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United Republic of Tanzania

Prime Minister's Office-Labour, Employment, Youth and Persons with Disability; and National Bureau of Statistics

LABOUR FORCE SURVEY 2025

HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE

SECTION A: IDENTIFICATION BLOCK

	CODE
1. REGION:	
2. DISTRICT	
3. WARD / SHEHIA	
4. VILLAGE/STREET	
5. ENUMERATION AREA (EA)	
6. HOUSEHOLD ID (FROM LIST) :	
7. NAME OF LOCAL LEADER/SHEHA:	
8. NAME OF HOUSEHOLD HEAD:	
9. PHONE NO. OF HOUSEHOLD HEAD:	
10a. RESULT OF INTERVIEW:	

QUARTER

TOTAL NUMBER OF HOUSEHOLD MEMBERS

10b. GPS X Y

IF CODE 2-7 GIVE COMMENTS:

Fully Responding..... 1
Vacant..... 2
Listing Error..... 3
Refusal..... 4
No Contact..... 5
Family Problems..... 6
Incomplete..... 7

SECTION A: SURVEY STAFF DETAILS

11. NAME OF ENUMERATOR: _____

12. ENUMERATOR CODE: | | | | |

13. NAME OF FIELD SUPERVISOR: _____

14. FIELD SUPERVISOR CODE: | | | | |

15. DATE OF QUESTIONNAIRE INSPECTION: / /
DD MM YYYY

IDENTIFICATION

VISIT 1

16. TIME INTERVIEW START : :

17 TIME INTERVIEW END : :

18. DATE OF INT LABOUR FORCE SU / /
DD MM YYYY

VISIT 2

19. TIME INTERVIEW START : :

20. TIME INTERVIEW END : :

21. DATE OF INTERVIEW: / /
DD MM YYYY

VISIT 3

22. TIME INTERVIEW START : :

23. TIME INTERVIEW END : :

24. DATE OF INTERVIEW: / /
DD MM YYYY

OBSERVATIONS ON THE INTERVIEW
RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

FOR ALL

SECTION B:HOUSEHOLD MEMBER ROSTER

1.	2A	2B.	3.	4.	5A	5B.	
INDIVIDUAL ID	**NAME:** Please state the names of all usual residents of the household, starting with Head of Household. **INT:CONFIRM THAT HOUSEHOLD HEAD HERE IS THE SAME AS HOUSEHOLD HEAD LISTED ON THE LISTING FORM**	**INTERVIEWER:** **REREAD NAMES OF HH MEMBERS PROVIDED AND ASK WHETHER THERE IS ADDITIONAL MEMBERS OF THE HH NOT INCLUDED. INCASE THERE ARE ADDITIONAL MEMBERS, RECORD IN Q2A.ELSE ► Q3**	**RELATIONSHIP:** What is the relationship of **[NAME]** to the head of household? Head.....1 Spouse.....2 Child.....3 Step child.....4 Sister/brother.....5 Grand son/daughter.....6 Parent.....7 Parent inlaw.....8 Grand parent.....9 Other relative.....10 Domestic employee.....11 Adopted child.....12 Unrelated.....13	**SEX:** Is **[NAME]** a male or a female? Male .....1 Female.....2	**INTERVIEWER:** **IS THIS PERSON RESPONDING FOR HIM/HER SELF?** Yes.....1►6A No.....2	**INTERVIEWER:** **WHO IS RESPONDING:RECORD INDIVIDUAL ID NUMBER OF HOUSHOELD MEMBER RESPONDING FOR THIS PERSON**	INDIVIDUAL ID
01							01
02							02
03							03
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	FOR ALL										
						SECTION C: STATE					
	6A		6B.		6Bi	7A.	7B.	7C.	7D.	7E.	7F.
INDIVIDUAL ID	**BIRTH DATE:** In which month and year was **[NAME]** born?		**AGE:** How old is **[NAME]**? **WRITE AGE IN COMPLETE YEARS WRITE 00 IF AGE < 1 YR AND WRITE "97" IF AGE ≥ 97** **IF RESPONDENT DOESN'T KNOW HIS/HER AGE , USE YEAR OF BIRTH TO CALCULATE AGE**		Please, what is your phone number ?(NAME)	**SEEING:** Does **[NAME]** have difficulty seeing, even if wearing glasses?	**HEARING:** Does [NAME] have difficulty hearing, even if using a hearing aid?	**WALKING:** Does [NAME] have difficulty walking or climbing steps?	**REMEMBERING:** Does [NAME] have difficulty in remembering or concentrating?	**SELF CARE:** Does [NAME] have difficulty with self-care, such as washing all over or dressing?	**USING LANGUAGE:** Does [NAME] have difficulty communicating; for example understanding or being understood?
								No Difficulty .....1 Some Difficulty.....2 A lot of Difficulty .....3 Unable to.....4			
	MONTH	**YEAR**		LABOUR FORCE SURVEY 2025							
01											
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12											

OF DISABILITY	
7G.	
ALBINISM: Is **[NAME]** a person with albinism? Yes..... 1 No.....	**INDIVIDUAL ID**
	01
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	FOR ALL										HOUSEHOLD MEMBERS WITH 5 YEARS OR ABOVE										
											SECTION D:MIGRATION										
	7H.									8.	9.	10A	10B				10C				
INDIVIDUAL ID	OTHER DISABILITIES: READ ALL TYPES OF DISABILITIES/DIFFICULTIES TO THE RESPONDENT other type of disabilities/difficulties Cleft Palate.....A Hydrocephalus.....B Spinal bifida.....C Spinal cord injuries.....D Psoriasis.....									INTERVIEWER: IS [NAME] AGED 5 YRS OLD OR ABOVE? Yes .....1 No.....2 ▶ NEXT PERSON	MARITAL STATUS: What is the current marital status of [NAME]? READ OPTIONS Single.....1 Married.....2 Cohabit.....3 Widowed.....4 Divorced.....5 separated.....6	COUNTRY OF BIRTH: Were you/was [NAME] born in Tanzania? Yes ...1 ▶10B1 No.....2 ▶10B2	COUNTRY AND REGION OF BIRTH: In which region/country were you/was [NAME]born? ▶10C1		▶10C2	DATE OF ARRIVAL: When did you/[NAME] arrive to live in this region/in Tanzania ? IF THE RESPONDENT WAS BORN IN REGION WHERE INTERVIEW IS TAKING PLACE WRITE 00 IN MONTH AND 0000 IN YEAR THEN ▶ 10G ▶10D				INDIVIDUAL ID
													10B1:REGION		10B2:COUNTRY		10C1:REGION		10C2:TANZANIA		
													10B11:NAME	10B12:CODE	10B21:NAME	10B22:CODE	10C11:MM [99 DK]	10C12:YYYY [9999 DK]	10C21:MM [99 DK]	10C22:YYYY [9999 DK]	
	A	B	C	D	E	F	G	H	I												
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	10D	10E		10F	10G	10H		11Ai
INDIVIDUAL ID	**LENGTH OF STAY:** How long have you/has **[NAME]**been living in this region or in Tanzania? Less than 12 months.....1 1 year to less than 5 years.....2 5 years to less than 10 years.....3 10 years or more.....4	**AREA OF PREVIOUS STAY:** In which area were you/was**[NAME]**living before coming here? **TANZANIA :AREA CODES** Rural Area.....1 Urban Area.....2 IF Q10A=1	**OUTSIDE TANZANIA:** IF Q10A=2	**REASONS FOR MOVING:** What was your/**[NAME's]**main reason for moving to this region or Tanzania? To take up a paid job.....1 Job transfer/Arranged job.....2 To look for work,clients.....3 To study.....4 Marriage.....5 Family moved/joining family.....6 Medical treatment,health.....7 Dispute,Conflict,insecurity... ... .8 Drought, flood or other weather conditions.....9 Looking for suitable land for agriculture, fishing and livestock.....10 Cost of living.....11 Moving into a new homestead.....12 Eviction... .....13 Other(specify).....14	**CITIZENSHIP:** Are you/is**[NAME]** a citizen of? Tanzania.....1▶11A Other country..2	**OTHER COUNTRIES CITIZENSHIP:** Which other country are you/is **[NAME]** a citizen of?		**LITERACY:** Can **[NAME]** read and write a short sentence in Swahili, English, Both English and Swahili, or any other language? Swahili Only .....1 English only.....2 English and Swahili.....3 Other language.....4 Cannot.....5
		10E1 AREA CODE	**10E2 COUNTRY CODE**			**COUNTRY NAME**	**COUNTRY CODE**	
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11Aii	
Can (NAME) do basic arithemetics like addition, subtraction, division and multiplication in his/her daily activities? Yes.....1 No.....2	**INDIVIDUAL ID**
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	10
	11
	12

