

**CONFIDENTIAL**



Quest. no. \_\_\_\_\_ of \_\_\_\_\_

NATIONAL BUREAU  
OF STATISTICS,  
P.O. Box 796,  
DAR ES SALAAM

**HOUSEHOLD BUDGET SURVEY 2000/2001  
HOUSEHOLD QUESTIONNAIRE FORM I**

(For recording Social, Demographic and Economic features of the household)

**SECTION 1: IDENTIFICATION PARTICULARS**

Region: \_\_\_\_\_

District: \_\_\_\_\_

Ward: \_\_\_\_\_

STRATUM {High (1), Middle (2), Low (3)}: \_\_\_\_\_

Village or Branch name & EA Number or Village code: \_\_\_\_\_

If the Household is selected code 1, reserve code 2: \_\_\_\_\_

Sampled/reserved Household Number in the EA/Village: \_\_\_\_\_

Head of Household's name: \_\_\_\_\_

Household size: \_\_\_\_\_

Name of street/village Chairman: \_\_\_\_\_

Survey month & year \_\_\_\_\_

**Field Data Monitoring Operations:**

Contact No.	1	2	3	4	5	6	7	8	9	10
Date of Contact/ Interview										
Informant's member number	<input type="text"/>									
Interviewer sign										
Enter code for response & reason for non- response*	<input type="text"/>									
Field edit date										
Sign										

Office Coding and Encoding	Code translations
Data Coder (Sign)	Data Encoder (Sign)

- \* Completed interview..... =1
- No one at home..... =2
- Informant not at home..... =3
- Responsible informant  
not at home..... =4
- Informant busy..... =5
- Not-cooperative..... =6
- Other (*specify*)..... =7

Enumerator's name: \_\_\_\_\_   Enumerator's signature & date: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_   Supervisor's signature & date: \_\_\_\_\_

Editor's name: \_\_\_\_\_   Editor's signature & date: \_\_\_\_\_

Comments: \_\_\_\_\_

Identification

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**SECTION 2: HOUSEHOLD PARTICULARS**

Line/ Member Number	1. Name (start with the name of head of household, do not forget infants and include visitors/relatives)	2. Relationship to the Head of household	3. Sex	4. Age	5. Marital Status	
Circle serial Number of main respo- ndent (s) during each contact		(Enter Code) Head of H/hold.....=01 Spouse.....=02 Son of head of household.....=03 Daughter of head of household.....=04 Child of spouse.....=05 Grand child (or grand child of the spouse).....=06 Parent (or parent of spouse).....=07 Other relatives.....=08 Domestic servant.....=09 Other Non- relative.....=10	(Enter Code) Male...=1 Female=2	Enter Age at last birth day.  (If under one year of age enter '00'.  If age is 98 years and above enter '98')	(Enter Code) Never married.....=1 Married.....=2 Divorced/Separated..=3 Widowed.....=4	
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IF YOU SUBSTITUTED THE HOUSEHOLD MARK (V) IN THE BOX PROVIDED

6. How long has (NAME) been living here since the last contact? (ask this question at the end of every week)				7(a) Can (NAME) read and write?	7(b) Is (NAME) currently in school?	7(c) Why is (NAME) not currently in school?	7(d) What is the current grade (NAME) is attending?	7(e) What is the highest grade (NAME) completed?
INTERVIEWER: ASK THIS QUESTION AT THE END OF EVERY WEEK				(Enter Code) Yes: Swahili.....=1 English.....=2 Swahili and English.....=3 Any other language..=4 No.....=5	(Enter Code) Yes.....=1 No.....=2  <b>IF "YES" GO TO Q7(d)</b>	(Enter Code) Too old/ completed school..=1 Too far away..=2 Too expensive.....=3 Is working (home or job)..=4 Useless/ uninteresting..=5 Illness/ pregnancy....=6 Failed exam..=7 Got married..=8 Other.....=9  <b>FOR ANY ANSWER ABOVE GO TO Q7(e)</b>	(Enter Code) Pre-school.....00 Std 1.....=01 Std2.....=02 Std 3.....=03 Std 4.....=04 Std 5.....=05 Std 6.....=06 Std 7.....=07 Std 8.....=08 Course after primary education.....=09 Form I.....=10 Form II.....=11 Form III.....=12 Form IV.....=13 Course after secondary education.....=14 Form V.....=15 Form VI.....=16 Course after form VI..=17 Diploma course.....=18 Other certificate.....=19 University Degree.....=20 Adult education only...=21	(Enter Code) Pre-school.....00 Std 1.....=01 Std2.....=02 Std 3.....=03 Std 4.....=04 Std 5.....=05 Std 6.....=06 Std 7.....=07 Std 8.....=08 Course after primary education.....=09 Form I.....=10 Form II.....=11 Form III.....=12 Form IV.....=13 Course after secondary education.....=14 Form V.....=15 Form VI.....=16 Course after form VI..=17 Diploma course.....=18 Other certificate.....=19 University Degree.....=20 Adult education only...=21 No education.....=22
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**SECTION 2: HOUSEHOLD PARTICULARS**

