



UNITED REPUBLIC OF TANZANIA  
NATIONAL BUREAU OF STATISTICS

HIGH FREQUENCY WELFARE MONITORING SURVEY - HOUSEHOLD QUESTIONNAIRE  
ROUND 5

**COVER: HOUSEHOLD IDENTIFICATION**

	Name	Code				
1. REGION	_____	<table border="1"><tr><td></td><td></td></tr></table>				
2. DISTRICT	_____	<table border="1"><tr><td></td><td></td></tr></table>				
3. WARD	.....	<table border="1"><tr><td></td><td></td><td></td></tr></table>				
4. VILLAGE/MTAA	.....	<table border="1"><tr><td></td><td></td></tr></table>				
5. EA	.....	<table border="1"><tr><td></td><td></td><td></td></tr></table>				
6. HOUSEHOLD NUMBER	.....	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

SECTION 1: INTERVIEW INFORMATION

1. Interview Information

INTERVIEWER: RECORD A NEW ATTEMPT EVERY TIME YOU CALL A NUMBER (EVEN IF YOU ARE CALLING THE SAME NUMBER MULTIPLE TIMES).

	0	1	2		3	4
C A L L  A T T E M P T	INTERVIEWER: SELECT THE PHONE NUMBER DIALED	TIME OF CALL ATTEMPT	INTERVIEWER: DID ANYONE ANSWER THE PHONE?  YES.....1 NO, NOBODY ANSWERED.....2 >> 10.1 NO, NUMBER DOES NOT EXIST..3 >> 10.1 NO, PHONE SWITCHED OFF.....4 >> 10.1	INTERVIEWER READ TO THE RESPONDENT: Greetings! My name is_____. I am working for the National Bureau of Statistics (NBS)/Office of Chief Government Statistician (OCGS). We are currently doing a nationwide phone survey on selected household welfare indicators.  I am trying to reach [NAME OF PHONE OWNER] or any other adult living with [HEAD NAME]?  Who am I speaking to please?	INTERVIEWER: ARE YOU SPEAKING TO [NAME]?       YES.....1 >> 1.7 NO.....2 CANNOT UNDERSTAND THEIR LANGUAGE...3 >> Q10.1	INTERVIEWER READ TO THE RESPONDENT: Could you give me their number or visit them so I can call them using your phone? It is really important for me to be able to speak to them. RECORD RESPONSE    NO, DON'T KNOW THE HOUSEHOLD.....1 >> 10.1 NO, CAN'T/WON'T CONNECT TO HOUSEHOLD.....2 >> 10.1 YES, PHONE NUMBER.....3 >> RECORD IN PHONE NUMBER ROSTER
1						
2						
3						
4						
5						

SECTION 1: INTERVIEW INFORMATION

5	6	6a	7	8	9
<b>INTERVIEWER READ TO THE RESPONDENT:</b> This interview will take around 25 minutes. Any information you share with us will be kept strictly confidential and only be used for statistical purposes. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point.  This call will not cost you any airtime. To thank you for your participation, we will also transfer airtime to your phone. Are you willing to participate?	INTERVIEWER: DOES THE RESPONDENT AGREE TO BE INTERVIEWED?          YES.....1 NO, NOT NOW...2 >> <b>1.10</b> NO, REFUSED...3 >> <b>11.1</b> <b>INTERVIEW RESULT</b>	INTERVIEWER: RECORD THE NAME OF THE RESPONDENT  IF THE PERSON IS A NEW MEMBER, ADD TO THE ROSTER FIRST	Can I call you back later at a time that works better for you? It is really important for us to speak to you or anyone else in your household.          YES.....1 NO.....2 >>  <b>INTERVIEW RESULT</b>	On what day?	What time?

# SECTION 1: INTERVIEW INFORMATION

## Section 1b. Phone Number Roster

**INTERVIEWER: THE LIST INCLUDES ALL KNOWN NUMBERS FOR THE HOUSHEOLD. ADD ANY NEW NUMBERS HERE. MAKE CORRECTIONS TO EXISTING NUMBERS IF NEEDED**

10a.	11.	12.	15.
<b>PHONE NUMBERS:</b>  INTERVIEWER, THE LIST INCLUDES ALL KNOWN NUMBERS FOR THE HOUSHEOLD. ADD ANY NEW NUMBERS HERE.	<b>WHOSE NUMBER IS IT?</b>	<b>IS [NAME] A HOUSEHOLD MEMBER?</b>   YES.....1 >> Q16 NO.....2	<b>WHAT IS [NAME]'s RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?</b>  HEAD .....01 SPOUSE .....02 OWN CHILD .....03 STEP CHILD .....04 ADOPTED CHILD .....05 GRANDCHILD .....06 BROTHER/SISTER .....07 NIECE/NEPHEW .....08 BROTHER/SISTER-IN-LAW .....09 PARENT .....10 PARENT-IN-LAW .....11 DOMESTIC HELP (RESIDENT) .....12 DOMESTIC HELP (NON RESIDENT) .....13 OTHER RELATION (SPECIFY ) .....14 OTHER NON-RELATION (SPECIFY) .....15  <b>&gt;&gt; NEXT PHONE NUMBER</b>

## Section 2. Basic Information

**INTERVIEWER READ TO THE RESPONDENT:** Let's begin. First, I would like to check with you if the people we recorded during our **last call** are still members of your household. By household I mean people who normally sleep in the same dwelling and share their meals together.

