITRE.....3 MILILITRE...4	Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came from <u>purchases</u> ? USE UNIT FROM F05		Of the [QUANTITY] [UNIT] of [ITEM] consumed in the last 7 days, how much came from <u>own production</u> ? USE UNIT FROM F05
					QUANTITY	UNIT	QUANTITY	QUANTITY

F11a		F11b
Household members		Non-household members
M	F	M
Children (0-5 years)		
Children (6-17years)		
Adults (Above 18 years)		

PURCHASES IN THE LAST 7 DAYS

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

F08	F09	F10		
Of the [QUANTITY] [UNIT] of [ITEM] consumed, how much came <u>from</u> <u>gifts and other</u> <u>sources</u> ?	During the <u>past 7 days</u> , did the household purchase any [ITEM] ? YES...1 NO...2▶NEXT ITEM	How much [ITEM] was purchased in the last 7 days? REFER TO CODES ON NEXT SHEET		
USE UNIT FROM F05				
QUANTITY		QUANTITY	UNIT	SIZE

[illegible]

[illegible]

[illegible]

F11	F12	CODES FOR POINT OF PURCHASE -F08
How much did your household spend on this [QUANTITY, UNIT, SIZE IN F04] of [ITEM] during the last 7 days?	Where did you buy the [ITEM]? SEE UNIT CODES ON THE RIGHT	OPEN-AIR MARKETS.....1 FIXED-PLACE STREET VENDORS/KIOSKS...2 PERMANENT INDEPENDENT SHOPS.....3 SUPERMARKETS/HYPERMARKETS.....4 RETAIL CHAINS/SPECIALIZED SHOPS.....5 HOTELS, BARS AND RESTAURANTS.....6 PUBLIC OR PRIVATE UTILITY PROVIDERS..7 GOVERNMENT AGENCIES OR DEPARTMENTS...8 OTHER SERVICE PROVIDERS .....9 WHOLESALE OUTLETS.....10 ONLINE DOMESTIC.....11 ONLINE INTERNATIONAL.....12 HOUSEHOLDS.....13 OUTSIDE THE COUNTRY.....14 MOBILE VENDORS .....15 OTHERS (SPECIFY) .....96
VALUE (TZS)		

TANZANIA FOOD ITEM LIST		
ENGLISH	COICOP	KISWAHILI
Cereals and flour of cereals		Nafaka na unga wa nafaka
Wheat	01.1.1.1.1	Punje za ngano
Wheat flour	01.1.1.2.1	Unga wa ngano
Rice - Basmati/Pishori	01.1.1.1.2.1	Mchele wa pishori/basmati
Rice - Jasmin	01.1.1.1.2.2	Mchele wa Jasmin
Rice - Mbeya rice	01.1.1.1.2.3	Mchele wa Mbeya
Rice - Morogoro	01.1.1.1.2.4	Mchele wa Morogoro
Rice - Magugu	01.1.1.1.2.5	Mchele wa Magugu
Rice - Shinyanga	01.1.1.1.2.6	Mchele wa Shinyanga
Rice - Rukwa (Kamsamba)	01.1.1.1.2.7	Mchele wa Rukwa (Kamsamba)
Rice - Kitumbo	01.1.1.1.2.8	Mchele wa kitumbo
Rice- Thailand	01.1.1.1.2.9	Mchele wa Mapembe
Rice - Zanzibar	01.1.1.1.2.10	Mchele wa Zanzibar
Paddy	01.1.1.1.2.11	Mpunga
Others rice varieties (specify)	01.1.1.1.2.12	Aina nyingine Ya mchele(taja)
Rice flour	01.1.1.2.2	Unga wa Mchele
Sorghum grain	01.1.1.1.3	Punje za Mtama
Sorghum flour	01.1.1.2.3	Unga wa Mtama
Barley	01.1.1.1.4	Punje za shayiri
Barley flour	01.1.1.2.4	Unga wa shayiri
Millet	01.1.1.1.5	Punje za Ulezi
Millet flour	01.1.1.2.5	Unga wa Ulezi
White Maize Grain	01.1.1.1.6.1	Punje za mahindi MEUPE
Yellow broken maize grains	01.1.1.1.6.2	Punje za mahindi ya njano
Maize flour	01.1.1.2.6	Unga wa sembe/dona
Simsim	01.1.1.1.7	Uwele
Other cereals	01.1.1.1.9	Aina nyingine za nafaka (taja)
Other flours of cereals	01.1.1.2.9	Aina nyingine za unga wa nafaka (Taja)
Bread and bakery Products		Mkate na Bidhaa za Kuokwa
Flatbread	01.1.1.3.1.1	Mkate wa boflo
Loaf of white bread	01.1.1.3.1.2	Mkate mweupe
Round bread	01.1.1.3.1.3	Mkate wa mviringo
Sliced bread	01.1.1.3.1.4	Mkate wa slesi/kisu
Sliced brown bread	01.1.1.3.1.5	Mkate wa slesi brown
Sweet bread	01.1.1.3.1.6	Mkate wa sukari
Jam Bread	01.1.1.3.1.7	Mkate wa Jem
Rice bread	01.1.1.3.1.8	Mkate wa Mchele
Sisem Bread	01.1.1.3.1.9	Mkate wa Ufuta
Chia Bread	01.1.1.3.1.10	Mkate wa Chila
Maize Bread	01.1.1.3.1.11	Mkate wa Sembe
Mkate wa Kisu	01.1.1.3.1.12	Mkate wa Kisu
Mkate wa Ufuta	01.1.1.3.1.13	Mkate wa Ufuta
other bread (specify)	01.1.1.3.1.14	Mkate mwingine (Tata)
Biscuits (cookies)	01.1.1.3.9.03	Biskuti
Muffins, croissants	01.1.1.3.9.07	Muffins, croissants
Cakes	01.1.1.3.9.09	Keki
Doughnuts	01.1.1.3.9.12	Donati
Samosas	01.1.1.3.9.13	Sambusa
Chapati	01.1.1.3.9.16	Chapati
Cakes/half Cake	01.1.1.3.9.17	half keki
Wheat buns,scones	01.1.1.3.9.18	Maandazi/skonzi
Chapatti	01.1.1.3.9.19	Chapati
Kitumbua	01.1.1.3.9.20	Kitumbua
Kalimati,Pie, sambusa	01.1.1.3.9.21	Sambusa
Visheti	01.1.1.3.9.22	Visheti
Vileja	01.1.1.3.9.23	Vileja

Katles	01.1.1.3.9.24	Katlesi
Other bakery products	01.1.1.3.9	Bidhaa nyingine za vitafunwa(taja)
Breakfast cereals and Pasta Products		Nafaka za Kifungua kinywa na Bidhaa za Tambi
Breakfast cereals (cornflakes, oatflakes etc)	01.1.1.4.0	Nafaka za Kifungua kinywa(Flakes, oats)
Macaroni, noodles and similar pasta products	01.1.1.5.0	Makaroni/spagheti na bidhaa za kufafana na hizi
Other cereal and grain mill products (popcorn, crisps, crisps of cereals,	01.1.1.9.0	Nafaka nyingine (taja)
Meat, fresh, chilled or frozen (includes minced meats)		Nyama, freshi, iliyogandishwa (pamoja na nyama ya kusaga)
Beef	01.1.2.2.1	Nyama ya Ng'ombe
Pork (pig meat)	01.1.2.2.2	Nyama ya nguruwe
Goat/lamb/sheep meat	01.1.2.2.3	Nyama ya mbuzi/kondoo
Meat of poultry (chicken, ducks, geese, turkeys)	01.1.2.2.4	Nyama jamii ya ndege (Kuku, bata, bata bukini, bata mzinga)
Rabbit/hare meat	01.1.2.2.5	Nyama ya sungura
Minced meat	01.1.2.2.6	Nyama ya kusaga
Other fresh, chilled or frozen meat	01.1.2.2.9	Aina nyingine za nyama zilizogandishwa
Meat, dried, salted, in brine or smoked		Nyama iliyokausha, tiwa chumvi au kukaushwa kwa moshi
Salted, dried or smoked meat of Cattle (	01.1.2.3.1	Nyama ya ng'ombe iliyokaushwa au iliyohifadhiwa kwa chumvi
Processed meats such as Bacon, Ham, Salami	01.1.2.3.2	Nyama iliyosindikwa
Beef - with bones	01.1.2.3.3	Nyama ya ngombe mchanganyiko
Beef - without bones	01.1.2.3.4	Nyama ya ngombe steki
Barbeque, Meat balls	01.1.2.3.5	Nyama choma na mishkaki
Other meat dried, salted or smoked	01.1.2.3.9	Nyama nyingine zilizo kaushwa, kuhifadhiwa kwa chumvi au kukaushwa kwa moshi
Offal, blood and other parts of slaughtered animals		Nyama za ndani au sehemu zingine za wanyama waliochinjwa
Offals,liver and kidney	01.1.2.4.0	Utumbo ukijumuisha maini, figo,bandama na nyama nyingine za ndani nk
Sausages	01.1.2.5.1	Soseji
Canned meat	01.1.2.5.2	Nyama ya kopo
Other meat, offals or blood preparations	01.1.2.5.9	Aina nyingine za nyama, utumbo au damu
Live Land Animals (whole animal)		Wanyama Hai wa Nchi Kavu
Cattle	01.1.2.1.1	Ng'ombe
Pigs	01.1.2.1.2	Nguruwe
Goats, lambs and sheep	01.1.2.1.3	Mbuzi na ng'ombe
Poultry	01.1.2.1.4	Wanyama jamii ya ndege
Fish and Sea Food		SAMAKI NA VITOWEO VYA BAHARINI
Fresh /frozen Fish from fresh water - e.g Tilapa, Nile Perch etc	01.1.3.1.1.1	Samaki wabichi wa maji baridi mfano sato, sangara etc.
Fresh /frozen Fish from marine water	01.1.3.1.1.2	Samaki wabichi wa maji chumvi
King Fish	01.1.3.1.1.2.1	Nguru
Tuna Fish	01.1.3.1.1.2.2	Jodari
Emperors Fish	01.1.3.1.1.2.3	Changu
Sword Fish	01.1.3.1.1.2.4	Nduwaro
Macskerels	01.1.3.1.1.2.5	Kibua
Spine Foot Fish	01.1.3.1.1.2.6	Tasi
Parrot Fish	01.1.3.1.1.2.7	Pono
Travelly Fish	01.1.3.1.1.2.8	Kolekole
Shark fish	01.1.3.1.1.2.9	Papa
Other fish	01.1.3.1.1.2.10	Aina nyingine za Samaki
Lobster	01.1.3.1.1.2.11	Kamba Wakubwa
Squid	01.1.3.1.1.2.12	Ngisi
Octopus	01.1.3.1.1.2.13	Pweza
Oyster fish	01.1.3.1.1.2.14	Chaza/Kome
Prawns	01.1.3.1.1.2.15	Kamba wadogo
Crubs	01.1.3.1.1.2.16	Kaa
Smoked Nile Perch/Tilapia	01.1.3.2.1	Sangara/sato waliokaushwa kwa moshi

Other fresh, chilled, or frozen fish	01.1.3.1.9	Aina nyingine za samaki wabichi waliogandishwa
Silver fish, dried	01.1.3.2.2	Taa
Dried fish	01.1.3.2.3	Samaki waliokaushwa
Dried sardines	01.1.3.2.4	Dagaa wakavu
Smoked small sardines	01.1.3.2.5	Dagaa waliokaushwa kwa moshi
Fresh dried fish	01.1.3.2.6	Samaki aliyekaangwa
Other dried, salted, smoked fish	01.1.3.2.9	Aina nyingine za samaki na vitoweo vya baharini vilivyokaushwa kwa jua au moshi (taja)
Prepared or preserved fish (tinned fish)	01.1.3.3.9	Samaki wa kopo
Sea foods , other (specify)	01.1.3.4.1	Vitoweo vingine vya baharini (kamba, kaa) (Taja)
Milk, other dairy products and Eggs		Maziwa, Bidhaa za Maziwa na Mayai
Raw and whole milk of cattle (packed/sold loose)	01.1.4.1.1	Maziwa mabichi ya ng'ombe
Other raw and whole milk	01.1.4.1.9	Maziwa mengine mabichi
Skimmed milk	01.1.4.2.0	Maziwa yasiyo na mafuta
Other milk and cream (Powdered milk, cream etc)	01.1.4.3.2	Maziwa mengine ya unga
Non-animal milk	01.1.4.4.1	Maziwa yasiyo ya ng'ombe
Cheese	01.1.4.5.0	Jibini
Yoghurt and similar products	01.1.4.6.0	Maziwa ya mgando
Milk-based dessert and beverages	01.1.4.7.0	Maziwa yaliyoandaliwa kama dessert na vinywaji
Eggs of hen (local/exotic)	01.1.4.8.1	Mayai ya kuku
Eggs of other birds	01.1.4.8.2	Mayai mengine ya wanyama jamii ya ndege
Other dairy products	01.1.4.9.0	Aina nyingine za maziwa ya ng'ombe
Oils and Fats		Mafuta yatokanayo Mimea na Mafuta ya Wanyama
Vegetable oils (e.g sunflower oil , palm oil, olive oil, soyabean oil, groundnut oil, coconut oil, corn oil)	01.1.5.1.1	Mafuta yatokanayo na Mimea
Olive oil	01.1.5.1.1.1	Mafuta ya Mzaituni
Sunflower oil	01.1.5.1.1.2	Mafuta ya Alizeti
Cottonseed oil	01.1.5.1.1.3	Mafuta ya mbegu za pamba
Groundnuts oils	01.1.5.1.1.4	Mafuta ya karanga
Sesame oil	01.1.5.1.1.5	Mafuta ya ufuta
Coconut cooking oil	01.1.5.1.1.6	Mafuta ya nazi ya kupikia
Palm oil	01.1.5.1.1.7	Mafuta ya Mawese (mchikichi)
Other Vegetable oils (e.g soyabean oil, corn oil)	01.1.5.1.1.8	Mafuta mengine yatokanayo na mimea
Butter	01.1.5.2.1	Mafuta ya siagi
Margarine	01.1.5.3.0	Mafuta ya kupikia
Oki	01.1.5.9.1	Mafuta ya Oki
Viking	01.1.5.9.2	Mafuta ya Viking
Other animal oils and fats (Ghee, Lard, Tamu, Kimbo, Cowboy)	01.1.5.9.3	mafuta yatokanayo na maziwa, samli, kimbo, cowboy)
Fruits and Nuts		Matunda na Njugu/Jozi
Avocados	01.1.6.1.1	Parachichi
Sweet bananas (short/long fingers)	01.1.6.1.2	Ndizi mbivu
Mangoes	01.1.6.1.3	Maembe
Guavas	01.1.6.1.4	Mapera
Papayas	01.1.6.1.5	Papai
Pineapples	01.1.6.1.6	Nanasi
Coconuts	01.1.6.1.7	Madafu
Grapes	01.1.6.2.1	Zabibu
Lemons and limes	01.1.6.2.2	Limao na ndimu
Oranges	01.1.6.2.3	Machungwa
Tangerines, mandarins	01.1.6.2.4	Macheza
Apples	01.1.6.3.1	Apo
Pears	01.1.6.3.2	Mapeasi
Strawberries	01.1.6.4.1	Strawberries
Grapes	01.1.6.5.1	Zabibu
Watermelons	01.1.6.5.2	Matikiti maji
Passion Fruits	01.1.6.5.3	Mabohora (mapesheni)

Jack Fruit	01.1.6.5.4	Fenesi
Other fresh fruits (specify)	01.1.6.5.5	Aina nyingine za matunda
Frozen fruit	01.1.6.6.0	Matunda yalitogandishwa
Dried and dehydrated fruit	01.1.6.7.0	Matunda yaliyokaushwa
Cashew nuts, in shell or shelled	01.1.6.8.1	Korosho za maganda au zilizomenywa
Groundnuts, in shell or shelled	01.1.6.8.2	Karanga za maganda au zilizomenywa
Other nuts, in shell or shelled	01.1.6.8.3	Nafaka nyingine, zenye maganda au zisizo na maganda
Groundnut, paste or roasted	01.1.6.9.4	Siagi ya karanga
Products from nuts and seeds excluding cooking oils (e.g. Kashata, etc)	01.1.6.9.5	Bidhaa kutoka kwa karanga na mbegu isipokuwa mafuta ya kupikia (k.m. kashata, n.k.)
Simsim, paste or roasted	01.1.6.9.9	Simsim, katika fomu ya pasti au iliyokaangwa.
Vegetables, tubers, plantains, cooking bananas and pulses		Mboga za Majani, Mizizi, Ndizi na Kunde
Cabbages	01.1.7.1.1	Kabeji
Cauliflowers and broccoli	01.1.7.1.2	Kauli flower na brokoli
Lettuce/ spinach	01.1.7.1.3	Spinachi
Cassava leaves	01.1.7.1.4	Kisamvu
Mchicha	01.1.7.1.9.1	Mchicha
Mnafu	01.1.7.1.9.2	Mnafu
Sukumawiki	01.1.7.1.9.3	Sukumawiki
Celery	01.1.7.1.9.4	Seleri
Potato leaves	01.1.7.1.9.5	Matembele
Peas leaves	01.1.7.1.9.6	Majani ya kunde
Pumpkin leaves	01.1.7.1.9.7	Majani ya maboga
Wild leaf vegetables	01.1.7.1.9.8	Mboga toka porini
Other leafy vegetables (specify)	01.1.7.1.9.9	Aina nyingine za Mboga (Taja)
Chilies and peppers	01.1.7.2.1	Pilipili
Cucumbers	01.1.7.2.2	Matango
Eggplants	01.1.7.2.3	Biringanya
Tomatoes	01.1.7.2.4	Nyanya
Pumpkins	01.1.7.2.5	Maboga
Ladies finger/okra	01.1.7.2.6	Bamia
Canned Tomatoes/ tomatoes paste	01.1.7.2.7	Nyanya za kopo/paste
Beans (fresh)	01.1.7.3.1	Maharage mabichi
Beans (dried)	01.1.7.6.1	Maharage makavu
Peas (fresh)	01.1.7.3.2	Njegere mbichi
Peas (dried)	01.1.7.6.2	Njegere kavu
Soya beans (fresh)	01.1.7.3.3	Maharage ya soya mabichi
Soya beans (dried)	01.1.7.6.3	Maharage ya soya makavu
Carrots	01.1.7.4.1	Karoti
Garlic	01.1.7.4.2	Vitunguu saumu
Onions and Leeks	01.1.7.4.3	Vitunguu maji na vitunguu vya majani
Mushrooms	01.1.7.4.4	Uyoga
Maize (green corn)	01.1.7.4.5	Mahindi mabichi
Potatoes	01.1.7.5.1	Viazi Ulaya/mviringo/mbatata
Sweet potatoes	01.1.7.5.2	Viazi vitamu
Cassava (roots)	01.1.7.5.3	Mihogo
Cassava flour	01.1.7.9.1	Unga wa Muhogo
Yams	01.1.7.5.4	Viazi vikuu
Cooking bananas (eg: Matooke)	01.1.7.5.5	Ndizi mbichi zilizopikwa (Mfano matoke)
Plantains	01.1.7.5.6	Ndizi mbichi
Other vegetables, tubers, plantains and cooking bananas dried and dehydrated	01.1.7.7.0	Aina nyingine za mboga, mazao ya mizizi, ndizi zilizosindikwa
Vegetables, tubers, plantains and cooking bananas frozen	01.1.7.8.0	Mboga, mazao ya mizizi, ndizi yaliyosindikwa
Sugar, confectionery and desserts (ND)		Sukari na Bidhaa zenye Sukari
Sugar	01.1.8.1.1	Sukari
Sugar substitutes (e.g artificial sweeteners, molasses, glucose)	01.1.8.2.0	Badala ya sukari (k.m. viungo vitamu vya kutengenezwa, molasi, glukosi)
Honey	01.1.8.3.1	Asali
Jam	01.1.8.3.2	Jamu

Nut puree, nut butter and nut pastes	01.1.8.4.0	Unga wa karanga, siagi ya karanga, na pasti za karanga
Cocoa, chocolate	01.1.8.5.1	Kakao, chokoleti
Ice cream	01.1.8.6.0	Ice cream
Other sugar confectionery and desserts (sweets, chewing gum, toffees etc)	01.1.8.9.9	Vipande vingine vyenye sukari na vyakula vya dessert (vinywaji vitamu, toffees n.k.)
Ready-made food and other food products		Vyakula Vilivyo Andaliwa na Vyakula Vingine
Ready made food (e.g soups,pre-cooked pasta, pizzas etc)	01.1.9.1.1	Chakula kilichokuwa tayari (k.m. supu, pasta iliyopikwa, pizza n.k.)
Baby formula food	01.1.9.2.1	Chakula cha fomula kwa watoto
Other baby food (rice cereals/flours for baby meals)	01.1.9.2.9	Vyakula vingine vya watoto (ugali wa mchele/muhogo kwa mlo wa mtoto)
Salt	01.1.9.3.1	Chumvi
Sauces and condiments (e.g mayonnaise,mustard, soy sauce)	01.1.9.3.9	Sosi na viungo (k.m. mayonnaise, haradali, mchuzi wa soya)
Spices, Culinary herbs and seeds (Pepper, Ginger, Curry powder, Coriander,Cinamon, Parsley,Thyme)	01.1.9.4.0	Viungo
Non alcoholic beverages (includes purchased for consumption at home, excludes those sold for immediate consumption away from home e.g at hotels, restaurants)		Vinywaji visivyo na kileo
Fruit juices	01.2.1.0.1	Juisi
Vegetable juices	01.2.1.0.2	Juisi zitokanazo na mboga mboga
Coffee	01.2.2.0.1	Kahawa
Tea	01.2.3.0.1	Chai
Mate	01.2.3.0.2	Chai ya mate
Cocoa and chocolate based drinks	01.2.4.0.0	Vinywaji vitokanavyu kakao na chokoleti
Bottled water (mineral/filtered)	01.2.5.0.1	Maji ya kunywa ya chupa
Soft drinks(e.g sodas,squashes, sparkling juices)	01.2.6.0.0	Vinywaji baridi (e.g soda, etc)
Other non-alcoholic beverages (e.g energy drinks,	01.2.9.0.0	Vinywaji vingine vya baridi (redbull, azam, mo XTRA, Energy Drink)
Alcoholic drinks (includes purchased for consumption at home, excludes those sold for immediate consumption away from home e.g at hotels, restaurants)		Vinywaji Vikali (kwa ajili ya matumizi ya nyumbani, ondoa
Spirits and liquors [e.g Vodka, Whisky, Konyagi, Uganda Waragi]	02.1.1.0	Vinywaji vikali na vileo [k.m. Vodka, Whisky, Konyagi, Uganda Waragi]
Wine from grapes [provide examples]	02.1.2.1	Mvinyo wa zabibu
Wine from other sources [provide examples]	02.1.2.2	Mvinyo kutoka vyanzo vingine (rozella, ndizi)
Beer (e.g Lagers,Stouts)	02.1.3.0	Bia
Other alcoholic beverages (specify)	02.1.9.0	Aina nyingine za vinywaji vikali (Taja)

