

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

**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: Record start time

Hours Minutes

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

Day Month Year

<input type="text"/>							
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SECTION 12:

DWELLING CHARACTERISTICS – MAIN BUILDING

12.1 What is the main building material of the <u>floor</u>?		<input type="checkbox"/>
- Cement.....	1	
- Ceramic tiles.....	2	
- Parquet or polished wood.....	3	
- Vinyl or asphalt strips.....	4	
- Wood planks.....	5	
- Palm/bamboo.....	6	
- Earth/sand.....	7	
- Dung.....	8	
- Other (<i>specify</i>):.....	94	
12.2 What is the main building material used for the <u>walls</u> of the main building?		<input type="checkbox"/>
- Stones.....	1	
- Cement bricks.....	2	
- Sundried bricks.....	3	
- Baked bricks.....	4	
- Timber.....	5	
- Poles and mud.....	6	
- Grass.....	7	
- Other (<i>specify</i>):.....	94	
12.3 What is the building material used for the <u>roof</u> of the main building?		<input type="checkbox"/>
- Iron sheets.....	1	
- Tiles.....	2	
- Concrete.....	3	
- Asbestos.....	4	
- Grass/leaves.....	5	
- Mud and leaves.....	6	
- Other (<i>specify</i>):.....	94	
12.4 How many rooms are used for sleeping in this household?		<input type="text"/> <input type="text"/>
12.5. In this household is there a place for kitchen/area for cooking?		<input type="checkbox"/>
Yes inside the house.....	1	
Yes outside the house.....	2	
No place for cooking.....	3	

UTILITIES, WATER AND SANITATION

12.6 Is the main building connected to TANESCO?		YES = 1	NO = 2	<input type="checkbox"/>
12.7 What is the main source of energy for lighting		<input type="checkbox"/> <input type="checkbox"/>		
- Electricity.....	01			
- Solar.....	02			
- Generator/private sources.....	03			
- Gas (Industrial).....	04			
- Natural gas.....	05			
- Gas (Biogas).....	06			
- Electric (wind).....	07			
- Acetylene lamp.....	08			
- Kerosene (Lantern/ chimney).....	09			
- Kerosene (Wick lamps).....	10			
- Candles.....	11			
- Firewood.....	12			
- Paraffin.....	13			
- Torch/Rechargeable lamps.....	14			
- Other (<i>specify</i>):.....	94			
12.8 What is the main source of energy for cooking?		<input type="checkbox"/>		
- Electricity.....	01			
- Solar.....	02			
- Generator/private sources.....	03			
- Gas (Industrial).....	04			
- Gas (Biogas).....	05			
- Paraffin.....	06			
- Coal.....	07			
- Charcoal.....	08			
- Firewood.....	09			
- Wood/farm residuals.....	10			
- Animal residuals.....	11			

- Not applicable.....	12	
- Other (specify).....	94	
12.9 Looking at this card (SHOWCARD B) can you tell me what is the main toilet facility used by this household?		
- No toilet / bush / field.....	1	<input type="checkbox"/>
- Open pit without slab/open pit.....	2	
- Pit latrine with slab (not washable)	3	
- Pit latrine with slab (washable)	4	
- Ventilated improved pit latrine.....	5	
- Pour flush toilet.....	6	
- Flush toilet with cistern.....	7	
- Composting toilet / ecosan latrine.....	8	
- Other (specify).....	94	
12.10 How many other households share toilet facilities with your household?		
- None.....	1	<input type="checkbox"/>
- One.....	2	
- Two to five.....	3	
- Six or more.....	4	
12.11 Is there a place for hand-washing with soap and water present and where is it located? (interviewer please observe)		
- No.....	1	<input type="checkbox"/>
- Yes - near to the latrine.....	2	
- Yes - near to the kitchen.....	3	
- Yes - other location.....	4	
12.12 The last time your youngest child (aged 0-4) passed stools, what was done to dispose of them?		
- Child used toilet/latrine.....	1	<input type="checkbox"/>
- Put/rinsed into toilet or latrine.....	2	
- Put/rinsed into drain or ditch.....	3	
- Thrown into garbage.....	4	
- Buried.....	5	
- Left in the open.....	6	
- No children in this household.....	7	
- Other (specify).....	94	
12.13 What is the main measure undertaken by this household to ensure the safety of drinking water?		
- Boil.....	1	<input type="checkbox"/>
- Use water filter.....	2	
- Strain through a cloth.....	3	
- Treated with chemicals.....	4	
- Bottled water.....	5	
- None.....	6	
- Other (specify).....	94	
12.14 What type of storage container is used to collect water from the source?		
- Overhead tank.....	1	<input type="checkbox"/>
- Underground tank.....	2	
- Drums - metal / plastic.....	3	
- Bucket with lid.....	4	
- Bucket without lid.....	5	
- Jerry can.....	6	
- Traditional clay pot with cover.....	7	
- Traditional clay pot without cover.....	8	
- Other (Specify)	94	
12.15 What is the main source of drinking water for your household in the rainy season?		
- Piped water into dwelling.....	01	<input type="checkbox"/>
- Piped water to yard/plot.....	02	
- Public tap/standpipe.....	03	
- Tubewell/borehole.....	04	
- Protected dug well.....	05	
- Unprotected dug well.....	06	
- Protected spring.....	07	
- Unprotected spring.....	08	
- Rainwater collection.....	09	
- Bottled water.....	10	
- Cart with small tank/drum.....	11	
- Tanker-truck.....	12	
- Surface water (pond, stream, canal, irrigation channels)	13	
- Natural surface water (river, dam, lake.....	14	
- Other(specify).....	94	
12.16 What is the main source of drinking water for your household in the dry season?		
- Piped water into dwelling.....	01	<input type="checkbox"/>
- Piped water to yard/plot.....	02	
- Public tap/standpipe.....	03	

