

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

HOUSEHOLD SCHEDULE

IDENTIFICATION							
NAME OF HOUSEHOLD HEAD _____							
TDHS CLUSTER ID.....	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
HOUSEHOLD NO.....	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
REGION _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>						
DISTRICT _____							
WARD _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
ENUMERATION AREA _____							
URBAN/RURAL (urban=1, rural=2).....	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>						
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... (large city=1, small city=2, town=3, countryside=4)	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>						
HOUSEHOLD SELECTED FOR MALE SURVEY (1=YES, 2=NO)	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>						
INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE				DAY <table border="1" style="width: 20px; height: 20px;"></table>			
				MONTH <table border="1" style="width: 20px; height: 20px;"></table>			
INTERVIEWER'S NAME				YEAR <table border="1" style="width: 20px; height: 20px;"></table>			
RESULT*				ID NO. <table border="1" style="width: 20px; height: 20px;"></table>			
				RESULT <table border="1" style="width: 20px; height: 20px;"></table>			
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>			
TIME							
<p>*RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>				TOTAL IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px;"></table>			
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY			
DATE				<table border="1" style="width: 20px; height: 20px;"></table>			

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

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE			AGE		EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD				ELIGIBILITY	
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	How old is (NAME)?	Has (NAME) ever been to school?	What is the highest formal school (NAME) completed? **	IF AGED 5 YEARS OR OLDER	IF AGED LESS THAN 25 YEARS	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	Does (NAME)'s natural father live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER***	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER***	WOMEN	MEN
(1)	(2)	(3)	M F	YES NO	YES NO	IN YEARS	YES NO	YES NO	YES NO	YES NO DK	YES NO DK	YES NO DK	YES NO DK	(12)	(13)	(14)	(15)	(16)
01			1 2	1 2	1 2		1 2		1 2	1 2 8		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		1 2 8			02	02
03			1 2	1 2	1 2		1 2		1 2	1 2 8		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		1 2 8			04	04
05			1 2	1 2	1 2		1 2		1 2	1 2 8		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		1 2 8			06	06
07			1 2	1 2	1 2		1 2		1 2	1 2 8		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		1 2 8			08	08
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		1 2 8			09	09
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		1 2 8			10	10

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
			M F	YES NO	YES NO	IN YEARS	YES NO		YES NO	YES NO DK		YES NO DK			
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	18	18

TICK HERE IF CONTINUATION SHEET USED

TOTAL NUMBER OF ELIGIBLE:

WOMEN MEN

LINE NUMBER OF RESPONDENT TO HOUSEHOLD SCHEDULE:

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, 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
 - 09= OTHER RELATIVE
 - 10= ADOPTED/FOSTER CHILD
 - 11= NOT RELATED
 - 98= DK
- ** CODES FOR Q.9 HIGHEST FORMAL SCHOOL:
- 00= LESS THAN 1 YEAR COMPLETED
 - 01= STANDARD1
 - 02= STANDARD2
 - 03= STANDARD3
 - 04= STANDARD4
 - 05= STANDARD5
 - 06= STANDARD6
 - 07= STANDARD7
 - 08= STANDARD8
 - 09= FORM1
 - 10= FORM2
 - 11= FORM3
 - 12= FORM4
 - 13= FORM5
 - 14= FORM6
 - 15= UNIVERSITY
 - 98= DONT KNOW

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
17	What is the source of water your household uses for handwashing and dishwashing?	PIPED INTO HOUSE/YARD/PLOT.....11 →18 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 →18 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAIN WATER.....41 →18 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)																
18	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																
19	Does your household get drinking water from this same source?	YES.....1 →21 NO.....2																
20	What is the source of drinking water for members of your household?	PIPED INTO HOUSE/YARD/PLOT.....11 →21 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 →21 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAIN WATER.....41 →21 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)																
21	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																
22	What kind of toilet facility does your household have?	OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 TRADITIONAL PIT TOILET.....21 VENTILATED PIT LATRINE.....22 NO FACILITY/BUSH/FIELD.....31																
23	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																
24	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
25	MAIN MATERIAL OF THE FLOOR.	EARTH/SAND.....11 WOOD PLANKS.....21 PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER.....41 (SPECIFY)																
26	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																