



The United Republic of Tanzania



The Sixth Post Union Census

Strictly Confidential

QUESTIONNAIRE FOR THE 2022 POPULATION AND HOUSING CENSUS

This census is conducted in accordance with Section 6(2)(a) of the Statistics Act Cap. 351 || All responses collected in this census are protected under this Act

SECTION A: IDENTIFICATION

| | | | | | | | | | |
|--------|----------|---------|--------------|---------------|-------------|--------------|------------------------------|------------------|--------------|
| Region | District | Council | Constituency | Division/Wadi | Ward/Shehia | Village/Mtaa | Hamlet/Enumeration Area (EA) | Household Number | CONFIDENTIAL |
| | | | | | | | | | |

| | | | | |
|------------|--|--|--|--|
| A01 | Please State the number all persons who Spent here at the Census Night | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td></tr> </table> | | |
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SECTION B: DEMOGRAPHICS INFORMATION

| B01 | B02 HOUSEHOLD MEMBERS | B03 RELATIONSHIP TO THE HEAD | B04 SEX | B05 AGE | B06 MARITAL STATUS (APPLICABLE TO AGE 10+) | B07 MOBILE PHONE (AGE 15+) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--|--|-------------------|-------------|--|----------------------------|-------------|----------------|-------------|---|---|---|---|---|---|---|---|------|--------|---|---|--|---|---------------|---------|-----------------|----------|-----------|---------|------------|---|---|---|---|---|---|---|---|
| No. | Please state the names of all persons who spent the census night, that is Monday night before Tuesday 23rd August, 2022 in your household, starting with the name of the head of household. DO NOT FORGET TO INCLUDE ALL INFANTS, HOUSEHOLD MEMBERS WHO SLEPT IN A NEARBY FUNERAL AND THOSE WORKING NIGHT SHIFTS SUCH AS NURSES, DOCTORS, POLICE, GUARDS, ETC. WRITE DOWN FULL NAME OF EACH HOUSEHOLD MEMBER | What is the relationship of [NAME] to the head of the household? <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:5%;">Head</td> <td style="width:5%;">Spouse</td> <td style="width:5%;">Son/Daughter</td> <td style="width:5%;">Biological Parent</td> <td style="width:5%;">Grand Child</td> <td style="width:5%;">Other Relative</td> <td style="width:5%;">Not Related</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> </table> | Head | Spouse | Son/Daughter | Biological Parent | Grand Child | Other Relative | Not Related | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Is [NAME] a male or a female? <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:5%;">Male</td> <td style="width:5%;">Female</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> | Male | Female | 1 | 2 | How old is [NAME]? WRITE AGE IN COMPLETE YEARS. IF UNDER ONE YEAR WRITE "00" FOR 97 YEARS AND ABOVE WRITE '97' | What is current marital status of [NAME]? never married, married, living together, divorced, separated, widowed? <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:10%;">Never Married</td> <td style="width:10%;">Married</td> <td style="width:10%;">Living Together</td> <td style="width:10%;">Divorced</td> <td style="width:10%;">Separated</td> <td style="width:10%;">Widowed</td> <td style="width:10%;">Not Stated</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> </table> | Never Married | Married | Living Together | Divorced | Separated | Widowed | Not Stated | 1 | 2 | 3 | 4 | 5 | 6 | 9 | Please give the mobile number of [NAME]? WRITE THE MOBILE NUMBER OF ALL HOUSEHOLD MEMBERS AGED 15+. |
| Head | Spouse | Son/Daughter | Biological Parent | Grand Child | Other Relative | Not Related | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Never Married | Married | Living Together | Divorced | Separated | Widowed | Not Stated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION A: IDENTIFICATION

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| | | | | | | | | | |

SECTION C: INFORMATION ON DISABILITIES/DIFFICULTIES

| B01 | C01 ALBINISM | C02 SEEING | C03 HEARING | C04 WALKING | C05 REMEMBERING | C06 SELFCARE |
|-----|----------------------|---|--|--|--|--|
| No. | Is [NAME] an albino? | Does (NAME) have difficulty seeing, even if wearing glasses? | Does (NAME) have difficulty hearing, even if 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? |
| | Yes 1 No 2 | No Difficulty 1 Some Difficulty 2 A Lot of Difficulty 3 Unable to See 4 Not Applicable 5 | No Difficulty 1 Some Difficulty 2 A Lot of Difficulty 3 Unable to Hear 4 Not Applicable 5 | No Difficulty 1 Some Difficulty 2 A Lot of Difficulty 3 Unable to Walk 4 Not Applicable 5 | No Difficulty 1 Some Difficulty 2 A Lot of Difficulty 3 Unable to Remember 4 Not Applicable 5 | No Difficulty 1 Some Difficulty 2 A Lot of Difficulty 3 Unable to Care 4 Not Applicable 5 |
| 0 1 | | | | | | |
| 0 2 | | | | | | |
| 0 3 | | | | | | |
| 0 4 | | | | | | |
| 0 5 | | | | | | |
| 0 6 | | | | | | |
| 0 7 | | | | | | |
| 0 8 | | | | | | |