SECTION E:EDUCATION

	11B	11C	11D	11E	11F			
INDIVIDUAL ID	**SCHOOLING STATUS:** Have you/has **[NAME]** completed, attending, dropped or never attended school? **ADULT EDUCATION SHOULD NOT BE CONSIDERED AS NEVER ATTENDED** Completed.....1▶11D Attending.....2▶11D Dropped.....3 Never atended....4	**REASONS FOR NEVER ATTENDING/DROPPING OUT:** What was the main reason for **[NAME]** dropping out/never attending school? Financial Constraints.....1 School too far away.....2 Illness/Sickness.....3 Disability.....4 Pregnancy related.....5 Satisfied.....6 Refusal.....7 Expulsion..... IF Q11B=4▶11G	**LEVEL OF EDUCATON:** In which level of education is/has **[NAME]** completed/attending/dropped off? Pre School.....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 Training After P/E.....09 Adult Ed.....10 Form 1.....11 Form 2.....12 Form 3.....13 Form 4.....14 Training after O level.....15 Form 5.....16 Form 6.....17 Training after A level.....18 Tertiary Non-Uni.(Atleast for one year).....19 First degree.....20 Masters.....21 PhD.....22 **IF 11D =(00-18)▶11G**	**AREA OF STUDY:** What was your/[NAME's] area of study? **e.g. ACCOUNTANCY, MECHANICAL ENGINEERING, NURSING, SECONDARY TEACHING**	**INTERVIEWER:** **INSERT SUBJECT OF TRAINING CODES** **SUBJECT OF TRAINING CODES**			INDIVIDUAL ID
01								01
02								02
03								03
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12								12

SECTION E: EDUCATION

	11G	11H	11I	11J	11K	11L	12.
INDIVIDUAL ID	**TRAINING ATTENDED:** What type of training have you/has **[NAME]** attended for at least one month duration,if any? None.....1►**Q11L** On the job.....2 Informal apprenticeship.....3 Formal apprenticeship.....4 Vocational Trade Test G3/CBET 1/NABE STAGE1...5 Vocational Trade Test G3/CBET 1/NABE STAGE2...6 Vocational Trade Test G3/CBET 1/NABE STAGE3...7 College/certificate.....8 Other(specify).....9	**AREA OF STUDY:** Please Specify Area of training attended **e.g. CARPENTRY, ELECTRICAL INSTALLATION, WELDING**	**INTERVIEWER:** **WRITE CODES FOR SUBJECT OF TRAINNING** **SUBJECT OF TRAINNING CODES**	**YEAR OF COMPLETION:** In which year did **[NAME]** complete the training? **YEAR**	**DURATION OF TRAINING:** How many months does the training normally take? **NUMBER OF MONTHS**	**TRAINING ATTENDENCE:** Are you/is **[NAME]** currently attending any type of training? Yes.....1 No.....2	**PENSION:** Are you/is**[NAME]** currently receiving pension? Yes from PSSSF/ZSSF.....1 Yes from NSSF.....2 Yes from Central Government...3 Yes from Universal Pension....4 No.....5 **ASK THIS QUESTION TO A PERSON AGED 45 YEARS OR ABOVE**
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SECTION F. CURRENT ACTIVITY [LAST FULL WEEK] MONDAY - SUNDAY

INT: REMIND THE RESPONDENT THE LIST OF WORK ACTIVITIES ON PAGE 1. CHECK THROUGH COMPLETE LIST ON PAGE 1 AGAIN WITH RESPONDENT

CODES FOR JOB DISCRIPTIONS

Wage Jobs:
Permanent,Temporary/Casual,Part time

Agriculture:
Cash Crop
Coffee,Cotton,Sisal,Tobacco,Tea and Other Cash Crop

Food Crops
Maize,Sorghum, Cassava, Fruits,Vegetables,Beans Peas and other food crops

Other agricultural activities
Keeping birds/other pests away from crops, Activities related to the storage of crops, Herding,Milk, making butter,etc rering/Slaughtering,activities related to poultry production and other agricultural activities including hunting, forestry, fishing

Manufacturing/Processing:
Making Charcoal, Milling (Including hand Milling,Other food processing, Making baskets/hats/clay pots/other handcraft Spinning/Weaving/Tailoring,other manufacturing/ repair/maintenance (not for home use) and other manufacturing/ repair/ maintenance (for home use)

Construction/major repair or maintenance:
Farm building or fences,Own dwelling,Access roads and Other construction activities/mining.

Trading/Sales:
Retail shops, tea shops/street vending etc, Assisting in sales of agriculture products and other retail trade

Transport:
Carrying loads to market for sale, Carrying grain to/from mil/shamba, and Other transport activities.

Services:
Giving tuition to students for payment, Repair services for tool, shoes, etc. (not for own household), Collection of firewood, fetching water.
Any other business or income generation activity

	13A Last week, from [DAY] up to [DAY], did you/**[NAME]** **READ AND MARK ALL THAT APPLY** Work or help in family farming activities.....1 Keep or help in a family [kitchen garden, orchard].....2 Rear or tend farm animals kept or used by the family.....3 Work or help in family fishing (or fish farming) activities.....4 Prepare or preserved food or drinks for storage such as [flour, dried fish, butter, cheese.....5 Construction work to build, renovate own/household dwelling or help a family member with similar work.....6 Making goods such as [mats, baskets, furniture, clothing,.....7 None of the above.....8 ▶13C	13B Are the products/ services produced/rendered from your/ **[NAME's]** place of work intended for: **READ OPTIONS AND MARK ONE** Sale only.....1▶Q20 Mainly for sale.....2▶Q20 Mainly for family use...3 Only for family use.....4	13C Last week, that is from [DAY] up to [DAY/yesterday] did you/**[NAME]** do any work for someone else for pay for 1 or more hours? Yes.....**1 (▶Q20)** No.....**2**	13D Last week, did you/**[NAME]** do any kind of business, or an activity to generate income for 1 or more hours? **READ IF NEEDED: FOR EXAMPLE:MAKING THINGS FOR SALE;BUYING AND RESELLING THINGS; PROVIDING SERVICES FOR** Yes.....**1(▶Q20)** No.....**2**	**INDIVIDUAL ID**
01					01
02					02
03					03
04					04
05					05
06					06
07					07
08					08
09					09
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12					12

INDIVIDUAL ID	13E	14A	14B	14C	14D	INDIVIDUAL ID
	Last week, did you/**[NAME]** help with the paid job, business or an activity of a household or family member to generate income for 1 or more hours? Yes.....1 (▶Q20) No.....2 **IF Q13B=3|4 AND 13E=2▶14B**	Even though you/**[NAME]** did not work last week, did you/**[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? **INT: EXAMPLES OF TEMPORARY ABSENCE** **• 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** Yes.....1 (▶14C) No.....2 (▶15A)	Even though you/**[NAME]** did not work for paid job,or any kind of business, or farming or other activity to generate more income in the last week, do you/does**[NAME]** have a paid job,or any kind of business, or farming or other activity that you were absent from and definitely you will return to? **INT: EXAMPLES OF TEMPORARY ABSENCE** **• 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** Yes.....1 No.....2	What was the type of work that you were absent from during the last week ? **READ CATEGORIES AND MARK ALL THAT APPLY** Paid job.....1 Farming.....2 Rearing farm animals Fishing or fish farming.....3 Another type of business.....4	For how long have you/has [NAME] been temporarily absent from work? Less than 1 month.....1 1-3 months.....2 4-6 months.....3 7-12 months.....4 More than 12 months.....5	
01						01
02						02
03						03
04						04
05						05
06						06
07						07
08						08
09						09
10						10
11						11
12						12