Line/ Member Number	8. Main /Secondary Activities (Enter Activity Code)				9. Was (NAME) sick or injured in the last 4 weeks?	10. What sort of sickness/ injury did (NAME) suffer?							
	8a	8b	8c	8d	9	10							
Circle serial Number of main respo- ndent (s) during each contact	Farming/Livestock keeping.....=01 Fishing.....=02 Mining.....=03 Tourism.....=04 Paid Employee: -Government.....=05 -Parastatal.....=06 -NGO/Religious organisations, etc.....=07 -Others (Private, Missions etc.).....=08  Self Employed (Not in agricultural, livestock keeping, fishing): -With Employees.....=09 -Without Employees.....=10 Unpaid family helper in a business (Non-agriculture)..=11 Looking for work of any type (Unemployed).....=12 No Activity.....=13 Housemaker/Housewife/Household chores.....=14 Student.....=15 Not active: -Too old/retired.....=16 -Sick.....=17 -Disabled.....=18 -Other.....=19 Not applicable.....=98				(Enter Code)  Yes.....=1 No.....=2  IF "NO" GO TO Q12	(Circle the Code)  Fever/Malaria.=1 Diarrhoea.....=2 Accident.....=3 Dental.....=4 Skin condition=5 Eye.....=6 ear, Nose or throat.....=7 Other.....=8  YOU MAY MARK MORE THAN ONE ANSWER							
	During the last 7 days what was your main activity?		Besides the activity you have mentioned what was your other activity during the last 7 days?										
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IF YOU SUBSTITUTED THE HOUSEHOLD MARK (V) IN THE BOX PROVIDED

	11. How many days of work/school did (NAME) miss due to illness/injury?	12. Did (NAME) consult a health provider or traditional healer for any reason in the last 4 weeks?	13. What kind of health provider did (NAME) see?	14. Did (NAME) have any problems at the time of the visit?	15. Why did (NAME) not use medical care in the last 4 weeks?																		
	(Enter Code)  None.....=1 Week or less ..=2 1 to 2 weeks ..=3 More than 2 weeks .....=4	(Enter Code)  Yes .....=1 No .....=2  IF "NO" GO TO Q15	(Circle the Code)  Private dispensary/hospital...=1 Public dispensary/hospital...=2 Community health center...=3 Private doctor/dentist.....=4 Traditional healer.....=5 Regional hospital.....=6 Missionary hospital/dispensary.....=7 Pharmacy/chemist.....=8 Other.....=9  YOU MAY MARK MORE THAN ONE ANSWER	(Circle the Code)  No problem (satisfied)..=1 Facilities were not clean.....=2 Long waiting time.....=3 No trained professionals.....=4 Too expensive.....=5 No drugs available.....=6 Treatment unsuccessful.....=7 Other.....=8  YOU MAY MARK MORE THAN ONE ANSWER  GO TO THE NEXT PERSON, OTHERWISE GO TO SECTION 3	(Circle the Code)  No need.....=1 Too expensive..=2 Too far.....=3 Other.....=4  YOU MAY MARK MORE THAN ONE ANSWER  GO TO THE NEXT PERSON, OTHERWISE GO TO SECTION 3																		
	11	12	13								14								15				
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	1	2										



Identification

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**SECTION 3.2: Household facilities**

