



CONFIDENTIAL



United Republic of Tanzania

National Bureau of Statistics

HOUSEHOLD BUDGET SURVEY 2011/2012

This information is collected under the Act of the Parliament (Act No. 1 of 2002)
THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

FORM I:

DEMOGRAPHICS, EDUCATION, MIGRATION, HEALTH, TIME USE, LITERACY

1. REGION: [HID][CODE]
2. DISTRICT []
3. WARD [][][]
4. ENUMERATION AREA [][][]
5. HOUSEHOLD NUMBER [][]
6. NAME OF HOUSEHOLD HEAD:

MARK BOX WITH AN 'X' IF YOU USE AN ADDITIONAL FORM I

[]

FORM ____ OF ____ TOTAL

INTERVIEWER CODE [][][]

INTERVIEWER NAME

SUPERVISOR NAME [][][]

Comments: []

Time 1ST visit began HOUR [][] MINUTES [][]

Date of interview day [][] month [][] year [][][][]

SECTION 1: DEMOGRAPHICS, EDUCATION, MIGRATION, HEALTH, LITERACY

<p>IN ORDER TO MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USE THE FOLLOWING PROBE QUESTIONS:</p> <p>FIRST, ASK NAMES OF ALL THE MEMBERS OF THE IMMEDIATE (NUCLEAR) FAMILY WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD. <u>FILL IN QUESTIONS 1 TO 6</u></p> <p>THEN, ASK NAMES OF ANY OTHER PERSONS RELATED TO HOUSEHOLD MEMBERS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. <u>FILL IN QUESTIONS 1 TO 6</u></p> <p>ALSO ASK OTHER PERSONS NOT HERE NOW WHO NORMALLY LIVE AND EAT THEIR MEALS HERE? FOR EXAMPLE, HOUSEHOLD MEMBERS STUDYING ELSEWHERE OR TRAVELING. <u>FILL IN QUESTIONS 1 TO 6.</u></p> <p>THEN, ASK NAMES OF ANY OTHER PERSONS NOT RELATED TO HOUSEHOLD MEMBERS, BUT WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE, SUCH AS LIVE-IN SERVANTS. <u>FILL IN QUESTIONS 1 TO 6</u></p> <p>IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.</p>	<p>I N D I V I D U A L I D</p>	1.	2.	3.	4.	5.	6.	7.
		NAME	Sex	In what month and year was [NAME] born? PUT "99" IF DON'T KNOW	How old is [NAME]? IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE.	What is [NAME]'s relationship to the head of household?	What is [NAMES] citizenship?	What was [NAME]'s main status for the past 12 months?
		LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.		<p>LANDMARK EVENTS</p> <p>Beginning of British Colonial Rule in Tanganyika 1919 Beginning of 2nd World War 1939 End of 2nd World War 1945 Birth of TANU 1954 Tanganyika Independence Day 1961 Zanzibar Revolution 1964 Arusha Declaration 1967 Birth of Chama Cha Mapinduzi 1977 Kagera War 1978 Retirement of the First President of Tanzania 1985</p>		<p>HEAD.....1 SPOUSE.....2 SON/DAUGHTER.....3 STEP SON / DAUGHTER.....4 SISTER/BROTHER...5 GRANDCHILD.....6 FATHER/MOTHER...7 OTHER RELATIVE (SPECIFY).....8 LIVE-IN SERVANT..9 OTHER NON-RELATIVES (SPECIFY).....10</p>	<p>NATIONAL OF TANZANIA...1 NATIONAL OF OTHER COUNTRY..2</p>	<p>EMPLOYEE.....1 SELF EMPLOYED WITH EMPLOYEES.....2 SELF EMPLOYED WITHOUT EMPLOYEES3 UNPAID FAMILY HELPER IN BUSINESS.....4 HOUSEWIFE/HOUSEHUSBAND..5 STUDENT.....6 LONG TERM UNEMPLOYED...7 RETIRED.....8 TOO YOUNG9 TOO OLD.....10 DISABLED.....11 OTHER (SPECIFY).....12</p>
			M..1 F..2	YEAR MONTH	AGE			
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MIGRATION

I N D I V I D U A L I D	<p>8. Where is [NAME]'s biological father?</p> <p>IF FATHER IS MEMBER OF HH, COPY ID.</p> <p>LIVING OUTSIDE OF HH.....96</p> <p>DEAD.....97</p> <p>DOES NOT KNOW.....98</p> <p>NOT ASKED IF RESPONDENT 18 AND ABOVE</p>	<p>9. Where is [NAME]'s biological mother?</p> <p>IF MOTHER IS MEMBER OF HH, COPY ID.</p> <p>LIVING OUTSIDE OF HH.....96</p> <p>DEAD.....97</p> <p>DOES NOT KNOW.....98</p>	<p>10. IS [NAME] AGED 12 YEARS OR ABOVE?</p> <p>YES..1</p> <p>NO...2</p> <p>(▶12)</p>	<p>11. What is [NAME]'s marital status?</p> <p>MONOGAMOUS</p> <p>MARRIED...1</p> <p>POLYGAMOUS</p> <p>MARRIED...2</p> <p>LIVING TOGETHER...3</p> <p>SEPARATED...4</p> <p>DIVORCED...5</p> <p>NEVER</p> <p>MARRIED...6</p> <p>WIDOW.....7</p>	<p>12. For how many years have you lived in this district?</p> <p>ENTER 97 IF LIVED HERE SINCE BIRTH</p> <p>IF 97 ▶ 16</p> <p>NUMBER OF YEARS</p>	<p>13. From which district did you move?</p> <p>[WRITE THE COUNTRY IF OUTSIDE TANZANIA AND CODE 88 IN THE REGION BOX AND LEAVE THE DISTRICT BOX BLANK]</p> <p>DISTRICT/COUNTRY NAME</p> <p>CODES</p> <p>REGION DISTRICT</p>			<p>14. Why did you move here?</p> <p>WORK RELATED..1</p> <p>SCHOOL / STUDIES....2</p> <p>MARRIAGE.....3</p> <p>OTHER FAMILY REASONS....4</p> <p>BETTER SERVICES / HOUSING..5</p> <p>LAND / PLOT..6</p> <p>OTHER, SPECIFY....7</p>

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I N D I V I D U A L I D	EDUCATION									
	15. In which district were you born? [WRITE THE COUNTRY IF OUTSIDE TANZANIA AND CODE 88 IN THE REGION BOX]	16. IS [NAME] 5 YEARS OR ABOVE?	17. Did [NAME] ever go to school?	18. At what age did [NAME] start school?	19. Is [NAME] currently in school?	20. Is the school public or private?	21. What grade is [NAME] currently attending?	22. What is the highest grade completed by [NAME]?		
	DISTRICT/COUNTRY NAME	YES . . 1 NO . . . 2 (▶29)	YES . . 1 NO . . . 2 (▶29)	AGE	YES . . 1 NO . . . 2 ▶22)	PUBLIC . . 1 PRIVATE 2	(▶24)			
		CODES								
		REGION	DISTRICT							

CODE Q21 AND Q22

pre-primary or nursery...01
adult.....02

Primary
year 1.....11
year 2.....12
year 3.....13
year 4.....14
year 5.....15
year 6.....16
year 7.....17
year 8.....18
training after primary...19

Secondary
form I.....21
form II.....22
form III.....23
form IV.....24
training after secondary...25

form V.....31
form VI.....32
training after form VI...33
diploma.....34
other course.....35

University
year 1.....41
year 2.....42
year 3.....43
year 4.....44
year 5+.....45
Masters.....46
PhD.....47

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HEALTH

I N D I V I D U A L I D	23. Why doesn't [NAME] attend school?	24. CHECK Q19: IS [NAME] CURRENTLY ATTENDING SCHOOL?	25. How does [NAME] usually travel to school?	26. How long does it take [NAME] to get to school by this means of transportation?	27. Has [NAME] missed any school in the last two schooling weeks? INCLUDE IF BECAUSE OF PUBLIC HOLIDAY OR SCHOOL VACATION	28. Why was [NAME] absent from school? CODE UP TO 3 ANSWERS	29. Was [NAME] sick or injured during the last 4 weeks?	30. Whar sort of illness/injury did [NAME] suffer? CODE UP TO 3 ANSWERS	31. Has [NAME] visited a health care provider in the last 4 weeks?
	TOO OLD.....1 COMPLETED SCHOOL.....2 TOO FAR AWAY.....3 CHILD IS WORKING.....4 SCHOOL USELESS/ UNINTERESTING.....5 ILLNESS.....6 PREGNANCY.....7 FAILED EXAM.....8 CARING FOR SICK PERSON.....9 CAN'T AFFORD SCHOOL.....10 TOO YOUNG.....11 OTHER, SPECIFY....12	YES..1 NO...2 (▶29)	ON FOOT.....1 BY BIKE.....2 BY PRIVATE CAR/ VEHICLE.....3 BY PUBLIC VEHICLE MINIBUS.....4 OTHER, SPECIFY..5	YES..1 NO...2 (▶29)	YES..1 NO...2 (▶31)	PUBLIC HOLIDAY...1 SCHOOL CLOSED NOT IN BREAK...2 SCHOOL CLOSED IN BREAK.....3 ABSENCE TEACHER...4 ILLNESS CHILD....5 ILLNESS HH MEMBER.6 FUNERAL.....7 DISCIPLINARY ACTION.....8 CANNOT MEET COSTS.....9 CHILD REFUSED....10 CHILD HAD TO WORK.....11 OTHER, SPECIFY...12	YES..1 NO...2 (▶31)	FEVER/MALARIA....1 MALARIA.....2 DIARRHEA.....3 ACCIDENT.....4 DENTAL.5 SKIN CONDITION...6 EYE.....7 EAR, NOSE OR THROAT.....8 CHRONIC ILLNESS, SUCH AS TB, DIABETES, HEART, CANCER ETC9 OTHER, SPECIFY...10	YES..1 NO...2 (▶34)

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DISABILITY

I N D I V I D U A L I D	32. What health facility did [NAME] attend? CODE UP TO 3 ANSWERS	33. How many visits did [NAME] make in the last 4 weeks?	34. Why did [NAME] not use medical care in the last 4 weeks?	34a. Did (NAME) currently sick or injured?	35. IS [NAME] UNDER 5 YEARS OLD?	36. Because of a physical, mental or emotional health condition...	37.	38.	39.
	PUBLIC NATIONAL/TEACHING HOSPITAL.....1 PUBLIC REGIONAL HOSPITAL..2 PUBLIC DISTRICT HOSPITAL..3 PUBLIC HEALTH CENTRE..... 4 PUBLIC DISPENSARY.....5 PRIVATE HOSPITAL.....6 PRIVATE HEALTH CENTRE.....7 PRIVATE DISPENSARY.....8 PRIVATE DOCTOR/DENTIST...9 MISSION HOSPITAL.....10 MISSION HEALTH CENTRE...11 MISSION DISPENSARY.....12 MISSION REFERRAL HOSP...13 TRADITIONAL HEALER.....14 PHARMACY.....15 OTHER SOURCE.....16	(▶35)	NO NEED.....1 TOO EXPENSIVE..2 TOO FAR.....3 HAD MEDICINE AT HOME.....4 OTHER, SPECIFY.5	Yes.....1 No.....2	YES..1 (▶42) NO...2	Does [NAME] have difficulty seeing, even if he/she is wearing glasses? NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY..3 YES, A LOT OF DIFFICULTY..4 CANNOT PERFORM.....5	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid? USE CODES FROM Q36	Does [NAME] have difficulty walking or climbing steps? USE CODES FROM Q36	Does [NAME] have difficulty remembering or concentrating? USE CODES FROM Q36

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TIME USAGE AND LITERACY

40.	41.	I N D I V I D U A L I D	42. Does [NAME] possess his/her birth certificate?	43. Has [NAME]'s birth ever been registered with the civil authority or has a birth notification?	44. IS [NAME] 5 YEARS OR ABOVE?	45. In the last 7 days, how many hours did [NAME] spend collecting firewood for the house including travel time?	46. In the last 7 days, how many hours did [NAME] spend constructing their dwelling, farm buildings, private roads, or wells?	47. In the last 7 days, how many hours did [NAME] spend making major repairs to their dwelling, farm buildings, private roads, or wells?	48. In the last 7 days, how many hours did [NAME] spend on milling and other food processing for the household.	49. In the last 7 days how many hours did [NAME] spend making handicrafts for household use?	50. In the last 7 days, how many hours did [NAME] spend on preparing food for immediate consumption?	51. In the last 7 days, how many hours did [NAME] spend on taking care of children, the elderly or ill/sick household members
Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting etc)?	Using your usual [NAME OF LANGUAGE] language, does [NAME] have difficulty communicating; for example understanding or being understood?		YES...1 (▶44) NO...2	YES...1 NO...2	YES...1 NO...2 END	NA=99	NA=99	NA=99	NA=99	NA=99	NA=99	NA=99
USE CODES FROM Q36	USE CODES FROM Q36				HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS

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<p>52. Can [NAME] read and write a short sentence in Kiswahili, English, Kiswahili and English or any other language?</p> <p>KISWAHILI.....1 ENGLISH2 KISW & ENG.....3 OTHER LANGUAGE.4 NONE.....5</p> <p>IF CODE 4 OR 5 GOTO NEXT HH MEMBER</p>	<p style="text-align: center;">I N D I V I D U A L I D</p> <p>53. Now I would like you to read this sentence to me (SHOWCARD A IN KISWAHILI ON TOP AND ENGLISH UNDERNEATH) IF RESPONDENT CANNOT READ WHOLE SENTENCE , PROBE Can you read any part of the sentence to me? RESPONDENT FREE TO CHOOSE WHICHEVER LANGUAGE THEY PREFER</p> <p>CANNOT READ AT ALL....1</p> <p>KISWAHILI ABLE TO READ ONLY PARTS OF SENTENCE .2 ABLE TO READ WHOLE SENTENCE.....3</p> <p>ENGLISH ABLE TO READ ONLY PARTS OF SENTANCE ..4 ABLE TO READ WHOLE SENTENCE.....5</p> <p>BLIND OR VISUALLY IMPAIRED..6</p>	<p style="text-align: center;">ENTER TIME OF FIRST INTERVIEW ENDED, NOW EXPLAIN HOW TO KEEP THE DIARY</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">HOUR</td> <td style="width: 50%;">MINUTE</td> </tr> </table>	HOUR	MINUTE
HOUR	MINUTE			

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Kiswahili

Wazazi wanapenda watoto wao.