		2.1.	2.2.	2.3.
I N D I V I D U A L I D	INTERVIEWER: ALL HOUSEHOLD MEMBERS RECORDED DURING THE [LAST INTERVIEW] ARE PRE-FILLED IN Q2.1.	NAME	CAPI/INTERVIEWER: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW?	Is [NAME] still a member of the household?
	FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q2.3 AND Q2.4.	CAPI: PRE-FILLED NAMES FROM LAST INTERVIEW		
	AFTER YOU HAVE ASKED ABOUT ALL PRE-FILLED MEMBERS, THEN ASK: "Is there anyone who is a member of your household that i haven't mentioned?"	INTERVIEWER: ADD NEW MEMBERS HERE	YES.1 >> 2.5 NO..2	YES.1 >>NEXT PERSON NO..2 REFUSED...99
	IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q2.5 - Q2.8			IF THE RESPONSE IS 'NO' GO TO Q. 2.4 OTHERWISE GO TO Q. 2.5
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

Q0
. Is there anyone who is a member of your household that I haven't mentioned?
DEFINITION OF A HOUSEHOLD
A HOUSEHOLD IS A GROUP OF PEOPLE WHO HAVE USUALLY SLEPT IN THE SAME DWELLING AND SHARE THEIR MEALS TOGETHER. EXAMPLES OF HOUSEHOLDS ARE:
1. A HOUSEHOLD CONSISTING OF A MAN AND HIS WIFE/WIVES AND CHILDREN, FATHER/MOTHER, NEPHEW AND OTHER RELATIVES.
2. A HOUSEHOLD CONSISTING OF A SINGLE PERSON
3. A HOUSEHOLD CONSISTING OF A COUPLE OR SEVERAL COUPLES WITH OR WITHOUT CHILDREN.
ALL LISTED PERSONS THAT HAVE BEEN AWAY FROM THE HOUSEHOLD FOR MORE THAN SIX MONTHS ARE NOT CONSIDERED TO BE HOUSEHOLD MEMBERS EXCEPT:
YES.1 >> 2.5 NEG. 3 1. THE PERSON IDENTIFIED AS THE HEAD OF HOUSEHOLD EVEN IF HE OR SHE

### Section 3. Employment

STATUS IN EMPLOYMENT				WHY NOT CURRENTLY WORKING
CAPI:	3.1.	3.2.	3.3.	3.4.
<p>TWO CASES BASED ON RESPONSE IN LAST INTERVIEW:</p> <p>CASE 1: RESPONDENT WAS WORKING IN [LAST_INTERVIEW]</p> <p>CASE 2: RESPONDENT WAS NOT WORKING [LAST_INTERVIEW]</p>	<p>Last week, that is from Monday [DATE] up to Sunday [DATE], did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one hour?</p> <p>YES...1 IF CASE 1 &gt;&gt; 3.7 IF CASE 2 &gt;&gt; 3.9 NO....2</p>	<p>Even though you did not work last week, did you 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> <p>YES...1 NO....2 &gt;&gt; 3.4</p>	<p>When do you expect to return to this job?</p> <p>WITHIN ONE WEEK.....1 WITHIN ONE MONTH.....2 WITHIN THREE MONTHS.....3 IN MORE THAN THREE MONTHS....4 DON'T KNOW.....98</p>	<p>Why did you stop working?/Why did you not work last week?</p> <p>PLEASE DO NOT READ OPTIONS</p> <p>BUSINESS CLOSED.....1 LAID OFF WHILE BUSINESS CONTINUES .....2 FURLOUGH .....3 VACATION .....4 ILL .....5 NEED TO CARE FOR ILL RELATIVE .....6 SEASONAL WORKER .....7 RETIRED .....8 NOT ABLE TO FARM DUE TO LACK OF INPUTS ...9 NOT FARMING SEASON .....10 OTHER (PLEASE SPECIFY) .....11</p>