**1. Main Drinking Water Supply**

- Private piped water in housing unit..... =01
- Private piped water outside housing unit..... =02
- Piped water on neighbour's housing unit..... =03
- Piped water on Community Supply..... =04
- Rain catchment tank..... =05
- Public well (protected)..... =06
- Public well (un-protected)..... =07
- Private well (protected)..... =08
- Private well (un-protected)..... =09
- Spring (protected)..... =10
- Spring (not protected)..... =11
- River, dam, lake etc..... =12
- Other (specify)..... =13

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**2(a). Electricity**

- Yes.....=1
- No.....=2

**2(b). Electricity**

- Yes.....=1
- No.....=2

**3. Major fuel used for cooking**

- Electricity.....=1
- Solar.....=2
- Gas (Industrial).....=3
- Gas (Biogas).....=4
- Paraffin.....=5
- Coal.....=6
- Charcoal.....=7
- Firewood.....=8
- Other (specify).....=9

**4. Major fuel used for Lighting**

- Electricity/Solar..=1
- Solar.....=2
- Gas (Biogas).....=3
- Paraffin.....=4
- Candles.....=5
- Firewood.....=6
- Other (specify).....=7

**5. Toilet Facilities**

- No Toilet.....=1
- Flush toilet.....=2
- Pit Latrine.....=3
- VIP.....=4
- Other (specify).....=5

**6. Cooling Facilities**

- None.....=1
- Fan.....=2
- Air Condition.....=3
- Air Condition & Fan..=4
- Other (specify).....=5

**7. Heating Facilities**

- None.....=1
- Heater.....=2
- Firewood/Charcoal.....=3
- Other (specify).....=4

**8. How do you dispose your garbage?**

- Rubish pit inside compound.....=1
- Rubish pit outside compound.....=2
- Rubish bin.....=3
- Thrown inside compound.....=4
- Thrown outside compound.....=5
- Other (specify).....=6

**9. During the last 12 months did you**

improve your housing condition?  
(For example: proper floor, mosquito gauze, better toilets etc.)

- Yes.....=1
- No.....=2

**IF NO GO TO Q.11.**

**10. How much did you spend on improvement?**

Shs.

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**GO TO SECTION FOUR (4)**

**11. State reason:-**

- No need.....=1
- No money.....=2
- No time.....=3
- Other (specify).....=4
- Not applicable.....=8

Identification

<input type="text"/>											
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## SECTION 4: DISTANCES TO SOCIO-ECONOMIC FACILITIES

IF THE QUESTION IS NOT APPLICABLE CODE 998 IN THE SPACE FOR DISTANCE AND 98 IN THE SPACE FOR TIME. CONSIDER DISTANCE AND TIME FOR "GOING" ONLY

PLACE	Distance in km (If less than 1 km code '000')	Time (hours and minutes')	
		Hours	Minutes
1. The nearest water supply in dry season (Drinking water)	<input type="text"/>	Hours	Minutes
2. The nearest place for collecting firewood/charcoal	<input type="text"/>	Hours	Minutes
3. The nearest Market place	<input type="text"/>	Hours	Minutes
4. The nearest Shop	<input type="text"/>	Hours	Minutes
5. The nearest Dispensary /Health centre	<input type="text"/>	Hours	Minutes
6. The nearest Hospital	<input type="text"/>	Hours	Minutes
7. The nearest Primary school	<input type="text"/>	Hours	Minutes
8. The nearest Pre-School	<input type="text"/>	Hours	Minutes
9. The nearest Secondary School	<input type="text"/>	Hours	Minutes
10. The nearest Bank	<input type="text"/>	Hours	Minutes
11. The nearest Post Office	<input type="text"/>	Hours	Minutes
12. The nearest Police Post	<input type="text"/>	Hours	Minutes
13. The nearest main farm of the household	<input type="text"/>	Hours	Minutes
14. The nearest traditional birth attendant	<input type="text"/>	Hours	Minutes
15. The nearest Public transport	<input type="text"/>	Hours	Minutes
16. The nearest Milling machine	<input type="text"/>	Hours	Minutes
17. The nearest Primary co-operative society	<input type="text"/>	Hours	Minutes
18. The nearest Community/Social centre	<input type="text"/>	Hours	Minutes
19. The nearest Church/Mosque	<input type="text"/>	Hours	Minutes
20. The nearest Primary court	<input type="text"/>	Hours	Minutes

Identification

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**SECTION 5: PURCHASE OF DURABLE ITEMS AND OTHER SERVICES**

Has any member of the household made any expenses for purchase of any of the following during the last 12 months?