Kilimo ni kazi ngumu.

Mtoto anasoma kitabu.

Watoto wanafanya bidii shuleni.

English

Parents love their children.

Farming is hard work.

The child is reading a book.

Children work hard at school.



HOUSEHOLD BUDGET SURVEY: TANZANIA MAINLAND 2011/2012

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FORM II DWELLING, UTILITIES, WATER, SANITATION AND HOUSEHOLD EXPENDITURE

	HID	CODE
1. REGION:	<input type="text"/>	<input type="text"/>
2. DISTRICT	<input type="text"/>	
3. WARD	<input type="text"/>	<input type="text"/>
4. ENUMERATION AREA	<input type="text"/>	<input type="text"/>
5. HOUSEHOLD NUMBER :	<input type="text"/>	<input type="text"/>
INTERVIEWER NUMBER	<input type="text"/>	<input type="text"/>
INTERVIEWER NAME	_____	
SUPERVISOR NUMBER	<input type="text"/>	<input type="text"/>

Interviewer: Take care to remind the household of the different periods of time the questions refer to (one month, three months, one year).

Plus take great care not to duplicate expenditure recorded here with that recorded in the household diary

Time SECOND VISIT began

Hours Minutes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date Of Interview

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION 2: DATA ON BUILDING

A) MAIN BUILDING

1. What is the main building material of the <u>floor</u> ?		
- Cement		<input type="checkbox"/> 1
- Ceramic tiles		<input type="checkbox"/> 2
- Parquet or polished wood		<input type="checkbox"/> 3
- Vinyl or asphalt strips		<input type="checkbox"/> 4
- Wood planks		<input type="checkbox"/> 5
- Palm/bamboo		<input type="checkbox"/> 6
- Earth/sand		<input type="checkbox"/> 7
- Dung		<input type="checkbox"/> 8
- Other (<i>specify</i>):		<input type="checkbox"/> 9
2. What is the main building material used for the <u>walls</u> of the main building?		
- Stones		<input type="checkbox"/> 1
- Cement bricks		<input type="checkbox"/> 2
- Sundried bricks		<input type="checkbox"/> 3
- Baked bricks		<input type="checkbox"/> 4
- Timber		<input type="checkbox"/> 5
- Poles and mud		<input type="checkbox"/> 6
- Grass		<input type="checkbox"/> 7
- Other (<i>specify</i>):		<input type="checkbox"/> 8
3. What is the building material used for the <u>roof</u> of the main building?		
- Iron sheets		<input type="checkbox"/> 1
- Tiles		<input type="checkbox"/> 2
- Concrete		<input type="checkbox"/> 3
- Asbestos		<input type="checkbox"/> 4
- Grass/leaves		<input type="checkbox"/> 5
- Mud and leaves		<input type="checkbox"/> 6
- Other (<i>specify</i>):		<input type="checkbox"/> 7
4. How many rooms are used for sleeping in this household?		<input type="text"/> <input type="text"/>

LEGAL STATUS OF THE MAIN BUILDING

5. What is the legal status of use of the dwelling?		
- Owned by household		<input type="checkbox"/> 1 ⇒ Q8
- Lived in without paying any rent		<input type="checkbox"/> 2 ⇒ Q8
- Rented privately		<input type="checkbox"/> 3 ⇒ Q6
- Rented from public real estate company (NHC, NSSF, PPF, etc.)		<input type="checkbox"/> 4 ⇒ Q6
- Rented from employer including Government, Parastatal/Private/ Religious Organization (excluding NHC, NSSF, PPF, etc.)		<input type="checkbox"/> 5 ⇒ Q6
- Rented from employer including Government, Parastatal/Private at a subsidized rent		<input type="checkbox"/> 6 ⇒ Q6
- Rented from a relative or friend at a subsidized rent		<input type="checkbox"/> 7 ⇒ Q6
- Other (<i>specify</i>):		<input type="checkbox"/> 8 ⇒ Q8
6. What is your monthly rent? (including garage and parking linked to the dwelling)		COICOP
(excluding usual costs: heating, electricity, water, etc.)		04.1.1.1.01 TSH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. When was rent last paid? Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ⇒ Q9		
(if owner, joint owner and all other cases when a real rent is not paid)		
8. Assume that you want to rent this dwelling (with no equipment), what would be a real monthly rent?		COICOP
		04.2.1.1.01 TSH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Is this building used for:		
- only for dwelling		<input type="checkbox"/> 1
- for dwelling and business activity		<input type="checkbox"/> 2
- for dwelling and renting		<input type="checkbox"/> 3

SECTION 2: DATA ON BUILDING

CURRENT EXPENDITURES FOR MAIN DWELLING (EXCLUDE EXPENDITURE FOR BUSINESS)		
	COICOP	Amount paid (TSH)
10. How much did you pay for your <u>last monthly</u> bill for:		
- Electric power (TANESCO).....	04.5.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Fixed telephone phone bill.....	08.3.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Mobile telephone bill (including top-up cards).....	08.3.1.1.03.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- TV subscription (cable and digital TV included).....	09.4.2.3.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Internet subscription (excluding connection cost).....	08.3.1.1.06.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Water and sewerage system.....	04.4.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Common expenditures in multi-occupied building (lift, common lighting, cleaning, running of generator, cost of the building manager, common garages, etc.).....	04.4.4.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Waste removal.....	04.4.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other current expenditures (<i>specify</i>):	04.4.4.1.03.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. How much did you pay <u>in the last 3 months</u> for:		
- Gas in cylinders	04.5.2.2.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Charcoal.....	04.5.4.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Kerosene.....	04.5.4.3.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Coal.....	04.5.4.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Firewood	04.5.4.1.03.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

MAINTENANCE OF MAIN BUILDING					
12. Did you make expenditures for regular maintenance and repair of this building <u>in the last 12 months</u>?					
YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ⇒ Q16					
↓					
13. What was the amount of the expenditures for regular work by specified item? (If done on your own, please specify materials only.)					
Type of work	Services		Material		Total
	COICOP	Amount paid (TSH)	COICOP	14. Amount paid (TSH)	15. Amount paid (TSH)
- Painting	04.3.2.1.01.	_____	04.3.1.1.01.	_____	_____
- Maintenance and repair of hydro-sanitary installations	04.3.2.1.03.	_____	04.3.1.1.03.	_____	_____
- Maintenance and repair of electrical and cooling installations	04.3.2.1.05.	_____	04.3.1.1.05.	_____	_____
- Maintenance and repair of carpentry and floors	04.3.2.1.07.	_____	04.3.1.1.07.	_____	_____
- Other unspecified work	04.3.2.1.09.	_____	04.3.1.1.09.	_____	_____

SECTION 2: DATA ON BUILDING

B) SECONDARY BUILDINGS

16. Does your household use another apartment or house in addition to this apartment or house?
 YES 1 NO 2 ⇒ Q27
 ↓

17. How many secondary buildings does your household use?

18. How many rooms in all the secondary buildings are used for sleeping?

19. What is the legal status; what is the monthly rent if rent or sublet; and if you are the owner, joint owner or living free of charge what would be the estimated monthly rent?

Legal status	Dwelling			Paid or estimated monthly rent	
	First	Second	Third	COICOP	20. Total amount paid (TSH)
- Owner or joint owner of dwelling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	04.2.2.2.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Rent or sublet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	04.1.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Free of charge (also life estate)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	04.2.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CURRENT EXPENDITURES ON SECONDARY BUILDING

	COICOP	Amount paid (TSH)
21. How much did you pay for your <u>last monthly bill</u> for:		
- Electric power (TANESCO).....	04.5.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Telephone services - fixed phone bill.....	08.3.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- TV subscription (cable and digital TV included).....	09.4.2.3.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Internet subscription (excluding connection cost).....	08.3.1.1.04.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Water and sewerage system	04.4.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Common expenditures in multi-occupied building (lift, common lighting, cleaning, running the generator, costs of the building manager, common garages, etc.).....	04.4.4.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Waste removal.....	04.4.2.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other current expenditures (<i>specify</i>):	04.4.4.1.04.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. How much did you pay during the <u>last 3 months</u> for:		
- Gas in cylinders	04.5.2.2.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Charcoal.....	04.5.4.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Kerosene.....	04.5.4.3.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Coal	04.5.4.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Firewood	04.5.4.1.03.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 2: DATA ON BUILDING

MAINTENANCE OF SECONDARY DWELLING

23. Did you make expenditures for regular maintenance and repairs in the last 12 months?

YES 1 NO 2 ⇒ Q27

↓

24. What was the amount of expenditures for regular work by specified items? (If done on your own, please specify the materials only.)

Kind of works	Services		Material		Total
	COICOP	Amount paid (TSH)	COICOP	25. Amount paid (TSH)	26. Amount paid (TSH)
- Painting	04.3.2.1.02.	_____	04.3.1.1.02.	_____	_____
- Maintenance and repair of hydro-sanitary installations	04.3.2.1.04.	_____	04.3.1.1.04.	_____	_____
- Maintenance and repair of electrical and cooling installations	04.3.2.1.06.	_____	04.3.1.1.06.	_____	_____
- Maintenance and repair of carpentry and floors	04.3.2.1.08.	_____	04.3.1.1.08.	_____	_____
- Other unspecified work	04.3.2.1.10.	_____	04.3.1.1.10.	_____	_____

SECTION 2: DATA ON BUILDING

**C) DURABLE GOODS
(for main and secondary buildings)**

27. Does your household have any of the following items?				
Type of item	COICOP	YES = 1 NO = 2	For items bought in the last 12 months write in how many and write the total expenditure in TSH (also if bought by credit) IF NONE ENTER 0	
			28. How many	29. Amount paid (TSH)
- Electric or gas stove (including micro-wave oven)	05.3.1.3.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Charcoal stove	05.3.1.3.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Firewood and coal stove	05.3.1.3.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Refrigerator, freezer or fridge-freezer	05.3.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Chairs.....	05.1.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Sofas.....	05.1.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Tables	05.1.1.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Beds.....	05.1.1.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Cupboards	05.1.1.1.05	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Lanterns	05.1.1.1.06.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Iron (electric or charcoal)	05.3.2.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Water heater	05.3.1.4.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Mosquito net	05.2.1.1.02	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Air conditioner.....	05.3.1.4.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Sewing machine.....	05.3.1.6.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Watch.....	12.3.1.1.01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Fan.....	05.3.2.1.01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Cooking pots.....	05.4.1.3.01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

30. During the last 12 months did your household purchase (in cash, by instalments or on credit) any of the above items to be given as gifts to relatives of the household not living here or to friends?