INDIVIDUAL ID	14E	14F	14G	INDIVIDUAL ID
	What was the main reason for you/**[NAME]** being absent from work last week? Leave/Family problems/technical problems/Weather.....1 Ilness, injury, temporary disability.....2 Martenity leave.....3 Education or training.....4	Did you/**[NAME]** continue to receive an income from [your/his/her] job or business during this temporary absence? Yes.....1 No.....2 IF(14C=1 AND 14D=1 AND 14E=1 AND 14F=1) ▶Q20 IF(14C=1 AND 14D=1:3 AND 14E=2 AND 14F=1) ▶Q20 IF(14C=1 AND 14D=1:2 AND 14E=3 AND 14F=1) ▶Q20 IF(14C=1 AND 14D=1:5 AND 14E=4 AND 14F=1) ▶Q20 IF(14C=4 AND 14D=1 AND 14F=1)▶ Q20 OTHERWISE ▶14G	Are the [farming, animal and/or fishing] products/ services that [you are /[NAME is] working on intended for..? **READ CATEGORIES AND MARK ONE** Only for sale.....1 Mainly for sale.....2 Mainly for family use....3 Only for family use .....4 **IF(Q14C=2:3 AND Q14D=1 AND Q14G=1/2)▶Q20** **ELSE▶Q15A**	
01				01
02				02
03				03
04				04
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09				09
10				10
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12				12

SECTION G.UNEMPLOYMENT

	15A	15B	15C	16A	16B	
INDIVIDUAL ID	Have you/has **[NAME]** taken any iniatives during the past four weeks (4) to look for a paid job or start a business or an activity to generate more income? Yes.....1 No.....2▶Q15C	What did you mainly do during the past four weeks to look for work for pay or business for profit? **MULTIPLE ANSWERS ACCEPTABLE** Applied to prospective employers, Checked at farms, factories or work sites.....A Seeking assistance of friends, relatives, unions.....B Took action to start business usually small scale).....C Took action to start agriculture..... D Registrating at private employment agencies.....E Registering at TaESA.....F Applied to secretariat of employment.....G Other (Specify).....H **FOR ANY ANSWER ▶Q16A**	Why didn't you/ **[NAME]**look for work during the past four weeks to generate more income? **MENTION THE MOST IMPORTANT REASON** Thought no work available.....1 Tired of looking for jobs,no jobs in area..2 waiting reply from earlier enquires.....3 No jobs matching my skills.....4 Considered too young/old by employers.....5 Waiting to start an arranged job,business or agriculture.....6 I am retired.....7▶17B I do not want to work.....8▶17A Full time student.....9▶17A Too young/Too old.....10▶17A Disabled/All time sick.....11▶17A Family does not approve it.....12 My spouse would'nt allow that.....13 Off season in agriculture.....14 Occupied with home duties.....15 Temporary illness.....16 Other (Specify).....17	At present are you/is **[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? Yes.....1 No.....2	Could you/**[NAME]** start working within the next two weeks in a paid job,or do any kind of business, farming or other activity to generate income Yes.....1 No.....2	INDIVIDUAL ID

		A	B	C	D	E	F	G	H				
01													01
02													02
03													03
04													04
05													05
06													06
07													07
08													08
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	17A	17B		17C	17D	17E	18A
INDIVIDUAL ID	Have you/has **[NAME]** ever worked in a paid job,or had own business or an activity to generate more income? Yes.....1 No.....2▶18A	When did you/**[NAME]**stop working in this business or activity?	MONTH AND YEAR MM(99 DK) YYYY(9999 DK)	What type of work did you/**[NAME]** do in your last job? **WRITE OCCUPATION FULLY OR AT LEAST IN TWO WORDS**	**INTERVIEWER:** **TASCO CODES**	Why did you/**[NAME]** stop working in your last job? Retrenchment/ laid off/End of contract.....1 Expulsion from work.....2 Retired.....3 Low pay.....4 Business closed.....5 Technology change.....6 I started a new job.....7 Too many hours and low pay ...8 Went back to school.....9 Restricted by Spouse.....10 Got married.....11 Moved to different locality..12 Illnes.....13 Disaster.....14 Other specify).....15	For how long have you/has **[NAME]** been available for work? Less than 3 months.....1 More than 3 months but less than 6 month.....2 6 months but less than 1 Year.....3 1 year or above.....4 **DO NOT ASK Q18A IF Q15C = 7;8;9;10,11**
01							
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		18B	19	
INDIVIDUAL ID	INDIVIDUAL ID	**What was the main reason for failing to secure work during this period?** Stiff competition .....1 lack of experience or qualifications.....2 lack of jobs matching my skills.....3 Not having enough education for available jobs.....4 Favoritism/corruption.....5 Lack of information about available jobs.....6 No jobs were available.....7 **DO NOT ASK Q18B IF Q15C = 7;8;9;10;11**	**How do you/does [NAME] support yourself during this period of unemployment?** **MULTIPLE ANSWERS ALLOWED. INDICATE "1" AGAINST EACH CORRECT RESPONSE** Receives a pension from previous work.....A Receives unemployment benefit from previous work.....B Receiving support from parents/spouse, guardians.....C Receiving support from family, friends,- Within the country..D Receiving support from family, friends - Outside the country.E Income from own property.....F Own household farming,animal rearing, fishing activities.....G Annuitant.....H Savings.....I Receiving unicersal pension.....J Other (specify).....K **IF (Q13B=3|4 AND Q13E=2)▶Q20** **IF (Q14C=2|3 AND Q14D = 1 AND Q14G=3|4)▶Q20** **IF (Q17A = 1)▶ Q89A** **IF (Q17A=2 AND Q6B>=5 AND Q6B<=17) ▶ QC51** **ELSE END**	INDIVIDUAL ID

			A	B	C	D	E	F	G	H	I	J	K	
01	01													01
02	02													02
03	03													03
04	04													04
05	05													05
06	06													06
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08	08													08
09	09													09
10	10													10
11	11													11
12	12													12

SECTION H. MAIN ECONOMIC ACTIVITY

INT: EXPLAIN TO RESPONDENT THAT, THE FOLLOWING SET OF QUESTIONS REFER TO THE ECONOMIC ACTIVITY ON WHICH YOU SPEND MOST OF YOUR TIME IF YOU HAVE MORE THAN ONE ACTIVITY.

	20	21A	21B	22A	22B	23	
INDIVIDUAL ID	Last week did you /**[NAME]** do more than one economic activity? Yes..... 1 No.....2 **IF (Q13B=3|4 AND Q15A=1|2) THEN Q20=2**	***READ:****I am now going to ask you some questions about (your/NAME's) main job or business. Your main job is the one on which you usually spend most of your working time* **In your/[NAME's] main job, what kind of work [do/does] you/[NAME] usually do?** **WRITE OCCUPATION IN FULLY OR AT LEAST IN TWO WORDS**	**TASCO CODES**	What is the main activity of the business or place where you/[NAME] work(s)? [[e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods]] **WRITE MAIN ACTIVITY IN FULLY OR AT LEAST IN TWO WORDS**	**ISIC CODES**	Are the products/ services produced/rendered from your/ **[NAME's]** place of work intended for: **READ OPTIONS** Only for sale/ barter/ paid employment.....1 Mainly for sale, but partly for own consumption.....2 Mainly for own consumption but partly for sale or barter.....3 Only for own consumption.....4▶Q25 **IF (Q13B=3 AND Q15A=1|2) THEN Q23=3** **IF (Q13B=4 AND Q15A=1|2) THEN Q23=4**	INDIVIDUAL ID
01							01
02							02
03							03
04							04
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06							06
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12							12

SECTION H. MAIN ECONOMIC ACTIVITY

	24	25	26	27A	27B	
INDIVIDUAL ID	Do you do your work / activity online? Example: Marketing of products via Instagram or Facebook etc Yes.....1 No.....2	In your/[NAME's] main job, do/[does] you/[NAME] work as…? **READ OPTIONS** An employee.....1▶27B Own business activity (non-agric.).....2▶27A Own farm(crops/fishing/livestock).....3▶27A Helping in a family or household business(non-agric.).....4 Helping in a family or household farm	[NAME] who usually makes decisions relating to this business? **READ OPTIONS** You/[NAME].....1 You/[NAME]together with others...2 Other family member(s)only....3▶27B	Do/[DOES] your/[NAME's] business/activity have employees who are paid on a regular basis? Yes.....1 No.....2▶Q28	How many paid employees [including yourself] are working in your business/this enterprise on continuous basis? Less than 5 employees....1 5 and above employees....2	INDIVIDUAL ID
01						01
02						02
03						03
04						04
05						05
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SECTION H. MAIN ECONOMIC ACTIVITY