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SECTION C: INFORMATION ON DISABILITIES/DIFFICULTIES

| B01 | C07 COMMUNICATION | C08 OTHER DISABILITIES | C09 CAUSE OF DISABILITY | C10 ASSISTIVE DEVICES AND MATERIALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--|---|---|---|-----------------------|----------------|------------|-------------------------------|-----------------|---------------------------|---------|---|------------------|---------------|---------------|----------------------|----------------------|-----------|-----------|--------|---------------|-----------------|---------------------------|---------|-----------------------|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|---------|----------|---------|--------|--------------------|--------|------------|-------------------------------|---|---|---|---|---|---|---|---|---|--|
| No. | <p>USING THE COMMON LANGUAGE: Does [NAME] have difficulty communicating; for example understanding or being understood?</p> | <p>Does, [NAME] have other type of disabilities/difficulties among the following?</p> <p>READ ALL TYPES OF DISABILITIES/ DIFFICULTIES TO RESPONDENT</p> <p>Yes = 1 No = 2 Don't know = 9</p> | <p>ASK FOR EVERY TYPE OF DISABILITY FROM C02 TO C07 IF CODE 3 OR 4 OR CODE 1 IN QUESTION C08</p> <p>What is the cause of disability for [NAME]?</p> <p>MULTIPLE RESPONSE IS ALLOWED</p> | <p>ASK IF QC01 = 1 OR ANY QUESTION FROM QC02 TO Q07 = 3 OR 4 OR QC08 IS CODE 1 FOR B,C,D</p> <p>Does [NAME] has disability assistive devices or materials?</p> <p>Yes = 1 No = 2</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align:center;">No Difficulty</td> <td style="width:20%; text-align:center;">Some Difficulty</td> <td style="width:20%; text-align:center;">A Lot of Difficulty</td> <td style="width:20%; text-align:center;">Unable to communicate</td> <td style="width:20%; text-align:center;">Not Applicable</td> </tr> <tr> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td style="text-align:center;">4</td> <td style="text-align:center;">5</td> </tr> </table> | No Difficulty | Some Difficulty | A Lot of Difficulty | Unable to communicate | Not Applicable | 1 | 2 | 3 | 4 | 5 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;">Cleft Palate</td> <td style="width:10%; text-align:center;">Hydrocephalus</td> <td style="width:10%; text-align:center;">Spinal bifida</td> <td style="width:10%; text-align:center;">Spinal cord injuries</td> <td style="width:10%; text-align:center;">Epilepsy or seizures</td> <td style="width:10%; text-align:center;">Psoriasis</td> <td style="width:10%; text-align:center;">Storiasis</td> <td style="width:10%; text-align:center;">Autism</td> <td style="width:10%; text-align:center;">Mental Health</td> <td style="width:10%; text-align:center;">Mental Disorder</td> <td style="width:10%; text-align:center;">Person with short stature</td> <td style="width:10%; text-align:center;">Leprosy</td> <td style="width:10%; text-align:center;">Person with hunchback</td> <td style="width:10%; text-align:center;">Other disability</td> </tr> <tr> <td style="text-align:center;">A</td> <td style="text-align:center;">B</td> <td style="text-align:center;">C</td> <td style="text-align:center;">D</td> <td style="text-align:center;">E</td> <td style="text-align:center;">F</td> <td style="text-align:center;">G</td> <td style="text-align:center;">H</td> <td style="text-align:center;">I</td> <td style="text-align:center;">J</td> <td style="text-align:center;">K</td> <td style="text-align:center;">L</td> <td style="text-align:center;">M</td> <td style="text-align:center;">X</td> </tr> </table> | Cleft Palate | Hydrocephalus | Spinal bifida | Spinal cord injuries | Epilepsy or seizures | Psoriasis | Storiasis | Autism | Mental Health | Mental Disorder | Person with short stature | Leprosy | Person with hunchback | Other disability | A | B | C | D | E | F | G | H | I | J | K | L | M | X | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;">Inborn</td> <td style="width:10%; text-align:center;">Disease</td> <td style="width:10%; text-align:center;">Accident</td> <td style="width:10%; text-align:center;">Old age</td> <td style="width:10%; text-align:center;">Beaten</td> <td style="width:10%; text-align:center;">Contaminated water</td> <td style="width:10%; text-align:center;">Stress</td> <td style="width:10%; text-align:center;">Drug abuse</td> <td style="width:10%; text-align:center;">Pregnancy/birth complications</td> </tr> <tr> <td style="text-align:center;">A</td> <td style="text-align:center;">B</td> <td style="text-align:center;">C</td> <td style="text-align:center;">D</td> <td style="text-align:center;">E</td> <td style="text-align:center;">F</td> <td style="text-align:center;">G</td> <td style="text-align:center;">H</td> <td style="text-align:center;">I</td> </tr> </table> | Inborn | Disease | Accident | Old age | Beaten | Contaminated water | Stress | Drug abuse | Pregnancy/birth complications | A | B | C | D | E | F | G | H | I | |
| No Difficulty | Some Difficulty | A Lot of Difficulty | Unable to communicate | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cleft Palate | Hydrocephalus | Spinal bifida | Spinal cord injuries | Epilepsy or seizures | Psoriasis | Storiasis | Autism | Mental Health | Mental Disorder | Person with short stature | Leprosy | Person with hunchback | Other disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | B | C | D | E | F | G | H | I | J | K | L | M | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inborn | Disease | Accident | Old age | Beaten | Contaminated water | Stress | Drug abuse | Pregnancy/birth complications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | B | C | D | E | F | G | H | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 0 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

CONFIDENTIAL

SECTION D: MIGRATION INFORMATION

| B01 | D01 CITIZENSHIP | D02 DUAL CITIZENSHIP | D03 PLACE OF RESIDENCE | D04 WHERE RESPONDENT SPENDS MOST OF THE DAY TIME | D05 PLACE OF BIRTH |
|-----|--|--|--|---|---|
| No. | What is (NAME) country of citizenship? IF TANZANIAN, WRITE CODE 001 IF NON-TANZANIAN WRITE APPROPRIATE CODE, FOR DUAL CITIZENSHIP WRITE "888" ► IF THE ANSWER IS CODE OF RESPECTIVE COUNTRY GO TO D03 | What is (NAME) countries of citizenship? WRITE CODES FOR THE COUNTRIES MULTIPLE RESPONSE IS ALLOWED FISRT COUNTRY SECOND COUNTRY | Which region/country does [NAME] usually live? WRITE CODE FOR THE COUNTRY, REGION AND DISTRICT IF LIVING IN TANZANIA, OR COUNTRY CODE IF LIVING OUTSIDE TANZANIA THEN GO TO THE NEXT QUESTION | Where do you spend most of your time during the day? WRITE COUNTRY, REGION AND DISTRICT CODES IF SPENDS MOST OF THE DAY TIME IN TANZANIA OR COUNTRY CODE IF OUTSIDE TANZANIA THEN GO TO THE NEXT QUESTION CODES FOR THE 8th BOX Rural =1 Regional /District Headquarters =2 Other Urban= 3 | In which region/country was [NAME] born? WRITE CODE FOR COUNTRY, REGION AND DISTRICT IF BORN IN TANZANIA OR COUNTRY CODE IF BORN OUTSIDE TANZANIA. IF COUNTRY OF BIRTH IS UNKNOWN WRITE "9999999" ► IF THE RESPONDENT WAS BORN IN THE REGION WHERE THE INTERVIEW IS TAKING PLACE GO TO D10 |
| 0 1 | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| 0 2 | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| 0 3 | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| 0 4 | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| 0 5 | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| 0 6 | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| 0 7 | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| 0 8 | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