**INTERVIEWER:** REQUEST DETAILS OF IRREGULAR PURCHASES OF CONSUMER DURABLES AND COSTS OF OTHER SERVICES DURING THE PREVIOUS TWELVE MONTHS EXCLUDING THE SURVEY MONTH FROM SECTION 5 OF THE INSTRUCTION MANUAL

From: \_\_\_\_\_ To: \_\_\_\_\_

Identify	Code	Name of the item Purchased/Service	If outright purchase	If hire purchase	
			Full price (in Shs.)	Amount paid in the last 12 months (in Shs.)	Total cost of the item to be paid including the amount paid in (4b) (in Shs.)
(1)	(2)	(3)	(4a)	(4b)	(4c)
		<b>1. Furniture</b>			
0101					
0102					
0103					
0104					
		<b>2. Linen, bed-clothes</b>			
0201					
0202					
0203					
0204					
		<b>3. Household durables</b>			
0301					
0302					
0303					
0304					
		<b>4. Other household equipment</b>			
0401					
0402					
0403					
0404					
0405					
		<b>5. Clothing and footwear for men and boys 15 years and over</b>			
0501					
0502					
0503					
0504					
0505					
		<b>6. Clothing and footwear for women and girls 15 years and over</b>			
0601					
0602					
0603					
0604					
0605					
99.01		<b>Sub Total</b>			

Identification

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**SECTION 5: PURCHASE OF DURABLE ITEMS AND OTHER SERVICES**

Has any member of the household made any expenses for purchase of any of the following during the last 12 months?

**INTERVIEWER: REQUEST DETAILS OF IRREGULAR PURCHASES OF CONSUMER DURABLES AND COSTS OF OTHER SERVICES DURING THE PREVIOUS TWELVE MONTHS EXCLUDING THE SURVEY MONTH FROM SECTION 5 OF THE INSTRUCTION MANUAL**

From: \_\_\_\_\_ To: \_\_\_\_\_

Identify	Code	Name of the item Purchased/Service	If outright purchase	If hire purchase	
			Full price (in Shs.)	Amount paid in the last 12 months (in Shs.)	Total cost of the item to be paid including the amount paid in (4b) (in Shs.)
(1)	(2)	(3)	(4a)	(4b)	(4c)
		<b>7. Clothing for children under 15 years</b>			
0701					
0702					
0703					
0704					
		<b>8. Other personal effects</b>			
0801					
0802					
0803					
0804					
		<b>9. Medical care (Women)</b>			
0901					
0902					
0903					
0904					
		<b>10. Medical care (Men)</b>			
1001					
1002					
1003					
1004					
		<b>11. Personal care</b>			
1101					
1102					
1103					
1104					
		<b>12. Education (Women)</b>			
1201					
1202					
1203					
		<b>13. Education (Men)</b>			
1301					
1302					
1303					
99.02		<b>Sub Total</b>			

Identification

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**SECTION 5: PURCHASE OF DURABLE ITEMS AND OTHER SERVICES**

Has any member of the household made any expenses for purchase of any of the following during the last 12 months?

**INTERVIEWER: REQUEST DETAILS OF IRREGULAR PURCHASES OF CONSUMER DURABLES AND COSTS OF OTHER SERVICES DURING THE PREVIOUS TWELVE MONTHS EXCLUDING THE SURVEY MONTH FROM SECTION 5 OF THE INSTRUCTION MANUAL**