INDIVIDUAL ID	28										29A	29B	29C	INDIVIDUAL ID
	Which of the following types of pay do you /does [NAME] receive for this work? **INTERVIEWER: READ AND MARK "1" TO ALL THAT APPLY** A wage or salary.....A Payment by piece of work completed..B Commissions.....C Tips.....D Fee for services provided.....E Payment with meals or accommodation.F Payment in products.....G Not paid.....H Other cash payment (specify).....X **ASK IF (Q25=1,6,7) OR (Q25=4|5 AND Q26=3|4)**										What is the form of your/[NAME'S] work contract? **READ OPTIONS** Written contract.....1 Verbal contract.....2 **ASK IF (Q25=1,6) OR ((Q25=4,5,7) AND (Q28=A,B,C,E,F,G,X))**	Is your/[NAME's] contract..…? **READ OPTIONS** **Permanent** contract.....1▶Q30 **Temporary Contract:** Specific task contract....2 Fixed time contract.....3 Casual.....4 **ASK IF Q29A=1|2**	What is the duration of [your/NAME]contract? Hourly contract.....1 Daily contract.....2 Less than 1 month.....3 One to less than 3 months.....4 Three to less than 6 months...5 Six to less than 12 months....6 Twelve to less than 24 months.7 Two years or more.....8 No specific duration.....9 **ASK IF (Q29A=1|2) AND Q29B=2,3,4**	
	A	B	C	D	E	F	G	H	X	X				
													Weeks	
01														01
02														02
03														03
04														04
05														05
06														06
07														07
08														08
09														09
10														10
11														11
12														12

	30	31A	31B	32	33	34	35A					
INDIVIDUAL ID	Do you /Does [NAME] get a paid annual leave? Yes.....1 No.....2	Would [you/NAME] get a paid sick leave in case of illness or injury? Yes.....1 No.....2	Do you/ Does [NAME] get a paid maternity/paternity leave? Yes.....1 No.....2	Are you a member of any trade union? Yes.....1 No.....2	Do you/ Does your employer deduct income tax from your salary/income? Yes.....1 No.....2 No my salary is less than taxable threshold.....3 DK.....4	Do you/ Does your employer pay contributions to social security scheme? e.g.PSSSF,NSSF,ZSSF Yes.....1 No.....2 DK.....3	Which of the following best describes the level of skills needed to carry out tasks and duties of [your/NAME] main job/business? Basic level..... 1 Intermediate level...2 Advanced level.....3 Skill not needed.....4					INDIVIDUAL ID
	ASK IF (Q25=1,6) OR ((Q25=4,5,7) AND (Q28=A,B,C,E,X))			ASK IF (Q25=1,6)	ASK IF (Q25=1,2,3,6) OR ((Q25=4,5,7) AND (Q28=A,B,C,E,X))		Technical skills	Literacy skills	Numeracy skills	Computer skills	Physical skills	
							a	b	c	d	e	
01												01
02												02
03												03
04												04
05												05
06												06
07												07
08												08
09												09
10												10
11												11
12												12

	35B					35C	35D	36A	36B	
INDIVIDUAL ID	**Which of the following statements best describes [your/NAME's] skills in relation to what is needed?** Basic level..... 1 Intermediate level...2 Advanced level.....3 Skill not needed.....4					Which of the following statements best describes [your/NAME's] skills in relation to what is needed? **READ OPTIONS** I have the required skills..1 I have higher skills than required.....2 My skills need to be further developed.....3	How would you rate your chance to hold this job next month? Absolute certainty.1 High certainty.....2 Low certainty.....3 No Chance.....4	Have you ever been injured at your workplace or suffered from a work-related illness in your current job for the past 12 months? Yes..... 1 No.....2▶Q37	Thinking about your most serious illness/injury, how did this/ these affect your work performance. Not serious- did not stop work..1 Stopped work a short while.....2 Stopped work completely.....3	INDIVIDUAL ID
	Technical skills	Literacy skills	Numeracy skills	Computer skills	Physical skill					
	a	b	c	d	e					
01										01
02										02
03										03
04										04
05										05
06										06
07										07
08										08
09										09
10										10
11										11
12										12

	37	38A	38B	38C	
INDIVIDUAL ID	Who is the owner of this enterprise: Central Government.....1 Local Government.....2 Parastatal Organization.....3 IF Q20=1▶Q49A, IF Q20=2▶Q48A NGO,religious organisation, political party,Non-profit institution.....4 International organization or foreign embassy..5 Private business(non-agr.).....6 Partnership or cooperative.....7 Private/own farm.....8 Family/household farm.....9 Household(s)domestic worker.....10 Household - business (non agr.).....11 Other Private.....12	Is this business registered and has a license from any Government authority? BRELA/BPRA and you have business license.....1▶Q38C Tanzania Revenue Authority (TRA)/ZRA.....2▶Q39 Other Government Authority with business license.....3▶Q39 BRELA/BPRA without business license.....4▶Q38C Other Government Authority without business License.....5 No registration.....6	What are reasons for not registering the business with any legally recognized authority or having a business license? In the process of registering a business.....A Dont need to register a business.....B Not aware about business registration.....C Bureaucracy in formalizing business.....D High registration costs.....E Limited capital(Less than TSH 4 million).....F Other, specify.....G **FOR ANY ANSWER** ▶Q39	Is the business where [NAME] works a registered as (LIMITED COMPANY, TRADING PARTNERSHIP, LIMITED PARTNERSHIP)? Yes.....1 No.....2	INDIVIDUAL ID
			Months		
01					01
02					02
03					03
04					04
05					05
06					06
07					07
08					08
09					09
10					10
11					11
12					12

	39	40A	40B	41	
INDIVIDUAL ID	What kind of accounts or records does [your/NAME's] business keep? Complete set of written accounts (including assets, income and expenditure) for tax purposes.....1 Simplified written accounts not for tax purposes.....2 Only through informal records of orders, sales, purchases.3 No records are kept.....4 Dont Know.....5	How many customers/ clients/ buyers did you have during the last four weeks? READ THE OPTIONS More than one customer, client or buyer.1 A single customer, client or buyer.....2 Dont have a customer or buyer.....3▶Q41	Do you get your customers, clients or buyers through someone else, for example through another company, intermediary or person? READ THE OPTIONS Yes all of them .....1 Yes most of them.....2 Yes, a few of them.....3 No.....4	In this job or business, do you: READ THE OPTIONS Sell products or services from only one company or person?.....1 Use products, space, equipment or product specifications provided by just one company or person?.....2 Typically sell your products services to one single company, client or person.....3 None of the above.....4▶Q43	INDIVIDUAL ID
	ASK IF ((Q25=2,3) OR (Q25=4,5 AND Q26=1,2)) AND Q27A=2 AND Q38C=2				
01					01
02					02
03					03
04					04
05					05
06					06
07					07
08					08
09					09
10					10
11					11
12					12

	42	43	44	
INDIVIDUAL ID	Does this company, intermediary or client, set or decide on the following: READ AND MARK "1" ON ALL ANSWERS THAT APPLY The price of the products or services that you offer or make?.....A The hours that you should work?.....B The places, routes or areas where you do your work?.....C Provide you with the tools, equipment or product specifications?...D On a fee or commission that you pay to them?.....E The minimum sales or operations you must carry out?.....F None of the above.....G ASK IF ((Q25=2,3) OR (Q25=4,5 AND Q26=1,2)) AND Q27A=2 AND Q38C=2	What is the typical location of [your/NAME's]business/work? **Non-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 Improvised post in a market.....07 Garbage area.....08 Construction sites.....09 Other (please specify).....10 **Permanent premises** Permanent premises in a market (shop, kiosk, shed).....11 Workshop, shop, restaurant, hotel.....12 Industrial area.....13 Mining site.....14 In my own/partner's home with special installation.....15 Taxi station in permanent structure/ Public transport with fixed route.....16 Farm/fishing or grazing area.....17 Vehicle, motor bike, Tricycle, Bicycle...18 Other (specify).....19	**IF ((Q38A=1-3 OR Q39=1) OR Q34=1 OR Q39=1 OR (Q43=11:19 & Q27B=2))& Q20=1) ▶ Q49A** **IF ((Q38A=1-3 OR Q39=1) OR Q34=1 OR Q39=1 OR (Q43=11:19 & Q27B=2))& Q20=2) ▶ ▶ Q48A** **ELSE ▶ Q45A**	INDIVIDUAL ID
01				01
02				02
03				03
04				04
05				05
06				06
07				07
08				08
09				09
10				10
11				11
12				12

SECTION I: INFORMAL SECTOR - MAIN ACTIVITY

SECTION I: INFORMAL SECTOR – MAIN ACTIVITY- CONT'D

45A

When was this business/activity started?

