



THE UNITED REPUBLIC OF TANZANIA
2012 POPULATION AND HOUSING CENSUS



PHCF 3

STRICTLY CONFIDENTIAL

LONG QUESTIONNAIRE

FORM NO. OF

A: IDENTIFICATION

Region District Ward/Shehia Village/Street EA HOUSEHOLD NO.

B: ALL PERSONS

No.	HOUSEHOLD MEMBERS	RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SEX	AGE	DISABILITY						DISABILITY		MARRITAL STATUS	CITIZENSHIP
					ALBINISM	SEEING	HEARING	WALKING	REMEMBERING	SELFCARE	OTHER DISABILITIES			
	Please state the names of all persons who spent the census night, that is Sunday 26th August, 2012 in your household, starting with the name of the head of household	What is the relationship of [NAME] to the head of the household? Head = 1 Spouse = 2 Son/Daughter = 3 Parent = 4 Grand Child = 5 Other Relative = 6 Not Related = 7	Is [NAME] a male or a female? Male = 1 Female = 2	How old is [NAME]? WRITE AND SHADE AGE IN COMPLETE YEARS. IF UNDER ONE YEAR WRITE "00" FOR 97 YEARS AND ABOVE WRITE '97'	Is [NAME] an albino? Yes = 1 No = 2	Does (NAME) have difficulty seeing, even if wearing glasses? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to See = 4 Not Applicable = 5	Does (NAME) have difficulty hearing, even if using a hearing aid? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to Hear = 4 Not Applicable = 5	Does [NAME] have difficulty walking or climbing steps? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to Walk = 4 Not Applicable = 5	Does (NAME) have difficulty remembering or concentrating? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to Remember = 4 Not Applicable = 5	Does (NAME) have difficulty with self-care, such as washing all over or dressing? No Difficulty = 1 Some Difficulty = 2 A lot of Difficulty = 3 Unable to Care = 4 Not Applicable = 5	Does, [NAME] have other type of disabilities/difficulties among the following? Yes = 1 No= 2 <input type="checkbox"/> IF ANSWER IS NO, GO TO QUESTION 12 READ ALL TYPES OF DISABILITIES/DIFFICULTIES TO RESPONDENT. MULTIPLE RESPONSE IS ALLOWED Cleft Palate = 1 Spinal beñda = 2 Spinal cord injuries = 3 Mental health = 4 Psoriasis = 5 MULTIPLE RESPONSE IS ALLOWED	What is current marital status of [NAME]? READ ALL RESPONSES TO RESPONDENT Never Married = 1 Married = 2 Living together = 3 Divorced = 4 Separated = 5 Widowed = 6 Not Stated = 7	[NAME] is a citizen of which country? IF TANZANIAN, WRITE CODE 1 IN THE BOX ON THE LEFT WRITE CODE OF THE COUNTRY IN THE TWO BOXES ON THE RIGHT. FOR DUAL CITIZENSHIP, WRITE CODE "98" CODES ARE ON A SEPARATE SHEET	
(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(11A)	(12)	(13)	
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>	

If an extra Questionnaire has been used put an "X" in the box

B: ALL PERSONS

C: EDUCATION: ALL PERSONS AGED 4 YEARS AND ABOVE

No.	PLACE OF RESIDENCE	WHERE RESPONDENT SPENDS MOST OF	PLACE OF BIRTH	PLACE OF RESIDENCE IN 2011	BIRTH CERTIFICATE	SURVIVAL OF PARENTS	LITERACY	EDUCATION ATTAINMENT	LEVEL OF EDUCATION
	Which region/country does [NAME] usually live? WRITE AND SHADE CODE FOR THE REGION AND DISTRICT IF LIVING IN TANZANIA, OR THE COUNTRY CODE FOLLOWED BY "44" IF LIVING OUTSIDE TANZANIA. CODES ARE IN SEPARATE HANDBOOK	Where do you spend most of your time during the day? WRITE AND SHADE REGION AND DISTRICT CODES IF SPENDS MOST OF THE DAY TIME IN TANZANIA OR THE COUNTRY CODE FOLLOWED BY "444" IF OUTSIDE TANZANIA. CODES ARE IN SEPARATE HANDBOOK CODES FOR THE 5th BOX	In which region/country was [NAME] born? WRITE CODE FOR THE REGION AND DISTRICT IF BORN IN THE COUNTRY, OR THE COUNTRY CODE FOLLOWED BY "44" IF BORN OUTSIDE TANZANIA. CODES ARE IN SEPARATE HANDBOOK	Where was [NAME] living in 2011? WRITE AND SHADE CODE FOR THE REGION AND DISTRICT IF LIVING IN THE COUNTRY, OR THE COUNTRY CODE FOLLOWED BY "44" IF LIVING OUTSIDE TANZANIA. FOR CHILDREN AGED '00' IN QUESTION 05 WRITE CODE '9798'	Does (NAME) has birth certificate/notification? Yes birth certificate= 1 Yes birth notification= 2 No = 3 Don't Know = 4	Is [NAME]'s Father alive? Is [NAME]'s Mother alive? Yes = 1 No = 2 Don't Know = 3	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	Are you/is [NAME] currently attending, partially attended, completed or never attended school? Now attending =1 Partially attended =2 Completed =3 Never attended =4 IF THE ANSWER IS 'NEVER ATTENDED' SKIP TO SECTION D	What level of education has [NAME] completed or currently attending? WRITE AND SHADE THE APPROPRIATE CODE. CODES ARE SEPARATE HANDBOOK
	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Father <input type="text"/> Mother <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<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"/>	<input type="text"/>
3	<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"/>	<input type="text"/>
4	<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"/>	<input type="text"/>
5	<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"/>	<input type="text"/>
6	<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"/>	<input type="text"/>
7	<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"/>	<input type="text"/>
8	<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"/>	<input type="text"/>
9	<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"/>	<input type="text"/>