SECTION G: NON-FOOD EXPENDITURES - DAY, 1 MONTH, & 6 MONTH RECALL PERIODS

G00: ENUMERATOR: RECORD ID OF PRIMARY RESPONDENT		ID CODE:								
G01	G02	G03	G04	G05	G06	G07				
1 DAY RECALL	ITEM CODE	COICOP CODE	Over the past 7 days, did you or others in your household pay/purchase/acquire any [...]?	What is the total quantity of [ITEM] purchased during the last 7 days?	In total, how much did the household spend on this [ITEM] during the last 7 days?	Where did you buy [ITEM] ? <div>CODES FOR POINT OF PURCHASE -F06 OPEN-AIR MARKETS.....1 FIXED-PLACE STREET VENDORS/KIOSKS....2 PERMANENT INDEPENDENT SHOPS.....3 SUPERMARKETS/HYPERMARKETS.....4 RETAIL CHAINS/SPECIALIZED SHOPS.....5 HOTELS, BARS AND RESTAURANTS.....6 PUBLIC OR PRIVATE UTILITY PROVIDERS..7 GOVERNMENT AGENCIES OR DEPARTMENTS...8 OTHER SERVICE PROVIDERS .....9 WHOLESALE OUTLETS.....10 ONLINE DOMESTIC.....11 ONLINE INTERNATIONAL.....12 HOUSEHOLDS.....13 OUTSIDE THE COUNTRY.....14 MOBILE VENDORS .....15 PERMANENT BUILT MARKET.....16 OTHERS (SPECIFY).....96</div>	Yeasterday, how much [ITEM] was acquired from other sources(i.e Gifts and In-kind)?			
ITEM			YES....1 NO....2 ►NEXT ITEM	QUANTITY	UNIT CODE	VALUE (TZS)	REFER TO CODES ON THE RIGHT	QUANTITY	UNIT CODE	VALUE (TZS)
Tobacco and Narcotics										
Cigarettes e.g sportsman, SM, Embassy	265	02.3.0.1								
Cigars	266	02.3.0.2								
Other tobacco products	267	02.3.0.9								
Narcotics (Marijuana, opium, cocaine, kava)	268	02.4.0.0								
Other frequently purchased items										
Passenger transport by train	269	07.3.1.1								
Passenger transport by bus and coach (exclude education related)	270	07.3.2.1								
Passenger transport by taxi and hired car with driver (exclude education related)	271	07.3.2.2								
Other passenger transport by road (e.g boda boda,tuk-tuk) -exclude education related	272	07.3.2.9								
Passenger transport by sea/inland waters (ship,boat etc)	273	07.3.4.0								
Mobile call costs (local, regional and international)	274	08.3.2.0								

ONE MONTH RECALL	ITEM CODE	COICOP CODE	G08	G09	G10	G11	G12			
			Over the PAST ONE MONTH, did the household pay/purchase/acquire any [...]?	What quantity of [ITEM] was purchased?	In total, how much did the household spend on this [ITEM] during the PAST ONE MONTH?	Where did you buy [ITEM]	Over the PAST ONE MONTH, how much [ITEM] was acquired from other sources(i.e Gifts and In-kind)?			
ITEM			YES....1 NO....2 ►NEXT ITEM	QUANTITY	UNIT CODE	VALUE (TZS)	REFER TO CODES ON THE RIGHT	QUANTITY	UNIT CODE	VALUE (TZS)
Services for processing non-alcoholic and alcoholic beverages										
Services for processing primary goods for food and non-alcoholic beverages (Grinding of cereals for flour production, fruit and vegetable crushing for juice production)	300	01.3.0.0								
Alcohol production services (fruit and vegetable crushing,distillation,brewing services)	301	02.2.0.0								
Electricity, Gas and Other Fuels										
Electricity	302	04.5.1.0								
Natural gas through networks	303	04.5.2.1								
Liquefied hydrocarbons	304	04.5.2.2								
Liquid fuels	305	04.5.3.0								
Coal, coal briquettes and peat	306	04.5.4.1								
Wood fuel, including pellets and briquettes	307	04.5.4.2								
Charcoal	308	04.5.4.3								
Other solid fuels	309	04.5.4.9								
Transport services and reading materials										
Letter handling services (stamps, courier service for letters)	310	07.4.1.1								
Courier and parcel delivery services	311	07.4.1.2								
Delivery of goods (e.g from supermarket shopping, furniture)	312	07.4.9.2								
Newspapers	313	09.7.2.1								
Magazines and periodicals	314	09.7.2.2								

Fuel, lubricants, maintainance of personal transport equipment										
Diesel	315	07.2.2.1								
Petrol	316	07.2.2.2								
Lubricants (e.g grease, engine oil, Gear, Diff oil, brake fluid,coolant)	317	07.2.2.4								
Maintainance and repair of personal transport equipment (service, repair, or parts, washing)	318	07.2.3.0								
Parking fees	319	07.2.4.1								
Toll facilities	320	07.2.4.2								
Personal care, social protection and miscellaneous goods and services										
Electric appliances for personal care (e.g electric razors, hair trimmers,hairedryers, straightening irons, styling combs)	321	13.1.1.1.0								
Repair of electric appliances for personal care	322	13.1.1.2.0								
Non-electric appliances (shavers, razors and hair trimmers, scissors, nail files, combs, shaving brushes, hairbrushes, toothbrushes)	323	13.1.2.0.1								
Articles for personal hygiene (tooth paste, toilet soap, toilet paper, diapers, shaving cream, sanitary towels)	324	13.1.2.0.2								
Beauty products (petroleum jelly, hand and body lotions, lipstick, nail varnish, make-up, perfumes, deodorants	325	13.1.2.0.3								
Hairdressing (hairdressing salons or barbers for women, men and children)	326	13.1.3.1.0								
Facial beauty treatments (pedicure, body care, manicure, saunas, non-medical massages, scrub)	327	13.1.3.2.1								
Diet clubs, tattoo and piercing services	328	13.1.3.2.2								
Other personal care services	329	13.1.3.2.9								
Detergents,laundy soap,softeners, stain remover	330	05.6.1.1.1								
Disinfectants,general purpose cleansers	331	05.6.1.1.2								
Floor wax polishes	332	05.6.1.1.3								
Polishes, creams and other shoe-cleaning articles	333	05.6.1.1.4								
Dustpans and dust brushes, dusters	334	05.6.1.1.5								
Insecticides, fungicides	335	05.6.1.9.1								
Domestic services by paid staff (maids, gardeners etc	336	05.6.2.1.0								
Other household services (e.g carpet cleaning, disinfection and pest extermination)	337	05.6.2.9.0								
Child care services (day care for babies, play school etc)	338	13.3.0.1.0								
Non-medical retirement homes for elderly persons and residences for disabled persons	339	13.3.0.2.0								
Services to maintain people in their private homes (S)	340	13.3.0.3.0								
Information and communication services										
Fixed line charges (Local & International)	341	08.3.1.0								
Internet access costs	342	08.3.3.0								
Bundled telecommunication services (internet/telephone/television	343	08.3.4.0								
TV and Radio licences and fees	344	08.3.9.1								
Subscription to audio-visual content, streaming services and rentals of audio-visual content (e.g netflix	345	08.3.9.2								
Recreational, sporting and cultural services										
Products for pets and other household animals (foodstuff, veterinary products etc)	346	09.3.2.2								
Rental of game software and subscription to online games	347	09.4.3.1								
Rental and repair of games, toys and hobbies	348	09.4.3.2								
Veterinary and other services for pets	349	09.4.5.0								
Recreational and leisure services (Amusement parks,entrance fees to night clubs, tourguide costs etc	350	09.4.6.1								
Sporting services - practice (fitness centres, swimming, sports club etc)	351	09.4.6.2								
Sporting services - attendance (football,netbal, tennis, hockey etc)	352	09.4.6.3								
Other recreational and sporting services(specify)	353	09.4.6.9								
Games of chance (e.g gaming machines, lotto, casinos,raffles, bingo, betting)	354	09.4.7.0								
Financial services										
Explicit charges by deposit-taking corporations (ATM charges, RTGS, EFT, withdrawal, cheques etc)	355	12.2.2.0								
Remittances fees for money transfer agents	356	12.2.9.1								

Other financial services (e.g mobile money transfer charges, services of money market funds, non-money market investment funds, brokers, tax advisers)	357	12.2.9.9								
Water Bills	358									
Salary for H/Maides	359									

6 MONTHS RECALL			G13	G14	G15	G16	
CLOTHING EXCLUDES UNIFORMS FOR SCHOOL GOING CHILDREN	ITEM CODE	COICOP CODE	Over the <u>PAST 6 MONTHS</u> , did the household pay/purchase/acquire any [...]?	How much did the household spend in total on this [ITEM] during the PAST 6 MONTHS?	Where did you buy the [ITEM] ?	Over the <u>PAST 6 MONTHS</u> , how much [ITEM] was acquired from other sources(i.e Gifts and In-kind)?	
ITEM			YES....1 NO.....2 ►NEXT ITEM	VALUE (TZS)	REFER TO CODES	VALUE (TZS)	
Clothing materials	400	03.1.1.0					CODES FOR POINT OF PURCHASE - G06/G11/G15 OPEN-AIR MARKETS.....1 FIXED-PLACE STREET VENDORS/KIOSKS....2 PERMANENT INDEPENDENT SHOPS.....3 SUPERMARKETS/HYPERMARKETS.....4 RETAIL CHAINS/SPECIALIZED SHOPS.....5 HOTELS, BARS AND RESTAURANTS.....6 PUBLIC OR PRIVATE UTILITY PROVIDERS...7 GOVERNMENT AGENCIES OR DEPARTMENTS..8 OTHER SERVICE PROVIDERS .....9 WHOLESALE OUTLETS.....10 ONLINE DOMESTIC.....11 ONLINE INTERNATIONAL.....12 HOUSEHOLDS.....13 OUTSIDE THE COUNTRY.....14 MOBILE VENDORS .....15 PERMANENT BUILT MARKET.....16 OTHERS (SPECIFY) .....96
Garments for men or boys -New	401	03.1.2.1					
Garments for men or boys -Second hand	402	03.1.2.1.6					
Garments for women or girls -New	403	03.1.2.2					
Garments for women or girls -Second hand	404	03.1.2.2.6					
Garments for infants (0 to under 2 years) -New	405	03.1.2.3					
Garments for infants (0 to under 2 years) -Second hand	406	03.2.1.1.6					
Other articles of clothing (Ties, handkerchiefs, scarves, gloves, mittens belts, braces, aprons,bibs, hats, caps, berets)	407	03.1.3.1					
Clothing accessories (sewing threads, knitting yarns, buttons, zip fasteners)	408	03.1.3.2					
Cleaning of clothing	409	03.1.4.1					
Repair, tailoring and hire of clothing	410	03.1.4.2					
Men's shoes-New	411	03.2.1.1					
Men's shoes-Second hand	412	03.2.1.1.6					
Women's shoes-New	413	03.2.1.2					
Women's shoes- Second hand	414	03.2.1.2.6					
Shoes for infants and children (under 13 years) -New	415	03.2.1.3					
Shoes for infants and children (under 13 years) - Second hand	416	03.2.1.3.7					
Cleaning, repair, and hire of footwear	417	03.2.2.0					

SECTION H: SEMI DURABLES EXPENDITURES - 12 MONTH RECALL PERIOD

H00: ENUMERATOR: RECORD ID OF PRIMARY RESPONDENT		ID CODE:				
H01	H02	H03	H04	H05	H06	
12 MONTHS	ITEM CODE	COICOP CODE 2018	Over the PAST 12 MONTHS, did your household pay/purchase/acuire any [...]?	In total, how much did your household spend on this [ITEM] during the last 12 MONTHS?	Where did your household buy [ITEM]?	Over the PAST 12 MONTHS, how much [ITEM] did your household acquire from other sources(i.e Gifts and In-kind) [Estimate the Market Value of [ITEM] if It received in kind or for free]
ITEM			YES....1 NO....2 ▶NEXT ITEM	VALUE (TZS)	REFER TO CODES ON RIGHT	VALUE (TZS)
Medical Products and Assistive products						
Medical diagnostic products (pregnancy tests, blood pressure meters,baby scales)	500	06.1.2.1			CODES FOR POINT OF PURCHASE -H05 OPEN-AIR MARKETS.....1 FIXED-PLACE STREET VENDORS/KIOSKS....2 PERMANENT INDEPENDENT SHOPS.....3 SUPERMARKETS/HYPERMARKETS.....4 RETAIL CHAINS/SPECIALIZED SHOPS.....5 HOTELS, BARS AND RESTAURANTS.....6 PUBLIC OR PRIVATE UTILITY PROVIDERS..7 GOVERNMENT AGENCIES OR DEPARTMENTS...8 OTHER SERVICE PROVIDERS .....9 WHOLESALE OUTLETS.....10 ONLINE DOMESTIC.....11 ONLINE INTERNATIONAL.....12 HOUSEHOLDS.....13 OUTSIDE THE COUNTRY.....14 MOBILE VENDORS .....15 PERMANENT BUILT MARKET.....16 OTHERS (SPECIFY).....96	
Prevention and protective devices (Insecticide treated nets, masks, condoms, gloves)	501	06.1.2.2				
Treatment devices for personal use (inhalers, first aid kits,syringes,bandages)	502	06.1.2.3				
Assistive products for vision (eye glasses/frames, contact lenses, white cane etc)	503	06.1.3.1				
Assistive products for hearing and communication (hearing aides,	504	06.1.3.2				
Assistive products for mobility and daily living (crutches,wheel chairs, walkers, canes for mobility)	505	06.1.3.3				
Repair, rental and maintenance of medical and assistive products	506	06.1.4.0				
Household Textiles (SD)						
Furnishing fabrics and curtains	507	05.2.1.1				
Bed linen and bedding (bedsheets, blankets, bedcovers etc)	508	05.2.1.2				
Table linen and bathroom linen (table cloth, dish towels,face towels, bathing towels)	508	05.2.1.3				
Other household textiles (e.g bathroom mats, door mats,shopping bags)	509	05.2.1.9				
Repair, hire and sewing services of household textiles	509	05.2.2.0				
Household Appliances (SD)						
Small appliances for cooking and processing of food (rice cookers, deep fryers, toasters,hot plates, icesream makers etc	510	05.3.2.1				
Small appliances for preparing beverages (coffee machines, tea makers,juice extractors etc)	511	05.3.2.2				
Other small household appliances (electric irons, fans, stabilisers etc)	511	05.3.2.9				
Repair, installation and hire of household appliances	512	05.3.3.0				
Glassware, Tableware and Household Utensils (SD)						
Glassware, crystal-ware, ceramic ware and chinaware (e.g plates, cups,glasses,flasks, basins, jerrycans	513	05.4.0.1				
Cutlery, flatware and silverware (e.g spoons, knives, forks)	514	05.4.0.2				
Kitchen utensils and articles (saucepans, frying pan, pressure cookers)	515	05.4.0.3				
Repair and hire of glassware, tableware and household utensils	516	05.4.0.4				
Furnishings, loose carpets and rugs						
Loose carpets and rugs	517	05.1.1.4.1				
Pictures, sculptures, engravings and other art objects	518	05.1.1.4.2				
Wall clocks, alarm clocks, travel clocks	519	05.1.1.4.3				

Repair, installation and hire of furniture, furnishings and loose carpets	520	05.1.2.0.1				
Tools and equipment for house and garden						
Non-motorized tools (saws,hammers,wheel barrow, watering can,forks,hoe,rake,spade, slasher etc)	521	05.5.2.1				
Miscellaneous accessories (bulbs, tubes, padlocks, torches,door fittings etc)	522	05.5.2.2				
Repair and hire of motorized and non-motorized tools and equipment	523	05.5.3.0				
Parts and accessories for personal transport equipment						
Tyres (car tyres, motorcycle,bicycle tyres,	524	07.2.1.1				
Parts for personal transport equipment (spark plugs, shock absorbers, batteries)	525	07.2.1.2				
Accessories for personal transport equipment (GPS, crash helmets,baby and child seats)	526	07.2.1.3				
Driving lessons, tests, licences, and road worthiness tests	527	07.2.4.3				
Hire of personal transport equipment without driver	528	07.2.4.4				
Local/Domestic Flights	529	07.3.3.1				
International Flights	530	07.3.3.2				
Information and communication services						
Unrecorded recording media (External hard drives/flash disks/SD memory cards/CDS/DVDS	531	08.1.5.0				
Other information and communication accessories (baby monitors, smart watches,chargers, power banks etc)	532	08.1.9.2				
Software (computer software,software subscriptions etc)	533	08.2.0.0				
Consumables (toner /ink catridges, laser printer drums etc)	534	08.1.3.2				
Personal effects						
Jewellery and watches	535	13.2.1.1				
Repair and hire of jewellery, clocks and watches	536	13.2.1.2				
Devotional and religious articles (Rosary, crucifix, pictures etc	537	13.2.2.0				
Travel goods/baby items and other personal effects (Suit/Brief case & Travel Bags, Baby carriage/pushchairs/carrycots etc	538	13.2.9.1				
Repair or hire of other personal effects	539	13.2.9.2				
Recreational, sport and culture						
Video game computers, game consoles, game apps and software	540	09.2.1.1				
Other games, toys and hobbies	541	09.2.1.2				
Celebration articles (fireworks, christmas trees, holiday decorations)	542	09.2.1.3				
Equipment for sport (balls, golf clubs,football boots etc)	543	09.2.2.1				
Equipment for camping and open-air recreation(tents, sleeping bags)	544	09.2.2.2				
Purchase of pets	545	09.3.2.1				
Hire and repair of photographic and cinematographic equipment and optical instruments	546	09.4.1.0				
Hire, maintenance and repair of camper vans and caravans	547	09.4.2.1				
Hire, maintenance and repair of other major durables for recreation	548	09.4.2.2				
Hire and repair of equipment for sport, camping and open-air recreation	549	09.4.4.0				
Musical instruments (pianos, flutes, guitars, trumpets etc)	550	09.5.1.0				
Services provided by cinemas, theatres and concert venues	551	09.6.1.0				
Services provided by museums, libraries, and cultural sites	552	09.6.2.0				
Services of photographers (event photography,video coverage etc)	553	09.6.3.0				
Other cultural services	554	09.6.9.0				
Books such as fiction and non-fiction books, poetry, colouring books for children etc (not for school)	555	09.7.1.9				

Miscellaneous printed material (posters,advertising material, calenders, cards etc)	556	09.7.3.0				
Stationary and drawing materials such as paper, pen, pencil, envelopes, notebooks, wraping papers (not for school)	557	09.7.4.0				
Package holidays (e.g tour, excursion packages, honey moon packages)	558	09.8.0.0				
Accomodation services						
Accomodation services (in hotels, motels, resorts, lodges, inns	559	11.2.0.1				
Hostels/holiday centres/camping sites	560	11.2.0.2				
Other Accommodation expenses (specify)	561	11.2.0.9				
Insurance						
Accident insurance	562	12.1.1.0				
Medical/health insurance	563	12.1.2.0				
Home insurance	564	12.1.3.0				
Personal transport insurance (motor vehicle Insurance/comprehensive/third party)	565	12.1.4.1				
Travel insurance	566	12.1.4.2				
Other Insurance (e,g education)	567	12.1.9.0				
Other services						
Religious services(requiems, marriage, baptism etc)	568	13.9.0.2				
Other services not specified anywhere (non religious,administrative documents (ID/Passport/birth and death certificates, burial services, etc..)	569	13.9.0.9				
Other social protection services (counselling, rehabilitation etc	570	13.3.0.9				

SECTION I: OWNERSHIP AND EXPENDITURE ON DURABLES

I01_1: ENUMERATOR: RECORD ID OF PRIMARY RESPONDENT

OWNERSHIP				PURCHASES (12 MONTH RECALL)										
I01	I03		I04	I05	I06	I07	I08	I09	I10	I11A	I11B	I12		
ASK I04 FOR ALL ITEMS FIRST. THEN, CONTINUE WITH THE FOLLOW-UP QUESTIONS FOR EACH ITEM OWNED BY THE HOUSEHOLD	ITEM CODE	ITEM CODE	COICOP 2018 CODE	Do you or anyone in your household own any [...] [ONLY CONSIDER ITEMS IN WORKING CONDITION] YES...1 NO...2 ▶ NEXT ITEM	How many [ITEM]s do you or anyone in your household own? ONLY COUNT ITEMS THAT ARE IN WORKING CONDITION	What is the Age of this [ITEM] ? IF MORE THAN ONE ITEM REFER TO NEWEST	At what price was the [ITEM] bought? IF MORE THAN ONE ITEM, REFER TO NEWEST	If you wanted to sell this [ITEM] today, how much would you receive? IF MORE THAN ONE ITEM, REFER TO NEWEST	Who (are) is the person in the household that (own) owns this [ITEM]?" SELECT ALL THAT APPLY	Did you or anyone In your household purchase any of [ITEM] over the past 12 months ? YES...1 NO...2 ▶ NEXT ITEM	How many [ITEM]s did your household purchase in the last 12 months?	In total, how much did your household spend on the [I11A] [ITEM] purchased in the last 12 months?	Where was [ITEM] bought in the past 12 months?	
ITEM								HH ROSTER IDS			QUANTITY	VALUE (TZS)	REFER TO CODES	
Household Furniture (D)														
Sofa set/couches	700		05.1.1.1.1											
Beds	701		05.1.1.1.2											
Matresses	702		05.1.1.1.3											
Table	703		05.1.1.1.4											
Chairs														
Cupboard														
bookcases, wardrobes, chestof drawers,boexes	2020/21 NPS(SECTION M)													
mosquitor net	2017/18 HBS Q13.1													
Transport														
New Deisel Car	704		07.1.1.1.1											
New Petroleum Car	2017/18 HBSsection 8B.6		07.1.1.1.02											
Second Hand Deisel Car	705		07.1.1.2.1											
Second Hand Petroleum Car	2017/18 HBSsection 8B.6		07.1.1.1.02											
Motorcycle	706		07.1.2.0.1											
Private car tours	2017/18 HBSsection 8B.6		09.2.1.1.01											
Wheelbarrow	2020/21NPS													
Bicycle	707		07.1.3.0.1											
Tricycles														
Animal-drawn vehicles	708		07.1.4.0.1											
Lighting Equipment														
Solar lamps	709		05.1.1.3.2											
Non-solar lighting equipment	710		05.1.1.3.1											
Lantern	HBS SECTION 8B		05.1.1.1.06											
Torches	HBS SECTION 8B													
Major Household Appliances														
Refrigerator/Freezers	711		05.3.1.1.1											
Dish washer	712		05.3.1.1.2											
Electric/Gas Cooker/microwave oven	713		05.3.1.1.3											
Charcoal stove	2017/18HBS Q13.1		05.3.1.3.02											
Morden firewood/coal stove	2017/18HBS Q13.1		05.3.1.3.03											
Food processor/ girnder (Electricity)	HBS SECTION 8B													
Iron (electric or charcoal)	2017/18HBS Q13.1		05.3.2.1.02											
Water heater	2017/18HBS Q13.1		05.3.1.4.02											
Sewing Machine	2017/18HBS Q13.1		05.3.1.6.01											
Watch	2017/18HBS Q13.1		12.3.1.1.01											
Fan	2017/18HBS Q13.1		05.3.2.1.01											
Cooking pot	2017/18HBS Q13.1		05.4.1.3.01											