YES 1 NO 2 ⇒ Section 3



31. If YES, please specify the item and the amount paid in TSH:

Type of appliance / equipment	COICOP	32. How many	33. Amount paid (TSH)
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 3: EXPENDITURES FOR FURNITURE, HOUSEHOLD APPLIANCES AND SERVICES

A) FURNITURE AND FURNISHINGS, TOOLS AND APPLIANCES FOR HOUSEHOLD MAINTANANCE

1. Which of the following items did your household buy (in cash, by downpayment or on credit) for yourself or as a gift, for the main or secondary dwelling, in the last 12 months?

Articles	COICOP	Amount paid (TSH)
- Bath furniture and accessories (excluding rugs)	05.1.1.1.07.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Outside furniture (wooden, metal or plastic).....	05.1.1.1.08.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Bed sheets	05.2.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Towels.....	05.2.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Carpets and other floor covers.....	05.1.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Paintings, knick-knacks, mirror	05.1.1.1.09.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Kerosene lamps	05.1.1.1.10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Light fittings, lamp covers.....	05.1.1.1.11.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Washing machine.....	05.3.1.2.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Solar system.....	05.3.1.4.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Solar lamp.....	05.3.1.4.13.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Generator.....	05.3.1.7.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Brooms, brushes, broom heads	05.6.1.2.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Major tools for the house (electric drills, etc).....	05.5.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- No purchase.....	<input type="checkbox"/> 9	

B) SMALL ELECTRIC HOUSEHOLD APPLIANCES, DISHES, UTENSILS, ETC.

2. Which of the following items did your household buy (in cash, by down-payment or on credit) for yourself or as a present, for the main or secondary dwelling, in the last 3 months?

Articles	COICOP	Amount paid (TSH)
- Small electric appliances (food mixers, coffee mills, toasters etc.) ..	05.3.2.1.03.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Cutlery.....	05.4.1.2.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Plates, dishes etc.....	05.4.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Cups, mugs	05.4.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Thermos flask.....	05.4.1.3.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other household non-electric articles (ironing boards, food scale, etc.)	05.4.1.3.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- No purchase.....	<input type="checkbox"/> 9	

3. Did your family make expenditures for domestic workers in the last month? (including social duties, if paid)

YES 1 NO 2 ⇒ **Section 4**



Type of collaboration / service	COICOP	Amount paid (TSH)
- Periodical services (cleaning, gardeners, etc.)	05.6.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Services by paid workers (cooking, cleaning, baby sitters, etc.).....	05.6.2.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 3: EXPENDITURES FOR FURNITURE, HOUSEHOLD APPLIANCES AND SERVICES

- Services for non self-sufficient elderly and disabled, etc.	12.4.1.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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SECTION 4a: NEW GARMENTS AND FOOTWEAR

Which of the following goods did your household buy new (in cash, by down-payment or on credit) for yourself or as a gift, in the last 12 months? IF NONE ENTER 0 AND LEAVE AMOUNT BLANK

Articles / services	COICOP	NEW	
		1. How many	2. Amount paid (TSH)
Garments for men			
1. Men's overcoat (coat, jacket, raincoat)	03.1.2.1.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Men's suit and jacket	03.1.2.1.02.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Men's trousers (including blue jeans)	03.1.2.1.03.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Men's shirts, T-shirts, blouses, sweaters, jerseys	03.1.2.1.04.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Men's underwear (pants, boxer shorts, undershirt, socks, bathrobe and pyjamas)	03.1.2.1.05.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Msuli/Kikoi	03.1.2.1.06.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Men's sports garments	03.1.2.1.07.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Garments for women			
8. Women's overcoat (coat, jacket, raincoat) ..	03.1.2.2.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Women's dresses	03.1.2.2.02.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Women's trousers and skirts	03.1.2.2.03.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. Women's shirts, T-shirts, blouses, sweaters, jerseys and dresses	03.1.2.2.04.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12. Women's underwear (bra, slip, socks, undershirt) bathrobe and pyjamas	03.1.2.2.05.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13. Kanga	03.1.2.2.06.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. Kitenge	03.1.2.2.07.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
15. Women's sports garments.....	03.1.2.2.08.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Garments for children and babies			
16. Children's overcoat (coat, jacket, raincoat) and suit	03.1.2.3.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17. Children's trousers, dresses	03.1.2.3.02.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18. Children's shirt, T-shirt, blouses, sweaters, jerseys	03.1.2.3.03.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19. Children's pyjamas, pants, boxers or socks	03.1.2.3.04.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20. Children's school uniform.....	03.1.2.3.05.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
21. Children's sports garments.....	03.1.2.3.06.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Babies' (up to 2 years) garments (including nappies made of fabric)	03.1.2.3.07.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23. Other articles and clothing accessories (caps, hats, turbans etc.)	03.1.3.1.05.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24. Material/Fabric for clothing	03.1.1.1.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Footwear for men			
25. Footwear for men (all footwear excluding sports footwear)	03.2.1.1.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 4a: NEW GARMENTS AND FOOTWEAR

26. Men's sports footwear, leather, synthetic sole, with shoelace	03.2.1.1.02.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27. Slippers for men	03.2.1.1.03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Footwear for women			
28. Footwear for women (all footwear excluding sports footwear)	03.2.1.2.01.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29. Women's sports footwear, leather, synthetic sole, with shoelace	03.2.1.2.02.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
30. Slippers for women	03.2.1.2.03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Footwear for children and babies			
31. Children's shoes (all footwear excluding sports footwear)	03.2.1.3.01.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32. Children's shoes for school	03.2.1.3.02.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
33. Children's sports shoes	03.2.1.3.03.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
34. Babies' (up to 2 years) shoes (excluding shoes made of fabric)	03.2.1.3.04.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35. Slippers for children	03.2.1.3.05.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36. No purchase	<input type="checkbox"/> 9		

SECTION 4b: SECOND HAND GARMENTS AND FOOTWEAR

Which of the following goods did your household buy second hand (in cash, by down-payment or on credit) for yourself or as a gift, in the last 12 months? IF NONE ENTER 0 AND LEAVE AMOUNT BLANK

Articles / services	COICOP	SECOND HAND	
		3. How many	4. Amount paid (TSH)
Garments for men			
1. Men's overcoat (coat, jacket, raincoat)	03.1.2.1.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Men's suit and jacket	03.1.2.1.02.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Men's trousers (including blue jeans)	03.1.2.1.03.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Men's shirts, T-shirts, blouses, sweaters, jerseys	03.1.2.1.04.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Men's underwear (pants, boxer shorts, undershirt, socks, bathrobe and pyjamas)	03.1.2.1.05.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Msuli/Kikoi	03.1.2.1.06.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Men's sports garments	03.1.2.1.07.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Garments for women			
8. Women's overcoat (coat, jacket, raincoat) ..	03.1.2.2.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Women's dresses	03.1.2.2.02.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Women's trousers and skirts	03.1.2.2.03.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. Women's shirts, T-shirts, blouses, sweaters, jerseys and dresses	03.1.2.2.04.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12. Women's underwear (bra, slip, socks, undershirt) bathrobe and pyjamas	03.1.2.2.05.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13. Kanga	03.1.2.2.06.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. Kitenge	03.1.2.2.07.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
15. Women's sports garments	03.1.2.2.08.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Garments for children and babies			
16. Children's overcoat (coat, jacket, raincoat) and suit	03.1.2.3.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17. Children's trousers, dresses	03.1.2.3.02.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18. Children's shirt, T-shirt, blouses, sweaters, jerseys	03.1.2.3.03.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19. Children's pyjamas, pants, boxers or socks	03.1.2.3.04.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20. Children's school uniform	03.1.2.3.05.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
21. Children's sports garments	03.1.2.3.06.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Babies' (up to 2 years) garments (including nappies made of fabric)	03.1.2.3.07.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23. Other articles and clothing accessories (caps, hats, turbans etc.)	03.1.3.1.05.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24. Material/Fabric for clothing	03.1.1.1.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Footwear for men			
25. Footwear for men (all footwear excluding sports footwear)	03.2.1.1.01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
26. Men's sports footwear, leather, synthetic sole, with shoelace	03.2.1.1.02.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 4b: SECOND HAND GARMENTS AND FOOTWEAR

27. Slippers for men	03.2.1.1.03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Footwear for women			
28. Footwear for women (all footwear excluding sports footwear)	03.2.1.2.01.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29. Women's sports footwear, leather, synthetic sole, with shoelace	03.2.1.2.02.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
30. Slippers for women	03.2.1.2.03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Footwear for children and babies			
31. Children's shoes (all footwear excluding sports footwear)	03.2.1.3.01.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32. Children's shoes for school	03.2.1.3.02.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
33. Children's sports shoes	03.2.1.3.03.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
34. Babies' (up to 2 years) shoes (excluding shoes made of fabric)	03.2.1.3.04.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35. Slippers for children	03.2.1.3.05.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36. No purchase	<input type="checkbox"/> 9		

SECTION 5: HEALTH EXPENDITURES

1. Did your household make any formal or informal health expenditure on medicines or receive any health services such as therapy, regular or extraordinary, medical examinations, check up, control or other health expenditures in a hospital or clinic **in the last month?**

YES 1 NO 2 ⇒ **Section 6**



2. What was the amount paid for specified items in the last month?

Type of expenditure	COICOP	Amount paid by the household (TSH)		
		Formal pay		4. Informal
		2. Public	3. Private	
1. Pharmaceutical products (medicines, serum, vaccines)	06.1.1.1.01	_____	_____	_____
2. Other medical products (thermometers, bandages, plasters, first aid kits)	06.1.2.1.01	_____	_____	_____
Admissions to clinics or hospitals (includes medical services, food services, drinks, care, etc.)				
3. Services by general or specialised hospitals.....	06.3.1.1.01.	_____	_____	_____
4. Services by medical and rehabilitation centres, etc.....	06.3.1.1.02.	_____	_____	_____
Out of hospital services and treatments				
5. Physicians in general or specialist practice.....	06.2.1.1.01.	_____	_____	_____
6. Dentist (repairs, oral hygiene, prosthetics, etc.).....	06.2.2.1.01.	_____	_____	_____
7. Medical laboratory findings.....	06.2.3.1.01.	_____	_____	_____
8. Other diagnostic control (X-rays, electrocardiogram, ultra sound, etc.).....	06.2.3.1.02.	_____	_____	_____
9. Paramedical (physiotherapist, remedial gymnastics, acupuncture, curettage, etc.).....	06.2.3.2.01.	_____	_____	_____
10. Other treatments (unqualified doctors such as healers, herbalist, etc.).....	06.2.3.3.01.	_____	_____	_____
Therapeutic appliances and equipment				
11. Corrective eye-glasses and contact lenses.....	06.1.3.1.01.	_____	_____	_____
12. Hearing aids, prosthesis (except dental).....	06.1.3.1.02.	_____	_____	_____
13. Blood pressure and blood sugar monitoring devices, etc...	06.1.3.1.03.	_____	_____	_____
14. Wheelchairs, special beds, orthopaedic shoes, braces, crutches, etc.....	06.1.3.1.04.	_____	_____	_____
15. Repair of therapeutic appliances and equipment, etc.....	06.1.3.1.05.	_____	_____	_____

SECTION 6: TRANSPORT AND COMMUNICATION

A) VEHICLES

1. What kind of vehicles does your family have (excluding vehicles for business purposes) ?			
Kind of vehicle	COICOP	Tick yes or no for every item YES=1 NO=2	Ask for items ticked yes in previous question whether vehicle bought in the <u>last 12 months</u> . If yes write in how many bought new or second hand in last 12 months
			NEW 2. How many
1. Diesel Car.....	07.1.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Other car.....	07.1.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Motorcycles.....	07.1.2.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Motorbikes, scooters, moped	07.1.2.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Bajaji.....	07.1.2.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Camper vans, trailers	09.2.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Bicycles	07.1.3.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

4. How much is the total expenditures in TSH for each type of new vehicle purchased in the last 12 months (also if by credit and excluding vehicles for business purposes) ?

Kind of vehicle	COICOP	NEW VEHICLES IN LAST 12 MONTHS
- Diesel Car	07.1.1.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Other car	07.1.1.1.02.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Motorcycles	07.1.2.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Motorbikes, scooters, moped	07.1.2.1.02.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Bajaji	07.1.2.1.03.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Camper vans, trailers	09.2.1.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Bicycles	07.1.3.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

5. How much is the total expenditures in TSH for each type of second hand vehicle purchased in the last 12 months (also if by credit and excluding vehicles for business purposes) ?