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SECTION E: INFORMATION ON POSSESSION OF NATIONAL DOCUMENTS AND ORPHANHOOD

| B01 | E01 | BIRTH CERTIFICATE, PASSPORT, AND HEALTH INSURANCE | E02 | OTHER DOCUMENTS - FOR PERSON AGED 18+ | E02F | ENTREPRENEUR ID - FOR PERSON AGED 5+ | E03 | SURVIVAL OF PARENTS (APPLICABLE TO PERSONS BELOW AGE 18) | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|---------------------------|--|--|---------------------------------------|----------------------------|--|------------------------|--|---|---|---|---|---|---|--|---|--------------------|---------------------------|-------------|-----------------|------------|--|---|---|---|---|---|---|--|--|--|--------|--------|
| No. | | <p>Does [NAME] have the following Identification? Yes = 1 No = 2 Don't know = 9</p> <p>QUESTION E01F SHOULD BE ASKED FOR A PERSON AGED 60 YEARS OR ABOVE</p> <table border="1" style="width:100%; text-align:center; margin-top: 10px;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Birth Certificate</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Birth Notification</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Travel Passport</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">National Health Insurance/ Community Health Insurance</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Other Health Insurance</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Card for elderly treatment</td> </tr> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> </tr> </table> | Birth Certificate | Birth Notification | Travel Passport | National Health Insurance/ Community Health Insurance | Other Health Insurance | Card for elderly treatment | A | B | C | D | E | F | | <p>Does [NAME] have the following National Documents? Yes = 1 No = 2 Don't know = 9</p> <p>► IF D01 NOT TANZANIAN DON'T ASK CODE C, E AND F</p> <p>E02A1: IF A or B IS CODE 1, ASK, Please, mention National ID number of [NAME]</p> <p>E02C1: IF CODE C IS 1, ASK, Please, mention Zanzibar ID number of [NAME]</p> <table border="1" style="width:100%; text-align:center; margin-top: 10px;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">National ID (NIDA)</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">National ID Number (NIDA)</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Zanzibar ID</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Driving Licence</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Voter's ID</td> <td></td> </tr> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> </tr> </table> <p align="center">FILL ID NUMBER</p> | National ID (NIDA) | National ID Number (NIDA) | Zanzibar ID | Driving Licence | Voter's ID | | A | B | C | D | E | F | | <p>► IF D01 NOT TANZANIAN DON'T ASK THIS QUESTION</p> <p>Does [NAME] have small entrepreneur ID? Yes = 1 No = 2 Don't know = 9</p> <p>IF CODE 2 OR 9 SKIP TO E03</p> <p>E02F1: IF CODE 1, ASK, Please, mention Entrepreneur ID number of [NAME]</p> <p>IF ID IS NOT FOUND OR DOES NOT REMEMBER THE ID NUMBER WRITE CODE "999999999"</p> <p align="center">FILL ID NUMBER</p> | <p>Is [NAME]'s Father alive? Is [NAME]'s Mother alive? Yes = 1 No = 2 Don't Know = 9</p> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:50%; text-align:center;">Father</td> <td style="width:50%; text-align:center;">Mother</td> </tr> </table> | Father | Mother |
| Birth Certificate | Birth Notification | Travel Passport | National Health Insurance/ Community Health Insurance | Other Health Insurance | Card for elderly treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | B | C | D | E | F | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National ID (NIDA) | National ID Number (NIDA) | Zanzibar ID | Driving Licence | Voter's ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | B | C | D | E | F | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father | Mother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION A: IDENTIFICATION

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|--------|----------|---------|--------------|---------------|-------------|--------------|------------------------------|------------------|---------------------|
| Region | District | Council | Constituency | Division/Wadi | Ward/Shehia | Village/Mtaa | Hamlet/Enumeration Area (EA) | Household Number | CONFIDENTIAL |
| | | | | | | | | | |

SECTION F: EDUCATION INFORMATION - ALL PERSONS AGED 4 YEARS OR ABOVE

| B01 | F01 | READING AND WRITING | F01A | NUMERACY | F02 | SCHOOL ATTENDANCE | F03 | REASON FOR SCHOOL DROPOUT - 4 TO 24 YEARS | F04 | LEVEL OF EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|---------------------|--|------------|---|-----------------|--|--------------------------|--|-----------------------|----------------------------------|---------------------------|--------------------------|-----------|-----------------|--------------------------------|--------------------------|------------------------------|----------|----------------------------------|---------------------------|--------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|--|---|
| No. | | Can [NAME] read and write a short sentence in Kiswahili, English, Kiswahili and English or any other language? Kiswahili = 1 English = 2 Kiswahili and English = 3 Other Languages = 4 Illiterate = 5 | | Can [NAME] do a simple arithmetics addition, subtraction, division or multiplication? Yes = 1 No = 2 | | Is [NAME] currently attending, partially attended, completed or never attended school? Now attending =1 Partially attended =2 Completed =3 Never attended =4 ▶ IF CODE 1 OR 3 SKIP TO F04 | | What was the main reason for [NAME] school dropout/never attended? <table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Financial Constraints</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">School too far away</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Ill/Sick</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Disability</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Pregnancy</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Truancy/Refusal</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Indispine behaviour /Expulsion</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">To work/looking for work</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Caring for the sick/children</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Marriage</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Difficulty/dangerous environment</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Unfriendly infrastructure</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Not started school</td> </tr> <tr> <td>01</td> <td>02</td> <td>03</td> <td>04</td> <td>05</td> <td>06</td> <td>07</td> <td>08</td> <td>09</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> </tr> </table> | Financial Constraints | School too far away | Ill/Sick | Disability | Pregnancy | Truancy/Refusal | Indispine behaviour /Expulsion | To work/looking for work | Caring for the sick/children | Marriage | Difficulty/dangerous environment | Unfriendly infrastructure | Not started school | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | | ▶ ASK IF F02 CODED 1, 2 OR 3 What level of education has [NAME] completed or is currently attending? WRITE THE APPROPRIATE CODE |
| Financial Constraints | School too far away | Ill/Sick | Disability | Pregnancy | Truancy/Refusal | Indispine behaviour /Expulsion | To work/looking for work | Caring for the sick/children | Marriage | Difficulty/dangerous environment | Unfriendly infrastructure | Not started school | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |

