

UNITED REPUBLIC OF TANZANIA  
BUREAU OF STATISTICS, PLANNING COMMISSION  
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2  
HOUSEHOLD SCHEDULE

IDENTIFICATION																																				
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																																			
CLUSTER NUMBER.....																																				
HOUSEHOLD NUMBER.....																																				
REGION _____																																				
DISTRICT _____																																				
WARD _____																																				
ENUMERATION AREA _____																																				
LARGE CITY=1; SMALL CITY*=2; TOWN=3; COUNTRYSIDE=4....																																				
HOUSEHOLD SELECTED FOR MALE SURVEY (YES=1, NO=2)																																				
<p>*SMALL CITIES ARE: MWANZA, ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA, MBEYA, &amp; TABORA. ALL OTHER URBAN AREAS ARE TOWN.</p>																																				
INTERVIEWER VISITS																																				
	1	2	3	FINAL VISIT																																
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																																
				MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																																
				YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">9</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">6</table>																																
INTERVIEWER'S NAME	_____	_____	_____	ID NO. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																																
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																																
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																																
<p>* RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>				<p>TOTAL IN HOUSEHOLD <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p>TOTAL ELIG WOMEN <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p>TOTAL ELIG MEN <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p>LINE NO. OF RESP. TO HOUSEHOLD <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p>																																
<p style="text-align: center;">SUPERVISOR</p> <p>NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p>DATE _____</p>		<p style="text-align: center;">FIELD EDITOR</p> <p>NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p>DATE _____</p>		<p>OFF.EDIT. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p>																																
				<p>KEYED BY <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p>																																

**HOUSEHOLD SCHEDULE**

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY WOMEN	HUSBAND LINE NUMBER	ELIGIBILITY MEN
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	IF AGED 5 YEARS OR OLDER		Is (NAME)'s natural mother alive?	IF ALIVE			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	YES NO	YES NO	M F	IN YEARS	YES NO	IF ATTENDED	IF AGED LESS THAN 25 YEARS	YES NO DK	IF ALIVE	YES NO DK	IF ALIVE	CIRCLE LINE NUMBER OF ALL WOMEN AGED 15-49	WRITE LINE NUMBER OF THE HUSBAND OF EACH ELIGIBLE WOMAN  WRITE 00 IF NOT MARRIED OR IF HUSBAND NOT IN HOUSEHOLD.	CIRCLE LINE NUMBER OF ALL MEN AGED 15-59 (IF HOUSEHOLD FALLS IN MALE SAMPLE)
01			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		01		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		02		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		03		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		04		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		05		05
06			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		06		06
07			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		07		07
08			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		08		08

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HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
			YES NO	YES NO	M F	IN YEARS	YES NO		YES NO	YES NO DK		YES NO DK				
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		11		11
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		12		12
11			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		13		13
12			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		14		14
13			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		15		15
14			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		16		16
15			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		17		17
16			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		18		18
17			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		19		19
18			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		20		20

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES  ENTER EACH IN TABLE NO
- 3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES  ENTER EACH IN TABLE NO

\* CODES FOR Q.3, RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01= HEAD
- 02= WIFE OR HUSBAND
- 03= SON OR DAUGHTER
- 04= SON OR DAUGHTER-IN-LAW
- 05= GRANDCHILD
- 06= PARENT
- 07= PARENT-IN-LAW
- 08= BROTHER OR SISTER

\*\* CODES FOR Q. 9, HIGHEST FORMAL SCHOOL:

- 00= LESS THAN 1 YEAR COMPLETED
- 01= STANDARD 1
- 02= STANDARD 2
- 03= STANDARD 3
- 04= STANDARD 4
- 05= STANDARD 5
- 06= STANDARD 6
- 07= STANDARD 7
- 08= STANDARD 8
- 09= FORM 1
- 10= FORM 2
- 11= FORM 3
- 12= FORM 4
- 13= FORM 5
- 14= FORM 6
- 15= UNIVERSITY
- 96= OTHER
- 98= DON'T KNOW

\*\*\* QUESTIONS 12 AND 14: RECORD '00' IF THE NATURAL (BIOLOGICAL) PARENT IS NOT A MEMBER OF THE HOUSEHOLD.

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
18	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSE/YARD/PLOT.....11 →20 PUBLIC /PRIVATE TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21 →20 PUBLIC /PRVATE WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 →20 OTHER _____ 96 (SPECIFY)																
19	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																
20	What kind of toilet facility does your household have?  IF FLUSH TOILET, ASK IF IT IS SHARED WITH ANOTHER HOUSEHOLD.	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT LATRINE.22 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)																
21	Does your household have:  Electricity? A radio? A television? A refrigerator?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
22	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
23	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER _____ 96 (SPECIFY)																
24	Does any member of your household own:  A bicycle? A motorcycle? A car?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
	YES	NO																
BICYCLE.....	1	2																
MOTORCYCLE.....	1	2																
CAR.....	1	2																
25	Does your household always enough food to eat, or do you have sometimes or frequently have not enough food to eat?	ALWAYS ENOUGH.....1 SOMETIMES NOT ENOUGH.....2 FREQUENTLY NOT ENOUGH.....3 ALWAYS NOT ENOUGH.....4 DOES NOT KNOW.....8																