## SECTION 3: EMPLOYMENT

3.5	3.6	3.7	3.8
<p>During the last four weeks, did you do anything to find a paid job or start a business?</p> <p>YES...1 NO....2 &gt;&gt; 3.16</p>	<p>What steps have you taken to find a job/start a business?</p> <p>APPLIED TO PROSPECTIVE EMPLOYERS, CHECK-AT FARMS, FACTORIES OR WORK SITES.....1 SEEKING ASSISTANCE OF FRIENDS, RELATIVES, UNIONS.....2 TOOK ACTION TO START BUSINESS (USUAL SMALL SCALE).....3 TOOK ACTION TO START AGRICULTURE..... 4 REGISTRATION AT EMPLOYMENT AGENCIES...5 OTHER (SPECIFY).....96</p> <p>&gt;&gt;Q3.16</p>	<p><b>CASE 1:</b> Is this the same job you were doing when we last spoke on [PREVIOUS INTERVIEW DATE]?</p> <p>YES...1 &gt;&gt; 3.9 NO....2</p>	<p>Why did you change jobs?</p> <p>BUSINESS CLOSED.....1 LAID OFF WHILE BUSINESS CONTINUES .....2 FURLOUGH .....3 VACATION .....4 ILL .....5 NEED TO CARE FOR ILL RELATIVE .....6 SEASONAL WORKER .....7 RETIRED .....8 NOT ABLE TO FARM DUE TO LACK OF INPUTS ..9 NOT FARMING SEASON .....10 OTHER (PLEASE SPECIFY) .....11</p>

## SECTION 3: EMPLOYMENT

**CURRENT JOB**

3.9	3.10.	3.11.
<p>What is the main activity of the business or organization in which you are currently working in your main job?</p> <p><b>RECORD ACTIVITY</b></p> <p>AGRICULTURE, FORESTRY AND FISHING.....1</p> <p>MINING AND QUARRYING.....2</p> <p>MANUFACTURING.....3</p> <p>ELECTRICITY, GAS, STEAM, AND AIR CONDITIONING SUPPLY.4</p> <p>WATER SUPPLY; SEWERAGE, WASTE MANAGEMENT AND REMEDIATION ACTIVITIES.....5</p> <p>CONSTRUCTION.....6</p> <p>WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES AND MOTORCYCLES.....7</p> <p>TRANSPORTATION AND STORAGE.....8</p> <p>ACCOMMODATION AND FOOD SERVICE ACTIVITIES.....9</p> <p>INFORMATION AND COMMUNICATION.....10</p> <p>FINANCIAL AND INSURANCE ACTIVITIES.....11</p> <p>REAL ESTATE ACTIVITIES.....12</p> <p>PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES...13</p> <p>ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES.....14</p> <p>PUBLIC ADMINISTRATION AND DEFENCE; COMPULSORY SOCIAL SECURITY.....15</p> <p>EDUCATION.....16</p> <p>HUMAN HEALTH AND SOCIAL WORK ACTIVITIES.....17</p> <p>ARTS, ENTERTAINMENT AND RECREATION.....18</p> <p>OTHER SERVICE ACTIVITIES.....19</p> <p>ACTIVITIES OF HOUSEHOLDS AS EMPLOYERS; UNDIFFERENTIATED GOODS AND SERVICES-PRODUCING ACTIVITIES OF HOUSEHOLDS FOR OWN USE.....20</p> <p>ACTIVITIES OF EXTRATERRITORIAL ORGANIZATIONS AND BODIES.....21</p>	<p>In your main work, do you currently work ...</p> <p><b>PLEASE READ OPTIONS</b></p> <p>IN YOUR OWN NON-FARM BUSINESS.....1 &gt;&gt; 3.12</p> <p>IN A NON-FARM BUSINESS OPERATED BY A HOUSEHOLD OR FAMILY MEMBER.....2 &gt;&gt; 3.12</p> <p>IN A FAMILY FARM, RAISING LIVESTOCK OR FISHING.....3</p> <p>AS AN EMPLOYEE FOR A PRIVATE COMPANY OR ANOTHER INDIVIDUAL (NOT A HOUSEHOLD MEMBER).....4 &gt;&gt; 3.12</p> <p>AS AN EMPLOYEE FOR THE GOVERNMENT.....5 &gt;&gt; 3.12</p>	<p>Thinking about all the family [farming products/animals/fish] you worked on, are these intended....</p> <p><b>READ OPTIONS</b></p> <p>ONLY FOR SALE.....1</p> <p>ONLY FOR FAMILY.....2</p> <p>SOME WILL BE SOLD, SOME WILL BE CONSUMED BY HOUSEHOLD.....3</p>