CODES FOR F03

| Education level | Code |
|-----------------|------|
| Pre Primary | 00 |
| Std 1 | 01 |
| Std 2 | 02 |
| Std 3 | 03 |
| Std 4 | 04 |
| Std 5 | 05 |
| Std 6 | 06 |
| Std 7 | 07 |
| Std 8 | 08 |

Secondary Education

| Education level | Code |
|-----------------|------|
| Pre form one | 18 |
| Form 1 | 09 |
| Form 2 | 10 |
| Form 3 | 11 |
| Form 4 | 12 |
| Form 5 | 13 |
| Form 6 | 14 |

Education after Primary/Secondary School

| Education level | Code |
|---|------|
| University and other related | 15 |
| Training after Primary Education | 16 |
| Training after secondary education | 17 |
| Unit (People with mental disabilities/mental health disabilities) | 19 |

SECTION A: IDENTIFICATION

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|--------|----------|---------|--------------|---------------|-------------|--------------|------------------------------|------------------|---------------------|
| Region | District | Council | Constituency | Division/Wadi | Ward/Shehia | Village/Mtaa | Hamlet/Enumeration Area (EA) | Household Number | CONFIDENTIAL |
| | | | | | | | | | |

SECTION G: INFORMATION ON ECONOMIC ACTIVITY - ALL PERSONS AGED 5 YEARS OR ABOVE

| B01 | G01 | WORK DURING LAST WEEK | G02 | TEMPORARY ABSENCE | G03 | SEEKING WORK | G04 | AVAILABLE TO WORK | | | | | | | | | | | | | | | | | | |
|-----------------------|---|--|---|---|--|---|---------------------------------|----------------------|---|---|---|---|--|---|--|---|-----|----|---|---|--|---|-----|----|---|---|
| No. | | <p>During the period of Last week, which of the following work/activity did [NAME] do for many hours?</p> <p>ENUMERATOR: READ CATEGORIES</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tr> <td style="width: 15%; text-align: center;">To take up a paid job</td> <td style="width: 15%; text-align: center;">Do activity or business for generate income/help a family member in paid job or business?</td> <td style="width: 15%; text-align: center;">Work or help in family agricultural activities including crop farming, livestock or fishing?</td> <td style="width: 15%; text-align: center;">Own account work - Prepare or preserved food or drinks for storage/Construction work or help a family member with similar</td> <td style="width: 15%; text-align: center;">Did not do any work or activity</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </table> <p>► IF CODE 1, 2, 3 OR 4 SKIP TO G05</p> | To take up a paid job | Do activity or business for generate income/help a family member in paid job or business? | Work or help in family agricultural activities including crop farming, livestock or fishing? | Own account work - Prepare or preserved food or drinks for storage/Construction work or help a family member with similar | Did not do any work or activity | 1 | 2 | 3 | 4 | 5 | | <p>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?</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">EXAMPLES OF TEMPORARY ABSENCE</p> <ul style="list-style-type: none"> • WAGE JOBS: LEAVE, STOOD DOWN, ILLNESS, STUDY LEAVE BUT STILL ATTACHED TO A JOB • BUSINESS/AGRIC: TEMPORARY ABSENCES WHILE ACTIVITY CONTINUES DURING THAT ABSENCE; • UNPAID WORKERS AND CASUAL WORKERS SHOULD NOT BE INCLUDED UNDER TEMPORARY ABSENT. </div> <p style="text-align: center;">Yes 1 No 2</p> <p>► IF CODE 1 SKIP TO G05</p> | | <p>Did [YOU/NAME] taken any steps during the past four weeks to look for a paid job or start a business or an activity to generate income?</p> <table border="1" style="width: 50%; margin: 10px auto; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> | Yes | No | 1 | 2 | | <p>At present are [YOU/NAME] available to take up a paid job, or do any kind of business, farming or any activity to generate income if such opportunity arises?</p> <table border="1" style="width: 50%; margin: 10px auto; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> <p>► FOR ANY ANSWER SKIP TO G08</p> | Yes | No | 1 | 2 |
| To take up a paid job | Do activity or business for generate income/help a family member in paid job or business? | Work or help in family agricultural activities including crop farming, livestock or fishing? | Own account work - Prepare or preserved food or drinks for storage/Construction work or help a family member with similar | Did not do any work or activity | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 1 | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 0 2 | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 0 3 | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 0 4 | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 0 5 | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 0 6 | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 0 7 | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 0 8 | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | | | | | | | | | | | |

SECTION A: IDENTIFICATION

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|--------|----------|---------|--------------|---------------|-------------|--------------|------------------------------|------------------|---------------------|
| Region | District | Council | Constituency | Division/Wadi | Ward/Shehia | Village/Mtaa | Hamlet/Enumeration Area (EA) | Household Number | CONFIDENTIAL |
| | | | | | | | | | |