CODES FOR POINT OF PURCHASE -I12	
OPEN-AIR MARKETS.....	1
FIXED-PLACE STREET VENDORS/KIOSKS....	2
PERMANENT INDEPENDENT SHOPS.....	3
SUPERMARKETS/HYPERMARKETS.....	4
RETAIL CHAINS/SPECIALIZED SHOPS.....	5
HOTELS, BARS AND RESTAURANTS.....	6
PUBLIC OR PRIVATE UTILITY PROVIDERS..	7
GOVERNMENT AGENCIES OR DEPARTMENTS...	8
OTHER SERVICE PROVIDERS	9
WHOLESALE OUTLETS.....	10
ONLINE DOMESTIC.....	11
ONLINE INTERNATIONAL.....	12
HOUSEHOLDS.....	13
OUTSIDE THE COUNTRY.....	14
MOBILE VENDORS	15

ASK I04 FOR ALL ITEMS FIRST. THEN, CONTINUE WITH THE FOLLOW-UP QUESTIONS FOR EACH ITEM OWNED BY THE HOUSEHOLD	ITEM CODE	I T E M C O D E	COICOP 2018 CODE	Do you or anyone in your household own any [...]	How many [ITEM]s do you or anyone in your household own?	What is the Age of this [ITEM] ?	At what price was the [ITEM] bought?	If you wanted to sell this [ITEM] today, how much would you receive?	Who (are) is the person in the household that (own) owns this [ITEM]?"	Did you or anyone In your household purchase any of [ITEM] over the past 12 months ?	How many [ITEM]s did your household purchase in the last 12 months?	In total, how much did your household spend on the [I11A] [ITEM] purchased in the last 12 months?	Where was [ITEM] bought in the past 12 months?	CODES FOR POINT OF PURCHASE -I12	
ITEM				[ONLY CONSIDER ITEMS IN WORKING CONDITION] YES...1 NO....2 ▶ NEXT ITEM	ONLY COUNT ITEMS THAT ARE IN WORKING CONDITION	IF MORE THAN ONE ITEM REFER TO NEWEST	IF MORE THAN ONE ITEM, REFER TO NEWEST	IF MORE THAN ONE ITEM, REFER TO NEWEST	SELECT ALL THAT APPLY						YES...1 NO....2 ▶ NEXT ITEM	HH ROSTER IDS	QUANTITY	VALUE (TZS)	REFER TO CODES
Other Stove	2017/18HBS Q13.1														OPEN-AIR MARKETS.....1
Washing Machine/ Dryer	714		05.3.1.2.1												FIXED-PLACE STREET VENDORS/KIOSKS....2
Air Conditioner	715		05.3.1.3.0												PERMANENT INDEPENDENT SHOPS.....3
Vacuum Cleaner	716		05.3.1.4.0												SUPERMARKETS/HYPERMARKETS.....4
Generators	717		05.3.1.9.1												RETAIL CHAINS/SPECIALIZED SHOPS.....5
															HOTELS, BARS AND RESTAURANTS.....6
Fixed and Mobile Telephone Equipment															PUBLIC OR PRIVATE UTILITY PROVIDERS..7
Fixed Telephone	718		08.1.1.0.0												GOVERNMENT AGENCIES OR DEPARTMENTS...8
Mobile handsets (basic)	719		08.1.2.0.1												OTHER SERVICE PROVIDERS .....9
Mobile handsets (smart phone)	720		08.1.2.0.2												WHOLESALE OUTLETS.....10
Computer (desktop/laptop)	721		08.1.3.1.1												ONLINE DOMESTIC.....11
Tablet computers	722		08.1.3.1.2												ONLINE INTERNATIONAL.....12
Calculators (desk/pocket)	723		08.1.3.2.4												HOUSEHOLDS.....13
Printers/scanners/copiers	724		08.1.3.2.1												OUTSIDE THE COUNTRY.....14
Equipment for reception, recording and reproduction of sound and vision															MOBILE VENDORS .....15
Television sets	725		08.1.4.0.1												
Radio sets	726		08.1.4.0.2												
Home theater, CD players and sound players	727		08.1.4.0.3												
Complete Music System	2020/21NPS-Section M														
Video/DVD	2020/21NPS-Section M														
Record/casset player,tape recorder	2020/21NPS-Section M														
Dish antena/decoder															
Recreational Durables															
Cameras (still, digital)	728		09.1.1.1.1												
Video cameras	729		09.1.1.1.2												
Optical onstruments (binoculars/microscopes/telescopes)	730		09.1.1.3.0												
Boat/Canoe/sailboats	731		09.1.2.3.1												
Books(not school books	2020/21NPS-Section M														
Motorised tools and equipment															
Electric drill/saws	732		05.5.1.0.1												
Water pumps	733		05.5.1.0.3												
Garden tractors	734		05.5.1.0.2												
Power tiller	2020/21NPS-Section M														
Milk machine	2020/21NPS-Section M														
Coffee pulping machine	2020/21NPS-Section M														
Harvesting and threshing machine	2020/21NPS-Section M														
hand milling machine	2020/21NPS-Section M														
Trailer for tractors	2020/21NPS-Section M														
Plough	2020/21NPS-Section M														
Harrow	2020/21NPS-Section M														
Fertilizer distributor	2020/21NPS-Section M														
Spraying Machine	2020/21NPS-Section M														
Reapers	2020/21NPS-Section M														
Incubator	2020/21NPS-Section M														
Outboard engine	2020/21NPS-Section M														
Other major durables (Specify)															
Ox Plough	2017/18HBS Q13.1														
Hoes	HBS SECTION 8B														
Land and Plot/Parcel	HBS SECTION 8B														
Farm	HBS SECTION 8B														

SECTION NN: FAMILY/HOUSEHOLD NON-FARM ENTERPRISES

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

YES...1
▶2

1b. **ENUMERATOR:** CHECK MODULE M (LABOUR): DID ANY MEMBER REPORT YES TO QUESTIONS M08 & M08A?

YES...1
NO...2
▶NEXT

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

E N T E R P R I S E I D	6. Where do you do business?	7. How long has this business existed?		8. What was the main source of start-up capital for this income-generating activity?	9. To whom do you sell your products or services?		10. What is the total value of your physical capital stock, including all tools, equipment, buildings, land, vehicles for the [ENTERPRISE]?	11. What is the total value of your current stock of inputs or supplies?	12. What is the total value of your current stock of finished merchandise (goods for sale)?	13. What gross income/takings did you get from your [ENTERPRISE] in the last week/month?	
	W/IN OWN OR BUS. PARTNER'S HOME - WITH SPECIAL BUS. SPACE.....1 W/IN OWN OR BUS. PARTNER'S HOME - WITHOUT SPECIAL BUS. SPACE...2 STRUCTURE ATTACHED TO/OUTSIDE OWN OR BUS. PARTNER'S HOUSE.....3 PERMANENT BLDG. OTHER THAN HOME...4 FIXED STALL/KIOSK - IN MARKET....5 VEHICLE, CART, TEMP. STALL - IN MARKET.....6 FIXED STALL/KIOSK - STREET.....7 VEHICLE, CART, TEMP. STALL - STREET.8 OTHER TEMP. STRUCTURE.....9 CONSTRUCTION SITE.....10 CLIENT'S/EMPLOYER'S HOUSE.....11 NO FIXED LOCATION/MOBILE.....12 OTHER, SPECIFY.....96	YEARS | MONTHS	LOAN FROM FAMILY/FRIENDS.....1 GIFT FROM FAMILY/FRIENDS.....2 SALE OF ASSETS OWNED.....3 PROCEEDS FROM ANOTHER NON-AGRICULTURE BUSINESS....4 PROCEEDS FROM ANOTHER AGRICULTURE BUSINESS.....5 OWN SAVINGS.....6 LOAN FROM SACCOS.....7 NON-AGRICULTURAL CREDIT.....8 BANK OR OTHER INSTITUTION.....9 LOAN FROM MONEY LENDER.....10 INHERITED.....11 OTHER, SPECIFY.....96 NO START-UP COST.....13 LIST UP TO 3 IN ORDER OF IMPORTANCE SOURCE OF CAPITAL	1ST | 2ND	TSH	TSH	TSH	WEEK...1 MONTH..2 PERIOD | TSH			
1											
2											
3											
4											
5											

SECTION K: WATER, SANITATION AND ENERGY

'[ASK THE HOUSEHOLD HEAD OR A KNOWLEDGEABLE HOUSEHOLD MEMBER]

SECTION K: WATER, SANITATION AND ENERGY

K01	K01a	K02	K03	K04A	K04B	K05
What is the [MAIN] source of <u>drinking water</u> for this household?	Where is this [K01] located?	On <u>average</u> , how long does it take to go to [K01], get <u>drinking water</u> and come back, including waiting time?	What is the average distance to [K01] in kilometres?	Who usually goes to [K01] to fetch the drinking water for your household?	Who in the household usually goes to fetch drinking water for the household?	In which season does your household use this source for your <u>drinking water</u> ?
MOST FREQUENTLY USED SOURCE THROUGHOUT THE YEAR, EVEN IF NOT CURRENTLY IN USE.				MULTIPLE RESPONSES ALLOWED		
PIPED WATER PIPED INTO DWELLING.....1►K05 PIPED INTO PLOT/YARD.....2►K05 PUBLIC TAP/STAND PIPE.....3►K02 TUBEWELL/BOREHOLE WITH PUMP..4 DUG WELL PROTECTED WELL.....5 UNPROTECTED WELL .....6 WATER FROM SPRING PROTECTED SPRING.....7 UNPROTECTED SPRING.....8 RAIN WATER COLLECTION .....9 TANKERS-TRUCK.....10 CART WITH SMALL TANK.....11 BICYCLES WITH BUCKETS.....12 SURFACE WATER (POND/RIVER/ STREAM/LAKE, CANAL/ IRRIGATION CHANNELS).....13 SACHET WATER.....14►K05 BOTTLED WATER.....15►K05 WATER KIOSKS.....16►K02 OTHER (SPECIFY).....96	IN OWN DWELLING...1 ►K05 IN OWN YARD/PLOT..2 ►K05 ELSEWHERE.....3	GIVE TIME IN MINUTES		HOUSEHOLD MEMBERS.....1 NON-HOUSEHOLD MEMBERS..99 ►K05		ALL YEAR ROUND.....1►K08 ONLY DRY SEASON.....2 ONLY RAINY SEASON...3
			Kilometres		HH ROSTER IDS	

K06	K07	K07a	K08	K09	K10	
<div>In <u>these other seasons</u>, what is your main source of drinking water?</div> <div>PIPED INTO DWELLING.....1▶K07A PIPED INTO PLOT/YARD.....2 ▶K07A PUBLIC TAP/STAND PIPE.....3 TUBEWELL/BOREHOLE WITH PUMP.....4 PROTECTED WELL.....5 UNPROTECTED WELL .....6 PROTECTED SPRING.....7 UNPROTECTED SPRING.....8 RAIN WATER COLLECTION ...9 TANKERS-TRUCK.....10 CART WITH SMALL TANK/DRUM/BUCKETS.....11 BICYCLES WITH BUCKETS...12 SURFACE WATER (POND/RIVER /STREAM/LAKE,CANAL/ IRRIGATION CHANNELS)... 13 BOTTLED WATER.....14 ▶K10 OTHER (SPECIFY).....96</div>	<div>In <u>these other seasons</u>, on average, how long (in minutes) does it take to go to this water source, get drinking water and come back, including waiting time?</div> <div>MINUTES</div>	<div>In the last month, has there been any time when your household did not have sufficient quantities of water when needed?</div> <div>YES.....1 NO.....2 DONT KNOW...98</div>	<div>Do you usually do anything to the water (in dry or rainy season) to make it safer to drink?</div> <div>YES...1 NO...2 ▶K10</div>	<div>What do you <u>usually</u> do to the water to make it safer to drink?</div> <div>DO NOT READ. PROBE & SELECT ALL THAT APPLY</div> <div>BOIL.....1 ADD BLEACH/CHLORINE (WATERGUARD,AQUAGUARD).....2 SIEVE THROUGH CLOTH.....3 USE A WATER FILTER (CERAMIC, SAND,COMPOSITE).....4 SOLAR DISINFECTION.....5 LET IT STAND AND SETTLE ...6 OTHER (SPECIFY).....96</div>	<div>What is the [MAIN] source of water for <u>domestic uses</u> such as cooking and washing?</div> <div>PIPED WATER PIPED INTO DWELLING.....1 PIPED INTO PLOT/YARD.....2 PUBLIC TAP/STAND PIPE.....3 TUBEWELL/BOREHOLE WITH PUMP...4 DUG WELL PROTECTED WELL.....5 UNPROTECTED WELL .....6 WATER FROM SPRING PROTECTED SPRING.....7 UNPROTECTED SPRING.....8 RAIN WATER COLLECTION .....9 TANKERS-TRUCK.....10 CART WITH SMALL TANK.....11 BICYCLES WITH BUCKETS.....12 SURFACE WATER (POND/RIVER/ STREAM/LAKE, CANAL/IRRIGATION CHANNELS)..... 13 SACHET WATER.....14 BOTTLED WATER.....15 WATER KIOSKS.....16 OTHER (SPECIFY).....96</div>	<div>On average, how much water does the household use (for all purposes) per day?</div> <div>(RECORD IN LITRES)</div> <div>LITRES</div>

K12	K13	K13a	K13b	K13c	K14	K15	K15A
During the past month , how much did your household pay for water (for all purposes), including any fees or costs of transportation, delivery, etc.? IF THE WATER BILL IS SHARED, ONLY RECORD THE HOUSEHOLD'S PORTION	What kind of toilet facility does your household usually use? FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM.....1▶K14 FLUSH TO SEPTIC TANK.....2 FLUSH TO PIT (LATRINE).....3 FLUSH TO SOMEWHERE ELSE.....4▶K14 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP).....5 PIT LATRINE WITH SLAB (WASHABLE).....6 PIT LATRINE WITH SLAB (NOT WASHABLE).....7 PIT LATRINE WITHOUT SLAB/OPEN PIT.....8▶K14 COMPOSTING TOILET.....9 BUCKET TOILET.....10▶K14 HANGING TOILET/HANGING LATRINE..11▶K14 NO FACILITY/BUSH/FIELD.....12▶K17 OTHER (SPECIFY).....96	Has your septic tank/pit latrine/ composting toilet ever been emptied? YES.....1 NO.....2 ▶K14 DONT KNOW..96▶K14	The last time the septic tank/pit latrine/ composting toilet was emptied,was it emptied by a service provider ? YES.....1 NO.....2 DONT KNOW..96	Where were the contents emptied to? A TREATMENT PLANT.....;1 BURIED IN A COVERED PIT.....2 UNCOVERED PIT/BUSH/FIELD/OPEN GROUND.....3 SURFACE WATER (RIVERDAM/LAKE/POND /STREAM/CANAL/IRRIGATION CHANNEL.....4 OTHER (SPECIFY).....96	Do you share this toilet facility with other households? YES...1 NO....2▶K16	With how many other households does this household share this toilet facility? [EXCLUDE THIS HOUSEHOLD IN THE COUNT]	CAPI: ARE THERE CHILDREN YOUNGER THAN 5 YEARS IN THE HOUSEHOLD? YES...1 NO...2 ▶K16
						NUMBER	

HSB & NPS K3

K15_1	K16	K17	K18	K19	K19.1
<p>The last time your youngest child passed stools, what was done to dispose of them?</p> <p>CHILD USED TOILET/LATRINE.....1 PUT/RINSED INTO TOILET OR LATRINE....2 PUT/RINSED INTO DRAIN OR DITCH.....3 THROWN INTO GARBAGE.....4 BURIED.....5 LEFT IN THE OPEN.....6 NO CHILDREN IN THIS HOUSEHOLD.....7 OTHER (SPECIFY).....96</p>	<p>Is there a place for hand washing with soap and water in or near the toilet facility? (separate for handwashing facility and soap/detergent)</p> <p>[OBSERVE WHERE HOUSEHOLD WASHES HAND]</p> <p>YES,WITH WATER ONLY.....1 YES,WITH WATER AND SOAP.....2 YES,WITH NO WATER.....3 NO.....4</p>	<p>How does your household primarily dispose off household solid waste/garbage that is not composted (in the garden), recycled or fed to animals?</p> <p>COLLECTED BY COUNTY/LOCAL GOVERNMENT.....1 COLLECTED BY COMMUNITY ASSOCIATION.....2 COLLECTED BY PRIVATE COMPANY..3 DUMPED IN THE COMPOUND.....4▶K20 DUMPED IN THE STREET/VACANT PLOT/DRAIN.....5▶K20 DUMPED IN THE LATRINE.....6▶K20 BURNT IN OPEN.....7▶K20 BURIED.....8▶K20 OTHER (SPECIFY).....96▶K20</p>	<p>How often is household waste/garbage collected?</p> <p>DAILY.....1 TWICE WEEK.....2 WEEKLY.....3 ONCE EVERY TWO WEEKS.....4 MONTHLY.....5 OTHER (SPECIFY) .96</p>	<p>On average, how much does your household typically pay for waste/refuse disposal per month?</p> <p>VALUE (TZS)</p>	<p>Does your household usually sort kichen waste plastic, glass waste, metal waste and electronic waste?</p> <p>YES...1 NO....2</p>

[illegible]

<div><div>K24b</div><div>What is the main source of energy for cooking?</div><div><div>ELECTRICITY.....1</div><div>SOLAR.....2</div><div>GENERATOR / PRIVATE SOURCES...3</div><div>GAS (INDUSTRIAL).....4</div><div>GAS (BIOGAS).....5</div><div>PARAFFIN.....6</div><div>COAL.....7</div><div>CHARCOAL.....8</div><div>FIREWOOD.....9</div><div>WOOD / FARM RESIDUALS.....10</div><div>ANIMAL RESIDUALS.....11</div><div>NOT APPLICABLE.....12</div><div>OTHER (SPECIFY).....96</div></div></div>	<div><div>K25</div><div>What is the primary/most common type of appliance/stoves used for cooking?</div><div><div>PROBE & SELECT TWO MOST USED FUELS IN ORDER OF USE FREQUENCY</div><div><div>ELECTRIC STOVE.....1▶K30</div><div>SOLAR COOKER.....2▶K29</div><div>LIQUEFIED PETROLEUM GAS (LPG)/COOKING GAS STOVE.....3▶K29</div><div>PIPED NATURAL GAS STOVE.....4▶K29</div><div>BIOGAS STOVE.....5▶K28</div><div>LIQUID FUEL (KEROSENE ETC.) STOVE.....6▶K28</div><div>MANUFACTURED/IMPROVED SOLID FUEL STOVE..7</div><div>TRADITIONAL/SELF BUILT SOLID FUEL STOVE.8</div><div>THREE STONE STOVE/OPEN FIRE.....9▶K28</div><div>NO COOKING OPTION AT HOME.....10▶K31</div><div>OTHER (SPECIFY).....96▶K28</div></div></div></div>	<div><div>K26</div><div>Does the stove have a chimney?</div><div><div>YES.....1</div><div>NO..... 2</div><div>DON'T KNOW....98</div></div></div>	<div><div>K27</div><div>Does the stove have a fan?</div><div><div>YES.....1</div><div>NO..... 2</div><div>DON'T KNOW....98</div></div></div>	<div><div>K28</div><div>In the last 12 months, what is the most commonly used fuels for this cookstove?</div><div><div>PROBE & SELECT TWO MOST USED FUELS IN ORDER OF USE FREQUENCY</div><div><div>COAL/LIGNITE, <u>UNPROCESSED</u>....1</div><div>COAL/LIGNITE BRIQUETTES</div><div>OR PELLETS.....2</div><div>CHARCOAL, <u>UNPROCESSED</u>.....3</div><div>CHARCOAL BRIQUETTES OR</div><div>PELLETS.....4</div><div>WOOD.....5</div><div>WOODCHIPS OR SAW DUST .....6</div><div>ANIMAL WASTE/DUNG.....7</div><div>CROP RESIDUE/PLANT</div><div>BIOMASS, <u>UNPROCESSED</u>.....8</div><div>BIOMASS PELLETS OR</div><div>BRIQUETTES.....9</div><div>KEROSENE/PARAFFIN.....10</div><div>ALCOHOL/ETHANOL.....11</div><div>OTHER LIQUID FUEL <u>NOT</u> IN</div><div>GENERATOR (PETROL,</div><div>DIESEL, ETC.) .....12</div><div>GARBAGE/PLASTIC..... 13</div><div>OTHER (SPE.....96</div></div></div></div>	<div><div>K29</div><div>How much did you pay for this fuel type in the last 12 months?</div><div><div>ENTER THE APPROXIMATE MARKET VALUE OF THE FUEL TYPE IN THE LAST 12 MONTHS</div><div>IF NONE/RECEIVED, ENTER 0</div><div>VALUE (BE MINIMUM AND PROBE MARKET VALUE)</div></div></div> <div>CASH</div>