WRITE MONTH & YEAR:

IF DK,WRITE 98 FOR MONTH AND 9998 FOR YEAR

ÁSK IF (Q25=2,3) OR (Q25=4,5 AND Q26=1,2)

ELSE▶ Q49A IF Q20=1| Q48A IF Q20=2

45B

What were the reasons for your choice of this business/activity?

MORE THAN ONE ANSWER IS ACCEPTABLE

Can't find other work.....A
Released from other employment or reduction of working time.....B
Retirement from other employment.....C
Family needs additional income.....D
Business/activity provides good income opportunities....E
Business/activity does not require much capit.....F
Can keep production cost low.....G
Wants to be independent from his/her own master.....H
Can choose his/her own hours and place of work.....I
Can combine business/activities with household or family responsibilities.....J
Bureaucracy in formalizing business/activity.....K
Traditional line of business/ activities of respondent or family/tribe.....L
Other (specify).....M

46A

Did this business/activity operate all year around?

Yes.....1▶Q47
No.....2

46B

Why did the business/activity not operate all the year around?

WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)

Business/activity established during the last 12 months...A
Too much competition.....B
Lack of customers or order.....C
Lack of raw materials or supplies.....D
Lack of workers.....E
Break down of vehicles, machinery or equipment.....F
No power.....G
Seasonal nature of activity (e.g.building funds).....H
Temporary operation to meet special objectives/expenses/Casual activity.....I
Owner was engaged in other work(e.g. agriculture).....J
Owner was busy with household or family duties.....K
Personal reasons (e.g. Sick).....L
Other (Specify).....M

INDIVIDUAL ID	MONTH	YEAR	A	B	C	D	E	F	G	H	I	J	K	L	M	INDIVIDUAL ID
01																01
02																02
03																03
04																04
05																05
06																06
07																07
08																08
09																09
10																10
11																11
12																12

	47A	47B	
INDIVIDUAL ID	During the last 12 months, did you receive any loan or credit facility for business/activity purposes from any source? Yes.....1 No.....2► Q49A IF Q20=1 OR Q48A IF Q20=2	What was the source of loan/credit facility? **WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)** Relative or friend.....A Rotating savings & credit group (UPATU)...B Savings & credit co - operatives (SACCOS/VICOBA).....C Cooperative (Business Association).....D NGO, Business Association, donor project .E Private money lender.....F Customer, contractor, middle person/agent, supplier.....G City/ Municipal Council .....H Zanzibar Economic Empowerment Agency.....I Other Government institutions.....J Bank or financial institution.....K Social security scheme.....L Other source.....M IF Q20=1►Q49A	INDIVIDUAL ID

		A	B	C	D	E	F	G	H	I	J	K	L	M	
01															01
02															02
03															03
04															04
05															05
06															06
07															07
08															08
09															09
10															10
11															11
12															12

SECTION J. SECONDARY ECONOMIC ACTIVITY

THE FOLLOWING SET OF QUESTIONS REFER TO THE SECONDARY ECONOMIC ACTIVITY.

INDIVIDUAL ID	48A Did you do any other work of any type for pay, profit, barter or home use during the last week even for one hour? Yes..... 1▶Q49A No.....2	48B Although you did not do any work during the last week, do you have a paid job or an activity in your farm or business, which you expect to resume in future? Yes..... 1 No.....2▶Q76A	48C What was the type of work that you were absent during the last week from [DAY] up to [DAY]? **READ CATEGORIES AND MARK THE CORRECT** Paid job.....1 Self employment -Farming..2 Rearing farm animals Fishing or fish farming...3 Another type of business.…4	48D For how long have you /has [NAME] been temporarly absent from work? Less than 1 month....1 1-3 months.....2 4-6 months.....3 7-12 months.....4 More than 12 months..5	48E What was the main reason for [you/NAME] being absent from work last week? Leave/Family problems/technical problems/Weather.....1 Ilness, injury, temporary disability.....2 Martenity leave.....3 Education or training.....4	INDIVIDUAL ID
01						01
02						02
03						03
04						04
05						05
06						06
07						07
08						08
09						09
10						10
11						11
12						12

	48F	48G	49A	49B	50A	50B	
INDIVIDUAL ID	[Did you/ [NAME] continue to receive an income from [your/his/her] job or business during this absence? Yes.....1 No.....2 Q48C=1 AND Q48D=1 AND Q48E=1 AND Q48F=1 ▶Q49A Q48C=1 AND Q48D=1:3 AND Q48E=2 AND Q48F=1 ▶Q49A Q48C=1 AND Q48D=1:2 AND Q48E=3 AND Q48F=1 ▶Q49A Q48C=1 AND Q48D=1:5 AND Q48E=4 AND Q48F=1 ▶Q49A Q48C=4 AND Q48D=1 AND Q48F=1 ▶Q49A	Are the products produced/ services rendered from your/ [NAME's] crop production, livestock or fishery work intended for: **READ CATEGORIES AND MARK ACCORDINGLY** Sale only.....1 Mainly for sale.....2 Mainly for family use.....3 Only for family use .....4 IF Q48C=2:3 AND Q48D=1 AND Q48F=1 ▶Q49A ELSE ▶ Q76A	***READ:*** *I am now going to ask you some questions about (your/NAME's) secondary job or business.* In [your/his/her] secondary job, what kind of work [do/does] [you/NAME] usually do? **WRITE OCCUPATION IN FULLY OR AT LEAST IN TWO WORDS**	**TASCO CODES**	What is the main activity of the business or place where [you/NAME] work[s]? **[[e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods]]** **WRITE MAIN ACTIVITY IN FULLY OR AT LEAST IN TWO WORDS**	**ISIC CODES**	INDIVIDUAL ID
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

INDIVIDUAL ID	51	52	53	54	55A	INDIVIDUAL ID
	Products produced/services rendered from the place of work were intended for: **READ OPTIONS** Only for sale/ barter/ paid employment.....1 Mainly for sale, but partly for own consumption.....2 Mainly for own consumption but partly for sale or barter.....3 Only for own consumption.....4▶Q53	Do you do your work / activity online? Example: Marketing of products via Instagram or Facebook etc Yes.....1 No.....2	In [your/NAME's] secondary job, [do/does] [you/NAME] work as…? **READ OPTIONS** An employee.....1▶Q55B Own business activity (non-agric.).....2▶Q55A Own farm(crops/fishing/livestock).....3▶Q55A Helping in a family or household business(non-agric.).....4 Helping in a family or household farm (crops/fishing/livestock).....5	Who usually makes decisions relating to this business? **READ OPTIONS** [You/NAME].....1 [You/NAME]together with others...2 Other family member(s)only.....3▶Q55B Other non-related person(s).....4▶Q55B	Do/Does[your/NAME's] business have employees who are paid on a regular basis? Yes.....1 No.....2▶Q56	
01						01
02						02
03						03
04						04
05						05
06						06
07						07
08						08
09						09
10						10
11						11
12						12

	55B	56										57A	57B	57C	
INDIVIDUAL ID	How many paid employees [including yourself] are working in your business/this enterprise on continuous basis? Less than 5 (employees)..1 5 and above (employees)..2	Which of the following types of pay [do you /does [NAME] receive for this work? **READ AND MARK "1" TO ALL THAT APPLY** A wage or salary.....A Payment by piece of work completed..B Commissions.....C Tips.....D Fee for services provided.....E Payment with meals or accommodation.F Payment in products.....G Not paid.....H Other cash payment (specify).....X **ASK IF (Q53=1,6,7) OR (Q53=4|5 AND Q54=3|4)**										What is the form of your/[NAME'S] work contract? **READ OPTIONS** Written contact.....1 Verbal contract.....2 **ASK IF (Q53=1,6) OR ((Q53=4,5,7) & (Q56=A,B,C,E,F,G,X))**	Is your/[NAME's] contract…..…? **READ OPTIONS** **Permanent** contract.....1▶Q58 **Temporary Contract:** Specific task contract.....2 Fixed time contract.....3 Casual.....4 **ASK IF Q57A=1,2**	What is the duration of [your/NAME's] contract? Hourly contract/agreement....1 Daily contract/agreement.....2 Less than 1 month.....3 One to less than 3 months....4 Three to less than 6 months..5 Six to less than 12 months...6 Twelve to less than 24 months.7 Two yers or more.....8 No specified duration.....9 **ASK IF (Q57A=1 OR 2) AND Q57B=2,3,4**	INDIVIDUAL ID
		A	B	C	D	E	F	G	H	x				Weeks	
01															01
02															02
03															03
04															04
05															05
06															06
07															07
08															08
09															09
10															10
11															11
12															12