- Tubewell/borehole..... 04
- Protected dug well..... 05
- Unprotected dug well..... 06
- Protected spring..... 07
- Unprotected spring..... 08
- Rainwater collection..... 09
- Bottled water..... 10
- Cart with small tank/drum..... 11
- Tanker-truck..... 12
- Surface water (pond, stream, canal, irrigation channels)..... 13
- Surface water (river, dam, lake)..... 14
- Other (specify)..... 94

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12.17 How much do you pay for 20 litres of water?

TSH

12.18 How far is it between your house and the place you collect water in the rainy season?

- It is in my home..... 1
- Less than 500m..... 2
- 500m - 999 m..... 3
- 1-1.9 km..... 4
- 2-4.9 km..... 5
- 5-7.9 km..... 6
- 8 km and above..... 7

1⇒Q12.20

12.19. How long does it take to go there, get water and come back during rain season?

- Minutes
- DK..... 98

12.20. How far is it between your house and the place you collect water in the dry season?

- It is in my home..... 1
- Less than 500m..... 2
- 500 m - 999 m..... 3
- 1-1.9 km..... 4
- 2-4.9 km..... 5
- 5-7.9 km..... 6
- 8 km and above..... 7

1⇒Q12.22

12.21. How long does it take to go there, get water and come back during dry season?

- Minutes
- DK..... 98

12.22. Who usually goes to this source to fetch water for your household?

- Adult woman..... 1
- Adult man..... 2
- Female child (under 15 years) 3
- Male child (under 15 years) 4
- Other (specify)..... 94

12.23. How many times a day does the household collect water in a day in the rainy season?

12.24. How many times a day does the household collect water in a day in the dry season?

OWNERSHIP OF THE MAIN BUILDING

12.25. Which of the following best describes the ownership of the dwelling you currently occupy?

- Owned by household 1
- Lived in without paying any rent 2
- Rented privately 3
- Rented from public real estate company (NHC, NSSF, PPF, etc.) 4
- Rented from employer including Government, Parastatal/Private/ Religious Organization (excluding NHC, NSSF, PPF, etc.) 5
- Rented from employer including Government, Parastatal/Private at a subsidized rent 6
- Rented from a relative or friend at a subsidized rent 7
- Other (specify)..... 94

2 - 94 ⇒ Q12.28

8B.2. Who are the owners of this dwelling?

8B.3. Is there a title deed or document for this dwelling?

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

Refused to Answer....94

Don't Know.....98

8B.4. Is the document registered?

- Registered Deed.....1
- Unregistered Deed.....2
- Invoices or Sales Receipts...3
- Other, Specify.....94

8B.5. Whose names are on the document?.....

⇒ Q12.28

12.26. What is your monthly rent?

(including garage and parking linked to the dwelling)

COICOP

(excluding usual costs: heating, electricity, water, etc.)

04.1.1.1.01 TSH

12.27a. Which month was rent last paid?

Month ⇒ Q12.29

12.27b Which year was rent last paid?