SECTION G: INFORMATION ON ECONOMIC ACTIVITY - ALL PERSONS AGED 5 YEARS OR ABOVE

| B01 | G10 | AGRICULTURAL ACTIVITIES | G11 | TYPES OF CROPS | G11A | LEGAL RIGHT OVER THE OWNERSHIP | G12 | TYPES OF LIVESTOCK | G13 | TYPES OF FISHERY AND ACQUACULTURE | G14 | TYPES OF FOREST TREES | | | | | | | |
|------------------------------|---|-------------------------|------------------------------------|--|--|--------------------------------|--------------------|---|-------------|--|---------------------------------------|--|-----------------|---------------|---------------|--------------|--------------|--------------|--------------|
| No. | Does [NAME] involved in agricultural activities during 2021/22 agricultural year? | | Fill Crop Type Codes (At most two) | | What legal right do you have over the ownership of the land used for crop production in the agricultural year 2021/22? | | | Fill Livestock Type Codes (At most two) | | Fill Capture Fishery, Acquaculture Activity and Sea Weeds production Codes (At most two) | | Fill Forestry/Tree Activity Type Codes (At most two) | | | | | | | |
| MULTIPLE RESPONSE IS ALLOWED | | | | | | | | | | | | | | | | | | | |
| ▶ IF CODE Z SKIP TO QN. G15 | | | | | | | | | | | | | | | | | | | |
| | | Crop Farming A | Livestock Keeping B | Capture Fishery and Acquaculture (Fish farming, Crab, Sea Weeds production etc) C | Forestry/Tree Activity D | Not Applicable Z | | | | | | | | | | | | | |
| | | FIRST CROP | | SECOND CROP | | Title deed A | Customary law B | Contract C | Rented D | Share cropped E | Land under other forms of tenure F | Doesnot own G | Don't know Z | 1st LIVESTOCK | 2nd LIVESTOCK | 1st ACTIVITY | 2nd ACTIVITY | 1st ACTIVITY | 2nd ACTIVITY |
| 0 | 1 | | | | | | | | | | | | | | | | | | |
| 0 | 2 | | | | | | | | | | | | | | | | | | |
| 0 | 3 | | | | | | | | | | | | | | | | | | |
| 0 | 4 | | | | | | | | | | | | | | | | | | |
| 0 | 5 | | | | | | | | | | | | | | | | | | |
| 0 | 6 | | | | | | | | | | | | | | | | | | |
| 0 | 7 | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | |

Codes for COL. G11

| | |
|----------------|----|
| 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 |
| Garlic | 28 |
| Beans | 31 |
| Cowpeas | 32 |
| Green gram | 33 |
| Pigeon pea | 34 |
| Lentils | 35 |
| Bambara nuts | 36 |

| | |
|----------------|-----|
| Field peas | 37 |
| Fiwi | 101 |
| Sunflower | 41 |
| Sesame | 42 |
| Groundnut | 43 |
| Palm Oil | 44 |
| Coconut | 45 |
| Soyabeans | 47 |
| Caster seed | 48 |
| Cotton | 50 |
| Malay apple | 38 |
| Bread fruit | 67 |
| Jack fruit | 69 |
| Passion Fruit | 70 |
| Solanum Nigrum | 903 |
| collard greens | 904 |
| Grapefruit | 77 |
| Pomelo | 68 |
| Bilimbi | 98 |
| Star fruit | 39 |
| Nutmeg | 65 |

| | |
|---------------|-----|
| Banana | 71 |
| Avocado | 72 |
| Mango | 73 |
| Papaw | 74 |
| Pineapple | 75 |
| Orange | 76 |
| Grapes | 78 |
| Mandarin | 79 |
| Guava | 80 |
| Plums | 81 |
| Apples | 82 |
| Pears | 83 |
| Peaches | 84 |
| Durian | 97 |
| Rambutan | 99 |
| Custard Apple | 200 |
| God Fruit | 201 |
| Plum | 203 |
| Date | 210 |
| Vanilla | 212 |
| Strawberry | 213 |

| | |
|----------------|-----|
| soursop | 215 |
| Rassberry | 216 |
| flower | 217 |
| Lime | 851 |
| Lemon | 852 |
| Cabbage | 86 |
| Spinach | 88 |
| Carrot | 89 |
| Chilies | 90 |
| Amaranths | 91 |
| Pumpkins | 92 |
| Cucumber | 93 |
| Egg Plant | 94 |
| Water Mellon | 95 |
| Cauliflower | 96 |
| Okra | 100 |
| Coriander seed | 102 |
| Tomatoes | 871 |
| White eggplant | 872 |
| Green pepper | 901 |
| Brocol | 905 |

| | |
|----------------|-----|
| Seaweed | 19 |
| Cashew nut | 46 |
| Tobacco | 51 |
| Pyrethrum | 52 |
| Sisal | 53 |
| Coffee | 54 |
| Tea | 55 |
| Cocoa | 56 |
| Rubber | 57 |
| Sugar cane | 60 |
| Cardamom | 61 |
| Jute | 62 |
| Cinnamon | 64 |
| Clove | 66 |
| Olive | 110 |
| Green Tomato | 300 |
| Lemon grass | 307 |
| Other | 998 |
| Pumpkin leaves | 906 |
| Black Pepper | 18 |
| Not applicable | 999 |

Codes for COL. G12

| | |
|-----------------|----|
| Cattle | 1 |
| Goat | 2 |
| Sheep | 3 |
| Pig | 4 |
| Horse | 5 |
| Donkey | 6 |
| Chicken | 7 |
| Duck | 8 |
| Turkey | 9 |
| Rabbit | 10 |
| Other livestock | 98 |
| Not Applicable | 99 |

Codes for COL. G13

| | |
|---|---|
| Capture Fishery | 1 |
| Acquaculture (fish farming, crab, etc exclude sea weed) | 2 |
| Sea Weed Production | 3 |
| Not Applicable | 9 |

Codes for COL. G14

| | |
|---------------------------|---|
| Bee Keeping | 1 |
| Production of Seedling | 2 |
| Tree Plantation | 3 |
| Forest Product | 4 |
| Gathering and Hunting | 5 |
| Other forestry activities | 8 |
| Not Applicable | 9 |