Kind of vehicle	COICOP	SECOND HAND VEHICLES IN LAST 12 MONTHS
- Diesel Car	07.1.1.2.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Other car	07.1.1.2.02.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Motorcycles		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Motorbikes, scooters, moped		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Bajaji		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Camper vans, trailers		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Bicycles		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6. Did your family buy any of the above specified vehicles as a gift in the last 12 months (also, if bought on credit)?
 YES 1 NO 2 ⇒ Q12
 ↓

SECTION 6: TRANSPORT AND COMMUNICATION

7. If YES, please specify the type of vehicles and the amount paid in TSH:			
NEW VEHICLES BOUGHT AS GIFTS	COICOP	8. How Many	9. Amount in Tshs
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SECOND HAND VEHICLES BOUGHT AS GIFTS	COICOP	10. How many	11. Amount in Tshs
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

12. What were the expenditures for all the vehicles of your family by specified items (excluding vehicles for business purposes)? IF HOUSEHOLD DOES NOT HAVE ANY VEHICLES AT Q1 SKIP TO Q13.

Type of expenditure	COICOP	Amount paid (TSH)
a. Annual registration of the vehicles (compulsory insurance, technical inspection and other costs for the registration: excludes camper vans).....	12.5.4.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
In the last month for:		
b. Tyres (all types).....	07.2.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Other spare parts and accessories (spark plugs, batteries, etc.) ..	07.2.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Petrol, Diesel, Oil, lubricants etc.....	07.2.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Maintenance and repairs (mechanic, body work, car electrician, washing, etc.).....	07.2.3.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Renting a garage or a parking space not linked to the dwelling unit.....	07.2.4.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. No costs.....	<input type="checkbox"/> 9	

13. Did your family make any expenditures for buses, train, airplane and ship (excluding refundable work travel expenditures), in the last month?

YES 1 NO 2 ⇒ Q15



14. What was the amount by specified items?

Type of expenditure	COICOP	Amount paid (TSH)
a. Transport by road (bus and taxis).....	07.3.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Transport by railway	07.3.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Transport by air.....	07.3.3.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Transport by sea and waterway, etc.....	07.3.4.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

B) COMMUNICATION

15. Which of the following does your family have ?

Kind of equipment	COICOP	YES = 1 NO = 2	For goods bought in the <u>last 12 months</u> write the total expenditures (also if by credit)	
			16. How many	17. Amount paid (TSH)

SECTION 6: TRANSPORT AND COMMUNICATION

1. Telephone landline	08.2.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Mobile phone	08.2.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Personal computer/laptop – without internet.....	09.1.1.2.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Personal computer/laptop with internet.....	08.2.1.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Satellite dish/decoder	09.1.1.2.05.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

18. Did your family buy in the last 12 months any of the above specified communication equipment to make a gift to relatives of the household not living here or to friends?

YES 1 NO 2 ⇒ **Section 7**



19. If YES, please specify the kind of equipment and the amount paid in TSH

Kind of equipment	COICOP	20. Amount paid (TSH)
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 7: SPARE TIME AND EDUCATION

A) SPARE TIME

1. What type of equipment does your family have?				
Kind of equipment	COICOP	YES = 1 NO = 2	For goods bought in the last 12 months write how many and the total expenditures (also if by credit)	
			2. How many	3. Amount paid (TSH)
a. Television	09.1.1.2.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Video Recorder/DVD player	09.1.1.2.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Radio	09.1.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. HI-FI system	09.1.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Cassette/tape recorder	09.1.1.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Books (not for school).....	09.5.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Did your family buy in the last 12 months any of the above specified items to make a gift to relatives of the household not living here or to friends?? YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ⇒ Q7 ↓				
5. If YES, please specify the kind of equipment and the amount paid in TSH				
Kind of equipment	COICOP	6. Amount paid (TSH)		
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
7. Did your family make expenditures (in cash, by downpayment or on credit) to buy or rent any of the specified equipment (including gifts), in the last 3 months?				
Type of expenditure	COICOP	Amount paid (TSH)		
a. Equipment for sport, camping and open-air recreation (hunting and fishing equipment, rackets, back-packs, sleeping bags, etc.)	09.3.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
b. Sports: expenditures for swimming pools, gym, tennis courts, etc.	09.4.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
c. Tickets to sporting shows	09.4.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
d. Tickets for concerts, theatre, cultural events etc....	09.4.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
e. Tickets for museums, national parks, zoos.....	09.4.2.2.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
f. Lottery tickets, bingo, betting	09.4.3.1.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
g. Photographic equipment, video cameras, projectors, enlarges, microscopes, etc.	09.1.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
h. Musical instruments	09.2.2.1.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
i. Parts and accessories for musical instruments	09.2.3.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
j. Accessories for reception, reproduction and recording of sound and pictures (CD-ROMs, floppy disk, pre-recorded and un-recorded tapes, etc.)	09.1.4.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
k. Amusement: painting and dancing courses, etc.	09.4.1.1.03.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
l. Durables for indoor recreation (billiard tables, etc.).....	09.2.2.2.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION 7: SPARE TIME AND EDUCATION

m. Games, toys, hobbies.....	09.3.1.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
n. Pets (purchase)	09.3.4.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
p. No purchase		<input type="checkbox"/> 9

B) EDUCATION

8. Did your household make expenditures for the specified items in the last 3 months?			
Type of expenditure	COICOP	Amount paid (TSH)	
a. Nursery or day care centre.....	10.1.1.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b. Courses (vocational,language, computer, training courses, etc.).....	10.5.1.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c. School bus (excludes city transport).....	07.3.2.1.04.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d. School books	09.5.1.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e. Private tuition	10.5.1.1.02.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f. Expenditure for accommodation of pupils and students in halls of residence and other educational institutions.....	11.2.1.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
g. Expenditure for private accommodation of pupils and students.....	11.2.1.1.02.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
h. No purchase		<input type="checkbox"/> 9	
9. Did your household make any formal expenditures for registration fees for private schools in the last 12 months?			
YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ⇒ Q11			
↓			
Type of expenditure	COICOP	YES = 1 NO = 2	10. Amount paid (TSH)
- Pre-primary education.....	10.1.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Primary education	10.1.1.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Secondary education	10.2.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Tertiary and university education (including postgraduate studies).....	10.4.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Vocational and other education.....	10.5.1.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. Did your household make any informal expenditures for registration fees for private schools in the last 12 months?			
YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ⇒ Q13			
↓			
Type of expenditure	COICOP	YES = 1 NO = 2	12 Amount paid (TSH)
- Pre-primary education.....	10.1.1.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Primary education	10.1.1.1.05.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Secondary education	10.2.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Tertiary and university education (including postgraduate studies).....	10.4.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Vocational and other education.....	10.5.1.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. Did your household make any formal expenditures for registration fees for public schools in the last 12 months?			

SECTION 7: SPARE TIME AND EDUCATION

YES 1 NO 2 ⇒ Q15



Type of expenditure	COICOP	YES = 1 NO = 2	14. Amount paid (TSH)
- Pre-primary education.....	10.1.1.1.06.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Primary education	10.1.1.1.07.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Secondary education	10.2.1.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Tertiary and university education (including postgraduate studies).....	10.4.1.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Vocational and other education.....	10.5.1.1.05.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

15. Did your household make any informal expenditures for registration fees for public schools in the last 12 months?

YES 1 NO 2 ⇒ Q17



Type of expenditure	COICOP	YES = 1 NO = 2	16. Amount paid (TSH)
- Pre-primary education.....	10.1.1.1.08.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Primary education	10.1.1.1.09.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Secondary education	10.2.1.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Tertiary and university education (including postgraduate studies).....	10.4.1.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Vocational and other education.....	10.5.1.1.06.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C) HOLIDAYS

17. Did your household or any members of your household make a trip for at least one overnight in the last 12 months? IF MORE THAN ONE TRIP SELECT MOST RECENT

YES 1 NO 2 ⇒ Section 8



18. How many people went on this trip?

19 . Where did you go? WRITE IN DISTRICT OF TANZANIA OR COUNTRY ABROAD

District of Tanzania _____

Country abroad _____

Region District

20. What was the purpose of the visit? (TICK UP TO THREE)

- a. Leisure and holiday..... 1
- b. Business
- c. Conference/seminars
- d. Visiting friends
- e. Other (specify)

21. What was the activity during the trip? (TICK UP TO THREE)

- a. National Park Safari..... 1
- b. Beach tourism
- c. Culture/Historical tourism.....
- d. Hunting
- e. Other (specify)

22. What was your main means of transport? (TICK ONE ONLY)

- a. Aeroplane
- b. Own car
- c. Car-hire (includes taxi)

SECTION 7: SPARE TIME AND EDUCATION

d. Bus..... 4
 e. Other..... 5

23. What was the type of place you stayed for most of the trip? (TICK ONE ONLY)

- Town hotel 1
 - Lodge 2
 - Guest house 3
 - Hostels 4
 - Private home 5
 - Other..... 6

24. How many nights did you stay in that place?

25a. Now some questions about how much have you spent for all personal trips in Tanzania for at least one overnight in the last 12 months

Type of expenditure	COICOP	Amount paid (TSH)
- Food and drinks.....	09.6.1.1.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Accommodation alone.....	09.6.1.1.02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Transport.....	09.6.1.1.03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Shopping.....	09.6.1.1.04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Recreational activities	09.6.1.1.05	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other (specify).....	09.6.1.1.06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- No purchase.....	<input type="checkbox"/> 9	

25b. Now some questions about how much have you spent for all business trips in Tanzania for at least one overnight in the last 12 months

Type of expenditure	COICOP	Amount paid (TSH)
- Food and drinks.....	09.6.1.1.07	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Accommodation alone.....	09.6.1.1.08	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Transport.....	09.6.1.1.09	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Shopping.....	09.6.1.1.10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Recreational activities	09.6.1.1.11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other (specify).....	09.6.1.1.12	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- No purchase.....	<input type="checkbox"/> 9	

26a. How much have you spent for all personal trips Abroad for at least one overnight in the last 12 months

Type of expenditure	COICOP	Amount paid (TSH)
- Food and drinks.....	09.6.1.1.13	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Accommodation alone.....	09.6.1.1.14	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Transport to and from Tanzania	09.6.1.1.15	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Transport while abroad.....	09.6.1.1.16	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Shopping.....	09.6.1.1.17	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Recreational activities	09.6.1.1.18	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 7: SPARE TIME AND EDUCATION

- Other (specify).....	09.6.1.1.19	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- No purchase.....	<input type="checkbox"/> 9	
26b. How much have you spent for <u>all business trips Abroad</u> for at least one overnight in the last 12 months		
Type of expenditure	COICOP	Amount paid (TSH)
- Food and drinks.....	09.6.1.1.20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Accommodation alone.....	09.6.1.1.21	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Transport to and from Tanzania	09.6.1.1.22	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Transport while abroad.....	09.6.1.1.23	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Shopping	09.6.1.1.24	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Recreational activities	09.6.1.1.25	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- Other (specify).....	09.6.1.1.26	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- No purchase.....	<input type="checkbox"/> 9	

SECTION 8: OTHER ARTICLES AND SERVICES

1. What were expenditures for purchase of specified products for your household (including gifts) in the <u>last month</u>?			
Type of expenditure	COICOP	Amount paid (TSH)	
a. Bags, suitcase and other travel goods (travel bags, hands-bags, etc.).....	12.3.2.1.01.	<input type="text"/>	<input type="text"/>
b. Jewellery, gold and silver personal effects, etc.	12.3.1.1.02.	<input type="text"/>	<input type="text"/>
c. Costume jewellery.....	12.3.1.1.03.	<input type="text"/>	<input type="text"/>
d. Other personal articles (articles for smokers, umbrellas, sunglasses, etc.).....	12.3.2.2.01.	<input type="text"/>	<input type="text"/>
e. Articles for babies (baby carriages and similar articles, car seats).....	12.3.2.2.02.	<input type="text"/>	<input type="text"/>
f. Electric appliance to personal care (hairdryers, depilates, razors and cutters, etc.)	12.1.2.1.01.	<input type="text"/>	<input type="text"/>
g. Other expenditures (<i>specify</i>): _____	12.3.2.2.03.	<input type="text"/>	<input type="text"/>
h. No purchase	<input type="checkbox"/> 9		

2. What were the expenditures of your family for the following services in the <u>last 12 months</u>?			
Type of expenditure	COICOP	YES = 1 NO = 2	3. Amount paid (TSH)
1. Contributions towards weddings and funerals	12.7.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
2. Other religious services (contribution to religious institutions and personnel, etc.)	12.7.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
3. Health Insurance – National Health Insurance Fund.....	12.5.3.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
4. Health insurance – the Community Health Fund.....	12.5.3.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
5. Health Insurance – Tiba Kwa Kadi	12.5.3.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
6. Health Insurance – Social Health Insurance Benefits	12.5.3.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
7. Private Health insurance (e.g. AAR, Strategis).....	12.5.3.1.05.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
8. Community Health Insurance (e.g. UMIASITA, VIBINDO).....	12.5.3.1.06.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
9. Insurance connected with dwellings (theft, fire, damage, etc.).....	12.5.2.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
10. Insurance connected with items, jewellery, boats etc....	12.5.4.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
11. Driving lessons and driver’s test (for motorcycles, cars, boats, airplanes)	07.2.4.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
12. Fees for lawyer, notaries, architect, etc. (excludes doctor’s fees).....	12.7.1.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
13. Removal transport of objects, hired means	07.3.6.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
14. Expenditures for provision of documents (passports, driving license, ID cards, birth, marriage certificates).....	12.7.1.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
15. Expenditures for other services (cost of damages, membership for sports and other organisations, rental of marriage celebration venues, administrative tax, etc.)	12.7.1.1.05	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>