## SECTION 3: EMPLOYMENT

## WAGE WORK

3.12.	3.13.	3.14.	3.15.	3.16.	3.17.
<p>In the last week, were you able to work as usual in your wage job?</p> <p>YES.1 NO..2&gt;&gt; 3.15</p>	<p>For the work that you did in the last week, will you be paid/were you paid.....?</p> <p>PLEASE READ OPTIONS</p> <p>FULL NORMAL PAYMENT..1 PARTIAL PAYMENT.....2 NO PAYMENT.....3</p>	<p>Why were you not able to work as usual?</p> <p>PLEASE DO NOT READ OPTIONS</p> <p>BUSINESS / GOV'T CLOSED.....1 FURLOUGH .....2 ILL .....3 NEED TO CARE FOR ILL RELATIVE .....4 SEASONAL WORKER .....5 OTHER (PLEASE SPECIFY) .....6</p>	<p>How many hours did you work last week?</p>	<p>In the last week, was any member of your household (apart from yourself) not able to perform his/her usual wage job?</p> <p>YES.1 NO..2 &gt;&gt; NEXT</p>	<p>Who were these household members?</p> <p>SELECT FROM THE ROSTER ALL THAT APPLY</p> <p>PID</p>

## SECTION 4: NON-FARM ENTERPRISE

## Section 4. Non-Farm Enterprise

[illegible]

SECTION 4: NON-FARM ENTERPRISE

4.5	4.6	4.7
<p>Which of the following best describes the sector of the family non-farm business?</p> <p>READ OPTIONS</p> <p>AGRICULTURE, HUNTING, FISHING .....1  MINING, MANUFACTURING .....2  ELECTRICITY, GAS, WATER SUPPLY .....3  CONSTRUCTION .....4  BUYING &amp; SELLING GOODS, REPAIR OF  GOODS, HOTELS &amp; RESTAURANTS .....5  TRANSPORT, DRIVING, POST, TRAVEL  AGENCIES .....6  PROFESSIONAL ACTIVITIES: FINANCE,  LEGAL, ANALYSIS, COMPUTER,  REAL ESTATE .....7  PUBLIC ADMINISTRATION .....8  PERSONAL SERVICES, EDUCATION, HEALTH,  CULTURE, SPORT, DOMESTIC WORK, OTHER..9</p> <p>&gt;&gt; 4.8</p>	<p>Compared to last month, are the revenue from sales from the non-farm family business...</p> <p>READ OPTIONS</p> <p>Higher .....1 &gt;&gt; 4.8  The same ....2 &gt;&gt; 4.8  Less .....3  No revenue ..4</p>	<p>Q4.6=4: Why was there no revenue from sales?</p> <p>Q4.6=3: Why was the revenue from the business sales less than in April?</p> <p>IN CAPI THE QUESTION WILL BE ADAPTED DEPENDING ON THE ANSWER IN Q4.6</p> <p>DO NOT READ OPTIONS</p> <p>USUAL PLACE OF BUSINESS CLOSED .....1  NO COSTUMERS / FEWER CUSTOMERS .....3  CAN'T GET INPUTS .....4  CAN'T TRAVEL / TRANSPORT GOODS FOR TRADE ...5  ILL .....6  NEED TO CARE FOR ILL RELATIVE  .....7  SEASONAL CLOSURE .....9  VACATION .....10  OTHER, SPECIFY .....96</p>

SECTION 4: NON-FARM ENTERPRISE

4.8						
In the last month, has the non-farm family business you or your household operated faced any of the following challenges?						
<div> <div>READ OUT OPTIONS AND RECORD Y/N RESPONSE</div> <div> <div>YES . 1</div> <div>NO . . 2</div> </div> </div>						
Difficulty buying and receiving supplies and inputs to run my business	Difficulty raising money for the business	Difficulty repaying loans or other debt obligations	Difficulty paying rent for business location	Difficulty paying workers	Difficulty selling goods or services to customers	Other difficulty (SPECIFY)

## SECTION 4: NON-FARM ENTERPRISE

[illegible]

## SECTION 9a. COVID-19 VACCINE

## Section 9a. COVID-19 Vaccine

INTERVIEWER READ OUT: Now I'd like to ask you some questions on COVID-19 vaccine to understand people's attitudes towards COVID-19 vaccines. This will not be used to determine your eligibility to rec