From: \_\_\_\_\_ To: \_\_\_\_\_

Identify	Code	Name of the item Purchased/Service	If outright purchase	If hire purchase	
			Full price (in Shs.)	Amount paid in the last 12 months (in Shs.)	Total cost of the item to be paid including the amount paid in (4b) (in Shs.)
(1)	(2)	(3)	(4a)	(4b)	(4c)
		<b>14. Entertainment and Recreation</b>			
1401					
1402					
1403					
1404					
		<b>15. Transport</b>			
1501					
1502					
1503					
1504					
		<b>16. Cleaning materials etc.</b>			
1601					
1602					
1603					
1604					
1605					
		<b>17. Domestic household services</b>			
1701					
1702					
1703					
1704					
		<b>18. Cigarettes and tobacco</b>			
1801					
1802					
1803					
1804					
		<b>19. Contribution to religions and other organizations</b>			
1901					
1902					
1903					
1904					
1905					
1906					
99.03		<b>Sub Total</b>			

Identification

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**SECTION 5: PURCHASE OF DURABLE ITEMS AND OTHER SERVICES**

Has any member of the household made any expenses for purchase of any of the following during the last 12 months?

**INTERVIEWER: REQUEST DETAILS OF IRREGULAR PURCHASES OF CONSUMER DURABLES AND COSTS OF OTHER SERVICES DURING THE PREVIOUS TWELVE MONTHS EXCLUDING THE SURVEY MONTH FROM SECTION 5 OF THE INSTRUCTION MANUAL**

From: \_\_\_\_\_ To: \_\_\_\_\_

Identify	Code	Name of the item Purchased/Service	If outright purchase	If hire purchase	
			Full price (in Shs.)	Amount paid in the last 12 months (in Shs.)	Total cost of the item to be paid including the amount paid in (4b) (in Shs.)
(1)	(2)	(3)	(4a)	(4b)	(4c)
		<b>20. Other expenditure on services</b>			
2001					
2002					
2003					
		<b>21. Telephone and postage</b>			
2101					
2102					
2103					
		<b>22. Taxes, fines, preayment of debts</b>			
2201					
2202					
2203					
		<b>23. Losses</b>			
2301					
		<b>24. Money transfers</b>			
2401					
2402					
		<b>25. Savings</b>			
2501					
2502					
		<b>26. Investments</b>			
2601					
2602					
2603					
		<b>27. Production Costs in Cash</b>			
2701					
2702					
2703					
2704					
		<b>28. Hire of Farming equipment and other equipments</b>			
2801					
2802					
2803					
2804					
99.04		<b>Sub Total</b>			



Identification

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Page 5f

**INTERVIEWER:** You have now come to the end of the initial interview. Make sure to do the following:

- (i) Thank the respondent for the cooperation shown by the members of the household during the interview.
  
- (ii) Take enough time to examine all the entries/boxes on pages 1 - 5e. Make sure that no empty boxes are left, for which an entry is required. In particular work out, with the help of the main informant, how information (missing) relating to members of the households who happen to be absent at the time of the interview can be obtained.
  
- (iii) Introduce the household to the Daily Record book (form III) as per instruction manual. Explain clearly that the record book should involve all members and not just the head or the main respondent. As much as possible encourage participation of all the members present including children, to exhaust the list of transactions for each day.
  
- (iv) Help the household to record all the transactions for the day. Make sure you code all the entries in the record book before leaving the household. You must do the same each day you visit to check on the progress of the record book.
  
- (v) Make an appointment for the next visit to check on the record book , form II.

<input type="text"/>											
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**INTERVIEWER: THE QUESTION IN SECTION 6 & 7 SHOULD BE ASKED DURING THE LAST CONTACT OF THE SURVEY**