	K30	K31
our household spend on the K28] for this stove in the last	Where does your household normally cook with the cookstove specified in K25?	Are you aware of clean energy for cooking?
ACTUAL AMOUNT SPENT, NOT VALUE OF THE FUEL	IN DWELLING, NOT A SLEEPING AREA.....1 IN DWELLING, IN A SLEEPING AREA.....2 IN A SEPARATE DWELLING.....3 IN A VERANDA (ROOFED PLATFORM WITH AT LEAST TWO OPEN SIDES) .....4 OUTDOORS.....5 OTHER (SPECIFY) .....96	YES...1 NO....2
IVED FOR FREE, ESTIMATE ADFUL OF OVERESTIMATIONS ORE)		
ESTIMATED VALUE IF INKIND OR FREE		

SECTION J: HOUSING
[ASK THE HOUSEHOLD HEAD OR A KNOWLEDGEABLE HOUSEHOLD MEMBER]
NOTE: ANSWER OPTIONS FOR J01 TO BE CUSTOMISED TO COUNTRY CONTEXT

J00	J01	J02	J03
INDICATE THE MAIN RESPONDENT FOR THIS SECTION	What type of dwelling does the household live in? (REFER TO MAIN DWELLING IF MORE THAN ONE) DETACHED HOUSE (BUNGALOW) ..1 SEMI-DETACHED HOUSE.....2 FLAT/APARTMENT.....3 ROOM/ROOMS IN MAIN HOUSE..4 HUTS.....5 IMPROVISED HOME (KIOSK,CONTAINER) .....6 LIVING QUARTERS ATTACHED TO OFFICE/SHOP.....7 UNCOMPLETED BUILDING.....8 OTHER (SPECIFY) .....96	What is the occupancy tenure of the [MAIN] dwelling unit that your household currently occupies? OWNER OCCUPIED.....1 FREE, EMPLOYER PROVIDED.....2▶J06 SUBSIDISED, EMPLOYER PROVIDED..3▶J06 FREE, PUBLIC.....4▶J06 FREE, PRIVATE.....5▶J06 SUBSIDISED PUBLIC.....6▶J07 SUBSIDISED PRIVATE.....7▶J07 RENTED PUBLIC .....8▶J07 RENTED PRIVATE.....9▶J07 JOINT VENTURE.....10▶J06 OTHER (SPECIFY) .....96	How did your household acquire this [MAIN] dwelling? PURCHASED WITH CASH .....1▶J04 PURCHASED WITH LOAN.....2 CONSTRUCTED WITH CASH.....3▶J04 CONSTRUCTED WITH LOAN.....4 PURCHASED WITH CASH & LOAN....5 CONSTRUCTED WITH CASH & LOAN..6 INHERITED.....7 ▶J04 GIFT.....8▶J04 BARTERED.....9▶J04 OTHER (SPECIFY) .....96

[illegible]

J09	J10	J11	J12	J13	J14	J15	J16	J17
What type of documentation does your household have to support occupancy status? TITLE/DEED.....1 OFFER OF LEASE.....2 CERTIFICATE OF LEASE OR RENT AGREEMENT....3 LETTER FROM LOCAL LEADER.....4 RECEIPT OF PAYMENT ...5 TRADITIONAL RIGHT OF OCCUPANCY..NPS .....7 LAND SALE AGREEMENT...8 INHERETANCE LETTER....9 NONE.....6 ▶J12 OTHER (SPECIFY) .....96 IF IN KIND, INCLUDE VALUE OF IN KIND PAYMENTS	Are any members of the household listed on the [DOCUMENT]? YES...1 NO....2 ▶J12	Which members of the household are listed on the [DOCUMENT]? PROBE & LIST ALL	How many dwelling units does this household occupy?	How many rooms are used for sleeping? (DO NOT COUNT BATHROOMS, TOILETS; INCLUDE STOREROOMS,OR GARAGES IF USED FOR SLEEPING)	What is the predominant wall material of the [MAIN] dwelling unit? OBSERVE, DO NOT READ OUT STONE.....1 CEMENT/BRICK.....2 SUN DRIED BRICKS....3 BAKED BRICKS.....4 TIMBER.....5 POLES AND MUD.....6 GRASS.....7 OTHER (SPECIFY) .....96	What is the predominant roof material of the [MAIN] dwelling unit? OBSERVE, DO NOT READ OUT IRON SHEET.....1 TILES.....2 CONCRETE.....3 ASBESTOS.....4 GRASS/LEAVES.....5 MUD AND LEAVES....6 OTHER (SPECIFY) ...96	What is the predominant floor material of the [MAIN] dwelling unit? OBSERVE, DO NOT READ OUT CEMENT.....1 CEMENT TILES.....2 PARQUET OR POLISHED WOOD...3 VINYL OR ASPHALT STRIPS....4 WOOD PLANKS.....5 PALM/BAMBOO.....6 EARTH/SAND.....7 DUNG.....8 OTHER (SPECIFY) .....96	Did you make expenditures for regular maintenance, repair and security of this dwelling in the last 12 months? YES...1▶J18 NO....2▶NEXT SECTION
		HH ROSTER IDS	NUMBER	NUMBER				

SECTION L: PROPERTY AND OTHER INCOMES OVER THE LAST 12 MONTHS

L00. PRIMARY RESPONDENT FOR THIS SECTION ID CODE:

L01	L02	L03	L04		L05
I T E M C O D E		During the <u>last 12 months</u> , did you or any members of your household receive any income from [SOURCE]? YES...1 NO...2 ► NEXT SOURCE	How much in total did your household receive from [SOURCE] during the <u>last 12 months</u> ?		Who in your household decides what to do with this income? LIST ALL THAT APPLY
			CASH	IN-KIND TRANSFERS RECEIVED (ESTIMATE THE CASH VALUE)	HH ROSTER IDS

	INCOMING TRANSFERS /GIFTS AND OTHER BENEFITS				
101	Social security benefits and other family allowances				
102	Other income {inheritance, alimony, scholarships and other unspecified income etc.}				
103	Re-imburement on Education				
104	Re-imburement on Medical				
105	Exemption or waiver for health expenses				
106	Re-imburement on insurance				
	PENSION & INVESTMENT INCOME				
201	Pension income				
202	Savings, interest , dividends or other investment income				
203	Net Rental income, residential property (apartment, house)				
204	Cash transfer program(Govt or NGO)				
205	Income from the rent of residential premiss abroad				
206	Net Rental income, commercial (shop, store)				
207	Income from the rent of non agricultural business premises garage, etc abroad				
208	Net rent received from land/equipment/machinery				
	REVENUE, SALE OF ASSETS				
301	Revenue from SALE of real estate (do not include rental income)				
302	Revenue from sale of secondhand (used) vehicles				
303	Revenue from sale of secondhand (used) clothing and footwear				
304	Revenue from sale of other goods				
	Other Income				
401	Income from Gambling				
401	Other(Specify):				

SECTION LL: TASAF - PRODUCTIVE SOCIAL SAFETY NET (PSSN)

PSSN CASH TRANSFERS							
LL0	LL1	LL2	LL3	LL4	LL5	LL6	LL7
Has anyone in your household ever received assistance from TASAF, either cash transfers or public works wages? YES..1 NO ..2 >> NEXT SECTION	Has anyone in your household ever received cash transfers from TASAF? Please do not include cash transfers paid as wages from public works. YES..1 NO ..2 >> LL8	When was the last time anyone in your household received cash transfers from TASAF? WITHIN THE LAST 12 MONTHS..1 NOT IN THE LAST 12 MONTHS..2	CAPI: IF LL2==1, DISPLAY Which household member(s) usually picks up the money paid by TASAF? CAPI: IF LL2==2, DISPLAY Which household member(s) used to pick up the money paid by TASAF? SELECT ALL THAT APPLY HH ROSTER IDS	CAPI: IF LL2==1, DISPLAY How often does your household receive cash transfer payments from TASAF? CAPI: IF LL2==2, DISPLAY How often did your household use to receive cash transfer payments from TASAF? ONCE EVERY MONTH...1 ONCE EVERY TWO MONTHS...2 ONCE EVERY THREE MONTHS...3 TWICE A YEAR.....4 ONCE A YEAR.....5 DON'T KNOW.....6	The last time your household was due to receive payment from TASAF, did you receive the money? YES...1 NO....2 >>	How much did your household receive?	Did your household receive the full amount they were expecting? YES...1 NO...2 I DON'T KNOW WHAT AMOUNT AM SUPPOSED TO RECEIVE ...3

SECTION : RECENT AND LONGTERM FOOD INSECURITY

Now I would like to ask you some questions about food.

1	1a	2	2a	3	3a	4	4a
<p>During the last 12 months, was there a time when you or others in your household were worried you would not have enough food to eat because of a lack of money or other resources?</p> <p>YES.....1 NO.....2 ► Q2 DON'T KNOW...99 ► Q2 REFUSED.....98 ► Q2</p>	<p>Did this happen in the past 30 days?</p> <p>YES.....1 NO.....2 DON'T KNOW...99 REFUSED.....98</p>	<p>Still thinking about the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?</p> <p>YES.....1 NO.....2 ► Q3 DON'T KNOW...99 ► Q3 REFUSED.....98 ► Q3</p>	<p>Did this happen in the past 30 days?</p> <p>YES.....1 NO.....2 DON'T KNOW...99 REFUSED.....98</p>	<p>During the last 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?</p> <p>YES.....1 NO.....2 ► Q4 DON'T KNOW...99 ► Q4 REFUSED.....98 ► Q4</p>	<p>Did this happen in the past 30 days?</p> <p>YES.....1 NO.....2 DON'T KNOW...99 REFUSED.....98</p>	<p>During the last 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?</p> <p>YES.....1 NO.....2 ► Q5 DON'T KNOW...99 ► Q5 REFUSED.....98 ► Q5</p>	<p>Did this happen in the past 30 days?</p> <p>YES.....1 NO.....2 DON'T KNOW...99 REFUSED.....98</p>

5	5a	6	6a	6b	7	7a
Still thinking about the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources? YES.....1 NO.....2 ▶ Q6 DON'T KNOW...99 ▶ Q6 REFUSED.....98 ▶ Q6	Did this happen in the past 30 days? YES.....1 NO.....2 DON'T KNOW...99 REFUSED.....98	In the past 12 months, was there a time when your household ran out of food because of a lack of money or other resources? YES.....1 NO.....2 ▶ Q7 DON'T KNOW...99 ▶ Q7 REFUSED.....98 ▶ Q7	Did this happen in the past 30 days? YES.....1 NO.....2 ▶ Q7 DON'T KNOW...99 ▶ Q7 REFUSED.....98 ▶ Q7	How often did this happen in the past 30 days? Rarely (1 or 2 times).....1 Sometimes (3-10 times).....2 Often (more than 10 times)...3 DON'T KNOW.....99 REFUSED.....98	In the past 12 months days, was there a time when you or others in your household were hungry but did not eat because of a lack of money or other resources for food? YES.....1 NO.....2 ▶ Q8 DON'T KNOW...99 ▶ Q8 REFUSED.....98 ▶ Q8	Did this happen in the past 30 days? YES.....1 NO.....2 ▶ Q8 DON'T KNOW...99 ▶ Q8 REFUSED.....98 ▶ Q8

SECTION JJ. REMITTANCES

		RECEIVED			
		1	2	3	4
		In the past 12 months, did any members of the household <u>receive</u> any [TYPE OF ASSISTANCE] from a non-household member ? YES.....1 NO.....2 >> NEXT	What was the amount of [TYPE OF ASSISTANCE] the household received in the last 12 months in [LOCAL CURRENCY]?	What was the estimated value of [TYPE OF ASSISTANCE] the household received in the last 12 months in [LOCAL CURRENCY]?	What was the main mode of transfer for receiving [TYPE OF ASSISTANCE]? HAND-TO-HAND TRANSACTION THROUGH RELATIVES, FRIENDS, COLLEAGUES, NEIGHBORS.....1 HAND-TO-HAND TRANSACTION THROUGH ASSOCIATION/RELIGIOUS ORGANIZATION.....2 WESTERN UNION.....3 MONEY GRAM.....4 BANK/WIRE TRANSFER.....5 MOBILE MONEY.....6 COURIER SERVICES.....7 OTHER (SPECIFY).....96
TYPE OF ASSISTANCE					
1	MONETARY ASSISTANCE FROM WITHIN THE COUNTRY				
2	MONETARY ASSISTANCE FROM OUTSIDE THE COUNTRY				
3	IN-KIND ASSISTANCE FROM EVERYWHERE				

SENT/ISSUED						
5	6	7	8	9	10	11
What was the main purpose for which the [TYPE OF ASSISTANCE] received was intended? MAINTENANCE FOR UPKEEP/ SUBSIDIZE CONSUMPTION OF HOUSEHOLD MEMBERS OR OTHER RELATIVES INCLUDING RENT.....1 PURCHASE OF LAND, HOUSES AND OTHER REAL ESTATE.....2 INVESTMENT IN SHARES, BONDS, OR OTHER FINANCIAL INVESTMENT.....3 DEVELOPMENT PROJECTS IN THE COMMUNITY.....4 PAYMENTS/DONATIONS TO NON PROFIT INSTITUTIONS (RELIGIOUS BODIES).....5 PAYMENTS/DONATIONS TO NGOS.....6 PAYMENT OF HOSPITAL BILL OF HOUSEHOLD MEMBERS OR OTHER RELATIVES.....7 PAYMENT OF SCHOOL FEES OF HOUSEHOLD MEMBERS OR OTHER RELATIVES.....8 INVESTMENT IN AGRICULTURAL INNOVATION.....9 PURCHASE OF AGRICULTURAL INPUTS.....10 CONSTRUCTION OF BUILDINGS.....11 COPING AFTER A NATURAL DISASTER.....12 COPING AFTER JOB LOSS/NON-FARM ENTERPRISE CLOSING.....13 COVER EXPENDITURES OF CELEBRATIONS (E.G. FUNERAL, BIRTHDAY, WEDDING, ETC) OF A HOUSEHOLD MEMBER ..14 START A NEW BUSINESS/SUPPORT EXISTING BUSINESS..15 COPING AFTER HARVEST LOSS.....16 OTHER (SPECIFY) .....96	From which country did the [TYPE OF ASSISTANCE] sent?	Who in the household received the [TYPE OF ASSISTANCE]? SELECT ALL THAT APPLY	Who in the household decides on the use of this [TYPE OF ASSISTANCE]? SELECT ALL THAT APPLY	In the past 12 months, did any members of the household <u>send</u> any of the following assistance to a non-household member ? YES.....1 NO.....2 >> NEXT	What was the amount of [TYPE OF ASSISTANCE] the household sent in the last 12 months in [LOCAL CURRENCY]?	What was the estimated value of [TYPE OF ASSISTANCE] the household received in the last 12 months in [LOCAL CURRENCY]?

12	13	
What was the main mode of transfer for sending [TYPE OF ASSISTANCE]?	What was the main purpose for which the [TYPE OF ASSISTANCE] sent was intended?	
HAND-TO-HAND TRANSACTION THROUGH RELATIVES, FRIENDS, COLLEAGUES, NEIGHBORS.....1 HAND-TO-HAND TRANSACTION THROUGH ASSOCIATION/RELIGIOUS ORGANIZATION.....2 WESTERN UNION.....3 MONEY GRAM.....4 BANK/WIRE TRANSFER.....5 MOBILE MONEY.....6 COURIER SERVICES.....7 OTHER (SPECIFY).....96	MAINTENANCE FOR UPKEEP/ SUBSIDIZE CONSUMPTION OF HOUSEHOLD MEMBERS OR OTHER RELATIVES INCLUDING RENT.....1 PURCHASE OF LAND, HOUSES AND OTHER REAL ESTATE.....2 INVESTMENT IN SHARES, BONDS, OR OTHER FINANCIAL INVESTMENT.....3 DEVELOPMENT PROJECTS IN THE COMMUNITY.....4 PAYMENTS/DONATIONS TO NON PROFIT INSTITUTIONS (RELIGIOUS BODIES).....5 PAYMENTS/DONATIONS TO NGOS.....6 PAYMENT OF HOSPITAL BILL OF HOUSEHOLD MEMBERS OR OTHER RELATIVES.....7 PAYMENT OF SCHOOL FEES OF HOUSEHOLD MEMBERS OR OTHER RELATIVES.....8 INVESTMENT IN AGRICULTURAL INNOVATION.....9 PURCHASE OF AGRICULTURAL INPUTS.....10 CONSTRUCTION OF BUILDINGS.....11 COPING AFTER A NATURAL DISASTER.....12 COPING AFTER JOB LOSS/NON-FARM ENTERPRISE CLOSING.....13 COVER EXPENDITURES OF CELEBRATIONS (E.G. FUNERAL, BIRTHDAY, WEDDING, ETC) OF A HOUSEHOLD MEMBER ..14 START A NEW BUSINESS/SUPPORT EXISTING BUSINESS..15 COPING AFTER HARVEST LOSS.....16 OTHER (SPECIFY).....96	

S H O C K C O D E		1. Since January 2020, did your household experience [SHOCK]? YES.....1 NO.....2 >> Q3	2. When [SHOCK] occurred, did your household experience the following? READ OPTIONS. SELECT YES OR NO FOR EACH ONE <div>YES...1 NO...2</div>							3. Do you know what climate change is? YES...1 NO...2 >> NEXT SECTION	4. Which of the following statements best describes your views? Changes in rainfall, temperature and the occurrence of extreme weather events are happening mostly because of natural changes in the atmosphere.....1 Changes in rainfall, temperature and the occurrence of extreme weather events are happening mostly because of human activity such as burning fossil fuels and GHGs.....2 Changes in rainfall, temperature and the occurrence of extreme weather events are happening equally because of human activity and natural changes.....3 Changes in rainfall, temperature and the occurrence of extreme weather events are happening but its causes cannot be determined.....4 Changes in rainfall, temperature and the occurrence of extreme weather events are not happening.....5	5. Did your household take any of the following measures to reduce the risk of events such as dry spells, droughts, floods, excessive rainfall, extreme temperatures, early or delayed start of rains? READ OPTIONS. SELECT YES OR NO FOR EACH ONE Introduced or switched to new crops.....Y/N Shifted planting dates backward or forward.....Y/N Used improved seeds (e.g., early maturing, drought/heat resistant).....Y/N Used soil conservation practices (e.g., crop rotation, intercropping, reduced tillage, cover crops, mulching, agroforestry).....Y/N Introduced/intensified irrigation.....Y/N Rainwater harvesting.....Y/N Off-season migration of household members...Y/N Saved money as precautionary measure.....Y/N Stipulated agriculture insurance.....Y/N	
	CLIMATE EVENT		A. LOSS OF LAND	B. DECREASE/LOSS OF CROP HARVEST	C. LOSS OF LIVESTOCK	D. DECREASE/LOSS OF FOOD STOCK	E. DECREASE/LOSS OF ASSETS	F. DESTRUCTION OF DWELLING/HH BUILDINGS (PARTIAL OR TOTAL)	G. REDUCTION IN HOURS WORKED ON FARM, IN HH BUSINESS OR PAID JOB	H. INJURIES/ CASUALTIES OF HH MEMBERS			
	101	Increased temperature (sustained) (e.g. Temperatures are higher than they used to be years ago)											
	102	Drop in temperature (sustained) (e.g. Temperatures are lower than they used to be years ago)											
	103	Droughts											
	104	Floods											
	105	Torrential/excessive rains (not causing flood)											
	106	Heatwaves											

SECTION R: CROPS

1. Did your household cultivate any crops during the 2021 long rainy season?

YES.....1
NO.....2 >> NEXT SECTION

Long rains: March-June/July
Short rains: October -Dec

HARVEST

DISPOSITION

2	3	3a	4	5	6	7	8
What crops did you and others in your household cultivate? CODE ALL CROPS MENTIONED	What was the total area planted to [CROP] by your household during the 2021 long rainy season? AREA (ACRES) FARMER'S ESTIMATE	Did your household intercrop [CROP] with any other crop during the 2021 long rainy season?	Did you or anyone in your household harvest any [CROP] during the 2021 long rainy season? YES...1 NO...2 >> Q15	How much [CROP] did your household harvest in TOTAL during the 2021 long rainy season? CONVERT LOCAL UNITS INTO KILOGRAMS	What was the estimated total value of the [Q5 KGs] [CROP] harvested during the 2021 long rainy season?	Of the [Q5 KGs] of [CROP] harvested, how much of it did your household sell? QUANTITY CONVERT LOCAL UNITS INTO KILOGRAMS IF NONE >> Q9	What was the total value of the [CROP] sales?
CROP NAME	CROP CODE			KGs		KGs	TSH

2

INPUTS										
9	10	11	12	13	14	15	16	17	18	19
Of the [Q5 KGs] of [CROP] harvested, how much of it was consumed by your household?	Of the [Q5 KGs] of [CROP] harvested, how much of it was given out as gift ?	Was any portion of the [Q5 KGs] of [CROP] lost after harvesting due to rotting, insects, rodents, theft, etc? YES...1 NO....2 ► 13	Of the [Q5 KGs] of [CROP] harvested, how much of it was lost after harvest ?	Does your household have any of the harvest from the 2021 long rainy season in storage now? YES...1 NO....2 ► 15	Of the [Q5 KGs] of [CROP] harvested, how much of it is still in storage ?	How much ORGANIC FERTILIZER did your household use on [CROP] during the 2021 long rainy season? IF NONE >> Q17	What was the total value of ORGANIC FERTILIZER use on [CROP]?	How much INORGANIC FERTILIZER did your household use on [CROP] during the 2021 long rainy season? IF NONE >> Q19	What was the total value of the INORGANIC FERTILIZER used on [CROP]?	How much pesticide/ herbicide did your household use on [CROP] during the 2021 long rainy season? IF NONE >> 21
KGs	KGs				KGS	KGS	TSH	KGS/LTR	TSH	KGS/LTR

LABOR				EXTENSION SERVICES			
20	21	22	23	24	25	26	27
What was the total value of pesticides/herbicides used on [CROP]?	Were the main seeds.... <div>IMPROVED.....1 TRADITIONAL.....2 IMPROVED, RECYCLED...3</div>	What was the total quantity [Q21 KGs] of [CROP] seeds used during the 2021 long rainy season?	What was the total value [Q22 KGs] of the [CROP] seeds used?	Did your household hire any labour to work on [CROP] during the 2021 long rainy season? INCLUDE LAND PREPARATION, PLANTING, CULTURAL PRACTICES, HARVESTING, AND POST-HARVEST HANDLING YES...1 NO....2 ► NEXT SECTION	How many persons did your household hire to work on [CROP] during the 2021 long rainy season? INCLUDE CHILDREN BELOW 15 YEARS	How much in TOTAL did your household pay (cash and in-kind) for the hired labour for the [CROP]?	Did your household receive any visit from agricultural extension officers during the 2024 long rainy season?
TSH		KG	TSH		NUMBER	TSH	