<b>1.</b> Do you know if your country has started COVID-19 vaccination?  YES...1 NO....2 >> Q10	<b>2.</b> What are your sources of information regarding COVID-19 vaccines?  <b>DO NOT READ OPTIONS</b>  <b>SELECT ALL THAT APPLY</b>  POSTER / BILLBOARD / FLYER ....A RADIO .....B TELEVISION .....C SMS .....D PHONE .....E NEWSPAPER .....F SOCIAL MEDIA (FACEBOOK, TWITTER, ETC.).....G OTHER INTERNET SOURCE.....H HEALTH CARE WORKER .....I NGO OUTREACH PROGRAMS.....J OTHER OUTREACH .....K LOCAL GOVERNMENT AUTHORITY ....L NEIGHBORS / FAMILY / FRIENDS...N RELIGIOUS ORGANIZATIONS.....O TRADITIONAL HEALER.....P TRADITIONAL RULER.....Q OTHER	<b>2a.</b> Which source of information do you trust the <b>most</b> ?  POSTER / BILLBOARD / FLYER ....1 RADIO .....2 TELEVISION .....3 SMS .....4 PHONE .....5 NEWSPAPER .....6 SOCIAL MEDIA (FACEBOOK, TWITTER, ETC.).....7 OTHER INTERNET SOURCE.....8 HEALTH CARE WORKER .....9 NGO OUTREACH PROGRAMS.....10 OTHER OUTREACH .....11 LOCAL GOVERNMENT AUTHORITY ....12 NEIGHBORS / FAMILY / FRIENDS...13 RELIGIOUS ORGANIZATIONS.....14 TRADITIONAL HEALER.....15 TRADITIONAL RULER.....16 OTHER (SPECIFY) .....96	<b>3.</b> Have you been vaccinated for COVID-19?  YES...1 NO....2 >> Q9	<b>4.</b> When did you receive the first shot of COVID-19 vaccine?	
				MONTH	YEAR
Determine knowledge/information of respondent as to the current state of vaccines rollout; if not aware, information appears to be a binding constraint on vaccine take-up	Determine main information sources used by respondent; this will allow analyzing sources of information by level of vaccine acceptance, for example, what are the information sources of the vaccinated? What are the information sources of those willing but not yet vaccinated? What of those hesitant? This can inform information-related efforts to improve vaccine uptake.		Determine vaccination status of respondent		



## SECTION 9a. COVID-19 VACCINE

to receive COVID-19 vaccine or to provide you with COVID-19 vaccine.

5.	6.	7.	8.	9.
How many shots of COVID-19 vaccine have you received?	Where did you get vaccinated for COVID-19?	What are your main reasons for getting vaccinated for COVID-19 apart from protecting your health?	How likely are you to encourage others to get the COVID-19 vaccine?	Are you planning to be vaccinated for COVID-19?
ONE.....1 TWO.....2 MORE THAN TWO..3	HOSPITAL.....1 CLINIC.....2 LOCAL HEALTH CENTER..3 PHARMACY.....4 SENIOR LIVING CENTER..5 MASS VACCINATION SITE.6 WORKPLACE.....7 RELIGIOUS WORSHIP CENTRES.....8 OTHER (SPECIFY).....96	RECORD UP TO TWO REASONS  DO NOT READ OPTIONS  PROTECTING MY HEALTH IS THE ONLY REASON..1 PROTECTING COMMUNITY'S HEALTH.....2 GOVERNMENT MANDATE.....3 REQUIRED FOR SCHOOL ATTENDANCE.....4 EMPLOYER MANDATE.....5 AVOID PUBLIC HEALTH MEASURES FOR UNVACCINATED.....6 TAKE PART IN PUBLIC LIFE /SOCIAL EVENTS..7 BE ABLE TO TRAVEL.....8 PEOPLE IN MY COMMUNITY/ FAMILY DID IT TOO.....9 RECEIVED FINANCIAL OR IN-KIND INCENTIVE.10 OTHER (SPECIFY).....96	Very likely.....1 Somewhat likely....2 Neither likely nor unlikely.....3 Somewhat unlikely..4 Very unlikely.....5  >>> Q16	YES .....1 NO.....2 >> Q14 NOT SURE.3 >> Q14

PURPOSE OF THE QUESTIONS	
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understand details of vaccination process and vaccine received	understand details of vaccination process	Understand ex-ante motivations of those who decided to get vaccinated. Understanding what informed this decision is as important as understanding hesitancy in informing how to improve rollouts and uptake.		Gauge vaccine hesitancy of those aware of vaccine availability/program in the country

## SECTION 9a. COVID-19 VACCINE

10.	11.	12.	13.
When a vaccine to protect you from COVID-19 is available to you, are you planning to be vaccinated?	What are the main reasons why you want to get vaccinated for COVID-19 apart from protecting your health?  <b>RECORD UP TO TWO REASONS</b>  <b>DO NOT READ THE OPTIONS</b>  YES .....1 NO.....2 >> <b>Q14</b> NOT SURE.3 >> <b>Q14</b>	How likely are you to encourage others to get the COVID-19 vaccine?  Very likely.....1 Somewhat likely....2 Neither likely nor unlikely.....3 Somewhat unlikely..4 Very unlikely.....5  <b>IF Q1=2 &gt;&gt; Q16</b>	ASK ONLY IF Q1=1: Why have you not received the COVID-19 vaccine yet?  <b>RECORD UP TO TWO REASONS</b>  <b>DO NOT READ THE OPTIONS</b>  INELIGIBLE FOR VACCINE IN CURRENT PHASE.....1 DO NOT KNOW HOW OR WHERE TO GET/ REGISTER FOR VACCINE.....2 TOO CROWDED/LONG LINES AT VACCINATION CENTERS.....3 FACILITY INACCESSIBLE (FOR PEOPLE WITH DISABILITIES).....4 TOO FAR/NO TRANSPORT.....5 NOT ENOUGH VACCINES.....6 NOT ABLE TO REGISTER/ COMPLICATIONS DURING REGISTRATION.....7 WORK COMMITMENTS.....8 DOMESTIC COMMITMENTS (CHILDCARE, TAKING CARE OF FAMILY MEMBER, ETC.).....9 RELIGIOUS REASONS.....10 MEDICAL REASONS.....11 WAITING FOR MY APPOINTMENT.....12 OTHER (SPECIFY) .....96  <b>&gt;&gt; Q16</b>

Gauge vaccine hesitancy of those unaware of vaccine availability/program in the country	Gauge reasons for planning to be vaccinated		Understand why people feel they are not currently able to get the vaccine. This could be because they are ineligible or because they face other constraints.