Year ⇒ Q12.29

(if owner, joint owner and all other cases when a real rent is not paid)

COICOP

12.28. Assume that you want to rent this dwelling (with no equipment), what would be a real monthly rent?

04.2.1.1.01 TSH

12.29. Is this building used for:

- Dwelling only 1
- Dwelling and business activity 2
- Dwelling and renting 3

CURRENT EXPENDITURES FOR MAIN DWELLING (EXCLUDE EXPENDITURE FOR BUSINESS)

12.30. Did your household have any of the following bills in the last month?	YES..1 NO..2	COICOP	12.31. How much did you pay for your last monthly bill (TSH)
01. Electric power (TANESCO)	<input type="checkbox"/>	04.5.1.1.01.	<input type="checkbox"/>
02.Fixed telephone bill.....	<input type="checkbox"/>	08.3.1.1.01.	<input type="checkbox"/>
03.Mobile telephone bill (including top-up cards).....	<input type="checkbox"/>	08.3.1.1.03.	<input type="checkbox"/>
04.TV subscription (cable and digital TV included).....	<input type="checkbox"/>	09.4.2.3.01.	<input type="checkbox"/>
05.Internet subscription (excluding connection cost)	<input type="checkbox"/>	08.3.1.1.06.	<input type="checkbox"/>
06.Cost of clean Water	<input type="checkbox"/>	04.4.1.1.01.	<input type="checkbox"/>
07. Sewerage system.....	<input type="checkbox"/>	04.4.3.1.01	<input type="checkbox"/>
08. Common expenditures in multi-occupied building (lift, common lighting, cleaning, running of generator, cost of the building manager, common garages, etc.)	<input type="checkbox"/>	04.4.4.1.01	<input type="checkbox"/>
09.Waste removal	<input type="checkbox"/>	04.4.2.1.01.	<input type="checkbox"/>
10.Other current expenditures	<input type="checkbox"/>	04.4.4.1.03.	<input type="checkbox"/>

12.32. Did your household have any of the following expenditures in the last 3 months?	Yes..1 No..2	COICOP	12.32a. How much did you pay in the three months (TSH)
01.Gas in cylinders.....	<input type="checkbox"/>	04.5.2.2.01.	<input type="text"/>
02.Charcoal.....	<input type="checkbox"/>	04.5.4.1.01.	<input type="text"/>
03.Kerosene.....	<input type="checkbox"/>	04.5.4.3.01	<input type="text"/>
04.Coal.....	<input type="checkbox"/>	04.5.4.1.02.	<input type="text"/>
05.Firewood.....	<input type="checkbox"/>	04.5.4.1.03.	<input type="text"/>

MAINTENANCE OF MAIN BUILDING

12.33. Did you make expenditures for regular maintenance and repair of this building in the last 12 months?

YES =1

NO =2 ⇒ Q12.38



12.34a. Did you make any expenditure for the following services in the last 12 months? (If done on your own, please specify materials only.)

Type of work	YES....1 NO.....2	Services	
		COICOP	12.35. What was the total expenditure for service (TSH)
01.Painting.....	<input type="checkbox"/>	04.3.2.1.01.	_____
02.Maintenance and repair of hydro-sanitary installations.....	<input type="checkbox"/>	04.3.2.1.03.	_____
03. Maintenance and repair of electrical and cooling installations.....	<input type="checkbox"/>	04.3.2.1.05.	_____
04. Maintenance and repair of carpentry and floors..	<input type="checkbox"/>	04.3.2.1.07.	_____
05.Other unspecified work.....	<input type="checkbox"/>	04.3.2.1.09.	_____
06.Repair of furniture, furnishings and floor	<input type="checkbox"/>	05.1.3.1.01	_____
07.Repair of household appliances	<input type="checkbox"/>	05.3.3.1.01	_____
08.Small tools and miscellaneous accessories	<input type="checkbox"/>	05.5.2.1.01	_____
09.Gardens, plants and flowers	<input type="checkbox"/>	09.3.3.1.01	_____

12.34b. Did you make any expenditure for the following Materials in the last 12 months?