HBS 2024-25 CROP LIST

Mahindi.....	11
Mpunga.....	12
Mtama.....	13
Uwele.....	14
Ulezi.....	15
Ngano.....	16
Shayiri.....	17
Muhogo.....	21
Viazi vitamu.....	22
Viazi mviringo.....	23
Viazi vikuu.....	24
Magimbi.....	25
Vitunguu maji.....	26
Tangawizi.....	27
Maharage.....	31
Kunde.....	32
Choroko.....	33
Mbaazi.....	34
Dengu.....	35
Njugu mawe.....	36
Njegere.....	37
Alizeti.....	41
Ufuta.....	42
Karanga.....	43
Soya.....	47
Nyonyo.....	48
Pamba.....	50
Tumbaku.....	51
Pareto.....	52
Jute.....	62
Mwani.....	19
Mkonge.....	53
Kahawa.....	54
Chai.....	55
Kakao.....	56
Mpira.....	57
Miwati.....	58
Misufi.....	59
Miwa.....	60
Hiliki.....	61
Ukwaju.....	63
Mdalasini.....	64
Kungumanga.....	65
Mkarafuu.....	66
Pilipili manga.....	18
Mchikichi.....	44
Mnazi.....	45
Mkorosho.....	46

ENGLISH TRANSLATIONS

Mahindi.....	11
Mpunga.....	12
Mtama.....	13
Uwele.....	14
Ulezi.....	15
Ngano.....	16
Shayiri.....	17
Muhogo.....	21
Viazi vitamu.....	22
Viazi mviringo.....	23
Viazi vikuu.....	24
Magimbi.....	25
Vitunguu maji.....	26
Tangawizi.....	27
Maharage.....	31
Kunde.....	32
Choroko.....	33
Mbaazi.....	34
Dengu.....	35
Njugu mawe.....	36
Njegere.....	37
Alizeti.....	41
Ufuta.....	42
Karanga.....	43
Soya.....	47
Nyonyo.....	48
Pamba.....	50
Tumbaku.....	51
Pareto.....	52
Jute.....	62
Mwani.....	19
Mkonge.....	53
Kahawa.....	54
Chai.....	55
Kakao.....	56
Mpira.....	57
Miwati.....	58
Misufi.....	59
Miwa.....	60
Hiliki.....	61
Ukwaju.....	63
Mdalasini.....	64
Kungumanga.....	65
Mkarafuu.....	66
Pilipili manga.....	18
Mchikichi.....	44
Mnazi.....	45
Mkorosho.....	46

Gowe.....	300
Mbuyu.....	301
Mianzi.....	302
Kuni/Chakula cha mifugo...	303
Miti ya mbao.....	304
Miti ya dawa.....	305
Miti ya uzio.....	306
Mpesheni.....	70
Migomba.....	71
Parachichi.....	72
Mwembe.....	73
Mpapai.....	74
Minanasi.....	75
Mchungwa.....	76
Madalanzi.....	77
Mzabibu.....	78
Mchenza.....	79
Mapera.....	80
Matunda damu.....	81
Apples.....	82
Peasi.....	83
Mifyoks.....	84
Mndimu.....	851
Mlimau.....	852
Fenesi.....	69
Doriani.....	97
Mbirimbi.....	98
Shokshoki.....	99
Mashelisheli.....	67
Matofaa.....	38
Embe ng'on'go (Sakua)....	39
Tope tope.....	200
Matunda Mungu.....	201
Mitobo.....	202
Zambarau.....	203
Piches.....	204
Komamanga.....	205
Tende.....	210
Tungamaa.....	211
Vanilla.....	212
Kabichi.....	86
Nyanya.....	87
Spinachi.....	88
Karoti.....	89
Pilipili.....	90
Mchicha.....	91
Majani ya maboga.....	92
Tango.....	93
Mabilinganya.....	94

Gowe.....	300
Mbuyu.....	301
Mianzi.....	302
Kuni/Chakula cha mifugo...	303
Miti ya mbao.....	304
Miti ya dawa.....	305
Miti ya uzio.....	306
Mpesheni.....	70
Migomba.....	71
Parachichi.....	72
Mwembe.....	73
Mpapai.....	74
Minanasi.....	75
Mchungwa.....	76
Madalanzi.....	77
Mzabibu.....	78
Mchenza.....	79
Mapera.....	80
Matunda damu.....	81
Apples.....	82
Peasi.....	83
Mifyoks.....	84
Mndimu.....	851
Mlimau.....	852
Fenesi.....	69
Doriani.....	97
Mbirimbi.....	98
Shokshoki.....	99
Mashelisheli.....	67
Matofaa.....	38
Embe ng'on'go (Sakua)....	39
Tope tope.....	200
Matunda Mungu.....	201
Mitobo.....	202
Zambarau.....	203
Piches.....	204
Komamanga.....	205
Tende.....	210
Tungamaa.....	211
Vanilla.....	212
Kabichi.....	86
Nyanya.....	87
Spinachi.....	88
Karoti.....	89
Pilipili.....	90
Mchicha.....	91
Majani ya maboga.....	92
Tango.....	93
Mabilinganya.....	94

Matikiti maji.....	95
Cauliflower.....	96
Bamia.....	100
Fiwi.....	101

Matikiti maji.....	95
Cauliflower.....	96
Bamia.....	100
Fiwi.....	101

SECTION RR. LIVESTOCK STOCK

1A. Did any member of your household engage in fish farming/aquaculture in the last 12 months?

1. In the past 12 months, have you or any member of your household raised or owned any livestock, including chickens, rabbits etc?

			OWNERSHIP				SALES	
			2. In the past 12 months, have you or any member of your household raised or owned any [ANIMAL]? IF NOT INDICATED SEPERATELY, INCLUDE BABIES YES...1 NO....2 >> NEXT ANIMAL	3. Number of [ANIMAL] owned/kept 12 months ago. INCLUDE BOTH INDIGENOUS AND IMPROVED/EXOTIC TYPES	4. How many [ANIMAL] does your household currently own /keep? INCLUDE BOTH INDIGENOUS AND IMPROVED/EXOTIC TYPES	5. If you were to sell ONE of the [ANIMAL] now, how much would you receive?	6. Who in your household own [ANIMAL]? ID CODES FROM HH ROSTER	7. Have you, or members of your housheold sold any [ANIMAL] alive in the past 12 months? YES...1 NO....2 ▶Q10
		CODE		NUMBER	NUMBER	TSH	HH ROSTER IDs	
LARGE RUMINANTS	1	BULLS						
	2	COWS						
	3	STEERS						
	4	HEIFERS						
	5	MALE CALVES						
	6	FEMALE CALVES						
SMALL RUMINANTS	7	GOATS						
	8	SHEEP						
PIGS	9	PIGS						
POULTRY	10	CHICKENS						
	11	DUCKS						
	12	OTHER POULTRY_____						
OTHER ANIMALS	13	RABBITS						
	14	DONKEYS						
	15	DOGS						
	16	OTHER_____						

SLAUGHTER				COSTS		
8. How many [ANIMAL] have you, and members of this household, sold alive in the past 12 months?	9. What was the total value of sales?	10. Did you, or any member of this household, slaughter any [ANIMAL] for household consumption in the past 12 months? YES...1 NO....2 ► Q12	11. How many [ANIMAL] did you, and members of your household, slaughter for household consumption in the past 12 months?	12. What was the total cost of this labor from outside the household to help with attending to [ANIMAL GROUP] in the last 12 months? IF NONE ENTER 0	13. How much fodder was used for [ANIMAL GROUP] in last 12 months? IF NONE ENTER 0 >>NEXT SECTION	14. What was the total cost of this fodder for [ANIMAL GROUP] in the last 12 months?
NUMBER	T-SHILLINGS		NUMBER	TSH	KG	TSH

SECTION S: DIETARY DIVERSITY

G R O U P	FOOD GROUP	1	2
		Over the past 7 days, how many days did you or others in your household consume [FOOD GROUP]? IF NONE, RECORD '0' AND (►NEXT GROUP)	Yesterday, did you or others in your household eat any [FOOD GROUP] during the day or night, at home or somewhere else?
1	Cereals and grain: Maize, rice, sorghum, millet, bread		
2	Roots and tubers: potato, yam, cassava, sweet potato or other tubers		
3	Legumes / nuts: beans, cowpeas, peanuts, lentils, nut, soy, pigeon peas and / or other nuts		
4	Orange vegetables (rich in Vitamin A): carrot, pumpkin, orange sweet potatoes, red pepper		
5	Green leafy vegetables: spinach, amaranth and / or dark green leaves, cassava leaves		
6	Other vegetables: onion, tomatoes, cucumber, green beans, peas, lettuce		
7	Orange fruits (rich in Vitamin A): mango, papaya		
8	Other fruits: banana, guava, orange, lemon, tangerine		
9	Meat: goat, beef, chicken, pork (meat in large quantities and not as condiments)		
10	Liver, kidney, heart and / or other organ meats		
11	Fish: fish and dagaa (fish in large quantities and not as condiments)		
12	Eggs		
13	Milk and other dairy products: fresh milk / sour, yogurt, other dairy products		
14	Oil / fat / butter: vegetable oil, palm oil, margarine, other fats / oil		
15	Sugar, or sweet: sugar, honey, candy and other sweet (sugary drinks)		
16	Condiments / Spices: tea, coffee / cocoa, salt, garlic, spices, yeast / baking powder, tomato sauce, meat or fish as condiment, condiments including small amount of milk / tea coffee		

SECTION T: CONSENSUAL APPROACH TO MULTIDIMENSIONAL POVERTY

I T E M N U M B E R		1	2	3
		Do you think [ITEM] is essential, desirable, or neither essential nor desirable for everyone in Tanzania to be able to afford for them to enjoy an acceptable standard of living in Tanzania today? ESSENTIAL.....1 DESIRABLE.....2 NEITHER ESSENTIAL NOR DESIRABLE.....3 DON'T KNOW.....98 3, 98 >> NEXT ITEM	Do you or others in your household have [ITEM]? YES....1 >> NEXT ITEM NO.....2	Why doesn't your household have [ITEM]? CANNOT AFFORD...1 NOT AVAILABLE...2 DON'T WANT.....3 OTHER SPECIFY..96 NOT APPLICABLE.99
	ITEMS LIST			
101	Toiletries to be able to wash every day (e.g. soap, hairbrush/comb)			
102	Two pairs of properly fitting shoes, including a pair of all-weather shoes			
103	A small amount of money to spend each week on yourself			
104	Replace worn-out clothes by some new (not second-hand) ones			
105	To get together with friends/family (relatives) for a drink/meal at least once a month			
106	Celebrations on special occasions, such as Christmas, Eid.			
107	Attend weddings, funerals and other such occasions			
108	Able to access to safe, reliable public transport, such a buses and boats			
109	A visit to a health facility when ill and all the medication prescribed to treat the illness			
201	The household has enough money to repair or replace any worn out furniture			
202	To be able to make regular savings as a household for emergencies over the last 12 months			
203	To be able to replace broken pots and pans for cooking as a household			
204	Enough money to repair a leaking roof for the main living quarters as a household			

I T E M N U M B E R		1	2	3
		Do you think [ITEM] is essential, desirable, or neither essential nor desirable for everyone in Tanzania to be able to afford for them to enjoy an acceptable standard of living in Tanzania today? ESSENTIAL.....1 DESIRABLE.....2 NEITHER ESSENTIAL NOR DESIRABLE.....3 DON'T KNOW.....98 3, 98 >> NEXT ITEM	Do you or others in your household have [ITEM]? YES....1 >> NEXT ITEM NO.....2	Why doesn't your household have [ITEM]? CANNOT AFFORD...1 NOT AVAILABLE...2 DON'T WANT.....3 OTHER SPECIFY..96 NOT APPLICABLE..99
ITEMS LIST				
301	Three meals a day			
302	Two pairs of properly fitting shoes, including a pair of all-weather shoes			
303	Toiletries to be able to wash every day (e.g. soap, hairbrush/comb)			
304	Books at home suitable for their age (including reference and story books)			
305	Some new clothes (not second hand or handed on/down)			
306	Educational toys and games			
307	A visit to a health facility when ill and all the medication prescribed to treat the illness			
308	Own bed			
309	Own blanket			
310	Two sets of clothing (excluding school uniforms)			
311	Presents for children once a year on special occasions, e.g. birthdays, Christmas, Eid			
312	All fees, uniform of correct size for their age and equipment required for school (e.g. books school bag, lunch/lunch money, stationery)			
313	To be able to participate in school trips and school events that cost money			
314	A desk and chair for homework for school aged children			
315	Bus/taxi fare or other transport (e.g. bicycle) to get to school			
316	Own room for children over 10 years of age of different sexes			
317	Enough money to pay school fees for children			
318	Enough money to take children to a medical facility when sick			

CONFIDENTIAL

CONFIDENTIAL

<div>PERSONAL NO.<div></div><div></div></div> <div>PERSONAL DIARY<div>DATE<div></div><div></div>MONTH<div></div><div></div>YEAR<div></div><div></div><div></div><div></div>DAY<div></div><div></div></div><div>FOR OFFICIAL USE<div>Code of day</div></div></div>										Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
										1	2	3	4	5	6	7	8
											List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2			Inside....1 Outside...2	
											v						
<div>6Did you spend any time during the day looking after the children?</div> <div>Yes: Not mentioned all the time.....11</div> <div>Yes: Already mentioned all the time.....22</div> <div>No.....33</div>										09:00 am	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>						
<div>7Did you spend any time during the day looking after the sick person?</div> <div>Yes: Not mentioned all the time.....11</div> <div>Yes: Already mentioned all the time.....22</div> <div>No .....33</div>										10:00 am	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>						
<div>8Did you spend any time during the day looking after the elderly person?</div> <div>Yes: Not mentioned all the time.....11</div> <div>Yes: Already mentioned all the time.....22</div> <div>No .....33</div>										11:00 am	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>						
<div>9Did you spend any time during the day looking after the disabled person?</div> <div>Yes: Not mentioned all the time.....11</div> <div>Yes: Already mentioned all the time.....22</div> <div>No .....33</div>										12:00 pm	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>						
<div>10Was yesterday a typical day for you? (CYCLE THE CORRECT ANSWER)</div> <div>Yes.....1</div> <div>No, because I was sick.....2</div> <div>No, because it was School/Holiday.....3</div> <div>No, because I was on leave from work/day off.....4</div>											<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>						

<div>PERSONAL NO.<div></div><div></div></div> <div>PERSONAL DIARY<div>DATE<div></div><div></div>MONTH<div></div><div></div>YEAR<div></div><div></div><div></div><div></div>DAY<div></div><div></div></div><div>FOR OFFICIAL USE<div>Code of day</div></div></div>										Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
	1	2	3	4	5	6	7	8									
		List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2			Inside....1 Outside...2										
<div>No, because there was a funeral, wedding, etc.....5</div> <div>No, because there was a problem with the weath.....6</div> <div>No, because I was looking after another family member.....7</div> <div>No, because there was a public holiday.....8</div> <div>No, because it was a weekend day.....9</div> <div>No, other, specify10</div>	01:00 pm	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>									
	11 Which activity during the day did you enjoy the most?	02:00 PM	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>									
	12 Which activity during the day did you enjoy the least?	03:00 PM	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>									
	13 Generally, how did you feel about yesterday's activities you have just described?	04:00 pm	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>									
	<div>I was too busy/ I had too many things to do.....1</div> <div>I had a comfortable amount of things to do in the day.....2</div> <div>I was not busy enough/ I did not have enough to do.....3</div> <div>I was sick.....4</div>	05:00 pm	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>									
	CODES FOR PAYMENT, LOCATION AND MEANS OF TRANSPORT																

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		List of Activities from 1 to 5 Activities per time period		ICATUS		Yes.....1 No.....2						Inside....1 Outside...2																																																																																																						
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CODES FOR PAYMENTS, LOCATION AND MEANS OF TRANSPORT

CODE A - PAYMENTS

ICATUS 2016
USE 9 AND 56

01	No Payment
02	Monthly salary only
03	Salary and other allowances or transport allowance.
04	Salary and other allowances without transport allowance.
05	Food and allowance (Cash payment)
06	Cash payment for Services / Sales.
07	Food, accomodation and other needs.
08	Allowance and all needs (Cash payment)
09	Other, specify _____
10	Not applicable

CODE B - LOCATION

01	Own household
02	Someone's household
03	Field farm or other agricultural workplace within private H/Hold.
04	Field farm or other agricultural workplace outside private H/Hold
05	Other workplace within private household
06	Other workplace outside private household
07	Educational establishment
08	Public area i.e. not in a private household workplace or hospital
09	The place for fetching water
10	The area for collecting firewood.
11	Traveling or waiting to travel
12	Other, specify _____

GERESHO C - MEANS OF TRANSPORT

01	Traveling on foot
02	Traveling by private transport (e.g. car, van, bicycle, motorcycle e.t.c)
03	Hiring Transport (e.g. taxi, Pick-up, motocyle, e.t.c)
04	Traveling by train
05	Traveling by bus
06	Traveling by bicycle
07	Water transport (Boat, Ship e.t.c)
08	Traveling by animal (e.g. Horse, Cow e.t.c)
09	Traveling by other means (specify)
10	Not applicable

[illegible]

CONTACT INFORMATION

SECTION Z: HOUSEHOLD RECONTACT INFORMATION

In order for us to be able to contact you in the future, could you kindly provide us with the phone numbers of some of the household members.

1. Does any member of your household have a mobile phone number that he/she can provide for us?

YES...1
NO....2

2a. FIRST HOUSEHOLD MEMBER (Aged older than 15): NAME & ID CODE : _____

2aa. PHONE: _____

2b0. Is there another adult member of the household that can provide us with a phone number for contact?

YES...1
NO....2

2b. SECOND HOUSEHOLD MEMBER (Aged older than 15): NAME & ID CODE : _____

2bb. PHONE: _____

2c0. Is there another adult member of the household that can provide us with a phone number for contact?

YES...1
NO....2

2c. THIRD HOUSEHOLD MEMBER (Aged older than 15): NAME : _____

2cc. PHONE: _____

3. Even though no member of your household has a personal mobile phone number, is there another mobile phone that you or another member of the household have access to, for example from a neighbour or relative?

YES...1
NO....2

4a. PHONE: _____

4b. NAME : _____

4c. RELATION TO HEAD : _____

CONTACT INFORMATION

SEHEMU 19: TAARIFA ZA KUSAIDIA KUIPATA KAYA

Ili tuweze kuwasiliana na wewe kwa wakati mwingine, tafadhali tunaomba utupatie namba za mawasiliano za baadhi ya wanakaya katika kaya yako.

1. Kuna mwanakaya yeyote katika kaya yako anaweza kutupatia namba yake ya simu?

NDIYO..1
HAPANA..2

2a. MWANAKAYA WA KWANZA (UMRI ZAIDI YA MIAKA 15): JINA NA NAMBA YA MWANAKAYA : _____

2aa. NAMBA YA SIMU: _____

2b0. Kuna mwanakaya yeyote mtu mzima anayeweza kutupatia namba kwa ajili ya mawasiliano?

NDIYO..1
HAPANA..2

2b. MWANAKAYA WA PILI (UMRI ZAIDI YA MIAKA 15): JINA NA NAMBA YA MWANAKAYA: _____

2bb. NAMBA YA SIMU: _____

2c0. Kuna mwanakaya yeyote mtu mzima anayeweza kutupatia namba kwa ajili ya mawasiliano?

NDIYO..1
HAPANA..2

2c. MWANAKAYA WA TATU (UMRI ZAIDI YA MIAKA15): JINA NA NAMBA YA MWANAKAYA : _____

2cc. NAMBA YA SIMU: _____

3. Hata kama hakuna mwanakaya katika kaya yako mwenye namba ya simu ya mkononi, Je, kuna namba ya mtu mwingine yeyote ambaye tutaweza kuwasiliana na kaya yako? Mfano jirani au ndugu yako mwingine.