## SECTION 9a. COVID-19 VACCINE

whatsapp, facebook, instagram

<b>14.</b> Why are you not sure or not planning to be vaccinated for COVID-19?  <b>DO NOT READ THE OPTIONS</b>  I DON'T THINK IT WILL WORK .....1 I AM WORRIED ABOUT THE SIDE EFFECTS.....2 I ALREADY HAD COVID-19 .....3 I AM NOT ENOUGH AT RISK OF CONTRACTING COVID-19.....4 IN GENERAL, I DON'T TRUST VACCINES.....5 IT IS AGAINST MY RELIGION.....6 I AM WORRIED TO GET INFECTED WITH COVID-19 AT THE HEALTH FACILITY.....7 HEALTH FACILITY TOO FAR OR TOO HARD TO GET TO.....8 IT WILL TAKE TOO LONG TO GET VACCINATED/ I DON'T HAVE TIME TO GET VACCINATED.....9 I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY ARE EFFECTIVE.....10 I AM NOT SURE I WILL GET THE VACCINE I WANT .....11 IT'S NOT A PRIORITY.....12 COVID-19 DOES NOT EXIST.....13 MEDICAL REASONS.....14 DISTRUST IN GOVERNMENT AND HEALTH ORGANIZATIONS.....15 OTHER (SPECIFY) .....96	<b>15.</b> Would you be more likely to get the COVID-19 vaccine if any of the following individual/authorities get or recommend the vaccine?  <b>READ OPTIONS AND PROVIDE YES/NO FOR EACH</b>  Neighbors/ family /friends.....1 Religious leaders.....2 Doctors/nurses/Pharmacists/Chemist/ health workers.....3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.....5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96	<b>15a.</b> Who do you trust the most?  Neighbors/ family /friends.....1 Religious leaders.....2 Doctors/nurses/Pharmacists/Chemist/ health workers.....3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.....5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96	<b>16.</b> ASK ONLY IF Q1=1: Has anyone (else) in your household been vaccinated for COVID-19?  YES...1 NO....2 >> <b>Q18</b>

Gauge reasons for not planning to be vaccinated	Understand how others affect respondent's vaccine decision		Understand intra-household transmission/dynamics of the vaccination decision
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## SECTION 9a. COVID-19 VACCINE

17. ASK ONLY IF Q1=1: Who in your household has been vaccinated for COVID-19?  <b>SELECT FROM THE ROSTER ALL THAT APPLY</b>	18. ASK ONLY IF Q1=1: Who in your household <u>MAINLY</u> decides whether the adult household members will get vaccinated for COVID-19?  EACH ADULT FOR THEMSELVES.1 ALL ADULTS TOGETHER.....2 HOUSEHOLD HEAD.....3 OTHER (SPECIFY).....96	19. Out of 10 people in your community, how many do you think have been vaccinated or are willing to be vaccinated for COVID-19?	20. Do you think that COVID-19 vaccine should be mandatory if they are available to everyone?  YES...1 >> NEXT SECTION NO....2	21. Why do you not agree with COVID-19 vaccine mandates?  I DON'T THINK ANY COVID-19 VACCINES WILL WORK...1 I AM WORRIED ABOUT THE SIDE EFFECTS.....2 IN GENERAL, I DON'T TRUST VACCINES.....3 RELIGION REASONS .....4 I DON'T THINK THE COVID-19 VACCINES AVAILABLE IN MY COUNTRY WOULD WORK.....5 COVID-19 DOES NOT EXIST.....6 I DON'T THINK PEOPLE SHOULD BE FORCED.....7 OTHER (SPECIFY) .....96
HH ROSTER ID		NUMBER BETWEEN 0 AND 10		

Understand intra-household transmission/dynamics of the vaccination decision	Understand intra-household transmission/dynamics of the vaccination decision	Understand impact of (perceived) community attitudes towards vaccination on individual's attitudes. Your perception.

