



United Republic of Tanzania



National Bureau of Statistics

HOUSEHOLD BUDGET SURVEY: TANZANIA MAINLAND 2011/2012

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

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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	<input type="text"/>	
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"/>

Date Of Interview

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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?	
<div style="display: flex; justify-content: flex-end; gap: 10px;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div>	

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? <div style="display: flex; justify-content: space-between;"> <div> (including garage and parking linked to the dwelling) (excluding usual costs: heating, electricity, water, etc.) </div> <div> COICOP 04.1.1.1.01 TSH </div> <div> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div> </div>	
7. When was rent last paid? <div style="display: flex; align-items: center;"> Month <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> Year <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> ⇒ Q9 </div>	
(if owner, joint owner and all other cases when a real rent is not paid) <div style="display: flex; justify-content: space-between;"> <div> 8. Assume that you want to rent this dwelling (with no equipment), what would be a real monthly rent? </div> <div> COICOP 04.2.1.1.01 TSH </div> <div> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div> </div>	
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
CURRENT EXPENDITURES FOR MAIN DWELLING (EXCLUDE EXPENDITURE FOR BUSINESS)	
	<div style="display: flex; justify-content: space-between;"> <div>COICOP</div> <div>Amount paid (TSH)</div> </div>

SECTION 2: DATA ON BUILDING

10. How much did you pay for your <u>last monthly</u> bill for:		
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. 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"/> <input type="text"/>
d. 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"/> <input type="text"/>
e. 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"/> <input type="text"/>
f. 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"/> <input type="text"/>
g. 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"/> <input type="text"/>
h. 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"/> <input type="text"/>
i. 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"/> <input type="text"/>
11. How much did you pay <u>in the last 3 months</u> for:		
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. 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"/> <input type="text"/>
d. 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"/> <input type="text"/>
e. 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"/> <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)
a. Painting	04.3.2.1.01.	_____	04.3.1.1.01.	_____	_____
b. Maintenance and repair of hydro-sanitary installations.....	04.3.2.1.03.	_____	04.3.1.1.03.	_____	_____
c. Maintenance and repair of electrical and cooling installations	04.3.2.1.05.	_____	04.3.1.1.05.	_____	_____
d. Maintenance and repair of carpentry and floors	04.3.2.1.07.	_____	04.3.1.1.07.	_____	_____
e. 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 <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ⇒ Q27 ↓					
17. How many secondary buildings does your household use?					<input type="text"/> <input type="text"/>
18. How many rooms in all the secondary buildings are used for sleeping?					<input type="text"/> <input type="text"/>
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 <u>what would be the estimated monthly rent?</u>					
Legal status	Dwelling			Paid or estimated monthly rent	
	First	Second	Third	COICOP	20. Total amount paid (TSH)
a. 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"/>
b. 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"/>
c. 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:		
a. 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"/>
b. 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"/>
c. 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"/>
d. 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"/>
e. 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"/>
f. 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"/>
g. 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"/>
h. 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:		
a. 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"/>
b. 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"/>
c. 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"/>
d. 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"/>
e. 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)
a. Painting	04.3.2.1.02.	_____	04.3.1.1.02.	_____	_____
b. Maintenance and repair of hydro-sanitary installations.....	04.3.2.1.04.	_____	04.3.1.1.04.	_____	_____
c. Maintenance and repair of electrical and cooling installations	04.3.2.1.06.	_____	04.3.1.1.06.	_____	_____
d. Maintenance and repair of carpentry and floors	04.3.2.1.08.	_____	04.3.1.1.08.	_____	_____
e. 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)
a. Electric or gas stove (including micro-wave oven)	05.3.1.3.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
b. Charcoal stove.....	05.3.1.3.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
c. Firewood and coal stove.....	05.3.1.3.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
d. Refrigerator, freezer or fridge-freezer	05.3.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
e. Chairs	05.1.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
f. Sofas	05.1.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
g. Tables.....	05.1.1.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
h. Beds	05.1.1.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
i. Cupboards	05.1.1.1.05	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
j. Lanterns.....	05.1.1.1.06.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
k. Iron (electric or charcoal)	05.3.2.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
l. Water heater	05.3.1.4.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
m. Mosquito net.....	05.2.1.1.02	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
n. Air conditioner.....	05.3.1.4.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
p. Sewing machine	05.3.1.6.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
q. Watch	12.3.1.1.01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
r. Fan.....	05.3.2.1.01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
s. Cooking pots.....	05.4.1.3.01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
30. During the <u>last 12 months</u> 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? <div style="text-align: center; margin-top: 5px;"> YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ⇒ Section 3 ↓ </div>				
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 style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" 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)
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. 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"/> <input type="text"/>
d. 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"/> <input type="text"/>
e. 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"/> <input type="text"/>
f. 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"/> <input type="text"/>
g. 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"/> <input type="text"/>
h. 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"/> <input type="text"/>
i. 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"/> <input type="text"/>
j. 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"/> <input type="text"/>
k. 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"/> <input type="text"/>
l. 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"/> <input type="text"/>
m. 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"/> <input type="text"/>
n. 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"/> <input type="text"/>