Type of work	Material		
	YES....1 NO.....2	COICOP	12.36. What was the total expenditure for material (TSH)
01.Painting.....	<input type="checkbox"/>	04.3.2.1.01.	_____
02.Maintenance and repair of hydro-sanitary installations.....	<input type="checkbox"/>	04.3.2.1.03.	_____
03. Maintenance and repair of electrical and cooling installations.....	<input type="checkbox"/>	04.3.2.1.05.	_____
04. Maintenance and repair of carpentry and floors..	<input type="checkbox"/>	04.3.2.1.07.	_____
05.Other unspecified work.....	<input type="checkbox"/>	04.3.2.1.09.	_____
06.Repair of furniture, furnishings and floor	<input type="checkbox"/>	05.1.3.1.01	_____
07.Repair of household appliances	<input type="checkbox"/>	05.3.3.1.01	_____
08.Small tools and miscellaneous accessories	<input type="checkbox"/>	05.5.2.1.01	_____

SECONDARY BUILDINGS

12.38. Does your household use or own another apartment or house in addition to this apartment or house?

YES =1 NO = 2 ⇒ **Section 13**

⇓

12.39. How many secondary buildings does your household own or use?

12.40. How many rooms in all the secondary buildings are used or own for sleeping?

12.41. What is the ownership status?

Ownership status	Dwelling			Paid or estimated monthly rent	
	First	Second	Third	COICOP	12.42a. Amount Paid? 12.42b. Estimated monthly payment? (TSH)
01.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"/>
02.Rent or sublet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	04.1.2.1.01.	<input type="text"/>
03.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"/>
04 NOT APPLICABLE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	99	<input type="text"/>

CURRENT EXPENDITURE ON SECONDARY BUILDING

12.43. Did your secondary dwelling have any of the following bills in the last month?	YES....1 NO....2	COICOP	12.44. How much did you pay for your last monthly bill for: (TSH)
01.Electric power (TANESCO)	<input type="checkbox"/>	04.5.1.1.02	<input type="text"/>
02.Telephone services - fixed phone bill.....	<input type="checkbox"/>	08.3.1.1.02	<input type="text"/>
03.TV subscription (cable and digital TV included).....	<input type="checkbox"/>	09.4.2.3.02	<input type="text"/>
04.Internet subscription (excluding connection cost)	<input type="checkbox"/>	08.3.1.1.04	<input type="text"/>
05.Cost of clean water	<input type="checkbox"/>	04.4.1.1.02	<input type="text"/>
06. Sewerage system.....	<input type="checkbox"/>	04.4.3.1.01	<input type="text"/>
07. Common expenditures in multi-occupied building (lift, common lighting, cleaning, running the generator, costs of the building manager, common garages, etc.)	<input type="checkbox"/>	04.4.4.1.01	<input type="text"/>
08.Waste removal	<input type="checkbox"/>	04.4.2.1.01	<input type="text"/>
09.Other current expenditures	<input type="checkbox"/>	04.4.4.1.04	<input type="text"/>

12.45. Did your secondary dwelling have any of the following bills in the last 3 months?	YES....1 NO....2	COICOP	12.46. How much did you pay for your last monthly bill for last 3 months: (TSH)
01.Gas in cylinders.....	<input type="checkbox"/>	04.5.2.2.02	<input type="text"/>
02.Charcoal.....	<input type="checkbox"/>	04.5.4.1.01	<input type="text"/>

03.Kerosene.....	<input type="checkbox"/>	04.5.4.3.02	<input type="checkbox"/>
04.Coal	<input type="checkbox"/>	04.5.4.1.02	<input type="checkbox"/>
05.Firewood	<input type="checkbox"/>	04.5.4.1.03	<input type="checkbox"/>

MAINTENANCE OF SECONDARY DWELLING

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

YES =1 ↓

NO = 2 ⇒ **Section 13**

Kind of works	YES..1 NO..2	Services	
		COICOP	12.49. What was the total expenditure for services s)? (TSH)
01.Painting	<input type="checkbox"/>	04.3.2.1.02.	_____
02.Maintenance and repair of hydro-sanitary installations.....	<input type="checkbox"/>	04.3.2.1.04.	_____
03.Maintenance and repair of electrical and cooling installations.....	<input type="checkbox"/>	04.3.2.1.06.	_____
04.Maintenance and repair of carpentry and floor....	<input type="checkbox"/>	04.3.2.1.08.	_____
05.Other unspecified work	<input type="checkbox"/>	04.3.2.1.10.	_____

12.50. Did you have any expenditures for materials for the following maintenance and repairs in the last 1 2 months?

Kind of works	Material		
	YES....1 NO.....2	COICOP	12.51 What was the total expenditure for materials for)? (TSH)
01.Painting	<input type="checkbox"/>	04.3.2.1.02.	_____
02.Maintenance and repair of hydro-sanitary installations	<input type="checkbox"/>	04.3.2.1.04.	_____
03.Maintenance and repair of electrical and cooling installations	<input type="checkbox"/>	04.3.2.1.06.	_____
04.Maintenance and repair of carpentry and floor....	<input type="checkbox"/>	04.3.2.1.08.	_____
05.Other unspecified work	<input type="checkbox"/>	04.3.2.1.10.	_____