## Section 5f. Health Access

<p><b>1.</b></p> <p>Are you or any member of your household currently covered by any health insurance?</p>     <p>YES..1 NO..2 &gt;&gt; Q3</p>	<p><b>2.</b></p> <p>Who pays for the health insurance (partially or fully) of the household members?</p> <p><b>READ OPTIONS</b></p> <p><b>SELECT ALL THAT APPLY</b></p>     <div style="text-align: right;"> Employer - Government.....1  Employer - Non-Government Organization..2  Employer - Private business/company.....3  Community .....4  Private (individually acquired).....5  Other (Specify).....96 </div>	<p><b>3.</b></p> <p>Have you or any member of your household needed any health services (treatment or consultation) <b>in the past 4 weeks</b> whether there was illness or not?</p>     <p>YES ....1 NO ....2 &gt;&gt; <b>NEXT SECTION</b></p>	<p><b>4.</b></p> <p>What type of service(s) or care did you or any member of your household need?</p> <p><b>DO NOT READ OPTIONS</b></p> <p><b>SELECT ALL THAT APPLY</b></p>     <div style="text-align: right;"> COVID-19 related service (screening/diagnostic test, vaccination, treatment).....A  Family planning services.....B  Vaccination services (non-COVID).....C  Maternal health/ pregnancy care.....D  Child care(non-COVID).....E  Adult care(non-COVID).....F  Emergency(non-COVID).....G  Pharmacy / Chemist services.....H  Other  (SPECIFY).....96 </div>

- a. FAMILY PLANNING - all services related to prevention or spacing of pregnancy.
- b. VACCINATION - all child vaccinations .- not related to COVID
- c. MATERNAL HEALTH/PREGNANCY CARE - all health services related to pregnancy, including antenatal
- d. CHILD HEALTH - all health services for children under 5 years (60 months) of age related to child health
- e. ADULT HEALTH - all health services for all persons age 5 years and older related to adult health, e.g.
- f. EMERGENCY CARE - all urgent health care needs including severe illness or injury.
- g. PHARMACY - health visit to only obtain medicine or medical supplies.
- h. OTHER - any other need medical service not specified in the above.

## SECTION 5f. ACCESS TO HEALTH

Instruction: randomized

<p>5. Were you or the member of your household able to get [SERVICE] in the past 4 weeks?</p> <p><b>ASK THE QUESTION FOR EACH DIFFERENT SERVICE MARKED "YES" IN Q4</b></p> <p>YES ...1 &gt;&gt; Q7 NO ....2</p>	<p>6. What was the main reason you or the member of your household were not able to get [SERVICE] in the past 4 weeks?</p> <p><b>ASK THE QUESTION FOR EACH SERVICE MARKED "NO" IN Q5</b></p> <p><b>DO NOT READ OUT OPTIONS</b></p> <p>LACK OF MONEY .....1 NO MEDICAL PERSONNEL AVAILABLE.....2 TURNED AWAY BECAUSE FACILITY WAS FULL .....3 TURNED AWAY BECAUSE FACILITY WAS CLOSED.....4 HOSPITAL/CLINIC NOT HAVING ENOUGH SUPPLIES OR TESTS...5 HEALTH FACILITY IS TOO FAR.....6 FEAR OF CONTRACTING CORONAVIRUS.....7 LOCKDOWN/TRAVEL RESTRICTIONS.....8 LACK OF TRANSPORTATION.....9 OTHER (SPECIFY) .....96</p> <p><b>&gt;&gt; NEXT SECTION</b></p>	<p>7. Where was [SERVICE] received?</p> <p><b>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</b></p> <p>HOSPITAL.....1 HEALTH CENTER.....2 PRIVATE CLINICS.....3 PHARMACY/CHEMIST.....4 TRADITIONAL HEALER'S HOME.....5 PATIENT'S HOME.....6 OTHER (SPECIFY).....96</p>	<p>8. Did you, or any member of your household, have to pay out of your own pocket fees to use this [SERVICE] in the past 4 weeks?</p> <p><b>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</b></p> <p>YES..1 NO..2</p>	<p>9. How much did your household pay out-of-pocket for [ITEM] for the [SERVICE] received in the past 4 weeks?</p> <p><b>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q8</b></p> <p><b>WRITE "00" IF DOES NOT PAY</b></p> <p><b>PUT DK IF DON'T KNOW OR DON'T REMEMBER</b></p> <p><b>WRITE "99" IF NOT APPLICABLE</b></p>			
				Examination /Medical visits	Drugs	Transportation	Other (Specify)

ital care, childbirth, and postnatal care.

health except vaccination, included child illness, malnutrition care, and annual/regular well visits.

except family planning and maternal health/pregnancy care.