	58	59A	59B	60	61	62	63A	
INDIVIDUAL ID	Do you /Does [NAME] get a paid annual leave? Yes.....1 No.....2 **ASK IF (Q53=1,6) OR ((Q53=4,5,7)AND (Q56=A,B,C,E,X))**	Would [you/NAME] get a paid sick leave in case of illness or injury? Yes.....1 No.....2	Do you/ Does [NAME] benefit from maternity/paternity leave? Yes.....1 No.....2	Are you a member of any trade union? Yes.....1 No.....2 **ASK IF Q53=1,6**	Do you/ Does your employer deduct income tax from your salary/income? Yes.....1 No.....2 No my salary is less than taxable threshold.3 DK.....4 **ASK IF (Q53=1,2,3,6) OR ((Q53=4,5,7) AND (Q56=A,B,C,E,X))**	Do you/ Does your employer pay contributions to social security scheme? e.g.PSSSF,NSSF,ZSSF Yes.....1 No.....2 No my salary is less than taxable threshold.3 DK.....4	Which of the following best describes the level of skills needed to carry out tasks and duties of [your/NAME] main job/business? Basic level..... 1 Intermediate level...2 Advanced level.....3 Skill not needed.....4	INDIVIDUAL ID
							Technical skills **a** / Literacy skills **b** / Numeracy skills **c** / Computer skills **d** / Physical skills **e**	
01								01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12

INDIVIDUAL ID	63B Which of the following best describes [your/NAME's] level of skills? Basic level..... 1 Intermediate level...2 Advanced level.....3 Skill not needed.....4					63C Which of the following statements best describes [your/NAME's] skills in relation to what is needed? READ OPTIONS I have the required skills..1 I have higher skills than required.....2 My skills need to be further developed.....3	63D How would you rate your chance to hold this job next month? Absolute certainty.1 High certainty.....2 Low certainty.....3 No Chance.....4	64A Have you ever been injured at your workplace or suffered from a work-related illness in your current job for the past 12 months? Yes..... 1 No.....2 ▶Q65	64B Thinking about your most serious illness/injury, how did this/ these affect your work. Not serious- did not stop work..1 Stopped work a short while.....2 Stopped work completel.....3	INDIVIDUAL ID
	Technical skills a	Literacy skills b	Numeracy skills c	Computer skills d	Physical skills e					
01										01
02										02
03										03
04										04
05										05
06										06
07										07
08										08
09										09
10										10
11										11
12										12

INDIVIDUAL ID	65 Who is the owner of this enterprise: Central Government.....1 Local Government.....2 Parastatal Organization.....3 NGO,religious organisation, political party,Non-profit institution.....4 International organization or foreign embassy...5 ▶Q76A Private business(non-agr.).....6 Partnership or cooperative.....7 Private farm.....8 Own or family/household farm.....9 Household(s)domestic worker.....10 Household - business (non agr.).....11 Other Private.....12	66A Is this business registered and has a license from any Government authority BRELA/BPRA and you have business license.....1▶Q66C Tanzania Revenue Authority (TRA)/ZRA.....2▶Q67 Other Government Authority with business license.....3▶Q67 BRELA/BPRA without business license.....4▶Q66C Other Government Authority without business License.....5 No registration.....6	66B What are reasons for not registering your business with any legally recognized authority or having a business license? In the process of registering a business.....A Dont need to register a business.....B Not aware about business registration.....C Bureaucracy in formalizing business.....D High registration costs.....E Limited capital(Less than TSH 4 million).....F Other, specify.....G **FOR ANY ANSWER** ▶Q67	66C Is the business where [NAME] works a registered as (LIMITED COMPANY, TRADING PARTNERSHIP, LIMITED PARTNERSHIP)? Yes.....1 No.....2 **ASK IF (Q53=2,3)**	INDIVIDUAL ID
01					01
02					02
03					03
04					04
05					05
06					06
07					07
08					08
09					09
10					10
11					11
12					12

INDIVIDUAL ID	67	68A	68B	69	INDIVIDUAL ID
	What kind of accounts or records does [your/NAME's] business keep? Complete set of written accounts (including assets, income and expenditure) for tax purposes.....1 Simplified written accounts not for tax purposes.....2 Only through informal records of orders, sales, purchases.3 No records are kept.....4 Dont Know.....5	How many customers/ clients/ buyers did you have during the last four weeks? READ THE OPTIONS More than one customer, client or buyer...1 A single customer, client or buyer.....2 Dont have a customer or buyer.....3▶69	Do you get your customers, clients or buyers through someone else, for example through another company, intermediary or person? READ THE OPTIONS Yes all of them .....1 Yes most of them.....2 Yes, a few of them.....3 No.....4	In this job or business, do you: READ THE OPTIONS Sell products or services from only one company or person?.....1 Use products, space, equipment or product specifications provided by just one company or person?.....2 Typically sell your products services to one single company, client or person.....3 None of the above.....4▶Q71	
	ASK IF ((Q53=2,3) OR (Q53=4,5 AND Q54=1,2)) AND Q55A=2 AND Q66C=2				
01					01
02					02
03					03
04					04
05					05
06					06
07					07
08					08
09					09
10					10
11					11
12					12

INDIVIDUAL ID	70	71	72	INDIVIDUAL ID
	Does this company, intermediary or client, set or decide on the following: READ AND MARK "1" ON ALL ANSWERS THAT APPLY The price of the products or services that you offer or make?.....A The hours that you should work?.....B The places, routes or areas where you do your work?.....C Provide you with the tools, equipment or product specifications?...D On a fee or commission that you pay to them?.....E The minimum sales or operations you must carry out?.....F None of the above.....G ASK IF ((Q53=2,3) OR (Q53=4,5 AND Q54=1,2)) AND Q55A=2 AND Q66C=2	What is the typical location of [your/NAME's]business/work? **Non-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 Improvised post in a market.....07 Garbage area.....08 Construction sites.....09 Other (please specify).....10 **Permanent premises** Permanent premises in a market (shop, kiosk, shed).....11 Workshop, shop, restaurant, hotel.....12 Industrial area.....13 Mining site.....14 In my own/partner's home with special installation.....15 Taxi station in permanent structure/ Public transport with fixed route.....16 Farm/fishing or grazing area.....17 Vehicle, motor bike, Tricycle, Bicycle...18 Other (specify).....19	**IF((Q66A=1-3 OR Q67=1) OR Q62=1 OR Q67=1 OR (Q71=11:19 AND Q55B=2))►Q76A** **ELSE►Q73A**	
01				01
02				02
03				03
04				04
05				05
06				06
07				07
08				08
09				09
10				10
11				11
12				12

SECTION K: INFORMAL SECTOR - SECONDARY ACTIVITY

SECTION K: INFORMAL SECTOR - SECONDARY ACTIVITY- CONT'D

73A — When was this business/activity started?

WRITE MONTH AND YEAR:

IF DK,WRITE 98 FOR MONTH AND 9998 FOR YEAR

ÁSK IF (Q53=2,3) OR (Q53=4,5 AND Q54=1,2

ELSE▶Q76A

73B — What were the reasons for your choice of this business/activity?

MULTIPLE ANSWERS ACCEPTABLE
MARK "1" AGAINST EACH SELECTED RESPONSE

Can't find other work.....A
Released from other employment or reduction of working time.....B
Retirement from other employment.....C
Family needs additional income.....D
Business/activity provides good income opportunities....E
Business/activity does not require much capit.....F
Can keep production cost low.....G
Wants to be independent from his/her own master.....H
Can choose his/her own hours and place of work.....I
Can combine business/activities with household or family responsibilities.....J
Bureaucracy in formalizing business/activity.....K
Traditional line of business/ activities of respondent or family/tribe.....L
Other (mention).....M

74A — Did this business/activity operate for the whole past 12 months?

Yes.....1▶Q75A
No.....2

74B — Why was the business/activity not in operation for the past year around?

WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)

Business/activity established during the last 12 months.....A
Too much competition.....B
Lack of customers or order.....C
Lack of raw materials or supplies.....D
Lack of workers.....E
Break down of vehicles, machinery or equipment...F
No power.....G
Seasonal nature of activity (e.g.building funds).H
Temporary operation to meet special objectives/expenses/Casual activity.....I
Owner was engaged in other work(e.g. agriculture).J
Owner was busy with household or family duties....K
Personal reasons (e.g. Sick).....L
Other (Specify).....M

INDIVIDUAL ID	MONTH	YEAR	A	B	C	D	E	F	G	H	I	J	K	L	M	A	B	C	D	E	F	G	H	I	J	K	L	M	INDIVIDUAL ID
01																													01
02																													02
03																													03
04																													04
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11																													11
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	75A	75B	
INDIVIDUAL ID	**During the last 12 months, did you receive any loan or credit facility for business/activity purposes from any source?** Yes.....1 No.....2► QN.76A	**What was the source of loan/credit facility?** **WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)** Relative or friend.....A Rotating savings & credit group (UPATU)...B Savings & credit co - operatives (SACCOS/VICOBA).....C Cooperative (Business Association).....D NGO, Business Association, donor project .E Private money lender.....F Customer, contractor, middle person/agent, supplier.....G City/ Municipal Council .....H Zanzibar Economic Empowerment Agency.....I Other Government institutions.....J Bank or financial institution.....K Social security scheme.....L Other sources.....M	INDIVIDUAL ID

		A	B	C	D	E	F	G	H	I	J	K	L	M	
01															01
02															02
03															03
04															04
05															05
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07															07
08															08
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10															10
11															11
12															12

SECTION L: HOURS WORKED

	76A							76B	77A							77B	78A	78B	
INDIVIDUAL ID	How many hours did you work each day during the last week, in your main economic activity?								How many hours did you work each day during the last week, in your other economic activities?										INDIVIDUAL ID
	PROBE AND WRITE HOURS WORKED EACH DAY IN THE LAST WEEK [MONDAY TO SUNDAY]; WRITE 00 IF NO HOURS WORKED IN A DAY.							TOTAL HOURS WORKED IN MAIN ACTIVITY	IF Q17=1 WRITE HOURS WORKED EACH DAY FOR OTHER ACTIVITY IN THE LAST WEEK[MONDAY TO SUNDAY]							TOTAL HOURS WORKED IN OTHER ACTIVITY	TOTAL HOURS WORKED IN Q76B AND Q77B	INT: THE GRAND TOTAL IN Q78A IS?	
	Q76A = 0 IF Q14A=1 AND Q20=1|2								Q77A=0 IF Q20=2 AND Q48A=2									Less than 40 hours.....1▶Q80 40 hours.....2▶Q82 More than 40 hours.....3	
	MAIN ACTIVITY							TOTAL	OTHER ACTIVITY										
	MON	TUES	WED	THUR	FRI	SAT	SUN		MON	TUES	WED	THUR	FRI	SAT	SUN	**TOTAL**	**TOTAL**		
01																			01
02																			02
03																			03
04																			04
05																			05
06																			06
07																			07
08																			08
09																			09
10																			10
11																			11
12																			12

	79	80	81A	81B	82	83A		
INDIVIDUAL ID	What was the main reason for working more than 40 hours during the last week? Schedule set by employer.....1 Overwork due to the strong economy.....2 Overwork in order to survive/to gain more money.....3 Business/ agriculture season.....4 Other (Specify).....5 FOR ANY REPLY ▶Q82	What was the main reason for working less than 40 hours during the last week? Illness or aged.....1▶Q82 Disability.....2▶Q82 In school or training.....3▶Q82 Leave, holiday icl. family obligations (funerals, sick/ child etc.).....4▶Q82 Did not want to work more hours.....5▶Q82 Housework/family duties.....6▶Q82 Cannot find more work in a job, agriculture or for a business...7 No suitable agriculture land or slack period in agriculture.....8 Lack of raw materials equipment and finance.....9 Machinery/electrical breakdown/ other technical problems.....10 Stood down by employer.....11 Off seasaon.....12 Schedule set by employer.....13 Other (Specify).....14	Were you available for more hours of work during the last week? Yes.....1 No.....2▶Q82	What type of job were you available for more hours of work? Current job.....1 Paid employment- Wage Job....2 Self Employment -Small scale business (any type).....3 Self employment - Agriculture including livestock and fishing.....4	Are your benefits/earnings from this work appropriate in terms of hours worked under normal circumstances? Yes.....1 No.....2	**83A** How many hours per week do you usually work in:		
						MAIN ACTIVITY	OTHER ACTIVITIES	TOTAL
						A	B	C
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

83B			84	85A	85B	
Q83A GRAND TOTAL IS. Less than 40 hours.....1▶Q85A 40 hours.....2▶Q86A More than 40 hours...3	INDIVIDUAL ID	INDIVIDUAL ID	Why do you usually work more than 40 hours per week? Schedule set by employer...1 Overwork due to the strong economy.....2 Overwork in order to survive/to gain more money.3 Business/ agriculture season.....4 Other (Specify).....5 **WRITE CODE FOR THE MAIN REASON ONLY:FOR ANY ANSWER▶Q86A**	Why do you usually work less than 40 hours per week? **WRITE CODE FOR THE MAIN REASON ONLY** Illness or aged.....1▶86A Disability.....2▶86A In school or training.....3▶86A Leave, holiday, social responsibilities(funeral, caring for children, the sick, elderly/family.....4▶86A Did not want to work more hours...5▶86A Housework duties.....6▶86A Cannot find more work in a job, agriculture or for a business....7 No suitable agriculture land or slack period in agriculture.....8 Lack of raw materials, equipment finance.....9 Machinery/electrical breakdown/ other technical problems.....10 Not agricultural/business season..11 Work schedule set by employer.....12 Other (Specify).....13	Are you usually available to work for more hours? Yes.....1 No.....2	INDIVIDUAL ID
	01	01				01
	02	02				02
	03	03				03
	04	04				04
	05	05				05
	06	06				06
	07	07				07
	08	08				08
	09	09				09
	10	10				10
	11	11				11
	12	12				12

SECTION M: INCOME

	86A	86B		87A	87B		
	INT: WAS THIS PERSON A PAID EMPLOYEE IN MAIN OR SECONDARY ACTIVITY DURING THE LAST WEEK? Yes.....1 No.....2 ▶ Q87A **ASK IF [(Q25=1,6) OR ((Q25=4,5,7)AND (Q28=A,B,C,E,F,G,X))] OR [(Q53=1,6) OR ((Q53=4,5,7)AND (Q56=A,B,C,E,F,G,X))]**	What was your gross cash income from your paid employment during the last month? **INT:ASK RESPONDENT TO ESTIMATE PAYMENT IN-KIND INTO TSH.**		**s** **INT: WAS THIS PERSON SELF EMPLOYED (NON AGRICULTURAL ACTIVITIES) DURING THE LAST WEEK?** Yes.....1 No.....2 ▶ Q88A **ASK IF (Q25=2) OR (Q25=4 AND Q26=1|2) OR (Q53=2) OR (Q53=4 AND Q54=1|2)**	What gross income/earning did you get from your business or businesses during the last week/month? PERIOD: WEEK....1 MONTH...2		**INDIVIDUAL ID**
		TSH			TSH	PERIOD	
		CASH	IN-KIND				
		i	ii		i	ii	
01							01
02							02
03							03
04							04
05							05
06							06
07							07
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11							11
12							12

INDIVIDUAL ID	87C		87D		88A	88B		88C		88D		
	What were the total expenses associated with the earned income? PERIOD: WEEK....1 MONTH...2		**INT: THE REMAINING INCOME FROM THE BUSINESS/ACTIVITIES AFTER DEDUCTING ALL EXPENSES DURING THE LAST WEEK/MONTH IS THUS;i.e. Q87B – Q87C**		**INT: IS THIS PERSON SELF EMPLOYED IN AGRICULTURE?** Yes.....1 No.....2▶Q89A **ASK IF (Q25=3) OR (Q25=5 AND Q26=1|2) OR (Q53=3)OR (Q53=5 AND Q54=1|2)**	What gross income/earning did you get from your agricultural activities during the last week/month? PERIOD: WEEK.....1 MONTH.....2		What were the total expenses associated with the earned income? PERIOD: WEEK....1 MONTH...2		What was your net income from agricultural work during the last week/month? **Q88B- Q88C** PERIOD: WEEK....1 MONTH...2		
	TSH	PERIOD	TSH	PERIOD		TSH.	PERIOD	TSH.	PERIOD	TSH	PERIOD	
	i	ii	i	ii		i	ii	i	ii	i	ii	
01												01
02												02
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SECTION N: NEW EMPLOYMENT