NDIYO..1
HAPANA..2

4a. NAMBA YA SIMU: _____

4b. JINA: _____

4c. UHUSIANO NA MKUU WA KAYA: _____

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- 3. CONSERVATION AGRICULTURE
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- 5. INPUT USE
- 6. HOUSEHOLD LABOUR
- 7. HIRED AND EXCHANGE LABOUR
- 8. CROPS BY PLOT
- 9. CROPS - HOUSEHOLD TOTALS
- 10. PERMANENT CROPS BY PLOT
- 11. PERMANENT CROPS - TOTAL
- 12. PROCESSED AGRICULTURAL PRODUCTS AND AGRICULTURAL BY-PRODUCTS
- 13. INPUT PURCHASES AND ACQUISITION
- 14. FARM IMPLEMENTS AND MACHINERY
- 15. EXTENSION

2024-25 TANZANIA INTEGRATED HOUSEHOLD BUDGET SURVEY
(TIHBS 2024-25)

NATIONAL BUREAU OF STATISTICS

OFFICE OF THE CHIEF GOVERNMENT STATISTICIAN

*This information is collected under the Mainland Act of Parliament (THE STATISTICS ACT CAP. 351
R.E. 2019) and under section 4 (1) (a-i) of the Zanzibar Statistics Act No. 9 of 2007*

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

AGRICULTURE QUESTIONNAIRE - LONG VERSION

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

SECTION A: IDENTIFICATION PARTICULARS

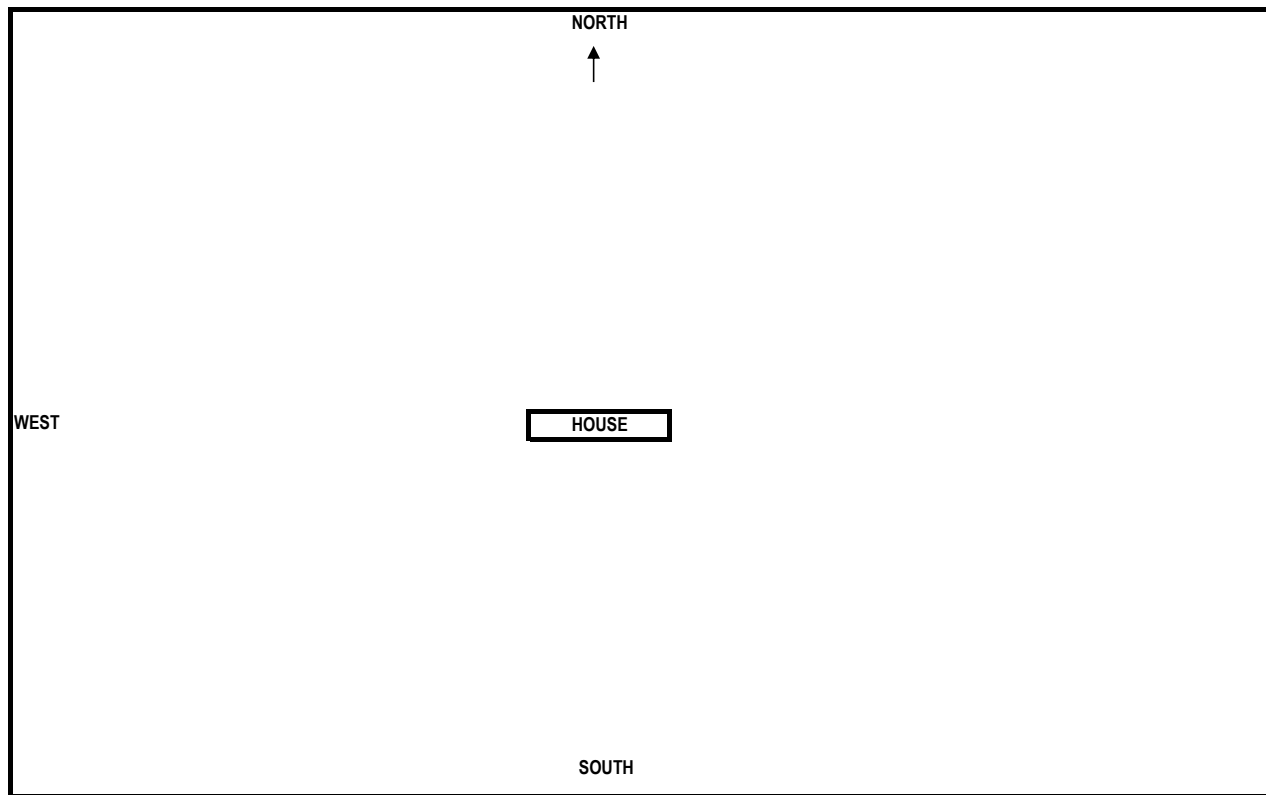
	CODE	NAME
A00. TIHBS SERIAL NUMBER	<div><div></div><div></div><div></div><div></div></div>	
A01. REGION	<div><div></div><div></div></div>	.....
A02. DISTRICT:	<div><div></div><div></div></div>	.....
A03. COUNCIL:	<div><div></div><div></div></div>	
A04. CONSTITUENCY:	<div><div></div></div>	
A05. DIVISION/WADI	<div><div></div></div>	
A06. WARD/SHEHIA	<div><div></div><div></div><div></div></div>	
A07. VILLAGE/MTAA:	<div><div></div><div></div></div>	.....
A08. HAMLET/ENUMERATION AREA	<div><div></div><div></div><div></div></div>	.....
A09. SUB-STRATUM (Urban = 1, Rural = 2)	<div><div></div></div>	.....
A10. HOUSEHOLD NO.:	<div><div></div><div></div><div></div></div>	
A16. TYPE OF SAMPLE	DIARY HOUSEHOLDS...1 RECALL.....2 NPS NEW REFRESH...3	

SECTION AG0: AGRICULTURE FILTER QUESTIONS

0. CAPI: LAST COMPLETED LONG RAINY SEASON BASED ON MONTH AND DAY OF INTERVIEW	2023....1 2024....2	<input type="text"/>
1. Did anyone in the household cultivate any plot during the 20XX/20XX agricultural season?	YES..1 NO...2	<input type="text"/>
2. Did anyone in the household <u>own</u> a farm plot that they do not cultivate during the 20XX/20XX agricultural season?	YES..1 NO...2	<input type="text"/>
3. Did anyone in the household <u>own or cultivate</u> a plot during the last completed long rainy season?	YES..1 NO...2	<input type="text"/>
4. Did anyone in the household own or cultivate any plot during the last completed short rainy season?	YES..1 NO...2	<input type="text"/>
5. CAPI / ENUMERATOR: DOES ANY OF Q1-Q4 CONTAIN A YES RESPONSE?	YES..1 NO...2	<input type="text"/>
IF YES TO Q5, PROCEED TO THE AGRICULTURE MODULE.		
6. Did anyone in the household own any livestock, including dogs, during the last 12 months?	YES..1 NO...2 >>Q7	<input type="text"/>
6b. Did anyone in the household raise/keep any livestock, including dogs, even if they do not own, during the last 12 months?	YES..1 NO...2	<input type="text"/>
7. Did anyone in this household do any fishing or operate a fish farm in the last 12 months?	YES..1 NO...2	<input type="text"/>
8. Did anyone in this household engage in fish trading in the last 12 months?	YES..1 NO...2	<input type="text"/>
9. CAPI / ENUMERATOR: DOES Q6 OR Q6b CONTAINS A YES RESPONSE?	YES..1 NO...2	<input type="text"/>
IF YES TO Q9, PROCEED TO THE LIVESTOCK MODULE.		

SECTION 1: PLOT ROSTER

	1.	2.	3.	4.	5.
P L O T I D	<p>Please list for me all the plots that you or anyone in your household owned or used for any purpose during the 20XX/XX agricultural season. Be sure to list all plots whether owned, rented, or used for free, including cultivated, dwelling, pastureland, forest, and business/commercial plots.</p> <p>1. ENUMERATOR: FIRST ASK FOR PLOTS OWNED OR USED DURING THE 20XX/XX LONG RAINY SEASON</p> <p>2. THEN ASK FOR PLOTS OWNED OR USED DURING THE 20XX/XX SHORT RAINY SEASON</p> <p>3. LIST ALL PLOTS CULTIVATED WITH TREE AND PERMANENT CROPS</p> <p>4. FOR EACH LISTED PLOT, ASK FOR A SHORT DESCRIPTION OF THE LOCATION</p>	<p>What is the area of [PLOT] in ACRES?</p> <p>FARMER'S ESTIMATE</p>	<p>What was the primary use of [PLOT] during the 20XX/20XX agricultural year?</p> <p>RESIDENTIAL.....1</p> <p>CULTIVATED.....2 ▶ Q5</p> <p>PASTORAL.....3 ▶ Q5</p> <p>FALLOW.....4 ▶ Q5</p> <p>FOREST.....5 ▶ Q5</p> <p>BUSINESS/COMMERCIAL...6</p> <p>RENTED OUT.....7 ▶ Q5</p> <p>GIVEN OUT.....8 ▶ Q5</p> <p>OTHER (SPECIFY) .....96</p>	<p>Is [PLOT] the piece of land on which your household's dwelling is located?</p> <p>YES...1</p> <p>NO....2</p>	<p>In the last 12 months, has [PLOT] been used for agriculture or for livestock grazing?</p> <p>YES...1</p> <p>NO....2</p>
	PLOT NAME	PLOT DESCRIPTION	ACRES		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



Please sketch approximate location of each plot w.r.t. house and mark approximate walking distance (in minutes).

SECTION 2: PLOT DETAILS

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

NPS	2.	10.	11.	12.	17.	24.
PLOT CHARACTERISTICS						
P L O T I D	1. What is the distance (KM) from [PLOT] to:	2. What is the soil type of [PLOT]?	2b. What is the colour of the soil on [PLOT]?	2c. What is the texture of the soil on [PLOT]?	3. What is the soil quality of [PLOT]?	4. What criteria do you use to rate the quality of the soil on [PLOT]?
	HOME CLOSET PAVED ROAD MAIN MARKET	SANDY.....1 LOAM.....2 CLAY.....3 OTHER, SPECIFY...96	Black.....1 Red.....2 White/grey..3 Yellow.....4 Brown.....5 Other, specify...96	Very fine....1 Fine.....2 Between fine and coarse..3 Coarse.....4 Very coarse..5	GOOD.....1 AVERAGE...2 BAD.....3	SCIENTIFICALLY TESTED..1 SOIL TESTURE.....2 SOIL COLOUR.....3 SOIL MOISTURE.....4 PRESENCE OF WEEKS ON PLOT.....5 CROP YIELD ON PLOT.....6 OTHER SPECIFY.....96
						5. How steep is the slope of [PLOT]?
						6. What would the value of [PLOT] be if it were sold today?
						7. Under which tenure system is [PLOT]?
						T-SHILLINGS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

[illegible]

NPS		26.		27.		32.		
		CO-OWNED			RENTED IN			
P L O T I D	18.	19.		20.	21.		22.	23.
	CAP: CHECK Q8. DOES THE HOUSEHOLD CO-OWNS [PLOT] WITH OTHER HOUSEHOLDS OR PERSONS OR ENTITIES (I.E., Q8 = 10) YES...1 NO....2 ▶25	With whom does your household co-own [PLOT]?		What share of [PLOT] output does your household get? PLOT NOT CULTIVATED...999 ▶ Q25	With whom does your household co-rent [PLOT]?		How much did your household pay, in cash and/or in-kind, for renting this [PLOT]?	What period did this cash and/or in-kind payment cover? ONE YEAR.....1 6 MONTHS.....2 LONG RAINY SEASON...3 SHORT RAINY SEASON...4 OTHER (SPECIFY)....96 ▶ Q25
		NETWORK	LOCATION	PERCENT	NETWORK	LOCATION	T-SHILLINGS	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

[illegible]

[illegible]

NPS 22.		23.			
P L O T I D	FALLOW		CULTIVATED PLOTS		
	43.	44.	45.	46.	
	What was the most recent year in which [PLOT] was left fallow?	Including the agricultural year 20XX/20XX, for how many consecutive years was [PLOT] left fallow this last time?	Was [PLOT] cultivated during the 20XX/XX short rainy season?	Was [PLOT] cultivated during the 20XX/XX long rainy season?	
	IF DON'T KNOW, ENTER 9999 AND >> Q45	▶ Q47	YES...1 NO....2	YES...1 NO....2	
	YEAR [4 digit]	NUMBER OF YEARS			
	47.				
	How is [PLOT] currently being used?				
	CULTIVATED.....1 RENTED OUT.....2 GIVEN OUT.....3 FALLOW.....4 FOREST.....5 OTHER, SPECIFY..96				
	1				
	2				
3					
4					
5					
6					
7					
8					
9					
10					

SECTION 3: CONSERVATION AGRICULTURE

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

10

SOIL EROSION AND WATER HARVESTING

[illegible]

[illegible]

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

[illegible]

SECTION 5: INPUT USE

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

NPS	1.	8.	8.	9.	9.			
<div> <div>LONG RAINY SEASON</div> <div>DECISION-MAKING</div> </div>								
P L O T I D	1. CAPI: CHECK SECTION AG2 Q46. WAS [PLOT] CULTIVATED DURING THE LONG RAINY SEASON? YES...1 NO...2 ► NEXT PLOT	2. Who decided what to plant on [PLOT] in the long rainy season 20XX/20XX? SELECT ALL THAT APPLY HOUSEHOLD MEMBER.....1 NON-HOUSEHOLD MEMBER...2 ►Q4	3. Who in the household decided what to plant on [PLOT] in the long rainy season 20XX/20XX? RECORD UP TO 3 ID CODES ► Q5	4. Who from outside the household decided what to plant on [PLOT] in the long rainy season 20XX/20XX? SELECT ONLY ONE USE NETWORK AND LOCATION CODES	5. Who decided about input use on [PLOT] in the long rainy season 20XX/20XX? SELECT ALL THAT APPLY HOUSEHOLD MEMBER.....1 NON-HOUSEHOLD MEMBER...2 ►Q7	6. Who in the household made the decisions about input use on [PLOT] in the long rainy season 20XX/20XX? RECORD UP TO 3 ID CODES ► Q8	7. Who from outside the household made the decisions about input use on [PLOT] in the long rainy season 20XX/20XX? SELECT ONLY ONE NETWORK	
			HH ROSTER ID	NETWORK CODE	LOCATION	HH ROSTER ID	NETWORK CODE	LOCATION
	1							
2								
3								
4								
5								
6								

SHORT RAINY SEASON		DECISION-MAKING						
P L O T I D	1. CAPI: CHECK SECTION AG2 Q45. WAS [PLOT] CULTIVATED DURING THE SHORT RAINY SEASON? ► !	2. Who decided what to plant on [PLOT] in the long rainy season 20XX/20XX? SELECT ALL THAT APPLY ► !	3. Who in the household decided what to plant on [PLOT] in the short rainy season 20XX/20XX? RECORD UP TO 3 ID CODES ► Q5	4. Who from outside the household decided what to plant on [PLOT] in the short rainy season 20XX/20XX? SELECT ONLY ONE USE NETWORK AND LOCATION CODES	5. Who decided about input use on [PLOT] in the short rainy season 20XX/20XX? SELECT ALL THAT APPLY ► !	6. Who in the household made the decisions about input use on [PLOT] in the short rainy season 20XX/20XX? RECORD UP TO 3 ID CODES ► Q8	7. Who from outside the household made the decisions about input use on [PLOT] in the short rainy season 20XX/20XX? SELECT ONLY ONE NETWORK	
			HH ROSTER ID	NETWORK CODE	LOCATION	HH ROSTER ID	NETWORK CODE	LOCATION
	1							
2								
3								
4								
5								
6								

NPS 13.	14.	17g.	17h.	18.	19.	20.	21.
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EROSION		LAND PREPARATION		IRRIGATION				
P L O T I D	8. Were there any problems with erosion on [PLOT] in the long rainy season 20XX/20XX? YES...1 NO....2 ▶Q10	9. What was the main cause of these erosion problems on [PLOT]? WIND.....1 RAIN.....2 ANIMALS.....3 CULTIVATION WHICH DOES NOT COMPLY WITH SOIL CONSERVATION...4 TERRAIN.....6 OTHER, SPECIFY..96	10. What kind of land preparation did you use on [PLOT] in the long rainy season 20XX/20XX? NONE.....1 ▶Q12 TRADITIONAL RIDGING..2 TIED OR BOX RIDGING..3 ZERO TILLAGE.....4 PLANTING PITS.....5 RIPPING.....6 PLOWING.....7 ▶Q12 OTHER (SPECIFY).....96	11. What kind of land clearing was done on [PLOT] in the long rainy season 20XX/20XX? SLASH AND PLANT.....1 BURN AND PLANT.....2 HERBICIDE AND PLANT...3 OTHER (SPECIFY).....96	12. Was [PLOT] irrigated in the long rainy season 20XX/20XX? YES...1 NO....2 ▶Q16	13. What type of irrigation was used on [PLOT] during the long rainy season 20XX/20XX? FLOODING.....1 SPRINKLER.....2 DRIP IRRIGATION...3 BUCKET / WATERING CAN....4 WATER HOSE.....5 OTHER, SPECIFY...96	14. What method was used to obtain water for irrigating [PLOT]? GRAVITY.....1 HAND BUCKET.....2 HAND/FOOT PUMP...3 MOTOR PUMP.....4 OTHER, SPECIFY..96	15. What was the source of water for irrigating [PLOT]? WELL.....1 BOREHOLE....2 POND/TANK...3 RIVER / STREAM...4 OTHER, SPECIFY..96
	1							
	2							
	3							
	4							
	5							
	6							

EROSION		LAND PREPARATION		IRRIGATION				
P L O T I D	8. Were there any problems with erosion on [PLOT] in the short rainy season 20XX/20XX? ▶ !	9. What was the main cause of these erosion problems on [PLOT]? ▶ !	10. What kind of land preparation did you use on [PLOT] in the short rainy season 20XX/20XX? ▶ !	11. What kind of land clearing was done on [PLOT] in the long rainy season 20XX/20XX? ▶ !	12. Was [PLOT] irrigated in the short rainy season 20XX/20XX? ▶ !	13. What type of irrigation was used on [PLOT] during the short rainy season 20XX/20XX? ▶ !	14. What method was used to obtain water for irrigating [PLOT]? ▶ !	15. What was the source of water for irrigating [PLOT]? ▶ !
	1							
	2							
	3							
	4							
	5							
	6							

NPS	33.	34.	35.	41.	42.
-----	-----	-----	-----	-----	-----

RENTED-IN PLOTS				ORGANIC FERTILIZER			
P L O T I D	16. CAPI: CHECK Q8 OF AG2, IS THIS PLOT RENTED-IN (Q8=7,8,9)?	17. How much did you pay to the owner for the use of [PLOT] in the long rainy season 20XX/20XX? INCLUDE: IN-KIND PAYMENTS, PAYMENT BY CROP OUTPUT, FUTURE / PLANNED PAYMENTS, PAST PAYMENTS FOR THE LONG RAINY SEASON	18. What period of time did this payment cover? ONE YEAR.....1 ONE MONTH.....2 6 MONTHS.....3 LONG RAINY SEASON....4 SHORT RAINY SEASON...5 OTHER (SPECIFY).....96	19. What share of output from [PLOT] did you give as rent, if any, in the long rainy season 20XX/20XX? NONE.....1 ALMOST NONE...2 ABOUT 25%...3 ABOUT 50%...4 ABOUT 75%...5 ALMOST ALL...6	20. Did you use any ORGANIC FERTILIZER on [PLOT] in the long rainy season 20XX/20XX? YES...1 NO....2 ▶23	21. What type of ORGANIC FERTILIZER was mostly used on PLOT? SOLID MANURE / FARM YARD MANURE...1 LIQUID MANURE / SLURRY .....2 GREEN MANURE (CROP RESIDUES) .....3 COMPOST .....4 STABILIZED SEWAGE SLUDGE.....5 BIOFERTILIZERS.....6 OTHER ORGANIC FERTILIZER.....96	22. What was the total quantity of organic fertilizer used? CAPI: FILTER UNIT BY FERTILIZER TYPE
		T-SHILLINGS	UNIT			KG / L	
	1						
2							
3							
4							
5							
6							

RENTED-IN PLOTS				ORGANIC FERTILIZER			
P L O T I D	16. CAPI: CHECK Q8 OF AG2, IS THIS PLOT RENTED-IN (Q8=7,8,9)?	17. How much did you pay to the owner for the use of [PLOT] in the short rainy season 20XX/20XX? INCLUDE: IN-KIND PAYMENTS, PAYMENT BY CROP OUTPUT, FUTURE / PLANNED PAYMENTS, PAST PAYMENTS FOR THE SHORT RAINY SEASON	18. What period of time did this payment cover?	19. What share of output from [PLOT] did you give as rent, if any, in the long long season 20XX/20XX?	20. Did you use any ORGANIC FERTILIZER on [PLOT] in the short rainy season 20XX/20XX? ▶ !	21. What type of ORGANIC FERTILIZER was mostly used on PLOT?	22. What was the total quantity of organic fertilizer used? CAPI: FILTER UNIT BY FERTILIZER TYPE
		T-SHILLINGS	UNIT			KG / L	
	1						
2							
3							
4							
5							
6							

NPS 42.	48.	49.	54.	55.	56.	64b.
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INORGANIC FERTILIZER

P L O T I D	23.	24.	25.	26.	27.	28.	29.
	Did you use any INORGANIC FERTILIZER on [PLOT] in the long rainy season 20XX/20XX?	What is the first type of INORGANIC FERTILIZER you used on [PLOT]?	What was the total quantity of [Q24] used on [PLOT] during the long rainy season 20XX/20XX?	Did you use a second type of INORGANIC FERTILIZER on [PLOT] in the long rainy season 20XX/20XX?	What is the second type of INORGANIC FERTILIZER you used on [PLOT]?	What was the total quantity of [Q27] used on [PLOT] during the short rainy season 20XX/20XX?	Why did you choose to use this specific type of [Q24] and [Q27] on [PLOT]?
	YES...1 NO....2 ►29	Di-ammoium Phosphate (DAP).....1 UREA.....2 Triple Super Phosphate (TSP).....3 Calcium Ammonium Nitrate (CAN).....4 Sulphate of Ammonium (SA).....5 Nitrogen Phosphate Potassium (NPK)...6 Minjingu Rock Phosphate (MRP).....7 NPS Zinc.....8 Other, specify.....96		YES...1 NO....2 ►29	Di-ammoium Phosphate (DAP).....1 UREA.....2 Triple Super Phosphate (TSP).....3 Calcium Ammonium Nitrate (CAN).....4 Sulphate of Ammonium (SA).....5 Nitrogen Phosphate Potassium (NPK)...6 Minjingu Rock Phosphate (MRP).....7 NPS Zinc.....8 Other, specify.....96		ADVICE BY AGRICULTURAL OFFICER.....1 RECEIVED VOUCHER.....2 OWN EXPERIENCE.....3 NEIGHBOUR ADVICE.....4 OTHER, SPECIFY.....96
		QUANTITY (KG)			QUANTITY (KG)		
1							
2							
3							
4							
5							
6							

INORGANIC FERTILIZER

P L O T I D	23.	24.	25.	26.	27.	28.	29.
	Did you use any INORGANIC FERTILIZER on [PLOT] in the short rainy season 20XX/20XX?	What is the first type of INORGANIC FERTILIZER you used on [PLOT]?	What was the total quantity of [Q24] used on [PLOT] during the short rainy season 20XX/20XX?	Did you use a second type of INORGANIC FERTILIZER on [PLOT] in the short rainy season 20XX/20XX?	What is the second type of INORGANIC FERTILIZER you used on [PLOT]?	What was the total quantity of [Q27] used on [PLOT] during the short rainy season 20XX/20XX?	Why did you choose to use this specific type of [Q24] and [Q27] on [PLOT]?
	► !			► !			
		QUANTITY (KG)			QUANTITY (KG)		
1							
2							
3							
4							
5							
6							

NPS	60.	61.	62.	60b.	61b.	62b.	64b.	71a.	71b.
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[illegible][illegible]

SECTION 6: LABOUR

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

LONG RAINY SEASON

P L O T I D	I N D I V I D U A L I D	CAPI	1.	2.	3.	4.
		CAPI: CHECK SECTION AG2 Q46 , WAS [PLOT] CULTIVATED DURING THE LONG RAINY SEASON ? YES...1 NO....2 ► NEXT PLOT	During the long rainy season 20XX/20XX, did [NAME] work on [PLOT] for any activity? YES...1 NO....2 ► NEXT PERSON	During the long rainy season 20XX/20XX, how many days did [NAME] spend working on [PLOT] for any activity? DAYS (TOTAL)	How many hours per day on average did [NAME] work on [PLOT] ? HOURS PER DAY	What activities did [NAME] perform on [PLOT] during the 20XX/20XX long rainy season? SELECT ALL THAT APPLY LAND PREPARATION.....1 PLANTING.....2 WEEDING.....3 MULCHING.....4 FERTILIZING/MANURE APPLICATION.....5 SPRAYING.....6 IRRIGATION/WATERING.....7 PRUNING.....8 GUARDING OF THE GARDEN.....9 HARVESTING, THRESHING, BAILING, PICKING, UPROOTING...10 TRANSPORTING PRODUCE.....11 DRYING, PACKING AND STORAGE.....12 SUPERVISION.....13 OTHER (SPECIFY).....96
1	1					
1	2					
1	3					
1	4					
1	....				
2	1					
2	2					
2	3					
2	4					
....					