4. Did your family have any of the following expenditures, in the <u>last 12 months</u>:			
Type of expenditure	COICOP	YES = 1 NO = 2	5. Amount paid (TSH)
1. Bank charges for having a bank account (s)	12.6.2.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
2. Membership for SACCOS.....	12.6.2.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
3. Charges for having an ATM card.....	12.6.2.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>

SECTION 8: OTHER ARTICLES AND SERVICES

4. Charges for using mobile banking (M-Pesa; Zantel, ZAP (Airtel) and TIGO-Pesa).....	12.6.2.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Expenditure for using the internet outside the home, internet cafes etc.	12.6.2.1.05.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Did your family have any of the following expenditures, in the <u>last 12 months</u>?			
Type of expenditure	YES = 1 NO = 2	7. No. of hhld members	8. Amount paid (TSH)
1. Life insurance	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Housing loan to buy or construct a dwelling	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Reimbursement of loans from banks, financial firms, friends, relatives, etc.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Court and administrative costs (excluding administrative tax)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Fines for traffic and other violations.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 9: UTILITIES, WATER AND SANITATION

1. Is the main building connected to TANESCO?	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2
2. What is the main fuel used for lighting?		
- Electricity		<input type="checkbox"/> 1
- Solar		<input type="checkbox"/> 2
- Gas (Biogas)		<input type="checkbox"/> 3
- Paraffin		<input type="checkbox"/> 4
- Candles		<input type="checkbox"/> 5
- Firewood.....		<input type="checkbox"/> 6
- Other (<i>specify</i>):		<input type="checkbox"/> 7
3. What is the main fuel used for cooking?		
- Electricity		<input type="checkbox"/> 1
- Solar		<input type="checkbox"/> 2
- Generator/private sources		<input type="checkbox"/> 3
- Gas (Industrial)		<input type="checkbox"/> 4
- Gas (Biogas)		<input type="checkbox"/> 5
- Paraffin		<input type="checkbox"/> 6
- Coal		<input type="checkbox"/> 7
- Charcoal		<input type="checkbox"/> 8
- Firewood.....		<input type="checkbox"/> 9
- Wood/farm residuals		<input type="checkbox"/> 10
- Animal residuals		<input type="checkbox"/> 11
- Other (<i>specify</i>):		<input type="checkbox"/> 12
4. Looking at this card (SHOWCARD B) can you tell me what is the main toilet facility used by this household?		
- No toilet / bush / field		<input type="checkbox"/> 1
- Open pit without slab		<input type="checkbox"/> 2
- Pit latrine with slab (not washable)		<input type="checkbox"/> 3
- Pit latrine with slab (washable)		<input type="checkbox"/> 4
- Ventilated improved pit latrine		<input type="checkbox"/> 5
- Pour flush toilet.....		<input type="checkbox"/> 6
- Flush toilet with cistern		<input type="checkbox"/> 7
- Composting toilet / ecosan latrine		<input type="checkbox"/> 8
- Other (<i>specify</i>):		<input type="checkbox"/> 9
5. How many other households share toilet facilities with your household?		
- None		<input type="checkbox"/> 1
- One.....		<input type="checkbox"/> 2
- Two to five		<input type="checkbox"/> 3
- More than five.....		<input type="checkbox"/> 4
6. Is there a place for hand-washing with soap and water present and where is it located? (interviewer please observe)		
- No		<input type="checkbox"/> 1
- Yes - near to the latrine		<input type="checkbox"/> 2
- Yes - near to the kitchen		<input type="checkbox"/> 3
- Yes - other location		<input type="checkbox"/> 4
7. The last time your youngest child passed stools, what was done to dispose of them?		
- Child used toilet/latrine		<input type="checkbox"/> 1
- Put/rinsed into toilet or latrine.....		<input type="checkbox"/> 2
- Put/rinsed into drain or ditch.....		<input type="checkbox"/> 3
- Thrown into garbage.....		<input type="checkbox"/> 4
- Buried		<input type="checkbox"/> 5
- Left in the open.....		<input type="checkbox"/> 6
- No children in this household.....		<input type="checkbox"/> 7
- Other (<i>specify</i>):		<input type="checkbox"/> 8
8. What is the main measure undertaken by this household take to ensure the safety of drinking water?		
- Boil		<input type="checkbox"/> 1
- Use water filter.....		<input type="checkbox"/> 2
- Strain through a cloth		<input type="checkbox"/> 3
- Treated with chemicals.....		<input type="checkbox"/> 4
- Bottled water.....		<input type="checkbox"/> 5
- Other (<i>specify</i>):		<input type="checkbox"/> 6
- None		<input type="checkbox"/> 7
9. What type of storage container is used to collect water from the source?		
- Overhead tank		<input type="checkbox"/> 1
- Underground tank.....		<input type="checkbox"/> 2

SECTION 9: UTILITIES, WATER AND SANITATION

<ul style="list-style-type: none"> - Drums - metal / plastic..... <input type="checkbox"/> 3 - Bucket with lid <input type="checkbox"/> 4 - Bucket without lid <input type="checkbox"/> 5 - Jerry can..... <input type="checkbox"/> 6 - Traditional clay pot with cover <input type="checkbox"/> 7 - Traditional clay pot without cover <input type="checkbox"/> 8 - Other (<i>specify</i>): _____ <input type="checkbox"/> 9 	
<p>10. What is the main source of drinking water for your household in the rainy season?</p> <ul style="list-style-type: none"> - Piped water into dwelling..... <input type="checkbox"/> 1 - Piped water to yard/plot..... <input type="checkbox"/> 2 - Public tap/standpipe <input type="checkbox"/> 3 - Tubewell/borehole <input type="checkbox"/> 4 - Protected dug well <input type="checkbox"/> 5 - Unprotected dug well..... <input type="checkbox"/> 6 - Protected spring <input type="checkbox"/> 7 - Unprotected spring <input type="checkbox"/> 8 - Rainwater collection <input type="checkbox"/> 9 - Bottled water..... <input type="checkbox"/> 10 - Cart with small tank/drum <input type="checkbox"/> 11 - Tanker-truck <input type="checkbox"/> 12 - Surface water (river, dam, lake, pond, stream, canal, irrigation channels)..... <input type="checkbox"/> 13 - Other (<i>specify</i>): _____ <input type="checkbox"/> 14 	
<p>11. What is the main source of drinking water for your household in the dry season?</p> <ul style="list-style-type: none"> - Piped water into dwelling..... <input type="checkbox"/> 1 - Piped water to yard/plot..... <input type="checkbox"/> 2 - Public tap/standpipe <input type="checkbox"/> 3 - Tubewell/borehole <input type="checkbox"/> 4 - Protected dug well <input type="checkbox"/> 5 - Unprotected dug well..... <input type="checkbox"/> 6 - Protected spring <input type="checkbox"/> 7 - Unprotected spring <input type="checkbox"/> 8 - Rainwater collection <input type="checkbox"/> 9 - Bottled water..... <input type="checkbox"/> 10 - Cart with small tank/drum <input type="checkbox"/> 11 - Tanker-truck <input type="checkbox"/> 12 - Surface water (river, dam, lake, pond, stream, canal, irrigation channels)..... <input type="checkbox"/> 13 - Other (<i>specify</i>): _____ <input type="checkbox"/> 14 	
<p>12. How much do you pay for 20 litres of water?</p>	TSH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>13. How far is it between your house and the place you collect water in the rainy season?</p> <ul style="list-style-type: none"> - It is in my home <input type="checkbox"/> 1 - Less than 500m..... <input type="checkbox"/> 2 - 500m - 999 m <input type="checkbox"/> 3 - 1-1.9 km <input type="checkbox"/> 4 - 2-4.9 km <input type="checkbox"/> 5 - 5-7.9 km <input type="checkbox"/> 6 - 8 km and above..... <input type="checkbox"/> 7 	
<p>14. How far is it between your house and the place you collect water in the dry season?</p> <ul style="list-style-type: none"> - It is in my home <input type="checkbox"/> 1 - Less than 500m..... <input type="checkbox"/> 2 - 500m - 999 m <input type="checkbox"/> 3 - 1-1.9 km <input type="checkbox"/> 4 - 2-4.9 km <input type="checkbox"/> 5 - 5-7.9 km <input type="checkbox"/> 6 - 8 km and above..... <input type="checkbox"/> 7 	
<p>15. Who usually goes to this source to fetch water for your household?</p> <ul style="list-style-type: none"> - Adult woman..... <input type="checkbox"/> 1 - Adult man <input type="checkbox"/> 2 - Female child (under 15 years)..... <input type="checkbox"/> 3 - Male child (under 15 years) <input type="checkbox"/> 4 	
<p>16. How many times a day does the household collect water in a day in the rainy season?</p>	<input type="text"/> <input type="text"/>
<p>17. How many times a day does the household collect water in a day in the dry season?</p>	<input type="text"/> <input type="text"/>

SECTION 10: INVESTMENT AT HOUSEHOLD LEVEL

Type of investment	1. Did the household have the following investment in the <u>last 12 months?</u>	2. How much was spent in the <u>last 12 months?</u>
	YES = 1 > Q2 NO = 2 > next	TSH
1. Purchase of house, apartment, garage, etc.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Purchase of land for construction of dwellings	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Purchase of building materials for own construction	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Payments for hiring labour for own construction	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Payments to subcontractors for own construction	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Expenditure for connecting to public-communal infrastructure	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Expenditure for acquiring construction permits	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Purchase of materials and reconstruction for own-repairs	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Purchase of repair services	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 11: SALES AT HOUSEHOLD LEVEL

Type of Sale	1. Did the household have the following sale in the <u>last 12 months</u> ?	2. How much was received from this sale in the <u>last 12 months</u> ?
	YES = 1 > Q4 NO = 2 > next	TSH
1 Sale of house, apartment, garage, etc.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 Sale of land for construction of dwellings	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 Sale of durable good (specify the type of good)	<input type="checkbox"/> 1 specify _____ <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 Sale of durable good (specify the type of good)	<input type="checkbox"/> 1 specify _____ <input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Time SECOND VISIT ended

Hours Minutes



United Republic of Tanzania

National Bureau of Statistics

HOUSEHOLD BUDGET SURVEY: TANZANIA MAINLAND 2011/2012

This information is collected under the Act of the Parliament (Act No. 1 of 2002)
THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

FORM III LABOUR STATUS, HOUSEHOLD BUSINESSES AND INDIVIDUAL INCOME

ALL QUESTIONS IN THIS FORM TO THOSE AGED 5 YEARS AND ABOVE ONLY

HID CODE

1. REGION:

--	--

2. DISTRICT

--

3. WARD

--	--	--

4. ENUMERATION AREA

--	--	--

5. HOUSEHOLD NUMBER :

--	--

INTERVIEWER NUMBER

--	--	--

INTERVIEWER NAME

SUPERVISOR NUMBER

--	--	--

Time third visit began

Hours Minutes

--	--	--	--

Date Of Interview

Day Month Year

--	--	--	--	--	--	--	--

Section 12: Labour Force Status of all household members aged 5 years and above

1. I N D I V I D U A L I D	2. ENTER THE NAME AND INDIVIDUAL ID OF ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE	3. ENTER THE ID OF THE INDIVIDUAL RESPONDING FOR [NAME]	4. In the last 12 months , did [NAME] work for a wage, salary, commission or any payment in kind; including doing paid domestic work or paid farm work even if for one hour? Yes.....1 No.....2	5. In the last 12 months , did [NAME] run a business of any size for themselves or another household member, even if for one hour? DO NOT INCLUDE FARMS Yes.....1 No.....2	6. In the last 12 months , did [NAME] help without being paid in any kind of business run by this household, even if for one hour? Yes.....1 No.....2	7. In the last 12 months , was [NAME] an apprentice? Yes.....1 No.....2	8. In the last 12 months , did [NAME] work on the household's farm Yes.....1 No.....2	9. IN QUESTIONS 4, 5,6,7,8 IS THERE A YES? Yes..... 1 No.....2 >13
	NAME	ID	CODE	CODE	CODE	CODE	CODE	CODE