D: ECONOMIC ACTIVITY: ALL PERSONS AGED 5 YEARS AND ABOVE					E: FEMALES AGED 12 YEARS AND ABOVE					
No.	ECONOMIC ACTIVITY		EMPLOYMENT STATUS	OCCUPATION	INDUSTRY	CHILDREN EVER BORN			FERTILITY IN LAST 12 MONTHS FOR WOMEN AGED 12 TO 49 YEARS	
						How many male/female children were born alive to [NAME] and are now living with you/her in this household? IF SHE IS NOT LIVING WITH ANY OF HER CHILDREN WRITE AND SHADE "00"	How many male/female children were born alive to [NAME] and are now living elsewhere? IF SHE HAS NO CHILDREN LIVING ELSEWHERE WRITE AND SHADE "00"	How many male/female children were born alive to [NAME] and are now unfortunately dead? IF NONE OF HER CHILDREN HAS DIED WRITE AND SHADE "00"	How many male/female children were born alive to [NAME] in the last 12 months (i.e. 26 August 2011 - 25 August 2012)? IF THERE IS NO CHILD BORN ALIVE IN THE LAST 12 MONTHS WRITE AND SHADE "0". DON'T ASK FEMALES AGED 50 YEARS AND ABOVE	How many of the male/female children who were born alive to [NAME] in the last 12 months are still alive? IF THERE IS NO CHILD SURVIVING WRITE AND SHADE "0"
	In the last 12 months, did [NAME] mainly.... Worked for payment, worked without payment, worked for own benefit, not worked but actively seeking for work, available for work but not actively seeking for work, household chores (e.g. cooking), full time student or unable to work/sick/too old/disable WRITE AND SHADE THE APPROPRIATE CODE. CODES ARE IN SEPARATE HANDBOOK	In the week preceding census' night, did [NAME] mainly.... Worked for payment, worked without payment, worked for own benefit, not worked but actively seeking for work, available for work but not actively seeking for work, household chores (e.g. cooking), full time student or unable to work/sick/too old/disable WRITE AND SHADE THE APPROPRIATE CODE. IF CODE GREATER THAN '3' SKIP TO SECTION E CODES ARE IN SEPARATE HANDBOOK	Was [NAME] an employer, employee, own account worker non-agriculture, own account worker agriculture, contributing family worker, or an apprentice in the week preceding the census' night? WRITE AND SHADE THE APPROPRIATE CODE. CODES ARE IN SEPARATE HANDBOOK	What type of work did [NAME] do in the week preceding the census' night? WRITE AND SHADE THE APPROPRIATE CODE. CODES ARE IN SEPARATE HANDBOOK	What is the main activity at [NAME'S] place of work for the week preceding the census' night? WRITE AND SHADE THE APPROPRIATE CODE. CODES ARE IN SEPARATE HANDBOOK	(28)	(29)	(30)	(31)	(32)
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F	<input type="text"/> M <input type="text"/> F

F: GENERAL AND MATERNAL DEATHS IN THE HOUSEHOLD

PLEASE RECORD INFORMATION ON DEATHS THAT OCCURRED IN THE HOUSEHOLD DURING THE LAST 12 MONTHS. DO NOT FORGET CHILDHOOD MORTALITY

(33) Was there any death which occurred in this household during the last 12 months? YES=1 NO=2