HOUSEHOLD LABOR

SHORT RAINY SEASON

P L O T I D	I N D I V I D U A L I D	CAPI	1.	2.	3.	4.
		CAPI: CHECK SECTION AG2 Q45, WAS [PLOT] CULTIVATED DURING SHORT RAINY SEASON 20XX/20XX?	During the short rainy season 20XX/20XX, did [NAME] work on [PLOT] for any activity?	During the short rainy season 20XX/20XX, how many days did [NAME] spend working on [PLOT] for any activity?	How many hours per day on average did [NAME] work on [PLOT] ?	What activities did [NAME] perform on [PLOT] during the 20XX/20XX short rainy season?
		YES...1 NO....2 ► NEXT PLOT	YES...1 NO....2 ► NEXT PERSON			SELECT ALL THAT APPLY LAND PREPARATION.....1 PLANTING.....2 WEEDING.....3 MULCHING.....4 FERTILIZING/MANURE APPLICATION.....5 SPRAYING.....6 IRRIGATION/WATERING.....7 PRUNING.....8 GUARDING OF THE GARDEN.....9 HARVESTING, THRESHING, BAILING, PICKING, UPROOTING...10 TRANSPORTING PRODUCE.....11 DRYING, PACKING AND STORAGE.....12 SUPERVISION.....13 OTHER (SPECIFY).....96
			DAYS (TOTAL)	HOURS PER DAY		

1	1				
1	2				
1	3				
1	4				
1	....			
2	1				
2	2				
2	3				
2	4				
....				

SECTION 7: HIRED AND EXCHANGE LABOUR

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

LONG RAINY SEASON

HIRED LABOR

P L O T I D	P E R S O N T Y P E	CAPI	1.	2	3	4.	5	6.
		CAPI: CHECK SECTION AG2 Q46, WAS [PLOT] CULTIVATED DURING LONG RAINY SEASON 20XX/20XX? YES...1 NO....2 ► NEXT PLOT	During the long rainy season 20XX/20XX, did your household hire [PERSON TYPE] to work on [PLOT] for any activity? YES...1 NO....2 ► NEXT PERSON-TYPE	During the long rainy season 20XX/20XX, how many [PERSON TYPE] did you or anyone else in the household hire to work on [PLOT]?	During the long rainy season 20XX/20XX, how many days did a typical hired [PERSON TYPE] work on [PLOT]?	How many hours per day did a typical hired [PERSON TYPE] work on [PLOT]?	Normally, how much did your household pay per day to the hired [PERSON TYPE] to work on [PLOT]? INCLUDE IN-KIND PAYMENTS	What activities did [PERSON TYPE] perform on [PLOT]? SELECT ALL THAT APPLY LAND PREPARATION.....1 PLANTING.....2 WEEDING.....3 MULCHING.....4 FERTILIZING/MANURE APPLICATION.....5 SPRAYING.....6 IRRIGATION/WATERING.....7 PRUNING.....8 GUARDING OF THE GARDEN.....9 HARVESTING, THRESHING, BAILING, PICKING, UPROOTING...10 TRANSPORTING PRODUCE.....11 DRYING, PACKING AND STORAGE.....12 SUPERVISION.....13 OTHER (SPECIFY).....96
				NUMBER	DAYS	HOURS PER DAY	TSh PER DAY	
1	MEN							
1	WOMEN							
1	CHILDREN (UNDER 15)							
2	MEN							
2	WOMEN							
2	CHILDREN (UNDER 15)							
3	MEN							
3	WOMEN							
3	CHILDREN (UNDER 15)							
⋮	⋮							

SECTION 7: HIRED AND EXCHANGE LABOR

LONG RAINY SEASON		EXCHANGE LABOR				
P L O T I D	P E R S O N T Y P E	7.	8.	9.	10.	11.
		During the long rainy season 20XX/20XX, did any [PERSON TYPE] from other households work on [PLOT] free of charge, as exchange labourers or to assist for nothing in return? YES...1 NO....2 ► NEXT PLOT	During the long rainy season 20XX/20XX, how many [PERSON TYPE] worked on [PLOT] without pay?	During the long rainy season 20XX/20XX, on how many days did a typical [PERSON TYPE] work without pay on [PLOT]?	How many hours per day did a typical [PERSON TYPE] work on [PLOT] without pay?	What activities did [PERSON TYPE] perform on [PLOT] without pay? SELECT ALL THAT APPLY LAND PREPARATION.....1 PLANTING.....2 WEEDING.....3 MULCHING.....4 FERTILIZING/MANURE APPLICATION.....5 SPRAYING.....6 IRRIGATION/WATERING.....7 PRUNING.....8 GUARDING OF THE GARDEN.....9 HARVESTING, THRESHING, BAILING, PICKING, UPROOTING...10 TRANSPORTING PRODUCE.....11 DRYING, PACKING AND STORAGE.....12 SUPERVISION.....13 OTHER (SPECIFY).....96
		NUMBER	DAYS	HOURS PER DAY		
1	MEN					
1	WOMEN					
1	CHILDREN (UNDER 15)					
2	MEN					
2	WOMEN					
2	CHILDREN (UNDER 15)					
3	MEN					
3	WOMEN					
3	CHILDREN (UNDER 15)					
⋮	⋮					

SECTION 7: HIRED AND EXCHANGE LABOR

LONG RAINY SEASON		SHORT RAINY SEASON	HIRED LABOR				
P L O T I D	P E R S O N T Y P E	CAPI	1.	2	3	4.	5
		CAPI: CHECK SECTION AG2 Q45 , WAS [PLOT] CULTIVATED DURING SHORT RAINY SEASON 20XX/20XX? YES...1 NO....2 ► NEXT PLOT	During the short rainy season 20XX/20XX, did your household hire [PERSON TYPE] to work on [PLOT] for any activity? YES...1 NO....2 ► NEXT PERSON-TYPE	During the short rainy season 20XX/20XX, how many [PERSON TYPE] did you or anyone else in the household hire to work on [PLOT]?	During the short rainy season 20XX/20XX, how many days did a typical hired [PERSON TYPE] work on [PLOT]?	How many hours per day did a typical hired [PERSON TYPE] work on [PLOT]?	Normally, how much did your household pay per day to the hired [PERSON TYPE] to work on [PLOT]?
				NUMBER	DAYS	HOURS PER DAY	TSh PER DAY
1	MEN						
1	WOMEN						
1	CHILDREN (UNDER 15)						
2	MEN						
2	WOMEN						
2	CHILDREN (UNDER 15)						
3	MEN						
3	WOMEN						
3	CHILDREN (UNDER 15)						
⋮	⋮						

SECTION 7: HIRED AND EXCHANGE LABOR**LONG RAINY SEASON****EXCHANGE LABOR**

P L O T I D	P E R S O N T Y P E	6.	7.	8.	9.	10.
		What activities did [PERSON TYPE] perform on [PLOT]? SELECT ALL THAT APPLY LAND PREPARATION.....1 PLANTING.....2 WEEDING.....3 MULCHING.....4 FERTILIZING/MANURE APPLICATION.....5 SPRAYING.....6 IRRIGATION/WATERING.....7 PRUNING.....8 GUARDING OF THE GARDEN.....9 HARVESTING, THRESHING, BAILING, PICKING, UPROOTING...10 TRANSPORTING PRODUCE.....11 DRYING, PACKING AND STORAGE.....12 SUPERVISION.....13 OTHER (SPECIFY).....96	During the short rainy season 20XX/20XX, did any [PERSON TYPE] from other households work on [PLOT] free of charge, as exchange labourers or to assist for nothing in return? YES...1 NO....2 ► NEXT PLOT	During the short rainy season 20XX/20XX, how many [PERSON TYPE] worked on [PLOT] without pay?	During the short rainy season 20XX/20XX, on how many days did a typical [PERSON TYPE] work without pay on [PLOT]?	How many hours per day did a typical [PERSON TYPE] work on [PLOT] without pay?
				NUMBER	DAYS	HOURS PER DAY
1	MEN					
1	WOMEN					
1	CHILDREN (UNDER 15)					
2	MEN					
2	WOMEN					
2	CHILDREN (UNDER 15)					
3	MEN					
3	WOMEN					
3	CHILDREN (UNDER 15)					
⋮	⋮					

SECTION 7: HIRED AND EX

LONG RAINY SEASON

P L O T	P E R S O N	11.
		What activities did [PERSON TYPE] perform on [PLOT] without pay? SELECT ALL THAT APPLY LAND PREPARATION.....1 PLANTING.....2 WEEDING.....3 MULCHING.....4 FERTILIZING/MANURE APPLICATION.....5 SPRAYING.....6 IRRIGATION/WATERING.....7 PRUNING.....8 GUARDING OF THE GARDEN.....9 HARVESTING, THRESHING, BAILING, PICKING, UPROOTING...10 TRANSPORTING PRODUCE.....11 DRYING, PACKING AND STORAGE.....12 SUPERVISION.....13 OTHER (SPECIFY).....96
I D	T Y P E	
		1 MEN
		1 WOMEN
		1 CHILDREN (UNDER 15)
		2 MEN
		2 WOMEN
2 CHILDREN (UNDER 15)		
3 MEN		
3 WOMEN		
3 CHILDREN (UNDER 15)		
⋮	⋮	

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

10

[illegible][illegible]

10.	8.	6.	10a.
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[illegible][illegible]

10b.	10c	12.	13.	17.	18.
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[illegible]

11.	12.	13.	14.		15.	16.
What type of [CROP] seeds were used on [PLOT] from the previous season?	Of the [Q7 UNIT] of [Q9] [CROP] seeds planted on [PLOT], what quantity came from purchases?	What was the total amount paid for the [CROP] seeds used on [PLOT] during the short rainy season 20XX/20XX?	Where did you buy most of the [CROP] seed that was planted on [PLOT]? NETWORK CODE LOCATION		Were there any losses of crops before the harvest?	What was the main cause of these losses of [CROP] on [PLOT] during the short rainy season 20XX/20XX??
	QUANTITY	T-SHILLINGS			► !	

19.	20.	21.	22.	23.	23a.	24.	25.
-----	-----	-----	-----	-----	------	-----	-----

HARVEST

[illegible]

HARVEST

[illegible]

26.	27.	28.	29.	30.
-----	-----	-----	-----	-----

[illegible]

25.	26.	27.	28.	29.
How many more days do you expect the harvest of [CROP] on [PLOT] to last?	What percent of the area planted with [CROP] on [PLOT] remains to be harvested?	What was the quantity of [CROP] harvested from [PLOT] during the 20XX/20XX short rainy season? CONVERT LOCAL UNITS TO KILOGRAMS	What is the estimated value of the [Q27 KGs] of [CROP] harvested from [PLOT]? (T-SHILLINGS) HOW MUCH WAS THE HARVEST WORTH IN THE MARKET DURING HARVEST SEASON?	Who in the household made the decisions concerning the use of the harvested [CROP] from [PLOT]?
DAYS	PERCENT	KG	T-SHILLINGS	

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

LONG RAINY SEASON	SALES
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[illegible][illegible]

18.	20.	19.	21.	22.	32a.	32b.	32c.	32d.	32e.
-----	-----	-----	-----	-----	------	------	------	------	------

TRANSPORT					CROP DISPOSITION					
19.	20.	21.	22.	23.	CAPI	24.	25.	26.	27.	28.
Did you transport any of the [CROP] harvested during the long rainy season 20XX/20XX for sale?	How many times did you transport [CROP] for sale during the long rainy season in 20XX/20XX?	What is the distance to the place where the largest amount of [CROP] was transported for sale?	How did you transport [CROP] to the place where the largest quantity was sold?	How much in total did you pay to transport [CROP] during the long rainy season 20XX/20XX?	CAPI: ENSURE CONSISTENCY IN ALL QUANTITIES	What quantity of the [CROP] harvest was consumed by your household?	What quantity of the [CROP] was stored as seed for the next planting season?	What quantity of the [CROP] was given as payments for labour or non-labour payments?	What quantity of the [CROP] was given away as gifts?	What quantity of the [CROP] was used as animal feed?
YES...1 NO...2 ➤24			ON FOOT.....1 BICYCLE.....2 ANIMAL.....3 CAR.....4 MOTORBIKE....6 OTHER, SPECIFY.....96	INCLUDE ROUNDRIP TRANSPORTATION						
	# TIMES	KM		T-SHILLINGS		QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)

[illegible]

TRANSPORT						CROP DISPOSITION				
19.	20.	21.	22.	23.	CAPI	24.	25.	26.	27.	28.
Did you transport any of the [CROP] harvested during the short rainy season 20XX/20XX for sale?	How many times did you transport [CROP] for sale during the short rainy season in 20XX/20XX?	What is the distance to the place where the largest amount of [CROP] was transported for sale?	How did you transport [CROP] to the place where the largest quantity was sold?	How much in total did you pay to transport [CROP] during the short rainy season 20XX/20XX?	CAPI: ENSURE CONSISTENCY IN ALL QUANTITIES	What quantity of the [CROP] harvest was consumed by your household?	What quantity of the [CROP] was stored as seed for the next planting season?	What quantity of the [CROP] was given as payments for labour or non-labour payments?	What quantity of the [CROP] was given away as gifts?	What quantity of the [CROP] was used as animal feed?
► !	# TIMES	KM		T-SHILLINGS		QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)

[illegible]

23.	24.	25.	26.	27.	23c.	23d.	23d.	23e.
-----	-----	-----	-----	-----	------	------	------	------

STORAGE

29. Did you store or do you have any of the harvests of [CROP] from the long rainy season 20XX/20XX in storage now? YES...1 NO....2 ▶38	30. What is the total quantity of [CROP] harvested during the long rainy season 20XX/20XX that you still have in storage? QUANTITY (KG)	31. What is your main method of storage of [CROP] during the long rainy season 20XX/20XX? LOCALLY MADE TRADITIONAL STRUCTURE...1 LOCALLY MADE IMPROVED STRUCTURE.....2 MODERN STORE.....3 SACKS/OPEN DRUM.....4 AIRTIGHT DRUM.....5 UNPROTECTED PILE.....6 CEILING.....7 PICS/HEMATIC BAGS.....8 OTHER, SPECIFY.....96	32. Did you do anything to protect the stored [CROP]? YES...1 NO....2 ▶34	33. What did you do to protect the stored [CROP]? SPRAYING...1 SMOKING....2 OTHER, SPECIFY.96	34. What quantity of the [CROP] harvest was stored as food for household consumption? QUANTITY (KG)	35. What quantity of the [CROP] harvest was stored for future sales? QUANTITY (KG)	36. What quantity of the [CROP] harvest was stored for other purposes? QUANTITY (KG)	37. For what other purposes were the harvest of [CROP] stored for? READ RESPONSES. SELECT UP TO 2. To sell later....1 To sell at a higher price.....2 Render payments in-kind.....3 Wait for the arrival of buyer.....4 Feed for livestock.....5 Other (specify)..96

STORAGE

29. Did you store or do you have any of the harvests of [CROP] from the short rainy season 20XX/20XX in storage now? ▶ !	30. What is the total quantity of [CROP] harvested during the short rainy season 20XX/20XX that you still have in storage? QUANTITY (KG)	31. What is your main method of storage of [CROP] during the short rainy season 20XX/20XX?	32. Did you do anything to protect the stored [CROP]? ▶ !	33. What did you do to protect the stored [CROP]?	34. What quantity of the [CROP] harvest was stored as food for household consumption? QUANTITY	35. What quantity of the [CROP] harvest was stored for future sales? QUANTITY	36. What quantity of the [CROP] harvest was stored for other purposes? QUANTITY	37. For what other purposes were the harvest of [CROP] stored for?

29.	30.	31.	32.	33.	34.	35.	36.
-----	-----	-----	-----	-----	-----	-----	-----

[illegible][illegible]

SECTION 10: PERMANENT CROPS BY PLOT

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

NPS	1.	2.	3.	4.	5.	6.
-----	----	----	----	----	----	----

10A. FRUIT CROPS

[illegible]

10B. PERMANENT CROPS

[illegible]

7.	8.	9.	10.	11.
----	----	----	-----	-----

[illegible]

PRE-HARVEST LOSSES

[illegible]

11. PERMANENT CROPS - HOUSEHOLD TOTALS

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

11

NPS	1.	2	3	4.	5.	6.	7.
-----	----	---	---	----	----	----	----

11A. FRUIT CROPS

[illegible]

11B. PERMANENT CROPS

C R O P	1. CAPI: CHECK S10BQ09 : WAS ANY [CROP] HARVESTED FROM ANY PLOTS?	2 Did you sell any of the [CROP] collected?	3 What was the total quantity sold?	4 What was the total value of this [CROP] sold? T-SHILLINGS. INCLUDE ONLY THE PRODUCT SOLD IN UNPROCESSED FORM. A PRODUCT IS UNPROCESSED IF IT HAS NOT CHANGED FORMAT (EG. FROM MAIZE TO MAIZE FLOUR). INCLUDE BOTH SALES DONE IN CASH AND IN-KIND	5. Who in your household was responsible for negotiating the sale of the [CROP]?	6. Who in your household decided what to do with these earnings?	7. Where did you sell most of the [CROP]?	
	YES...1 NO....2 ▶8	YES...1 NO....2 ▶8					NETWORK ROSTER 1	
			QUANTITY (KG)	T-SHILLINGS	HH IDS	HH IDS	CODE	LOCATION

NPS	8.	9.	10.	11.	12.	13.	14.	15.	16.
-----	----	----	-----	-----	-----	-----	-----	-----	-----

F R U I T I D	8. Do you have any of the [FRUIT] harvested in the last 12 months in storage now?	9. Of the [TOT_FRUIT] KGs of [CROP] harvested, what quantity do you still have in storage?	10. What is your main method of storage of [FRUIT]?	11. Did you do anything to protect the stored [FRUIT]?	12. What did you do?	13. Was any portion of the production lost post-harvest to rotting, insects, rodents, theft, etc?	14. What was the reason for this loss?	15. What percent of the [CROP] production was lost?	16. What was the value of this lost [FRUIT]?
	YES...1 NO....2 ▶13	QUANTITY (KG)	LOCALLY MADE TRADITIONAL STRUCTURE...1 IMPROVED LOCALLY MADE STRUCTURE....2 MODERN STORE.....3 SACKS/OPEN DRUM.....4 AIRTIGHT DRUM.....5 UNPROTECTED PILE.....6 OTHER, SPECIFY.....96	YES...1 NO....2	SPRAYING...1 SMOKING....2 OTHER, SPECIFY...96	YES...1 NO....2 ▶ Q17	ROTTING...1 INSECTS...2 PESTS....3 THEFT....4 OTHER, SPECIFY.96	%	T-SHILLINGS

[illegible]

C R O P	8. Do you have any of this harvest in storage now?	9. How much of this harvest do you still have in storage?	10. What is your main method of storage?	11. Did you do anything to protect the stored crop?	12. What did you do?	13. Was any portion of this production lost post-harvest to rotting, insects, rodents, theft, etc?	14. What was the reason for this loss?	15. What percent of the [CROP] production was lost?	16. What was the value of this lost [CROP]?
	YES...1 NO....2 ▶13	QUANTITY (KG)	LOCALLY MADE TRADITIONAL STRUCTURE..1 IMPROVED LOCALLY MADE STRUCTURE.....2 MODERN STORE.....3 SACKS/OPEN DRUM.....4 AIRTIGHT DRUM.....5 UNPROTECTED PILE.....6 OTHER, SPECIFY.....7	YES...1 NO....2 ▶13	SPRAYING...1 SMOKING...2 OTHER, SPECIFY...3	YES...1 NO....2 ▶ Q17	ROTTING...1 INSECTS...2 PESTS...3 THEFT....4 OTHER, SPECIFY..96	NUMBER (0-10)	T-SHILLINGS

[illegible]

NPS	17.	18.	19.	20.	21.
-----	-----	-----	-----	-----	-----

CROP DISPOSITION

F R U I T I D	17. What quantity of the [FRUIT] harvested was consumed by your household?	18. What quantity of the [FRUIT] harvested was stored as seed for the next planting season?	19. What quantity of the [FRUIT] harvested was given as payments for labour or non-labour payments?	20. What quantity of the [FRUIT] harvested was given away as gifts?	21. What quantity of the [FRUIT] harvested was used as animal feed?
	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)

CROP DISPOSITION

C R O P	17. What quantity of the [CROP] harvested was consumed by your household?	18. What quantity of the [CROP] harvested was stored as seed for the next planting season?	19. What quantity of the [CROP] harvested was given as payments for labour or non-labour payments?	20. What quantity of the [CROP] harvested was given away as gifts?	21. What quantity of the [CROP] harvested was used as animal feed?
	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)	QUANTITY (KG)

SECTION 12: PROCESSED AGRICULTURAL PRODUCTS AND AGRICULTURAL BY-PRODUCTS

1. Did your household produce any crop by-product or process any of the products harvested on the farm in the last 12 months? PLEASE LIST THE MAIN CROPS FROM WHICH BY-PRODUCTS OR PROCESSED PRODUCTS WERE OBTAINED AND PROVIDE DETAILS

YES...1
NO...2 ▶NEXT SECTION

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

PLEASE LIST THE MAIN CROPS PROCESSED AND PROVIDE DETAILS:

2.	Crop name		3.	What is the by-product produced from this [CROP]?	4.	What is the quantity produced in the last 12 months?	5.	In total, what quantity of [CROP] was used as input for the [BY-PRODUCT] in the last 12 months?	6.	Was any [BY-PRODUCT] sold?	7.	Of the quantity of [BY-PRODUCT] produced, how much of it was sold?	8.	How much [CROP] did you use as input for the sold [BY-PRODUCT]?	9.	Who in your household was responsible for negotiating the sale of [BY-PRODUCT]?	10.	Who in your household decided what to do with these earnings?	11.	What was total sales in shillings?	12.	Where did you sell most of the [BY-PRODUCT] that you sold?	13.	Did you incur any other expenses such as labor costs, additional inputs etc. in the production of [BY-PRODUCT]?	14.	What were the total costs of these additional expenses?
	NAME	CODE		USE CODES BELOW	QUANTITY	UNIT	KG		YES...1 NO...2 ▶13		KG.....1 LITER...2		QUANTITY	UNIT	KG	HH IDS	HH IDS	T-SHILLINGS	NETWORK	LOCATION		YES...1 NO...2 ▶NEXT PRODUCT	SHILLINGS			
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										