Section 12: Labour Force Status of all household members aged 5 years and above

INDIVIDUAL ID	10a and 10b. Which of these activities is [NAMES] primary activity and their secondary activity?		11. In the last 7 days , did [NAME] do the primary activity?	12. If [NAME] did not do their primary activity in the last 7 days, is [NAME] going to continue with the primary activity?	13. In the last 4 weeks , was [NAME] looking for any kind of a job?	14a and 14b What did [NAME] do to look for a job [Indicate 2 most relevant]		15a Was [NAME] available for work in the last 7 days?
	Working on the household farm.....1 An employer or own account worker – not on a farm.....2 Helping without pay in household business.....3 Working for pay.....4 Apprentice.....5	Yes 10a =1, 2 or 3...1 >Q17 Yes 10a=4 or 5.....2 >Q20 No, not in last 7 days..3				Yes 10a =1, 2 or 3...1 > Q17 Yes 10a =4 or 5..... 2 > Q20 No.....3	Registered with a recruitment Agency, either public, private institution or on Internet.....1 Replied to advertisements in newspapers, posters or internet.....2 Inquiring from persons with public or private sector job contacts.....3 Other (Specify).....4	
	10a. Primary	10b. Secondary				1st	2nd	

Section 12: Labour Force Status of all household members aged 5 years and above

INDIVIDUAL	15b. In the past 4 weeks , was [NAME] trying to start any kind of business	16. What best describes [NAME]'s situation at this time? Ill/Sick.....1 Disabled.....2 In School.....3 Retired.....4 Taking care of house or family.....5 Waiting for reply from employer.....6 Waiting for busy season.....7 Other (specify).....8	17. How many hours per week does [NAME] usually work in this activity?	18. How many weeks per month does [NAME] usually work in this activity?	19. How many months per year does [NAME] usually work this activity?	20. Is the employer in [NAME]'s activity National Government.....1 Local government.....2 Parastatal.....3 Private enterprise.....4 NGO.....5 Private household.....6
	Yes1 >Q17 No.....2	>> Q33			>>33	
	CODE	CODE	HOURS	WEEKS	MONTHS	CODE

Section 12: Labour Force Status of all household members aged 5 years and above

I N D I V I D U A L I D	21. In which sector does [NAME]’s employer operate? [ISIC CODE]	22. What year did [name] start to work for this employer?	23. What is [NAMES] occupation? DESCRIBE IN DETAIL	23a CODE TASCO	24. Is [NAMES] position Permanent & pensionable.....1 Open ended appointment.....2 Fixed term contract...3 No contract.....4	25. How many hours per week does [NAME] usually work in this activity?	26. How many weeks per month does [NAME] usually work in this activity?	27. How many months per year does [NAME] usually work this activity?
	ISIC CODE	YEAR	DESCRIPTION	CODE	CODE	HOURS	WEEKS	MONTHS

Section 12: Labour Force Status of all household members aged 5 years and above

INDIVIDUAL ID	28. How much was [NAMES] last cash payment? and what time period did this payment cover?		29. What is the estimated value of what [NAME] received in kind for this activity?		30. In this apprenticeship is [NAME]	31. How much does [NAMES] pay to participate in the apprenticeship? and what time period did this payment cover?		32. After completing the apprenticeship, [NAME] will...
	TSHS	CODE	TSHS	CODE	CODE	TSHS	CODE	CODE

Section 12: Labour Force Status of all household members aged 5 years and above

I N D I V I D U A L I D	33. In the last 7 days , did [NAME] do the secondary activity (stated at question 10b)?	34. If [NAME] did not do their secondary activity in the last 7 days, do [NAME] have a job related to the secondary activity to return to?	35. How many hours per week does [NAME] usually work in this activity?	36. How many weeks per month does [NAME] usually work in this activity?	37. How many months per year does [NAME] usually work this activity?	38. Is the employer in [NAME]'s activity National Government.....1 Local government.....2 Parastatal.....3 Private enterprise.....4 NGO.....5 Private household.....6
	Yes 10b =1,2 or 3..1 > Q35 Yes 10b= 4 or 5....2 > Q38 No, not in last 7 days...3	Yes 10b =1,2 or 3..1 > Q35 Yes 10b= 4 or 5....2 > Q38 No3	HOURS	WEEKS	MONTHS	>>Section 13 CODE

Section 12: Labour Force Status of all household members aged 5 years and above

I N D I V I D U A L I D	39. In which sector does [NAME]'s employer operate? [ISIC CODE]	40. What year did [name] start to work for this employer?	41. What is [NAMES] occupation? DESCRIBE IN DETAIL	41a CODE TASCO	42. Is [NAMES] position Permanent & pensionable.....1 Open ended appointment.....2 Fixed term contract..3 No contract.....4	43. How many hours per week does [NAME] usually work in this activity?	44. How many weeks per month does [NAME] usually work in this activity?	45. How many months per year does [NAME] usually work this activity?	
	ISIC CODE	YEAR	DESCRIPTION	CODE	CODE	HOURS	WEEKS	MONTHS	

Section 12: Labour Force Status of all household members aged 5 years and above

I N D I V I D U A L I D	46. How much was [NAMES] last cash payment? and what time period did this payment cover?		47. What is the estimated value of what [NAME] received in kind for this activity?		48. In this apprenticeship is [NAME]		49. How much does [NAMES] pay to participate in the apprenticeship? and what time period did this payment cover?		50. After completing the apprenticeship, [NAME] will... be employed by the mentor.....1 look for a job.....2 don't know.....8	
	Time periods Hour.....1 Day.....2 Week.....3 Month.....4 Other (specify)...5		IN KIND IINCLUDES FOOD AND TRANSPORT ALLOWANCES and what time period did this payment cover? Time periods Hour.....1 Day.....2 Week.....3 Month.....4 Other (specify)...5		Not Paid.....1 Paid Cash.....2 Paid in kind.....3 Pays to Participate.....4 Not an apprenticeship.5>> Section 13		Time periods Hour.....1 Day.....2 Week.....3 Month.....4 Other (specify)...5 Not paying.....6			
	TSHS	CODE	TSHS	CODE	CODE	TSHS	CODE	CODE		

SECTION 13: NON-FARM HOUSEHOLD BUSINESSES

CHECK QUESTION 5 IN SECTION 12. FOR ALL THOSE CODED “YES” THAT THEY RAN A BUSINESS, OF ANY SIZE, FOR THEMSELVES OR ANOTHER HH MEMBER, EVEN IF JUST FOR AN HOUR ENTER THEIR INDIVIDUAL ID AND ASK QUESTIONS 2 TO 25 BELOW ABOUT EACH BUSINESS IF NO GOTO SECTION 14

1. ENTER INDIVIDUAL ID

2. What are the main products and/or services in order of importance: (list up to 2)		ISIC CODE				
1		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
2		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
3. In which year and month did the business start operating? 99 IF DK MONTH		<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> </tr> <tr> <td style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td style="text-align: center;"><input type="text"/><input type="text"/></td> </tr> </table>	Year	Month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Year	Month					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>					
4. In which type of premises do you conduct your business activity? (TICK ONE ONLY)						
<ul style="list-style-type: none"> - In own or business partners home with special business space..... - In own or business partners home without special business space..... - Permanent building other than home..... - Fixed stall or kiosk at a market..... - Fixed stall or kiosk on the street..... - Vehicle, cart, temp stall on the street..... - No fixed location/mobile..... - Other (specify): 		<ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 				
5. What is the ownership type of this business?						
<ul style="list-style-type: none"> - Sole Proprietorship - Partnership - Religious..... - NGO - Other (specify): 		<ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 				
6. How many months in the last 12 months has the business been operating?		<input type="text"/> <input type="text"/>				
7. What was the main source of start-up capital for this business?						
<ul style="list-style-type: none"> - Proceeds from agricultural production - Proceeds from non-agricultural production..... - Loan from bank..... - Loan from SACCOS..... - Loan from family/friends..... - Gift from family/friends..... - From inheritance..... - Sale of assets owned..... - Own savings..... - Other (specify): 		<ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 				

8. How much did you spend on these inputs during the last 30 days? IF NONE ENTER 0

Item No.	Description of Items	Value of Purchases/Expenses in Tanzania Shillings
1	Electricity	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	Bank charges (not interest)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Car running costs	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.	Tricycle running costs	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	Bajaji running costs	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	Fuel and Lubricants	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	Mobile phone (bills and top up cards)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.	Fixed phone bills	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	Postage	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	Rent for land buildings	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 13: NON-FARM HOUSEHOLD BUSINESSES

Item No.	Description of Items	Value of Purchases/Expenses in Tanzania Shillings						
11	Rent for equipment hire							
12	Travel allowances paid to employee							
13	Water & Sewerage charges							
14	Repair & maintenance of equipment (spare parts, etc.)							
15	Security							
16	Tools and equipment							
17	Packaging materials (bags, containers, etc.)							
18	Brokerage, commissions							
19	Legal expenses							
20	Taxes including Trading fees & Licenses, etc.							
21	Interest paid on a loan							
22	Bad debts, donations, less recoveries							
23	Advertising							
24	Cost of raw materials							
25	Cost of goods bought for resale							
26	Others expenses (specify) _____							

8a. Specify the major raw materials purchased corresponding to Item 24 in question 8 above IF NONE LEAVE BLANK

	Major raw materials	ISIC Code	Tanzania shillings
1			
2			

9. What was the total income received by the business during the last 30 days from the following? IF NONE ENTER "0"

Item no.	Item	Tanzania shillings
1	Sale of Products mined/manufactured	
2	Sale of goods purchased from others for resale	
3	Construction work done	
4	Receipts for services rendered	
5	Rent from land	
6	Rent from buildings	
7	Hire out of equipment /tools	
8	Interest receivable (e.g. from village circles)	
9	Dividends receivable	
10	Income received as a gift, donation, gain in the sale of assets, remittances etc	
11	Other income (specify)	

SECTION 13: NON-FARM HOUSEHOLD BUSINESSES

10. What was the total investment by the business during the last 12 months on the following? IF NONE ENTER "0"

Item no.	Item	Tanzania shillings							
1	Purchase of premises (shop, office etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Expenditure of own construction of business premises	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Expenditure on capital repairs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Expenditure on machinery and equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Expenditure on transportation equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. What was the amount spent during the last 12 months for your business on....?

Item no.	Item	IF NONE ENTER "0" AND DO NOT ASK Q12 AND Q13	12. Who owns this asset?	13. How is the asset used?
		Tanzania shillings	Myself.....1 Shared.....2 Leased.....3 Rented.....4 Borrowed.....5 Don't know.....8	Exclusively for business.....1 By the household and the business.....2
1	Land	<input type="text"/>		
2	Buildings	<input type="text"/>		
3	Other structures (kiosks etc)	<input type="text"/>		
4	Other machinery, equipment and small tools	<input type="text"/>		
5	Expenditure on transportation equipment	<input type="text"/>		

14. Is your business registered with BRELA (the business registrations and licensing agency)?

- Yes 1
- No 2

15. Do you pay any taxes? (tick all that apply)

- VAT 1
- Pay as you earn..... 2
- Income tax 3
- Other (specify) 4
- None..... 5

16. Do you keep records of business transactions?

- Yes 1
- No 2

Item no.	Item	17. Which <u>members of the household</u> had the following roles in the household business in the last month? ENTER THE INDIVIDUAL ID(S). IF NONE LEAVE BLANK	18. How many of the following <u>non-household member employees</u> did you have in the last month? IF NONE LEAVE BLANK
		Individual IDs	Number
1	Working proprietor	<input type="text"/>	<input type="text"/>
2	Paid casual	<input type="text"/>	<input type="text"/>
3	Paid regular	<input type="text"/>	<input type="text"/>
4	Unpaid helper/family worker	<input type="text"/>	<input type="text"/>

SECTION 13: NON-FARM HOUSEHOLD BUSINESSES

NOW SOME QUESTIONS ABOUT NON HOUSEHOLD MEMBER EMPLOYEES (NUMBERED IN QUESTION 18) WORKING IN THE BUSINESS - IF MORE THAN 12 NON-HOUSEHOLD MEMBER EMPLOYEES ASK THE RESPONDENT TO SELECT THE 12 HIGHEST PAID.