SECTION A: IDENTIFICATION

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| Region |
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| District |
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| Council |
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| Constituency |
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| Division/Wadi |
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| Ward/Shehia |
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| Village/Mtaa |
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|------------------------------|
| Hamlet/Enumeration Area (EA) |
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|------------------|
| Household Number |
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|---------------------|
| CONFIDENTIAL |
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SECTION G: INFORMATION ON ECONOMIC ACTIVITY - ALL PERSONS AGED 5 YEARS OR ABOVE

| B01 No. | G15 INFORMAL ECONOMIC ACTIVITIES | | G16 ECONOMIC ACTIVITY | | G17 BUSINESS LOCATION | | G18 MACHINGA UNION FEDERATION - SHIUMA MEMBERSHIP | | G19 CURRENT CAPITAL (TZS) | | | | | | | | G20 MAIN SOURCE OF CAPITAL | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|---|--|---|-----------------|-----------------|-------------------|-------------------|-------------------|-----------------------|--------------------|--|-----------------------|----------------------|-------|---|-----------------|--|-------------------------------------|---------------------|--------------------|-------------------------|------------------|----|--|
| | Does [NAME] engage in any informal economic activity? Yes = 1 No = 2 ▶ IF CODE 2 SKIP TO H01 | | What is the main activity of [NAME]'s business? WRITE ACTIVITY FULLY OR AT LEAST IN TWO WORDS DESCRIPTION ISIC CODE | | In which area does [NAME] mostly work? | | Is [NAME] a member of Machinga Union Federation (SHIUMA)? Yes = 1 No = 2 | | Currently, how much capital does [NAME] have? | | | | | | | | What is the main source of [NAME]'s capital? | | | | | | | | | | | | | |
| | | | | | | | | | Less than 10,000 | 10,000 - 49,999 | 50,000 - 99,999 | 100,000 - 199,999 | 200,000 - 499,999 | 500,000 - 999,999 | 1,000,000 - 9,999,999 | 10,000,000 or more | Own sources (Personal savings from salary/crops) | Government assistance | Loan from Government | TASAF | Private persons assistance (friends, Donor Assistance/Loan) | Loan from Banks | Loan from Pension Funds (PSSSF, NSSF, etc) | Loan from Cooperatives associations | Employer Assistance | Loan from Employer | Loan from SACCOS/VICOBA | Loan from SHIUMA | | |
| | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CODES FOR QUESTION G17

WITHOUT PERMANENT PREMISES

| | |
|---|----|
| Hawking/mobile | 01 |
| Improvised post on the roadside | 02 |
| Permanent post on the roadside | 03 |
| Vehicle, motor bike, Tricycle, Bicycle | 04 |
| Customer's home | 05 |
| In my own/partner's home without special installation | 06 |
| Online bussiness | 07 |
| Improvised post in a market | 08 |
| Garbage area | 09 |
| Construction sites | 10 |
| Other without permanent premises | 11 |

WITH PERMANENT PREMISES

| | |
|--|----|
| Permanent premises in a market (shop, kiosk, shed) | 12 |
| Workshop, shop, restaurant, hotel | 13 |
| Taxi station in permanent structure/ Public transport with fixed route | 14 |
| Bicycle /Boda boda/ Tricycle stations | 15 |
| Mining site | 16 |
| Farm/fishing or grazing area | 17 |
| Industrial area | 18 |
| Other area with permanent premises | 19 |
| In my own/partner's home with special installation | 20 |

SECTION A: IDENTIFICATION

| | | | | | | | | | |
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| | | | | | | | | | |

SECTION H: LAND OWNERSHIP AND INFORMATION REGARDING ICT

| B01 | LAND OWNERSHIP - ALL PERSONS | | | | | INFORMATION REGARDING ICT - 4 YEARS OR ABOVE | | | | | | | | | | | | | | | | | | | | | |
|-----|------------------------------|---|---------|------------------------|--------------|--|------------|---------|------------------------|--|------------|----------------------|--------------|---|--------|--------------------|-----------------|---|--------|---------------|----------------------------|-----------------|----------|-----------------------------|-----------------------------|--|--|
| No. | H01 | OWNERSHIP OF LAND | | | | H02 | TITLE DEED | | | | H03 | EQUIPMENTS OWNERSHIP | | | | H04 | EQUIPMENTS USED | | | | H05 | EQUIPMENT USE | | | | | |
| | | Does [NAME] own any agricultural or non agricultural land either alone or jointly with someone else? ▶ IF THE ANSWER IS 4 OR 9 SKIP TO H03 | | | | Does [NAME] have title deed with his/her name on it? | | | | Did [NAME] own the following equipments in the past 3 months? YES = 1 NO = 2 Don't Know = 9 | | | | Did [NAME] use the following equipments in the past 3 months? Yes = 1 No = 2 Don't Know = 9 ▶ IF CODE 2 OR/AND 9 FOR ALL, SKIP TO QN. I01 | | | | In which of the following activities did [YOU/NAME] you use the equipments? Yes = 1 No = 2 Don't Know = 9 READ ALL CATEGORIES | | | | | | | | | |
| | | Alone | Jointly | Both alone and jointly | Does not own | Don't Know | Alone | Jointly | Both alone and jointly | No title deed | Don't Know | Smart phone/Tablet | Mobile phone | Desktop | Laptop | Smart phone/Tablet | Mobile phone | Desktop | Laptop | Communication | Search/receive information | Online buisness | Learning | Playing games/Entertainment | Sending and receiving money | | |
| | | 1 | 2 | 3 | 4 | 9 | 1 | 2 | 3 | 4 | 9 | A | B | C | D | A | B | C | D | A | B | C | D | E | F | | |
| 0 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION A: IDENTIFICATION

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| Region |
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| District |
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| Council |
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| Constituency |
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| Division/Wadi |
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| Ward/Shehia |
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| Village/Mtaa |
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|------------------------------|
| Hamlet/Enumeration Area (EA) |
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|------------------|
| Household Number |
| |