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)
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. 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"/> <input type="text"/>
d. 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"/> <input type="text"/>
e. 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"/> <input type="text"/>
f. 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"/> <input type="text"/>
g. 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)
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. Services for non self-sufficient elderly and disabled, etc.	12.4.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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"/> <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"/>
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"/> <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	SECOND HAND 3. How many
1. Diesel Car	07.1.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. Other car	07.1.1.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. Motorcycles	07.1.2.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4. Motorbikes, scooters, moped	07.1.2.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5. Bajaji	07.1.2.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6. Camper vans, trailers	09.2.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
7. Bicycles	07.1.3.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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		
a. Diesel Car	07.1.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
b. Other car	07.1.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
c. Motorcycles	07.1.2.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
d. Motorbikes, scooters, moped	07.1.2.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
e. Bajaji	07.1.2.1.03.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
f. Camper vans, trailers	09.2.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
g. Bicycles	07.1.3.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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		
a. Diesel Car	07.1.1.2.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
b. Other car	07.1.1.2.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
c. Motorcycles	07.1.2.1.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
d. Motorbikes, scooters, moped	07.1.2.1.02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
e. Bajaji	07.1.2.1.03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
f. Camper vans, trailers	09.2.1.1.02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
g. Bicycles	07.1.3.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
6. Did your family buy any of the above specified vehicles as a gift <u>in the last 12 months</u> (also, if bought on credit)?				
YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 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
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<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
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<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 In the last month for:	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"/> <input type="text"/>
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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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)
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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 <u>last 12 months</u> 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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/>
4. Did your family buy in the <u>last 12 months</u> 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)		
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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 <u>last 3 months</u>?				
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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/>		

SECTION 7: SPARE TIME AND EDUCATION

m. Games, toys, hobbies	09.3.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
n. Pets (purchase)	09.3.4.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
b. Courses (vocational, language, computer, training courses, etc.).....	10.5.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
c. School bus (excludes city transport)	07.3.2.1.04.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
d. School books	09.5.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
e. Private tuition	10.5.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
f. Expenditure for accommodation of pupils and students in halls of residence and other educational institutions	11.2.1.1.01.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
g. Expenditure for private accommodation of pupils and students	11.2.1.1.02.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
h. No purchase	<input type="checkbox"/> 9		
9. Did your household make any <u>formal</u> expenditures for registration fees for <u>private</u> 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)
a. Pre-primary education.....	10.1.1.1.02.	<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"/>
b. Primary education	10.1.1.1.03.	<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"/>
c. Secondary education	10.2.1.1.01.	<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"/>
d. Tertiary and university education (including postgraduate studies)	10.4.1.1.01.	<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"/>
e. Vocational and other education.....	10.5.1.1.03.	<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"/>
11. Did your household make any <u>informal</u> expenditures for registration fees for <u>private</u> 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)
a. Pre-primary education.....	10.1.1.1.04.	<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"/>
b. Primary education	10.1.1.1.05.	<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"/>
c. Secondary education	10.2.1.1.02.	<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"/>
d. Tertiary and university education (including postgraduate studies)	10.4.1.1.02.	<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"/>
e. Vocational and other education.....	10.5.1.1.04.	<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"/>
13. Did your household make any <u>formal</u> expenditures for registration fees for <u>public</u> 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)
a. 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"/>
b. 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"/>
c. 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"/>
d. 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"/>
e. 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)
a. 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"/>
b. 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"/>
c. 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"/>
d. 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"/>
e. 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 | <input type="checkbox"/> 1 |
| b. Business | <input type="checkbox"/> 2 |
| c. Conference/seminars | <input type="checkbox"/> 3 |
| d. Visiting friends..... | <input type="checkbox"/> 4 |
| e. Other (specify)..... | <input type="checkbox"/> 5 |

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

- | | |
|-------------------------------------|----------------------------|
| a. National Park Safari | <input type="checkbox"/> 1 |
| b. Beach tourism | <input type="checkbox"/> 2 |
| c. Culture/Historical tourism | <input type="checkbox"/> 3 |
| d. Hunting..... | <input type="checkbox"/> 4 |
| e. Other (specify)..... | <input type="checkbox"/> 5 |

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

- | | |
|-----------------------------------|----------------------------|
| a. Aeroplane..... | <input type="checkbox"/> 1 |
| b. Own car | <input type="checkbox"/> 2 |
| c. Car-hire (includes taxi) | <input type="checkbox"/> 3 |