## SECTION 3d. YOUTH CONTACT

## SECTION 3D. YOUTH CONTACT

	0A	0B	0C	0D	1.	2.	3.
I N D I V I D U A L  I D	NAME  <b>CAPI: IS [NAME] 15-25 YEARS OLD?</b>  YES..1 NO..2 >> <b>NEXT PERSON</b>	INTERVIEWER READ: We are interested in talking to the following persons (15-25 years) in a few weeks and we would like to speak to them directly. We will therefore appreciate if you can provide us a number to reach them at, preferably their personal numbers if they have one	<b>CAPI: SELECT UPTO SIX PERSONS BETWEEN 15 - 25 YEARS OLD FOR THE YOUTH ASPIRATION CONTACT DETAILS</b>	CAPI: WAS [NAME] RANDOMLY SELECTED?	Does [NAME] have a working cell phone number?  YES..1 NO..2 >> Q3	What is [NAME]'s phone number?  SELECT FROM THE NUMBERS LIST  ADD ANY NEW NUMBER TO THE NUMBERS ROSTER  NEXT PERSON	Can [NAME] be reached on this number in the future?  YES..1 NO..2
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SECTION 9: RECONTACT INFORMATION

Section 9. Recontakt Information

<p>INTERVIEWER READ TO THE RESPONDENT: Thank you very much for your participation in this survey! The NBS will be transferring TZS 3,000 credit to your phone within two weeks as a thank you for your time today. I may try to contact you in future for another short interview. Before you go, I have a couple of questions to help in case I need to contact you in future.</p>	<p>9.1</p> <p>Is this number the best one to reach you or your household in the future or would it be better to use another number?</p> <p>THIS NUMBER...1 &gt;&gt; 9.3 ANOTHER NUMBER..2</p>	<p>9.2</p> <p>Which number would be best?</p> <p>PHONE #</p>	<p>9.3</p> <p>What day of the week will be best to reach you?</p> <p>SELECT ALL THAT APPLY</p> <p>MONDAY.....A TUESDAY.....B WEDNESDAY...C THURDAY.....D FRIDAY.....E SATURDAY....F SUNDAY.....G</p>	<p>9.4</p> <p>What time of the day would be best to call you?</p> <p>SELECT ALL THAT APPLY</p> <p>MORNING.....A AFTERNOON...B EVENING.....C</p>	<p>INTERVIEWER CONFIRM THAT ALL QUESTIONS HAVE BEEN ANSWERED.</p> <p>INTERVIEWER READ TO THE RESPONDENT: That's it for now. Thank you very much for answering all questions and helping us to understand the current welfare situation in TANZANIA. This is really important.</p> <p>If you have any question about the survey you can call +225 26 - 2963822.</p>



SECTION 10: INTERVIEW RESULT

Section 10. Interview Result

10.1	10.2	10.3	10.4	10.5
<p>WHAT IS THE RESULT OF THE INTERVIEW?</p> <p>COMPLETE.....1 &gt;&gt; 10.5  PARTIALLY COMPLETE.....2  REFUSED.....3 &gt;&gt; 10.3  NO BODY ANSWERING .....4 &gt;&gt; 10.8  PHONE TURNED OFF .....5 &gt;&gt; 10.8  DON'T SPEAK THE  LANGAUGE.....6 &gt;&gt; 10.4  NUMBER DOES NOT EXIST..7 &gt;&gt; 10.8  DON'T KNOW THE  HOUSEHOLD.....8 &gt;&gt; 10.3  REFERENCE PERSON  CAN'T CONNECT TO HH...9 &gt;&gt; Q10.3</p>	<p>COULD THE HOUSEHOLD BE REACHED / THE INTERVIEW BE COMPLETED IF ANOTHER INTERVIEWER TRIED TO CALL LATER?</p> <p>YES.....1  NO.....2</p>	<p>INTERVIEWER: PLEAST GIVE DETAILS ON WHY THE HOUSEHOLD CANNOT BE REACHED, WHY THEY REFUSED, OR WHY THE INTERVIEW COULD NOT BE COMPLETED</p> <p>IF PARTIALLY COMPLETE &gt;&gt; 10.5  ELSE &gt;&gt; 10.8</p>	<p>INTERVIEWER: WHICH LANGUAGE DO YOU THINK THE RESPONDENT SPEAKS</p> <p>WRITE "DK" IF DON'T KNOW</p> <p>&gt;&gt; 10.8</p>	<p>INTERVIEWER: PLEASE SELECT THE ID OF THE RESPONDENT</p>

## SECTION 10: INTERVIEW RESULT

10.6	10.7	10.8	10.9	10.10
INTERVIEWER: IN WHICH LANGUAGE DID YOU MAINLY CONDUCT THE INTERVIEW?  KISWAHILI.....1 ENGLISH.....2 OTHER SPECIFY...3	INTERVIEWER: PLEASE CONFIRM THE NUMBER YOU REACHED THE RESPONDENT ON	INTERVIEWER: DO YOU HAVE ANY NOTES THAT ARE RELEVANT WHEN CALLING THIS HOUSEHOLD IN THE FUTURE?  YES.....1 NO.....2 >> 10.10	INTERVIEWER: NOTE	RECORD END DATE AND TIME