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|--------------|
| CONFIDENTIAL |
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SECTION K: HOUSING OWNERSHIP, CONDITIONS, CHARACTERISTICS AND ASSETS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------------|------------------------------|----------------------|---|------------------------------------|-------------------------------|---|------------------|---------------------|---|---------------------|--|-----------------------------------|--|---|---|-------------|---------------------------|----------|----------|----------------------------|----------------|--------------|----------|---|-----------------|------------------|--------------------------|----------------|-------------------------|-------------|-------------|------------|------|-----------------|--|--------|---------------------------|-----------------|--------------|--------|-------------------|---------------|-------|-----------------|-----------------|
| <p>K01 OWNERSHIP OF THE HOUSE/BUILDING</p> <p>What is the ownership status of the main dwelling used by this household?</p> <p>► IF CODE 2 or ABOVE SKIP TO K03</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>Owned by household</td></tr> <tr><td>Lived in without paying any rent</td></tr> <tr><td>Rented privately</td></tr> <tr><td>Rented by employer</td></tr> <tr><td>Rented by Government at subsidized rent</td></tr> <tr><td>Owned by employer - free of charge</td></tr> <tr><td>Owned by employer - with rent</td></tr> </table> | Owned by household | Lived in without paying any rent | Rented privately | Rented by employer | Rented by Government at subsidized rent | Owned by employer - free of charge | Owned by employer - with rent | <p>K02 LEGAL RIGHT OVER THE OWNERSHIP</p> <p>What legal right do you have over the ownership of this land where your house is built?</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>Title deed</td></tr> <tr><td>Residential licence</td></tr> <tr><td>Letter of offer/Acknowledgement of payments</td></tr> <tr><td>Customary ownership</td></tr> <tr><td>Contract</td></tr> <tr><td>Land Registration Card (Zanzibar)</td></tr> <tr><td>Official document from Mtaa/Kijiji/Shehia</td></tr> <tr><td>No legal right</td></tr> </table> | Title deed | Residential licence | Letter of offer/Acknowledgement of payments | Customary ownership | Contract | Land Registration Card (Zanzibar) | Official document from Mtaa/Kijiji/Shehia | No legal right | <p>K03 ROOFING MATERIALS</p> <p>What is the main roofing material used for the main building of this household?</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>Iron sheets</td></tr> <tr><td>Tiles</td></tr> <tr><td>Concrete</td></tr> <tr><td>Asbestos</td></tr> <tr><td>Grass/Leaves</td></tr> <tr><td>Mud and Leaves</td></tr> <tr><td>Plastics/Box</td></tr> <tr><td>Tent</td></tr> </table> | Iron sheets | Tiles | Concrete | Asbestos | Grass/Leaves | Mud and Leaves | Plastics/Box | Tent | <p>K04 FLOORING MATERIALS</p> <p>What is the main flooring material used for the main building of this household?</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>Cement</td></tr> <tr><td>Ceramic tiles</td></tr> <tr><td>Parquet or Polished wood</td></tr> <tr><td>Terazzo</td></tr> <tr><td>Vinyl or Asphalt strips</td></tr> <tr><td>Wood Planks</td></tr> <tr><td>Palm/Bamboo</td></tr> <tr><td>Earth/Sand</td></tr> <tr><td>Dung</td></tr> <tr><td>Tent/Containers</td></tr> </table> | Cement | Ceramic tiles | Parquet or Polished wood | Terazzo | Vinyl or Asphalt strips | Wood Planks | Palm/Bamboo | Earth/Sand | Dung | Tent/Containers | <p>K05 WALL MATERIALS</p> <p>What is the main wall material used for the main building of this household?</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>Stones</td></tr> <tr><td>Cement bricks/rock bricks</td></tr> <tr><td>Sundried bricks</td></tr> <tr><td>Burnt bricks</td></tr> <tr><td>Timber</td></tr> <tr><td>Timber and Sheets</td></tr> <tr><td>Poles and mud</td></tr> <tr><td>Grass</td></tr> <tr><td>Glass/Aluminium</td></tr> <tr><td>Tent/Containers</td></tr> </table> | Stones | Cement bricks/rock bricks | Sundried bricks | Burnt bricks | Timber | Timber and Sheets | Poles and mud | Grass | Glass/Aluminium | Tent/Containers |
| Owned by household | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lived in without paying any rent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rented privately | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rented by employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rented by Government at subsidized rent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owned by employer - free of charge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owned by employer - with rent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title deed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Letter of offer/Acknowledgement of payments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customary ownership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Land Registration Card (Zanzibar) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Official document from Mtaa/Kijiji/Shehia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No legal right | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Iron sheets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tiles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Concrete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asbestos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grass/Leaves | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mud and Leaves | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plastics/Box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ceramic tiles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parquet or Polished wood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terazzo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vinyl or Asphalt strips | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wood Planks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Palm/Bamboo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Earth/Sand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tent/Containers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cement bricks/rock bricks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sundried bricks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burnt bricks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Timber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Timber and Sheets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poles and mud | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grass | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Glass/Aluminium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tent/Containers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>K06 ROOMS FOR SLEEPING</p> <p>How many rooms are available for sleeping in this household?</p> <p>RECORD NUMBER OF ROOMS FOR SLEEPING</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> | <p>K07 MAIN SOURCE OF DRINKING WATER</p> <p>What is the main source of drinking water for this household?</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>Piped water into dwelling</td></tr> <tr><td>Piped water in the yard/plot</td></tr> <tr><td>Public tap/standpipe</td></tr> <tr><td>Neighbours tap/standpipe</td></tr> <tr><td>Tubewell/borehole</td></tr> <tr><td>Protected dug well</td></tr> <tr><td>Unprotected dug well</td></tr> <tr><td>Protected spring</td></tr> <tr><td>Unprotected spring</td></tr> <tr><td>Rain water</td></tr> <tr><td>Bottled water</td></tr> <tr><td>Bicycle/Motorcycle/Cart with small tank/drum</td></tr> <tr><td>Tanker truck</td></tr> <tr><td>Surface water (river, dam, lake, pond, stream, charco, canal, irrigation channels)</td></tr> </table> | Piped water into dwelling | Piped water in the yard/plot | Public tap/standpipe | Neighbours tap/standpipe | Tubewell/borehole | Protected dug well | Unprotected dug well | Protected spring | Unprotected spring | Rain water | Bottled water | Bicycle/Motorcycle/Cart with small tank/drum | Tanker truck | Surface water (river, dam, lake, pond, stream, charco, canal, irrigation channels) | <p>K08 MAIN SOURCE OF ENERGY FOR COOKING</p> <p>What is the main source of energy used by this household for cooking?</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>Electricity (TANESCO/ZECO)</td></tr> <tr><td>Solar</td></tr> <tr><td>Generator/private sources</td></tr> <tr><td>Gas</td></tr> <tr><td>Biogas</td></tr> <tr><td>Wind generated Electricity</td></tr> <tr><td>Paraffin</td></tr> <tr><td>Coal</td></tr> <tr><td>Charcoal</td></tr> <tr><td>Firewood</td></tr> <tr><td>Wood/ residuals</td></tr> <tr><td>Animal residuals</td></tr> <tr><td>Charcoal briquette</td></tr> <tr><td>Not Applicable</td></tr> </table> | Electricity (TANESCO/ZECO) | Solar | Generator/private sources | Gas | Biogas | Wind generated Electricity | Paraffin | Coal | Charcoal | Firewood | Wood/ residuals | Animal residuals | Charcoal briquette | Not Applicable | | | | | | | | | | | | | | | | | |
| Piped water into dwelling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Piped water in the yard/plot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public tap/standpipe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neighbours tap/standpipe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tubewell/borehole | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protected dug well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unprotected dug well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protected spring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unprotected spring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rain water | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bottled water | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bicycle/Motorcycle/Cart with small tank/drum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tanker truck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surface water (river, dam, lake, pond, stream, charco, canal, irrigation channels) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electricity (TANESCO/ZECO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Generator/private sources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Biogas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wind generated Electricity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paraffin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Charcoal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firewood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wood/ residuals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Animal residuals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Charcoal briquette | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION A: IDENTIFICATION