INDIVIDUAL ID	89A: In which year did you begin for the first time working in a paid economic activity or self-employment for sustanance? INT: WRITE YEAR "9998" FOR DON'T KNOW	89B: What type of work/activity were you doing at your first employment? WRITE OCCUPATION FULLY OR AT LEAST IN TWO WORDS	89C: TASCO	89D: IF Q6B>=5 AND Q6B<=17 ▶ QC51 ELSE END INTERVIEW	INDIVIDUAL ID
	WAGE JOB (i) / SELF EMPLOYMENT (ii)		TASCO CODE		
01					01
02					02
03					03
04					04
05					05
06					06
07					07
08					08
09					09
10					10
11					11
12					12

SECTION O: CHILDREN AGED 5 TO 17 YEARS

NON-ECONOMIC ACTIVITY FOR CHILDREN 5-17 YEARS DURING THE LAST WEEK (ASK ALL CHILDREN)

INDIVIDUAL ID	C51	C52A							C52B								C53	INDIVIDUAL ID
	INT: IS [NAME] BETWEEN 5 AND 17 YEARS OLD? Yes....1 No.....2 (▶END)	During the last week did you do any of the tasks indicated below for this household? READ THE OPTIONS Yes....1 No.....2 IF "NO" TO ALL TASKS, GO TO Q53							How many hours have you been working per day? INT: WRITE TIME IN MINUTES								INT: DID THIS CHILD WORK FOR HOUSEHOLD DUTIES OR ECONOMIC ACTIVITIES? (IF Q13A=1-7 OR Q13C=1 OR Q13D=1 OR Q13E=1 OR Q46=1 OR Q52A=1 Yes..1 No...2 (END)	
		Shopping for household	Repairing any household equipment	Cooking	Cleaning utensils/ house	Washing clothes	Caring for children/ old/sick	Other household tasks	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL		
01		a	b	c	d	e	f	g	a	b	c	d	e	f	g			01
01																		01
02																		02
03																x		03
04																		04
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11																		11
12																		12

SCHOOL ATTENDANCE AND HOURS OF WORK

CHILDREN WHO DID ECONOMIC ACTIVITIES LAST WEEK (WH0 HAVE ANSWERED LFS2 Q18A OR Q30A FROM LFS 2)

CHILDREN WHO ANSWERED Q46 LFS2

HEALTH AND SAFETY ASPECTS OF CHILDREN AGED 5-17 YEARS (APPLICABLE TO ALL CHILDREN WHO WORKED I DURING THE LAST 12 MONTHS/ LAST WEEK/ WHO HAVE ANSWERED CODE 1 IN LFS 2 Q1 OR Q7 OR Q8 (a) OR W

INDIVIDUAL ID	**C54A** Are you currently attending school or training institution? **Yes,full-time...1 Yes,part-time...2 No.....3▶Q55**	**C54B** If attending school or training on a full-time or part-time, but also working, does your work affect your regular school/training attendance or studies? YES..1 NO...2	**C55** During which time and how many hours do you usually work? (FILL APPROPRIATE ANSWER) **(INT: ASK THIS QUESTION TO ALL CHILDREN WHO HAVE INDICATED TO BE ENGAGED IN ECONOMIC ACTIVITY/ACTIVITIES DURING THE LAST WEEK i.e. Q18A OR Q30B FROM LFS 2)** NUMBER OF HOURS: DAY 06:00am - 03:59pm (a); EVENING 04:00pm - 07:59pm (b); NIGHT 08:00pm - 05:59am (c)	**C56** Were you attending school while engaged in economic activities during the last 12 months? Yes...1 No....2	**C57A** Have you ever been hurt at work/work place or suffered from illnesses/injuries due to work at any time? Yes...1 No....2▶**Q58A**	**C57B** How often were you hurt or suffered from illness/injuries? Always/ Often...1 Sometimes.....2 Seldom / Rarely.3	**C57C** Referring to the most serious injury/illness, how serious was the injury/illness consequences on your work perfomance? Permanently Disabled.....1 Prevented from Work Permanently..2 Stopped Work Temporarily.....3 Changed Jobs.....4 Continued to Work.....5	INDIVIDUAL ID
01			a	b	c				01
01									01
02									02
03									03
04									04
05									05
06									06
07									07
08									08
09									09
10									10
11									11
12									12

N ECONOMIC AND NON-ECONOMIC ACTIVITIES
/CS Q.1)

HEALTH AND SAFETY ASPECTS - CONTINUE

	C57D	C57E	C57F	C57G	C57H	C57I	C58A	
INDIVIDUAL ID	Referring to the most serious injury/illness, how serious was the injury/illness consequences on school attendence? (INT: IF QN 54A=3▶Q57E Stopped Schooling Temporarily.....1 Prevented from Schooling Permanently.....2 Not affected.....3	What was the main activity of the establishment/ work place in which you were injured/hurt or from which you suffered serious illness? DESCRIBE ACTIVITY FULLY OR ATLEAST IN TWO WORDS	ISIC CODE	What was the occupation or job you were performing when the accident happened or from which you suffered serious illness? DESCRIBE ACTIVITY FULLY OR ATLEAST IN TWO WORDS	TASCO CODE	Who paid for medical treatment? (MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA No Treatment Required.....A Employer.....B Parents/ Guardians.....C Myself.....D Free.....E Other .....F	How often do you carry heavy loads in your daily activities? Always/ Often....1 Sometimes.....2 Seldom / Rarely..3 Never.....4	INDIVIDUAL ID
01						A B C D E F		01
01								01
02								02
03								03
04								04
05								05
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HEALTH AND SAFETY ASPECTS - CONTINUE

	C58B	C58C										C58D									C58E	C58F							
INDIVIDUAL ID	Are you required to operate any tools, equipments, machines, etc. at your workplace or on your job/ occupation? Yes.....1 No.....2	Are you often exposed to any of the following? **(MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA** Yes.....1 No.....2 Water bodies (sea, lakes, rivers, etc)..A Dusts, fumes, smoke, gases.....B Noise.....C Extreme tempatures/humidity.....D Dangerous tools/animals.....E Work underground/Pits.....F Work at heights.....G Insufficient lighting.....H Chemicals.....I Other .....J											Do you use any of the following protective wear/gear while working? **(MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA** Yes.....1 No.....2 Eye Glasses/ Googgles.....A Helmet.....B Earplugs.....C Special Shoes.....D Gloves.....E Dust Mask.....F Other .....G									Do other persons doing the same work at your work place use protective wear /gear while working? Yes.....1 No.....2▶59 DK.....3▶59	Which of the following protective wear/gear do they usually use? **(MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA** Yes.....1 No.....2 Eye Glasses/ Goggles....A Helmet.....B Earplugs.....C Special Shoes.....D Gloves.....E Dust Mask.....F Other .....G							INDIVIDUAL ID
01		A	B	C	D	E	F	G	H	I	J	K	A	B	C	D	E	F	G	H	I		A	B	C	D	E	F	G	01
01																															01
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CHILD PERCEPTION →

	C59	C60A	C60B	C60C	C61	C62	
INDIVIDUAL ID	Whlich problems do you think affect you as a result of work? **(MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA** Injuries/ illness or poor health.....A Poor Grades in School....B Physical Abuse.....C Emotional Abuse.....D Sexual Abuse.....E None.....F	What is the main reason for you to work? To supplement household income where you are living.....1 To supplement household income away from where you are living.....2 To pay outstanding debt under contractual arrangement.....3 To assist/help in household enterprise.....4 Education/training programme is not suitable.....5 Education/training institutions are too far.....6 Good upbringing and imparting of skills.....7 Cannot afford education/training expenses.....8 Peer pressure.....9 Other, Specify.....10	If you stop working, what will happen? I will lose income.....1 I will not be able to support family/ parents financially.....2 My parents will lose someone to assist.....3 I will fail to meet school expenses.....4 Nothing will happen.....5 Other (specify).....6	If given a choice, what would you prefer to do? Going to school full-time.....1 Working for incomefull-time.....2 Helping full-time in family enterprise or business.....3 Working part-time in housheold chores or housekeeping.....4 Working in household chores or housekeeping after school hours .....5 Part-time in household enterprise or business.....6 Full-time in household chores or housekeeping.....7 Going to school part time and Working part time .....8 Find a better job/work than the presentwork.....9 Continue with current work.....10 Others (Specify).....11	At what age did you start working for the first time (i.e., in economic or non-economic activity)? **WRITE AGE IN COMPLETE YEARS** **YEARS**	What do you do for fun/hobby, when not working? **(MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA** Playing.....A Watching TV.....B Studying.....C Other(Specify)....D **END OF THIS INTERVIEW**	INDIVIDUAL ID

01	A	B	C	D	E	F					A	B	C	D	01
01															01
02															02
03															03
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