IF THE ANSWER IS NO, SKIP TO SECTION G

RECORD THE NUMBER OF DEATHS

Death Serial Number	Was the deceased a male or a female? Male =1 Female =2	How old was the deceased at the time of death? WRITE AGE IN COMPLETED YEARS. IF UNDER ONE YEAR WRITE "00" IF 97 YEARS OR ABOVE WRITE '97'	What was the cause of death? Road Accident = 1 Other Injuries = 2 Suicide = 3 Domestic Violence = 4 Sickness/Disease = 5 Martenal Death = 6 Other = 7	IF DEATH IS OF A WOMAN AGED 12 TO 49 YEARS		
				Did the death occur during pregnancy? Yes = 1 No = 2 IF THE ANSWER IS YES SKIP TO SECTION G	Did the death occur during childbirth? Yes = 1 No = 2 IF THE ANSWER IS YES SKIP TO SECTION G	Did the death occur during the 6 weeks period following the end of pregnancy, irrespective of the way pregnancy ended? Yes = 1 No = 2
(34)	(35)	(36)	(37)	(38)	(39)	(40)
1	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If number of death is more than 8, use an extra questionnaire

H: AGRICULTURE AND LIVESTOCK

AGRICULTURE		LIVESTOCK		FISH FARMING																				
Has/is any member of this household operated/operating any land for agricultural purposes during 2011/12 agricultural year? Yes = 1 No = 2 IF THE ANSWER IS NO, SKIP TO QUESTION 55	Which of the following crops did the household grow?	Was any member of this household engaged in raising cattle, goats, sheep or poultry up to the census night? Yes = 1 No = 2 IF THE ANSWER IS NO, SKIP TO QUESTION 57	How many cattle, goats or sheep were available during the Census night? IF NO, WRITE AND SHADE CODE "00000"	Is there any member of this household who is currently engaged in fish farming? Yes = 1 No = 2																				
(53)	(54)	(55)	(56)	(57)																				
<input style="width: 30px; height: 20px;" type="checkbox"/>		<input style="width: 30px; height: 20px;" type="checkbox"/>	Cattle Goats Sheep Poultry <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					<input style="width: 30px; height: 20px;" type="checkbox"/>
				Yes	No																			
	Maize			1	2																			
Paddy	1	2																						
Cassava	1	2																						
Banana	1	2																						
Other Crops	1	2																						

I: CITIZENS IN DIASPORA

58) Is there any person who was a member of this household currently living outside Tanzania? Yes = 1 No = 2
 IF THE ANSWER IS NO, SKIP TO SECTION J

59) Write the number of males and females living outside Tanzania?

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60) In which country are they living?

CODES ARE IN SEPARATE HANDBOOK

1 st HH Member	<input type="text"/>		6 th HH Member	<input type="text"/>
2 nd HH Member	<input type="text"/>		7 th HH Member	<input type="text"/>
3 rd HH Member	<input type="text"/>		8 th HH Member	<input type="text"/>
4 th HH Member	<input type="text"/>		9 th HH Member	<input type="text"/>
5 th HH Member	<input type="text"/>		10 th HH Member	<input type="text"/>

IF THE NUMBER OF DIASPORA IS MORE THAN 10, USE EXTRA QUESTIONNAIRE

61) Have you or anyone in this household received remittance in the form of cash or in kind from them during the last 12 months?
 Yes =1, No =2

1 st HH Member	<input type="checkbox"/>		6 th HH Member	<input type="checkbox"/>
2 nd HH Member	<input type="checkbox"/>		7 th HH Member	<input type="checkbox"/>
3 rd HH Member	<input type="checkbox"/>		8 th HH Member	<input type="checkbox"/>
4 th HH Member	<input type="checkbox"/>		9 th HH Member	<input type="checkbox"/>
5 th HH Member	<input type="checkbox"/>		10 th HH Member	<input type="checkbox"/>

J: SOCIAL SECURITY FUNDS

62) Is there a person in this household who is a member of the following social security funds?
 Yes = 1 No = 2 IF THE ANSWER IS NO, GO TO SECTION H. MULTIPLE RESPONSE IS ALLOWED

		Fund
National Social Security Fund (NSSF)	=1	<input type="checkbox"/>
Zanzibar Social Security Fund (ZSSF)	=2	<input type="checkbox"/>
Parastatal Pension Fund (PPF)	=3	<input type="checkbox"/>
Public Service Pension Fund (PSPF)	=4	<input type="checkbox"/>
Government Employee Provident Fund (GEPF)	=5	<input type="checkbox"/>
Local Authority Pension Fund (LAPF)	=6	<input type="checkbox"/>
National Health Insurance Fund/Community Health Fund (NHIF/CHF)	=7	<input type="checkbox"/>
Other Fund	=8	<input type="checkbox"/>

K: TOTAL NUMBER OF PERSONS IN THE HOUSEHOLD

Males

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Females

--	--	--

Total

--	--	--	--

DATE HOUSEHOLD ENUMERATED

--	--	--	--

 Day Month

NAME OF SUPERVISOR _____

DATE OF EDITING QUESTIONNAIRE

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 Day Month