- CODES FOR Q3

PROCESSED:

 - FLOUR.....1
 - SEED.....2
 - PALM OIL.....3
 - JUICE.....4
 - THREAD.....5
 - PULP.....6
 - RUBBER.....7
 - OTHER, SPECIFY...8
- BY-PRODUCTS:

 - MAIZE BRAN.....9
 - WET HUSK (WHEAT, BARLEY)...10
 - RICE COVER.....11
 - JUICE.....12
 - THREAD.....13
 - PULP.....14
 - PALM OIL.....15
 - OUTER COVER.....16
 - NO WASTE.....17
 - OTHER, SPECIFY.....18

INPUT PURCHASES

SECTION 13: INPUT PURCHASES

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

INPUT CODE	1.	2.	3.	4.	5.	6.
	<div>CAPI: WAS THIS INPUT USED ON ANY OF THE HOUSEHOLD'S CULTIVATED PLOTS DURING THE 20XX/20XX AGRICULTURAL YEAR?</div> <div>CHECK SECTION AG 5A_B</div> <div>YES...1 NO....2 ► NEXT INPUT</div>	<div>Did your household purchase any [INPUT] that was used during the 20XX/20XX agricultural year?</div> <div>EXCLUDE ANY INPUT PURCHASED USING GOVERNMENT SUBSIDIES</div> <div>YES...1 NO....2 ► NEXT INPUT</div>	<div>Who in the household paid for the purchase of this [INPUT] during the 20XX/20XX agricultural year?</div> <div>SELECT ALL THAT APPLY</div>	<div>What was the total quantity of [INPUT] your household purchased during the 20XX/20XX agricultural year?</div> <div>KG.....1 GRAM...2 LITRE..3 ML.....4</div>	<div>What was the total cost of the [INPUT] that your household purchased during the 20XX/20XX agricultural year?</div> <div>INCLUDE THE AMOUNT PAID UP-FRONT AND ANY FUTURE PAYMENTS</div>	<div>Of the [QUANTITY IN Q4] of [INPUT] purchased, how much did your household use during the 20XX/20XX agricultural year?</div> <div>REPORT QUANTITY IN [UNIT IN Q4]</div>
			HH ROSTER IDS	QTY	UNIT	T SHILINGS	QTY

1	DI-AMMOIUM PHOSPHATE (DAP)						
2	UREA						
3	TRIPLE SUPER PHOSPHATE (TSP)						
4	CALCIUM AMMONIUM NITRATE (CAN)						
5	SULPHATE OF AMMONIUM (SA)						
6	NITROGEN PHOSPHATE POTASSIUM (NPK)						
7	MINJINGU ROCK PHOSPHATE (MRP)						
8	NPS ZINC						
9	OTHER INORGANIC FERTILIZER						
10	INSECTICIDES						
11	HERBICIDES (SOLID)						
12	HERBICIDES (LIQUID)						
13	FUNGICIDES						
14	RODENTICIDES						
15	SOLID MANURE / FARM YARD MANURE						
16	LIQUID MANURE / SLURRY						
17	GREEN MANURE (CROP RESIDUES)						
18	COMPOST						
19	STABILIZED SEWAGE SLUDGE						
20	BIOFERTILIZERS						
21	OTHER ORGANIC FERTILIZER						
96	OTHER (SPECIFY)						

INPUT PURCHASES

ORGANIC FERTILIZER FROM OWN PRODUCTION			
I N P U T C O D E	7. From whom did your household purchase most of the [INPUT] used during the 20XX/20XX agricultural year? AGRICULTURE INPUT DEALER.....1 FELLOW FARMERS.....2 GOVERNMENT EXTENSION OFFICER.....3 FAMILY MEMBER /RELATIVES.....4 LOCAL/OPEN MARKET...6 OTHER (SPECIFY).....96	8. What was the distance from the farm to the place where most of the [INPUT] was purchased? (KM) IF LESS THAN 1 KILOMETER, ENTER ZERO	9. What was the total QUANTITY of [INPUT] used that came from own-production or own animals during the 20XX/20XX agricultural year?
	10. How much did your household pay for transportation to acquire [ALL PURCHASED INPUTS] used during the 20XX/20XX agricultural year? INCLUDE ALL TRIPS FROM AND BACK TO YOUR FARM. YES...1 NO....2 ► NEXT INPUT		
		KM	QUANTITY (KG)
			T SHILINGS

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
96			

SECTION 14: FARM IMPLEMENTS AND MACHINERY

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE.

PLEASE GIVE DETAILS OF FARM IMPLEMENTS USED OR OWNED BY THE HOUSEHOLD IN THE PAST 12 MONTHS

[illegible]

SECTION 15: EXTENSION

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR THIS MODULE

8

[illegible]

<div>CAPI :DID THE RESPONDENT ANSWER YES FOR ANY TYPE OF ADVICE IN QUESTION 1?</div> <div>YES...1 NO....2 ▶Q8</div> <div>LIST UP TO 4 PEOPLE IN HH</div>	<div>3. Who in your household received advice from [SOURCE]?</div> <div>HH IDS</div>	<div>4. How would you rate the advice received?</div> <div>GOOD.....1 AVERAGE...2 BAD.....3</div>	<div>5. Did the [SOURCE] charge your household for the information/advice received?</div> <div>YES...1 NO....2 ▶Q7</div>	<div>6. How much did you pay?</div> <div>T-SHILINGS</div>	<div>7. How many times did someone from [SOURCE] visit your farm in the past 12 months?</div>	<div>8. In the past 12 months did anyone in your household receive any information about agricultural prices from [SOURCE]?</div> <div>YES...1 NO....2 ▶Q11</div>	<div>9. Did you pay anything in order to receive the advice on agricultural prices from [SOURCE]?</div> <div>YES...1 NO....2 ▶Q11</div>	<div>10. How much did you pay to receive advice on agricultural prices from [SOURCE]?</div> <div>T-SHILINGS</div>	<div>11. In the last 12 months, did you or any household members conduct any of the following activities with the support of a mobile phone (through calls, sms, apps or internet) or other digital device?</div> <div>INDICATE YES/NO FOR EACH (READ ALOUD)</div> <div>Place an order to purchase or rent inputs or equipment.....Y/N Arrange pick-up or delivery of inputs or equipment.....Y/N Make payments for inputs or equipment..Y/N Sell crops, livestock and/or livestock products from your farm.....Y/N Arrange delivery of your farm products for sale (to market or receiptent).....Y/N Purchase or manage insurance for your farm..Y/N Borrow or manage credit for your farm..Y/N</div>

Crop Codes

Cereals/tubers/roots:

Maize.....	11
Paddy.....	12
Sorghum.....	13
Bulrush Millet...	14
Finger Millet....	15
Wheat.....	16
Barley.....	17
Cassava.....	21
Sweet Potatoes...	22
Irish potatoes...	23
Yams.....	24
Cocoyams.....	25
Onions.....	26
Ginger.....	27
Vituu swaumu....	401

Legumes, Oil & fruit:

Beans.....	31
Cowpeas.....	32
Green gram.....	33
Chick peas.....	35
Bambara nuts....	36
Field peas.....	37
Sunflower.....	41
Sesame.....	42
Groundnut.....	43
Soyabeans.....	47
Caster seed.....	48

Fruits:

Passion Fruit....	70
Banana.....	71
Avocado.....	72
Mango.....	73
Papaw.....	74
Orange.....	76
Grapefruit.....	77
Grapes.....	78
Mandarin.....	79
Guava.....	80
Plums.....	81
Apples.....	82
Pears.....	83
Peaches.....	84
Lime.....	851
Lemon.....	852
Pomelo.....	68
Jack fruit.....	69
Durian.....	97
Bilimbi.....	98
Rambutan.....	99
Bread fruit.....	67
Malay apple.....	38
Star fruit.....	39
Custard Apple....	200
God Fruit.....	201
Mitobo.....	202
Plum.....	203
Pomegranate.....	205
Date.....	210
Tungamaa.....	211
Vanilla.....	212

Vegetables:

Cabbage.....	86
Tomatoes.....	87
Spinach.....	88
Carrot.....	89
Chilies.....	90
Amaranth.....	91
Pumpkins.....	92
Cucumber.....	93
Egg Plant.....	94
Water Mellon....	95
Cauliflower.....	96
Okra.....	100
Fiwi.....	101

Cash Crops:

Cotton.....	50
Tobacco.....	51
Pyrethrum.....	52
Jute.....	62
Seaweed.....	19
Maua.....	402

Permanent Cash crops:

Sisal.....	53
Coffee.....	54
Tea.....	55
Cocoa.....	56
Rubber.....	57
Wattle.....	58
Kapok.....	59
sugar Cane.....	60
Cardamom	61
Tamarind.....	63
Cinnamon.....	64
Nutmeg.....	65
Clove.....	66
Black Pepper....	18
Pigeon pea.....	34
Pineapple.....	75
Palm Oil.....	44
Coconut.....	45
Cashew nut.....	46
Green Tomato....	300
Monkeybread....	301
Bamboo.....	302
Firewood/fodder..	303
Timber.....	304
Medicinal plant..	305
"Fence tree"....	306
other.....	998

NETWORK CODES

RELATIVE.....	1
NEIGHBOR.....	2
FRIEND.....	3
MARKET.....	4
OPEN MARKET....	5
COOPERATIVE UNION..	6
FARMERS PARTY.....	7
MAIN PLOT/FARM....	8
PRIVATE BUSINESS	
PERSON.....	9
MAIN MARKET.....	10
BUSINESS CONTACT..	11
ABATTORI/FACTORY...	12
EMPLOYER.....	13
RELIGIOUS	
INSTITUTION....	14
BANK (COMMERCIAL)..	15
GROCERY/LOCAL	
MERCHANT.....	16
MONEY LENDER.....	17
NGO.....	18
DISTRIBUTION	
OFFICER.....	19
OTHER, SPECIFY....	20

NETWORK LOCATION CODES

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

TIME FINISHED:

:

2024-25 TANZANIA INTEGRATED HOUSEHOLD BUDGET SURVEY
(TIHBS 2024-25)

NATIONAL BUREAU OF STATISTICS

OFFICE OF THE CHIEF GOVERNMENT STATISTICIAN

*This information is collected under the Mainland Act of Parliament (THE STATISTICS ACT CAP. 351
R.E. 2019) and under section 4 (1) (a-i) of the Zanzibar Statistics Act No. 9 of 2007*

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

LIVESTOCK QUESTIONNAIRE

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

SECTION A: IDENTIFICATION PARTICULARS

	CODE	NAME
A00. TIHBS SERIAL NUMBER	<div><div></div><div></div><div></div><div></div></div>	
A01. REGION	<div><div></div><div></div></div>	.....
A02. DISTRICT:	<div><div></div><div></div></div>	.....
A03. COUNCIL:	<div><div></div><div></div></div>	
A04. CONSTITUENCY:	<div><div></div></div>	
A05. DIVISION/WADI	<div><div></div></div>	
A06. WARD/SHEHIA	<div><div></div><div></div><div></div></div>	
A07. VILLAGE/MTAA:	<div><div></div><div></div></div>	.....
A08. HAMLET/ENUMERATION AREA	<div><div></div><div></div><div></div></div>	.....
A09. SUB-STRATUM (Urban = 1, Rural = 2)	<div><div></div></div>	.....
A10. HOUSEHOLD NO.:	<div><div></div><div></div><div></div></div>	
A16. TYPE OF SAMPLE	DIARY HOUSEHOLDS..1 RECALL.....2 NPS NEW REFRESH...3	

22. REFER TO AGRICULTURE FILTER QUESTIONS, SECTION AG0, Q6

DID ANYONE IN THE HOUSEHOD OWN
ANY LIVESTOCK IN THE LAST 12

YES..1 (COMPLETE SECTIONS 1-8)

NO..2

TABLE OF CONTENTS

SECTION 2. LIVESTOCK STOCK

SECTION 3: ANIMAL HEALTH

SECTION 4. FEED, WATER, HOUSING, BREEDING

SECTION 5. LIVESTOCK- LABOUR

SECTION 6. MILK

SECTION 7. ANIMAL POWER & DUNG

SECTION 8. OTHER LIVESTOCK PRODUCTS

SECTION 2. LIVESTOCK STOCK

ENUMERATOR: RECORD PRIMARY
RESPONDENT ID FOR MODULE 2.

OWNERSHIP

		1.	2.	3.	4.		7.	8.	9.	
ANIMAL TYPE		1. Did your household own/raise or manage any [ANIMAL] in the last 12 months? IF NOT INDICATED SEPARATELY, INCLUDE BABIES YES...1 NO....2 ►NEXT	2. How many [ANIMAL] were owned by your household 2 years ago?	3. How many [ANIMAL] were owned by your household 12 months ago?	4. How many [ANIMAL] are currently kept by your household irrespective of ownership?	5. Of the [Q4] of [ANIMAL] currently being kept by your household, how many are owned by your household?	6. Of the [Q5] of [ANIMAL] currently owned by your household, how many are local or indigenous?	7. Who in your household own [ANIMAL] that are currently kept by your household?	8. What are the household's major purposes for owning/keeping [ANIMAL]? SELECT ALL THAT APPLY Sale of adult animals.....1 Sale of young animals.....2 Sale of livestock products...3 Food for the family.....4 Cope with unexpected expenditures.....5 Cope with seasonal expenditures.....6 Draught power.....7 Manure.....8 Transport.....9 Wealth status.....10 Savings.....11 Wage.....12 Reproduction.....13 Other/specify.....96	9. If your household were to sell ONE of the [ANIMAL] today, how much would your household receive from the sale?
			NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	HH ROSTER IDS	T-SHILLINGS	
LARGE RUMINANTS	BULLS	1								
	COWS	2								
	STEERS	3								
	HEIFERS	4								
	MALE CALVES	5								
	FEMALE CALVES	6								
SMALL RUMINANTS	GOAT	7								
	SHEEP	8								
PIG	9									
POULTRY	CHICKEN	10								
	DUCKS	11								
	OTHER POULTRY	12								
OTHER ANIMALS	RABBITS	13								
	DONKEYS	14								
	DOGS	15								
	OTHER_____	96								

ST

[illegible]

ST

SALES

SLAUGHTER

[illegible]

SECTION 3: ANIMAL HEALTH

ENUMERATOR: RECORD PRIMARY
RESPONDENT ID FOR MODULE 3.

VACCINATION

A N I M A L G R O U P C O D E	1. CAPI: REFER TO SECTION 1, QUESTION 1: DID THE HOUSEHOLD OWN ANY OF THESE TYPES OF ANIMALS?	2. What kind of diseases did [ANIMAL GROUP] suffer in the past 12 months? SELECT ALL THAT APPLY	3. Did you vaccinate your [ANIMAL GROUP] in the past 12 months?	4. Who provided the vaccine (or vaccinated) your [ANIMAL GROUP]?
	YES...1 NO....2 ▶NEXT	Brucellosis (Ugonjwa wa Kutupa Mimba).....1 CBPP (Homa ya Mapafu).....2 Lumpy Skin Disease (Mapelengozi)....3 CCPP (Homa ya Mapafu kwa mbuzi)....4 ECF (Ndigana Kali).....5 Rabies (Kichaa cha Mbwa).....6 FMD (Ugonwa wa Miguu na Midomo)....7 Anthrax (Kimeta).....8 BQ (Chambavu).....9 New castle Disease (Kideli/Mdondo).10 Fowl Pox (Ndui).....11 Gomboro (Gumboro).....12 Helminthiosis.....13 ASF (Homa ya Nguruwe).....14 Tick Borne Disease.....15 Typanosomiasis.....16 Foot Rot.....17 Tetanus.....18 Mange.....19 Anaemia.....20 Canine Distemper.....21 Not sick.....22	YES, ALL ANIMALS AT LEAST ONCE.....1 YES, SOME....2 NO.....3 ▶6	PRIVATE VET CLINIC.....1 DISTRICT VET CLINIC.....2 NGO/PROJECT.....3 OTHER, SPECIFY.96

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

ANIMAL GROUP CODE	DEWORMING		TICKS		
	5. Against which diseases did you vaccinate your [ANIMAL GROUP]? SELECT ALL THAT APPLY	6. During the last 12 months have you used dewormers on your [ANIMAL GROUP]? YES, ALL ANIMALS..1 YES, SOME.....2 NO.....3 ▶8	7. Who administered the dewormer treatment to your [ANIMAL GROUP]? PRIVATE VET CLINIC.....1 DISTRICT VET CLINIC.....2 NGO/PROJECT.....3 OTHER, SPECIFY.....96 HOUSEHOLD MEMBER ..5	8. During the last 12 months, have you taken any preventative measures for your [ANIMAL GROUP] against tick borne diseases? YES, ALL ANIMALS...1 YES, SOME.....2 NO.....3 ▶10	9. What preventive measures did you take for your [ANIMAL GROUP]? DIPPING/ DIP TANK...1 SPRAYING.....2 OTHER, SPECIFY....3
1					
2					
3					
4					
5					
6					

CURATIVE TREATMENTS

EXPENDITURE

A N I M A L G R O U P C O D E	10. During the last 12 months have your [ANIMAL GROUP] been treated against ticks?	11. Who administered the tick treatment to your [ANIMAL GROUP]?	12. During the last 12 months have your [ANIMAL GROUP] receive some curative treatments?	13. Who administered the curative treatment to your [ANIMAL GROUP]?	14. How much did you spend in total on vaccines, preventive measures, treatments and other veterinary costs on [ANIMAL GROUP] in the last 12 months?
	YES, ALL ANIMALS..1 YES, SOME.....2 NO.....3 ►12	PRIVATE VET CLINIC.....1 DISTRICT VET CLINIC.....2 NGO/PROJECT.....3 OTHER, SPECIFY....96 HOUSEHOLD MEMBER ...5	YES, ALL ANIMALS..1 YES, SOME.....2 NO.....3 ►14	PRIVATE VET CLINIC.....1 DISTRICT VET CLINIC.....2 NGO/PROJECT.....3 OTHER, SPECIFY....96 HOUSEHOLD MEMBER ...5	T-SHILLINGS

1					
2					
3					
4					
5					
6					

11

| WATER

T-SHILLINGS

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

A N I M A L G R O U P C O D E	HOUSING					BREEDING	
	6.a	7.	8.	9.	10.	11.	12.
	How long did it take, on average in minutes, to reach the main sources of water for your [ANIMAL GROUP] in the LONG/SHORT rainy season (IN MINUTES)?	Has your household ever paid to access/use water sources for [ANIMAL GROUP] in the past 12 months?	In which months did you pay to use water for [ANIMAL GROUP] in the past 12 months? SELECT ALL THAT APPLY	How much has your household paid to access water for [ANIMAL GROUP] in the past 12 months?	Who in the household move with the herds of [ANIMAL GROUP] away from the household for more than one week to look for water or pasture? LIST UP TO TWO FROM THE HOUSEHOLD ROSTER	What housing system for [ANIMAL GROUP] has this household mainly used in the past 12 months?	Has this household practiced any controlled mating or other breeding strategy for [ANIMAL GROUP] in the past 12 months?
	<div>MINUTES</div> <div>LONG RAINSSHORT RAINS</div>	YES...1 NO....2 ▶11	JANUARY.....1 FEBRUARY....2 MARCH.....3 APRIL.....4 MAY.....5 JUNE.....6 JULY.....7 AUGUST.....8 SEPTEMBER...9 OCTOBER....10 NOVEMBER...11 DECEMBER...12	T-SHILLINGS	HH IDS	NONE.....1 CONFINED IN SHEDS.....2 CONFINED IN PADDOCKS...3 CONFINED FENCES....4 CAGE.....5 BASKET.....6 INSIDE THE HOUSE...7 OTHER, SPECIFY....96	YES.....1 NO.....2 (▶NEXT ANIMAL GROUP)
1							
2							
3							
4							
5							
6							

ANIMAL GROUP CODE	13.
	What have been the main controlled mating or breeding strategies used by this household for [ANIMAL GROUP] in the past 12 months?
	NATURAL MATING, SIRE SELECTED FROM WITHIN HERD.....2
	NATURAL MATING, SIRE PURCHASED.....3
	NATURAL MATING, SIRE EXCHANGED.....4
	ARTIFICIAL INSEMINATION.....5
	DAM PURCHASED.....6
	DAM EXCHANGED.....7
	NON-BREEDING MALES CASTRATED.....8
	OTHER, SPECIFY.....96

1	
2	
3	
4	
5	
6	

ENUMERATOR: RECORD PRIMARY
RESPONDENT ID FOR MODULE 5.

10

[illegible]

SECTION 6. MILK

ENUMERATOR: RECORD PRIMARY
RESPONDENT ID FOR MODULE 6.

7

[illegible]

SECTION 7. ANIMAL POWER & DUNG

ENUMERATOR: RECORD PRIMARY
RESPONDENT ID FOR MODULE 7.

ANIMAL GROUP CODE	CAPI: REFER TO SECTION 1, QUESTION 1: DID THE HOUSEHOLD OWN ANY OF THESE TYPES OF ANIMALS?	1. Did your household make use of any of the dung produced by [ANIMAL GROUP] in the past 12 months? YES...1 NO....2 ▶5	2. What have been the major uses of the dung from [ANIMAL GROUP] in the last 12 months? LIST UP TO TWO MANURE.....1 ▶4 COOKING FUEL.....2 ▶4 FEED TO OTHER ANIMALS...3 ▶4 CONSTRUCTION OF BUILDING.....4 ▶4 SALES.....5 OTHER, SPECIFY...6 ▶4	3. What was the total value of sales of the dung from [ANIMAL GROUP] in the last 12 months? TSH	4. What was the total quantity of dung produced by [ANIMAL GROUP] over the last 12 months? UNITS KG.....1 LITER...2 QUANTITY | UNIT	5. Did your household use any of the [ANIMAL GROUP] for own transport (persons, crops, etc.) in the past 12 months? YES...1 NO....2	6. Did your household use any of the [ANIMAL GROUP] for ploughing own field in the past 12 months? YES...1 NO....2
	YES...1						
1	LARGE RUMINANTS Bulls, cows, steers, heifers, male calves, female calves						
2	SMALL RUMINANTS Goats, sheep						
3	PIGS						
4	POULTRY Chickens, ducks, etc						
5	DONKEYS						
6	DOGS						

SECTION 8. OTHER LIVESTOCK PRODUCTS

ENUMERATOR: RECORD PRIMARY
RESPONDENT ID FOR MODULE 8.

10

[illegible]

CODES FOR Q2

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

CODES FOR Q3

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

TIME FINISHED:

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