**SECTION 6: HOUSEHOLD ASSETS**

**Does your household own any of the following? INTERVIEWER: IF 'NO' MARK 'X'.**

Items/Assets	How many ...(ITEM)... does your household own?	If you wanted to sell this/these...(ITEM)... today, how much money would you receive for it
	Number	TShs.
1. Radio and Radio Cassette		
2. Telephone		
3. Refrigerator or freezer		
4. Sewing Machine		
5. Television		
6. Video		
7. Chairs,		
8. Sofas,		
9. Tables		
10. Watches		
11. Beds		
12. Cupboards, chest-of-drawers, boxes, wardrobes, bookcases		
13. Lanterns		
14. Computer		
15. Cooking pots, Cups, other kitchen utencils		
16. Mosquito net		
17. Iron (charcoal or electric)		
18. Electric/gas stove		
19. Other stove		
20. Water-heater		
21. Record/cassette player, tape recorder		
22. Complete music system		
23. Books (not school-books)		
24. Motor Vehicles		
25. Motor cycle		
26. Bicycle		
27. Cart		
28. Boat/canoe		
29. Wheel barrow		
30. Livestock		
31. Poultry		
32. Outboard engine		
33. Donkeys		
34. Fields/Land		
35. House(s)		
36. Dish antena/decoder		
37. Present working capital of the business		
38. Hoes		
39. Spraying machine		
40. Water pumping set		
41. Reapers		
42. Tractor		
43. Trailer for tractors etc.		
44. Plough etc.		
45. Harrow		
46. Milking machine		
	<b>Sub Total</b>	

Identification

<input type="text"/>											
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Items\Assets	How many...(ITEM)... does your household own?	If you wanted to sell this/these...(ITEM)... today, how much money would you receive for it
	Number	TShs.
47. Harvesting and threshing machine		
48. Hand milling machine		
49. Coffee pulping machine		
50. Fertilizer distributor		
51. Incubator		
52. Tiller		
53. Feeding machine		
54. Fishing net and other equipment		
55. Beehives		
56. Wells		
57. Other (Specify)		
<b>Total</b>		

**INTERVIEWER: ASK Q.58 IF HOUSEHOLD OPERATES A BUSINESS, OTHERWISE CODE 98**

**58. What kind of Businesses do the household have (SEE INSTRUCTION MANUAL IN THE SECTION DESCRIBING Q58 FOR CODES TO ENTER AND TYPE OF BUSINESS) [LIST IN ACCORDANCE WITH IMPORTANCE AS VIEWED BY HEAD OF HOUSEHOLD]**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

**59. Which is the household's main source of cash income?**

- (Enter Code)
- Sales of food crops.....=01
  - Sales of livestock.....=02
  - Sales of livestock products.....=03
  - Sales of cash crops.....=04
  - Business income.....=05
  - Wages or Salaries in cash.....=06
  - Other casual cash earning.....=07
  - Cash remittances.....=08
  - Fishing.....=09
  - Other (specify).....=10

<input type="text"/>	<input type="text"/>
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**INTERVIEWER: Inquires on the households banking connections**

**60. Does any member of this household operate a saving or current account?**

Yes=1   
No =2

Member number (from Form I)

First Member	<input type="text"/>
Second Member	<input type="text"/>
Third Member	<input type="text"/>
Fourth Member	<input type="text"/>

**61. Has any member of the household taken a bank loan during the last 12 months?**

Yes=1   
No =2

	Member number	Amount taken in Shs.
First Member	<input type="text"/>	<input type="text"/>
Second Member	<input type="text"/>	<input type="text"/>
Third Member	<input type="text"/>	<input type="text"/>
Fourth Member	<input type="text"/>	<input type="text"/>

**62. Does any member participate in an informal savings group systems?**

Yes=1   
No =2



Identification

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**FOOD SECURITY**

73. How many meals does your household usually have per day?

Number

74. In the past 30 days has your household ever had fewer meals than this usual number?

Yes=1   
No=2

*If No go to Q.76*

75. If Yes, how many days?

Number

76. In the past week how many days did the household consume the following?

Number of days

Meat

Fish

Eggs

Milk/Dairy products

Beans/Legume types

77. How often in the last year did you have problems of satisfying the food needs of the household?

Never .....=1  
Seldom.....=2  
Sometimes.....=3   
Often.....=4  
Always.....=5

78. How do you compare the overall economic situation of the HOUSEHOLD with one year ago?

Much worse now.....=1  
A little worse now.....=2  
Same.....=3   
A little better now.....=4  
Much better now.....=5  
Don't know.....=6

79. How do you compare the overall economic situation of the COMMUNITY with one year ago?

Much worse now.....=1  
A little worse now.....=2  
Same.....=3   
A little better now.....=4  
Much better now.....=5  
Don't know.....=6

80. How does this household compare with the others in this COMMUNITY?

Much worse now.....=1  
A little worse now.....=2  
Same.....=3   
A little better now.....=4  
Much better now.....=5  
Don't know.....=6