SECTION 7: SPARE TIME AND EDUCATION

d. Bus.....	<input type="checkbox"/> 4
e. Other.....	<input type="checkbox"/> 5

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

- Town hotel	<input type="checkbox"/> 1
- Lodge.....	<input type="checkbox"/> 2
- Guest house	<input type="checkbox"/> 3
- Hostels.....	<input type="checkbox"/> 4
- Private home	<input type="checkbox"/> 5
- Other.....	<input type="checkbox"/> 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)
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. 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"/> <input type="text"/>
d. 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"/> <input type="text"/>
e. 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"/> <input type="text"/>
f. 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"/> <input type="text"/>
g. 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)
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. 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"/> <input type="text"/>
d. 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"/> <input type="text"/>
e. 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"/> <input type="text"/>
f. 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"/> <input type="text"/>
g. 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)
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. 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"/> <input type="text"/>
d. 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"/> <input type="text"/>
e. 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"/> <input type="text"/>
f. 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"/> <input type="text"/>

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g. 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"/> <input type="text"/>
h. No purchase	<input type="checkbox"/> 9	

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

Type of expenditure	COICOP	Amount paid (TSH)
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. 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"/> <input type="text"/>
d. 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"/> <input type="text"/>
e. 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"/> <input type="text"/>
f. 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"/> <input type="text"/>
g. 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"/> <input type="text"/>
h. 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)
a. Contributions towards weddings and funerals.....	12.7.1.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
b. 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"/>
c. Health Insurance – National Health Insurance Fund.....	12.5.3.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
d. Health insurance – the Community Health Fund.....	12.5.3.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
e. Health Insurance – Tiba Kwa Kadi.....	12.5.3.1.03.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
f. Health Insurance – Social Health Insurance Benefits	12.5.3.1.04.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
g. Private Health insurance (e.g. AAR, Strategis)	12.5.3.1.05.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
h. Community Health Insurance (e.g. UMIASITA, VIBINDO).....	12.5.3.1.06.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
i. Insurance connected with dwellings (theft, fire, damage, etc.).....	12.5.2.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
j. Insurance connected with items, jewellery, boats etc.....	12.5.4.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
k. 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"/>
l. 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"/>
m. Removal transport of objects, hired means.....	07.3.6.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
n. 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"/>
p. 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)
a. Bank charges for having a bank account (s).....	12.6.2.1.01.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
b. Membership for SACCOS.....	12.6.2.1.02.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>
c. 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

d. 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"/> <input type="text"/>
e. 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"/> <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)
a. 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"/> <input type="text"/>
b. 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"/> <input type="text"/>
c. 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"/> <input type="text"/>
d. 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"/> <input type="text"/>
e. 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"/> <input type="text"/>

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..... - Bucket with lid..... - Bucket without lid..... - Jerry can..... - Traditional clay pot with cover..... - Traditional clay pot without cover..... - Other (<i>specify</i>): 	<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
10. What is the main source of drinking water for your household in the rainy season?	
<ul style="list-style-type: none"> - Piped water into dwelling..... - Piped water to yard/plot..... - Public tap/standpipe..... - Tubewell/borehole..... - Protected dug well..... - Unprotected dug well..... - Protected spring..... - Unprotected spring..... - Rainwater collection..... - Bottled water..... - Cart with small tank/drum..... - Tanker-truck..... - Surface water (river, dam, lake, pond, stream, canal, irrigation channels)..... - Other (<i>specify</i>): 	<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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14
11. What is the main source of drinking water for your household in the dry season?	
<ul style="list-style-type: none"> - Piped water into dwelling..... - Piped water to yard/plot..... - Public tap/standpipe..... - Tubewell/borehole..... - Protected dug well..... - Unprotected dug well..... - Protected spring..... - Unprotected spring..... - Rainwater collection..... - Bottled water..... - Cart with small tank/drum..... - Tanker-truck..... - Surface water (river, dam, lake, pond, stream, canal, irrigation channels)..... - Other (<i>specify</i>): 	<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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14
If q10 and 11 is coded 1 and 2 goto section 10	
12. How much do you pay for 20 litres of water? TSH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
13. How far is it between your house and the place you collect water in the rainy season?	
<ul style="list-style-type: none"> - It is in my home..... - Less than 500m..... - 500m - 999 m..... - 1-1.9 km..... - 2-4.9 km..... - 5-7.9 km..... - 8 km and above..... 	<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
14. How far is it between your house and the place you collect water in the dry season?	
<ul style="list-style-type: none"> - It is in my home..... - Less than 500m..... - 500m - 999 m..... - 1-1.9 km..... - 2-4.9 km..... - 5-7.9 km..... - 8 km and above..... 	<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
15. Who usually goes to this source to fetch water for your household?	
<ul style="list-style-type: none"> - Adult woman..... - Adult man..... - Female child (under 15 years)..... - Male child (under 15 years)..... 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
16. How many times a day does the household collect water in a day in the rainy season? <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
17. How many times a day does the household collect water in a day in the dry season? <input style="width: 20px;" type="text"/> <input style="width: 20px;" 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> ? TSH
	YES = 1 > Q2 NO = 2 > next	
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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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