Employee number	19. What is their sex?		20. Which age bracket are they in?		21. What is their status within the business?				Tanzania Shillings		24. FOR AMOUNT MENTIONED IN Q22 OR Q23 – What period of time does that payment refer to?				25. How many days did the employee work in the last month?	
	Male..... 1	Female.. 2	Adult (18+).. 1	Child (<18).. 2	Working Proprietor 1	Paid regular employee 2	Paid Casual worker..... 3	Unpaid helpers/Family Workers ... 4	22. How much do they receive for wages & salaries?	23. How much do they receive for payments in kind?	Day 1	Week 2	Month..... 3	Other (specify) 4		
1	1	2	1	2	1	2	3	4			1	2	3	4		
2	1	2	1	2	1	2	3	4			1	2	3	4		
3	1	2	1	2	1	2	3	4			1	2	3	4		
4	1	2	1	2	1	2	3	4			1	2	3	4		
5	1	2	1	2	1	2	3	4			1	2	3	4		
6	1	2	1	2	1	2	3	4			1	2	3	4		
7	1	2	1	2	1	2	3	4			1	2	3	4		
8	1	2	1	2	1	2	3	4			1	2	3	4		
9	1	2	1	2	1	2	3	4			1	2	3	4		
10	1	2	1	2	1	2	3	4			1	2	3	4		
11	1	2	1	2	1	2	3	4			1	2	3	4		
12	1	2	1	2	1	2	3	4			1	2	3	4		

SECTION 14: INDIVIDUAL NON-WAGE INCOME

For each household member **aged 5 and above** record whether **individually** they have received have received any of the following during the last 12 months?

No.	Individual ID <input type="text"/> <input type="text"/>	1. Did you receive any of the following? Yes 1 No..... 2 Don't know.... 8 2 or 8 goto next item	2. What was the net amount of the last monthly payment you received? (T.sh) <i>If the income was in kind estimate the value of the in kind payment</i>	3. What is the number of payments you have received over the last 12 months?
	Source of income	Code	Amount in TSH	Number
A1	Earnings or food from a cash for work or food work program	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A2	Income from the rent of residential premises abroad	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A3	Income from the rent of residential premises in Tanzania	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A4	Income from the rent of non agricultural business premises, garages, etc abroad ...	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A5	Income from the rent of non agricultural business premises, garages, etc in Tanzania	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A6	Money from other households or persons in Tanzania	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A7	Money from other households or persons abroad (remittances)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A8	Food assistance.....	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A9	Assistance with school uniform or shoes ...	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A10	Assistance with teaching aids, books etc...	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A11	Assistance with bed nets	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A12	A loan.....	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A13	Exemption or waiver for school fees	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A14	Exemption or waiver for health expenses ..	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A15	Cash transfer program (Govt or NGO).....	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A16	Anything else? WRITE IN _____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Time third visit ended

Hours Minutes



United Republic of Tanzania

CONFIDENTIAL



National Bureau of Statistics

HOUSEHOLD BUDGET SURVEY: MAINLAND 2011/2012

This information is collected under the Act of the Parliament (Act No. 1 of 2002)

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

FORM IV

AGRICULTURE - LAND, CROPS AND LIVESTOCK

1. REGION:	HID	CODE	INTERVIEWER NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. DISTRICT	<input type="text"/>		INTERVIEWER NAME		
3. WARD	<input type="text"/>	<input type="text"/>	<input type="text"/>			
4. ENUMERATION AREA	<input type="text"/>	<input type="text"/>	<input type="text"/>	SUPERVISOR NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. HOUSEHOLD NUMBER :	<input type="text"/>	<input type="text"/>					
6. NAME OF HOUSEHOLD HEAD:						
Time 4th visit began	HOUR		MINUTES				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Date of interview	DAY		MONTH		YEAR		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

SECTION 15. LAND



1. Did you or anyone in this household own or cultivate any plots in the last 12 months?

Yes.....1

No.....2 ▶ Section 18A

P L O T I D	1a	2.	3.	4.	5.	6.	7.
	LIST ALL PLOTS OWNED OR CULTIVATED BY THE HOUSEHOLD IN THE LAST 12 MONTHS	What is the size of this plot in acres?	What was the ownership status of this plot in the last 12 months? OWNED.....1 USED FREE OF CHARGE2 RENTED IN.....3 SHARED - RENT.....4 SHARED - OWN.....5	How did you use this plot during the last 12 months CULTIVATED..1 ▶7 RENTED OUT..2 GIVEN OUT..3 ▶7 FALLOW.....4 ▶7 FOREST.....5 ▶7 OTHER, SPECIFY..6 ▶7	What was the total income from renting out this plot during the last 12 months? INCLUDE INCOME FROM CROP OUTPUT FUTURE/ PLANNED INCOMES TSH	How much was collected in kind? TSH	What was the soil type of this plot? SANDY.....1 LOAM.....2 CLAY.....3 OTHER, SPECIFY..4
1							
2							
3							
4							
5							
6							
7							
8							

SECTION 16: CROPS

1. Did the household cultivate any crops in the last 12 months?

Yes.....1

No.....2 GOTO SECTION 17

1a CODE ALL CROPS MENTIONED		2. How big is the area over which this crop has been planted?	3. How much of this crop has been harvested over the last 12 months? CONVERT LOCAL UNITS INTO KILOGRAMS KGs	4. What was the quantity sold? CONVERT LOCAL UNITS INTO KILOGRAMS KGs	5. What was the total value of the sales in the last 12 months? TSH	6. What quantity of [CROP] was consumed by this household? KGs	7. What was the total value of this CROP consumed by the household? TSH	8. What was the total value of this CROP given as a gift? TSH	9. How much did you pay to the owner for the use of this land in the last 12 months? INCLUDE: IN-KIND PAYMENTS, PAYMENT FROM CROP OUTPUT, FUTURE / PLANNED PAYMENTS, PAST PAYMENTS FOR THE LAST 12 MONTHS TSH
CROP NAME	CROP CODE								
			▪						
			▪						
			▪						
			▪						
			▪						
			▪						
			▪						
			▪						
			▪						
			▪						

SECTION 16: CROPS

10. What period of time did this payment cover? DAY . . . 1 WEEK . . . 2 MONTH . . 3 NO. UNITS UNIT	11. What share of output from this CROP did you give as rent, if any, in the last 12 months? IF CASH ENTER O PERCENTAGE	12a How much ORGANIC FERTILIZER did you use on [CROP] in the last 12 months? KGS	12b What was the total value of fertilizer purchased? TSH	13a How much INORGANIC FERTILIZER did you use on [CROP] in the last 12 months? KGS	13b What was the total value of fertilizer purchased? TSH	14. How much pesticide/ herbicide did you use on [CROP] in the last 12 months? KGS	15. What was the total value of this pesticides/ herbicides purchased? TSH	16. Did you receive any seeds, fertilizers, pesticides or herbicides for [PLOT] on credit to be paid later on during the last 12 months? YES . . . 1 NO . . . 2

SECTION 16: CROPS

<p>17. How much did you pay up front for these inputs?</p> <p>TSH</p>	<p>18. How much did you repay in cash later on for the inputs?</p> <p>TSH</p>	<p>19. How much did you pay for labor hired to work on this crop in the last 12 months?</p> <p>TSH</p>	<p>20. How many days of hired labour were used for this crop in the last 12 months?</p>	<p>21. How many days did household members work on this crop in the last 12 months?</p>	<p>22. Was any portion of the production lost post-harvest to rotting, insects, rodents, theft, etc?</p> <p>YES . . . 1 NO . . . 2 ▶ 24</p>	<p>23. What was the value of this lost crop?</p> <p>TSH</p>	<p>24. What was done with the residue from this crop?</p>

SECTION 16: CROPS

25. What was the quantity?	26. What was the total value?	27. Do you have any of the harvest from the last 12 months in storage now?	28. How much of this harvest do you still have in storage?
	CROP PRODUCES NO RESIDUE.....1 ▶27		
	RESIDUE WAS LEFT IN FIELD.....2 ▶27		
	MULCHED.....3 ▶27		
	FOR GRAZING OWN ANIMALS.....4 ▶27		
	FOR GRAZING OTHERS' ANIMALS.....5 ▶27		
	FEEDING OWN ANIMALS.....6 ▶27		
	FOR SALE.....7		
	OTHER, SPECIFY.....8		
KGs	TSH		AMOUNT

Crop Codes

Nafaka / Mizizi:

Mahindi	11
Mpunga	12
Mtama	13
Uwele	14
Ulezi	15
Ngano	16
Shayiri	17
Muhogo	21
Viazi vitamu	22
Viazi mviringo	23
Viazi vikuu	24
Magimbi	25
Vitunguu maji	26
Tangawizi	27

Jamii ya Mikunde na Mafuta

Maharage	31
Kunde	32
Choroko	33
Mbaazi	34
Dengu	35
Njugu mawe	36
Njegere	37
Alizeti	41
Ufuta	42
Karanga	43
Soya	47
Nyonyo	48

Mazao ya Biashara:

Pamba	50
Tumbaku	51
Pareto	52
Jute	62
Mwani	19

Mazao ya Kudumu

Mkonge	53
Kahawa	54
Chai	55
Kakao	56
Mpira	57
Miwati	58
Misufi	59
Miwa	60
Hiliki	61
Ukwaju	63
Mdalasini	64
Kungumanga	65
Mkarafuu	66
Pilipili manga	18
Mbaazi	34
Muhogo	21
Mchikichi	44
Mnazi	45
Mkorosho	46
Gowe	300
Mbuyu	301
Mianzi	302
Kuni/Chakula cha mifugo	303
Miti ya mbao	304
Miti ya dawa	305
Miti ya uzio	306

Mazao ya Matunda

Mpesheni	70
Migomba	71
Parachichi	72
Mwembe	73
Mpapai	74
Minanasi	75
Mchungwa	76
Madalanzi	77
Mzabibu	78
Mchenza	79
Mapera.	80
Matunda damu	81
Apples	82
Peasi	83
Mifyoks	84
Mndimu	851
Mlimau	852
Mbalungi	65
Fenesi	69
Doriani	97
Mbirimbi	98
Shokshoki	99
Mashelisheli	67
Matofaa	38
Embe ng'on'go (Sakua)	39
Tope tope	200
Matunda Mungu	201
Mitobo	202
Zambarau	203
Piches	204
Komamanga	205
Tende	210
Tungamaa	211
Vanilla	212

Aina za mboga mboga:

Kabichi	86
Nyanya	87
Spinachi	88
Karoti	89
Pilipili	90
Mchicha	91
Boga	92
Tango	93
Mabilinganya	94
Matikiti maji	95
Cauliflower	96
Bamia	100
Fiwi	101

SECTION 17. PROCESSED AGRICULTURAL PRODUCTS AND BY-PRODUCTS

1. Did the household process any of the products harvested on the farm in the last 12 months?

YES
NO

1

2 ► **SECTION 18**

2. Crop name TAKE CROP CODES FROM PAGE BEFORE	3. What is the by-product produced from this crop?	4. What is the quantity produced in the last 12 months?	5. Was any [BY-PRODUCT] sold?	6. How much was sold?	7. How much [CROP] did you use as input for the sold [BY-PRODUCT]?	8. What was total sales in shillings?	9. Did you incur any other expenses such as labor costs, additional inputs etc. in the production of [BY-PRODUCT]?	10. What were the total costs of these additional expenses?
CROP PROCESSED...1 BY-PRODUCT...2 NAME CODE	SEE CODES BELOW	KG.....1 LITER...2 UNIT AMOUNT	YES...1 NO...2 ►9	KG.....1 LITER...2 UNIT AMOUNT	KG	TSH	YES...1 NO...2 ►NEXT PRODUCT	TSH
1								
2								
3								
4								
5								
6								
7								

CODES FOR Q3

PROCESSED:

- FLOUR.....1
- SEED.....2
- PALM OIL.....3
- JUICE.....4
- THREAD.....5
- PULP.....6
- RUBBER.....7

BY-PRODUCTS:

- MAIZE BRAN.....8
- WET HUSK (WHEAT, BARLEY) ..9
- RICE COVER.....10
- JUICE.....11
- THREAD.....12
- PULP.....13
- PALM OIL.....14
- OUTER COVER.....15
- NO WASTE.....16
- OTHER, SPECIFY.....17

SECTION 18A. LIVESTOCK

Yes.....1
 No.....2 **GO TO SECTION 19**

1. Does your household currently own any livestock, including chickens, dogs, rabbits etc?

CODE		1. Does the household currently own [ANIMAL]? Yes.....1 No.....2>> NEXT ANIMAL	2. How many [ANIMAL] does this household currently own?			3. How many [ANIMAL] were born in the past 12 months? NUMBER	4. How many [ANIMAL] have you bought alive in the last 12 months? NUMBER	5. What was the total value of these purchases? IF NONE ENTER 0 TSH	6. How many [ANIMAL] did you receive as gifts in the last 12 months? NUMBER	7. How many [ANIMAL] have you lost to DISEASE in the last 12 months? NUMBER	8. What was the value of these [ANIMAL]s lost to disease? IF NONE ENTER 0 TSH	9. How many [ANIMAL] have you lost to THEFT in the last 12 months? NUMBER
			Indigenous	Beef	Dairy							
1	BULLS											
2	COWS											
3	STEERS											
4	HEIFERS											
5	MALE CALVES											
6	FEMALE CALVES											
7	OX											
8	BILLY GOATS											
9	SHE GOATS											
10	MALE KIDS											
11	FEMALE KIDS											
12	RAMS (include castrated)											
13	EWES											
14	MALE LAMBS											
15	FEMALE LAMBS											