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------------|----------------------|---------------------|
| Region | District | Council | Constituency | Division/Wadi | Ward/Shehia | Village/Mtaa | Hamlet/Enumeration Area (EA) | Household Number | CONFIDENTIAL |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

SECTION L: INFORMATION ON AGRICULTURE, LIVESTOCK, FISHERIES AND FORESTRY

| L01 AGRICULTURE | L02 CROPS | L03 LIVESTOCK | L04 NUMBER OF LIVESTOCK | L05 TYPE OF GRAZING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|------------|---|---|---|---|---|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|---|--------|----------------------|----------------------|----------------------|----------------------|----------------------|------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|----------------------|----------------------|----------------------|----------------------|----------------------|--------|----------------------|----------------------|----------------------|----------------------|----------------------|---------|----------------------|----------------------|----------------------|----------------------|----------------------|---|--------|----------------------|------|----------------------|-------|----------------------|-----|----------------------|--------|----------------------|---------|----------------------|
| <p>Did this household use the land for crop production in the agricultural year 2021/22?</p> <p>Yes = 1 No = 2 <input type="checkbox"/></p> <p>► IF CODE 2 SKIP TO L03 IF CODE 1, how many acres is the land used for agriculture?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>LAND FOR CROP PRODUCTION SHOULD BE AT LEAST 25 SQUARE METERS</p> | <p>Which of the following crops did the household grow during 2021/22 agricultural year?</p> <p>MULTIPLE RESPONSE IS ALLOWED</p> <p>Yes = 1 No = 2</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Maize</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Paddy</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Cassava</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Banana</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Sunflower</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Other food crops</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Cash crops</td> </tr> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | Maize | Paddy | Cassava | Banana | Sunflower | Other food crops | Cash crops | A | B | C | D | E | F | G | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Did this household raise or care cattle, goats, sheep or poultry for the agricultural year 2021/22?</p> <p>Yes = 1 No = 2 <input type="checkbox"/></p> <p>► IF CODE 2 SKIP TO L06</p> | <p>How many cattle, goats, sheep, pig, donkey or poultry were available during the Census night</p> <p>IF NO LIVESTOCK , WRITE CODE "00000"</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td>Cattle</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Goat</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Sheep</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Pig</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Donkey</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Poultry</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> | Cattle | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Goat | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Sheep | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Pig | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Donkey | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Poultry | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <p>What type of grazing is practiced in this household?</p> <p>Free range = 1 Zero grazing = 2 Ranch = 3 Pastoralism = 4</p> <p>THIS QUESTION SHOULD BE ASKED FOR EACH TYPE OF LIVESTOCK MENTIONED IN QUESTION L04</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td>Cattle</td><td><input type="text"/></td></tr> <tr><td>Goat</td><td><input type="text"/></td></tr> <tr><td>Sheep</td><td><input type="text"/></td></tr> <tr><td>Pig</td><td><input type="text"/></td></tr> <tr><td>Donkey</td><td><input type="text"/></td></tr> <tr><td>Poultry</td><td><input type="text"/></td></tr> </table> | Cattle | <input type="text"/> | Goat | <input type="text"/> | Sheep | <input type="text"/> | Pig | <input type="text"/> | Donkey | <input type="text"/> | Poultry | <input type="text"/> |
| Maize | Paddy | Cassava | Banana | Sunflower | Other food crops | Cash crops | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | B | C | D | E | F | G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cattle | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Goat | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sheep | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pig | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donkey | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poultry | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cattle | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Goat | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sheep | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pig | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donkey | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poultry | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| L06 FISHING/SEAWEED FARMING | L07 OWNERSHIP OF PLANTATION | L08 BEEKEEPING | | | | | | | | | |
|--|--------------------------------|--------------------------|--------------------------|---|--------------------------------|--------------------------|---|-----------------|--------------------------|---|---|
| <p>Did this household engaged in fishing/fish farming/Sericulture/crabs/seaweed farming activities for the agricultural year of 2021/22?</p> <p>MULTIPLE RESPONSE ALLOWED</p> <p>Yes = 1 No = 2</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">A</td> <td style="width:85%;">Fishing</td> <td style="width:10%;"><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Fish farming/Sericulture/Crabs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Seaweed farming</td> <td><input type="checkbox"/></td> </tr> </table> | A | Fishing | <input type="checkbox"/> | B | Fish farming/Sericulture/Crabs | <input type="checkbox"/> | C | Seaweed farming | <input type="checkbox"/> | <p>Did this household operate any land for woodlot(s) during 2021/22 agricultural year?</p> <p>Yes = 1 No = 2 <input type="checkbox"/></p> <p>LAND FOR WOODLOTS SHOULD BE AT LEAST 0.5 ACRES</p> | <p>Is there any person in this household involved in beekeeping business/activity?</p> <p>Yes, individually = 1 Yes, in groups = 2 No= 3 <input type="checkbox"/></p> |
| A | Fishing | <input type="checkbox"/> | | | | | | | | | |
| B | Fish farming/Sericulture/Crabs | <input type="checkbox"/> | | | | | | | | | |
| C | Seaweed farming | <input type="checkbox"/> | | | | | | | | | |