SECTION 18A. LIVESTOCK continued

CODE		10. What was the value of these [ANIMAL]s lost to theft? ENTER 0 IF NONE TSH	11. How many [ANIMAL] have you sold alive in the past 12 months? NUMBER	12. What was the total value of sales? IF NONE ENTER 0 TSH	13. How many [ANIMAL] did you slaughter in the past 12 months? NUMBER	14. What was the total value of the sold slaughtered [ANIMAL]? IF NONE ENTER 0 TSH	15. What was the total cost of this labor for [ANIMAL] in the last 12 months? IF NONE ENTER 0 TSH	16. How much fodder was used for [ANIMAL] in last 12 months? KG	17. What was the total cost of this fodder for [ANIMAL] in the last 12 months? IF NONE ENTER 0 TSH
1	BULLS								
2	COWS								
3	STEERS								
4	HEIFERS								
5	MALE CALVES								
6	FEMALE CALVES								
7	OX								
8	BILLY GOATS								
9	SHE GOATS								
10	MALE KIDS								
11	FEMALE KIDS								
12	RAMS								
13	EWES								
14	MALE LAMBS								
15	FEMALE LAMBS								

SECTION 18B. LIVESTOCK

CODE	1. Does the household currently own [ANIMAL]? Yes.....1 No.....2>> NEXT ANIMAL	2. How many [ANIMAL] does this household currently own?	3. How many [ANIMAL] were born in the past 12 months?	4. How many [ANIMAL] have you bought alive in the last 12 months?	5. What was the total value of these purchases? IF NONE ENTER 0	6. How many [ANIMAL] did you receive as gifts in the last 12 months?	7. How many [ANIMAL] have you lost to DISEASE in the last 12 months?	8. What was the value of these [ANIMAL]s lost to disease? NONE ENTER 0 IF	9. How many [ANIMAL] have you lost to THEFT in the last 12 months?	10. What was the value of these [ANIMAL]s lost to THEFT? IF NONE ENTER 0
			NUMBER	NUMBER	TSH	NUMBER	NUMBER	TSH	NUMBER	TSH
1	BOARS									
2	SOWS									
3	MALE GILTS AND PIGLETS									
4	FEMALE GILTS AND PIGLETS									
5	MALE OLD CHICKENS									
6	FEMALE OLD CHICKENS									
7	YOUNG CHICKS									
8	DUCKS									
9	RABBITS									
10	DONKEYS									
11	DOGS									
12	OTHER									

SECTION 18B. LIVESTOCK continued

CODE	11. How many [ANIMAL] have you sold alive in the last 12 months? NUMBER	12. What was the total value of sales? IF NONE ENTER 0 TSH	13. How many [ANIMAL] did you slaughter in the last 12 months? NUMBER	14. What was the total value of the sold slaughtered [ANIMAL]? IF NONE ENTER 0 TSH	15. What was the total cost of this labor for [ANIMAL] in the last 12 months? IF NONE ENTER 0 TSH	16. How much fodder was used for [ANIMAL] in last 12 months? KG	17. What was the total cost of this fodder for [ANIMAL] in the last 12 months? IF NONE ENTER 0 TSH
1	BOARS						
2	SOWS						
3	MALE GILTS AND PIGLETS						
4	FEMALE GILTS AND PIGLETS						
5	MALE OLD CHICKENS						
6	FEMALE OLD CHICKENS						
7	YOUNG CHICKS						
8	DUCKS						
9	RABBITS						
10	DONKEYS						
11	DOGS						
12	OTHER						

SECTION 19A. LIVESTOCK BY-PRODUCTS

CODE	PRODUCT	1. Did your household produce any [PRODUCT] in the last 12 months?	2. During the last 12 months, for how many months did your household produce any [PRODUCT]?	3. During these months, what was the average quantity of [PRODUCT] produced per month?	4. Did you sell any of the [PRODUCT] that you produced in the last 12 months?	5. How much of the [PRODUCT] produced did you sell in the last 12 months?	6. What was the total value of sales of [PRODUCT] in the last 12 months?
		YES...1 NO....2 ▶ NEXT	MONTHS	LITRES....1 KGS.....2 PIECES....3 UNIT QUANTITY	YES...1 NO....2 ▶ NEXT	LITRES....1 KGS.....2 PIECES....3 UNIT QUANTITY	TSH
1	COW MILK (TRADITIONAL)						
2	COW MILK (IMPROVED)						
3	CHICKEN EGGS (TRADITIONAL)						
4	CHICKEN EGGS (IMPROVED)						
5	GHEE/BUTTER						
6	CHEESE/YOGURT						
7	HONEY						
8	SKINS AND HIDES						
9	MANURE						
10	OTHER _____						
11	OTHER _____						

SECTION 19B. AGRICULTURAL SERVICES

CODE	PRODUCT	7. Did your household sell any of the following agricultural services in the last 12 months?	8. During the last 12 months, how many times did your household sell [SERVICE]?	9. What was the total value of sales of [SERVICE] in the last 12 months?
		YES...1 NO....2 ▶ NEXT	NUMBER	TSH
1	TRACTION / DRAUGHT POWER			
2	SIRE SERVICES			
3	OTHER _____			

SECTION 20. FARM IMPLEMENTS AND MACHINERY

ITEM	1. How many [ITEM] does the household own? IF '0' ► 3 NUMBER	2. What is the value of the [ITEM] if sold? TSH	3. Did the household own [ITEM] during the last 12 months? YES...1 NO...2	4. Did your household rent or borrow any [ITEM] for use in the last 12 months? YES..1 NO...2>NEXT ITEM	5. How much did your household pay to rent or borrow [ITEM] last 12 months? TSH
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1	HAND HOE				
2	HAND-POWERED SPRAYER				
3	OX PLOUGH				
4	OX SEED PLANTER				
5	OX CART				
6	TRACTOR				
7	TRACTOR PLOUGH				
8	TRACTOR HARROW				
9	SHELLER/THRESHER				
10	HAND MILL/GRINDER				
11	WATERING CAN				
12	FARM BUILDINGS/ STORAGE FACILITIES				
13	GERI CANS				
14	DRUMS				
15	POWER TILLER				
16	IRRIGATION PUMP				
17	OTHER				

SECTION 21. INVESTMENT AND SELLING OF AGRICULTURAL ASSETS

	ITEM	1. Did the household make any expenditure on the following [ITEM] during the last 12 months? Yes.....1 No.....2 >> NEXT ITEM	2. How much did your household pay to rent or borrow [ITEM] last 12 months? TSH
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1	Purchase of agricultural buildings		
2	Own construction of agricultural buildings		
3	Expenditure on other construction works (improvement of land)		
4	Purchase of agricultural transport equipment		
5	Expenditure on cultivated assets (livestock for breeding, including fish and poultry, dairy, draught, vineyards, orchards and other plantations of trees)		

	ITEM	3. Did the household receive any money from selling the following [ITEM] during the last 12 months? Yes.....1 No.....2 >> NEXT ITEM	4. How much did your household receive in the last 12 months? TSH	TIME 4TH VISIT ENDED		
				<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Hour</td> <td style="width: 50%;">Minute</td> </tr> </table>	Hour	Minute
Hour	Minute					

1	Selling agricultural buildings						
2	Selling agricultural transport equipment						



HOUSEHOLD BUDGET SURVEY: MAINLAND 2011/12 HOUSEHOLD DIARY OF PURCHASES AND CONSUMPTION

(This information is collected under the Act of the Parliament (Act No. 1 of 2002))

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

1. REGION	HID	CODE		INTERVIEWER NUMBER	
2. DISTRICT				INTERVIEWER NAME	
3. WARD					
4. EA				SUPERVISOR NUMBER	
5. HOUSEHOLD NUMBER					

	1.	2	3	4
I N D I V I D U A L I D	<p>NAME</p> <p>PUT HEAD OF HOUSEHOLD ON LINE 1.</p> <p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.</p>	<p>How many of the 14 diary keeping days was [NAME] present in the household?</p> <p>IF LESS THAN 14 GO TO Q3</p> <p>IF 14 DAYS GO TO Q4</p> <p style="text-align: center;">NUMBER DAYS</p>	<p>What was the main reason for absence during (some of) the 14 diary days?</p> <p>EDUCATION.....1</p> <p>WORK/EMPLOYMENT.....2</p> <p>BUSINESS</p> <p>TRIP.....3</p> <p>ILLNESS/ HOSPITALISATION4</p> <p>TOURIST</p> <p>TRIP.....5</p> <p>OTHER (SPECIFY).....6</p>	<p>How many months during the last 12 months was [NAME] present in the household?</p> <p style="text-align: center;">MONTHS</p>

1				
2				
3				
4				
5				
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10				
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12				
13				
14				
15				
16				
17				

A. DAILY EXPENDITURES

Date:...../...../.....

Record all products PURCHASED or OBTAINED from other sources by household and the members during the day

S/N	2. SUPERVISOR only COICOP CODE	3. Name of product	4. Unit of Measure 1. Gram 2. Kilogram 3. Metre 4. Litre 5. ml/cc 6. Pair 7. Piece 8. Unit	5. Quantity	6. Amount paid or estimated monetary value in Tanzania Shillings	7. Where from?	8. Destination
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FOOD PRODUCTS

1							
2							
3							
4							
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6							
7							
8							
9							
10							
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13							
14							
15							
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18							
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20							
21							
22							
23							
24							
25							

NON-FOOD PRODUCTS AND SERVICES

1							
2							
3							
4							
5							
6							
7							

<p>7. Where from? Purchased from:</p> <ol style="list-style-type: none"> Market stall Street vendors Permanent shop Supermarket Department store Purchased from other household Other specify 	<p>Obtained (but not)</p> <ol style="list-style-type: none"> Own production Gift from other Institutional Aid Gathered 	<p>8. Destination Codes</p> <ol style="list-style-type: none"> Own Consumption Sale To stock Feed animals
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B. DAILY FOOD CONSUMED BY HOUSEHOLD MEMBERS (EXCLUDE FOOD FOR PARTIES)

B.1 Record all FOOD products CONSUMED by household and the members during the day

S/N	9. SUPERVISOR only COICOP CODE	10. Name of food products (write the food products used to prepare the meals)	11. Unit of Measure 1. Gram 2. Kg 3. Metre 4. Litre 5. ml/cc 6. Pair 7. Piece 8. Unit	12. Quantity	13. Amount paid or estimated monetary value in Tanzania Shillings	14. Source 1. Purchased 2. Own production 3. Received as payment in kind 4. Free or a gift 5. Food aid 6. Gathered
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1						
2						
3						
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12						
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16						
17						
18						
19						
20						
21						
22						
23						

B2. Daily number of people eating food inside the household by meals

	15. Breakfast	16. Lunch	17. Dinner
Household members			
Non household members			

B3. FOOD CONSUMED OUTSIDE HOME

S/N	18. Office Use only COICOP CODE	19. Description of FOOD CONSUMED OUTSIDE HOME (Restaurants, bars, cafés, fast food, street vendors, etc.) Describe in detail what purchased, e.g 2 plates of rice and meat, 3 cups of coffee	20a. Number of HH members	20b. Number of Non HH members	21. Amount spent on total food in Tanzania Shillings
1					
2					
3					

B4. Daily number of household members eating at work/school canteens or friend's places by meals

	22. Breakfast	23. Lunch	24. Dinner
Household members			
Non Household members			

FORM VI: Household Budget Survey 2011/12 Tanzania Mainland
Daily sheet for recording expenditure and consumption

Name:

Date:...../...../.....

Record all the products you PURCHASED or OBTAINED during the day					
S/N	2. Name of product	3. How much?	4. Local Unit of measure	5. Unit of measure	6. Amount paid or estimated monetary value in Tanzania Shillings
B1. FOOD PRODUCTS PURCHASED OR OBTAINED					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
B.2 Record all FOOD products you CONSUMED during the day					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
B3. Record non food items/services purchased for household members					
1					
2					
3					
4					
B4. Record food and non food items/services for non-household members					
1					
2					
3					
4					