SECTION 13

DURABLE GOODS
(For main and secondary buildings)

13.1. Does your household own any of the following items?				
Type of item	COICOP	YES = 1 NO = 2↓ GO TO NEXT ITEM	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	
			13.02 How many	13.03 How much did the household pay in total (TSH)
01. Electric or gas stove (including microwave oven)	05.3.1.3.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
02. Charcoal stove	05.3.1.3.02.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
03. Morden firewood/coal stove	05.3.1.3.03.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
04. Refrigerator, freezer or fridge-freezer	05.3.1.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
05. Chair	05.1.1.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
06. Sofa	05.1.1.1.02.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
07. Table.....	05.1.1.1.03.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
08. Bed	05.1.1.1.04.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
09. Cupboard	05.1.1.1.05	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
10. Lantern.....	05.1.1.1.06.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
11. Iron (electric or charcoal)	05.3.2.1.02.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
12. Water heater	05.3.1.4.02.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
13. Mosquito net.....	05.2.1.1.02	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
14. Air conditioner	05.3.1.4.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
15. Sewing machine	05.3.1.6.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
16. Watch.....	12.3.1.1.01	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
17. Fan	05.3.2.1.01	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
18. Cooking pot.....	05.4.1.3.01	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
19. Washing machine.....	05.3.1.2.02	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
20. Generator.....	05.3.1.7.01	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
21. Water pump.....	05.5.1.1.01	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
22. Ox plough.....	05.5.1.1.02	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

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

YES = 1 NO =2 ⇒ Section 14



13.5A. During the last 12 months which of the above items did your household purchase (in cash, by instalments or on credit) to be given as gifts to relatives of the household not living here or to friends?

Type of appliance / equipment	13.5B. COICOP CODE	13.6. How many did you purchase as gifts?	13.7. What was the amount paid for as a gift? (TSH)
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

SECTION 8B: IN DIVIDUAL GEN DER ASSET

8B.6. Does any member of this household own any of the following?

	YES....1	NO.....2
DIESEL CAR.....1	<input type="checkbox"/>	<input type="checkbox"/>
PETROLEUM CAR.....2	<input type="checkbox"/>	<input type="checkbox"/>
MOTORCYCLES.....3	<input type="checkbox"/>	<input type="checkbox"/>
MOTORBIKES, SCOOTERS, MOPED.....4	<input type="checkbox"/>	<input type="checkbox"/>
BAJAJI.....5	<input type="checkbox"/>	<input type="checkbox"/>
CAMPER VANS, TRAILER.....6	<input type="checkbox"/>	<input type="checkbox"/>
BICYCLE.....7	<input type="checkbox"/>	<input type="checkbox"/>
BOAT.....8	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE LANDLINE.....9	<input type="checkbox"/>	<input type="checkbox"/>
MOBILE PHONE.....10	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL COMPUTER/LAPTOP.....11	<input type="checkbox"/>	<input type="checkbox"/>
TELEVISION.....12	<input type="checkbox"/>	<input type="checkbox"/>
VIDEO RECORDER/DVD PLAYER.....13	<input type="checkbox"/>	<input type="checkbox"/>
RADIO.....14	<input type="checkbox"/>	<input type="checkbox"/>
HI-FI SYSTEM.....15	<input type="checkbox"/>	<input type="checkbox"/>
CASSETTE/TAPE RECORDER.....16	<input type="checkbox"/>	<input type="checkbox"/>
BOOKS (NOT FOR SCHOOL).....17	<input type="checkbox"/>	<input type="checkbox"/>
SUB-WOOFER.....18	<input type="checkbox"/>	<input type="checkbox"/>
COOKING POTS (LARGE).....19	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRIC FAN.....20	<input type="checkbox"/>	<input type="checkbox"/>
FOOD PROCESSOR/GIRNDER (ELECTRIC).....21	<input type="checkbox"/>	<input type="checkbox"/>
IRON.....22	<input type="checkbox"/>	<input type="checkbox"/>
LANTERN.....23	<input type="checkbox"/>	<input type="checkbox"/>
MOSQUITO NET.....24	<input type="checkbox"/>	<input type="checkbox"/>
TORCHES.....25	<input type="checkbox"/>	<input type="checkbox"/>
FARM.....26	<input type="checkbox"/>	<input type="checkbox"/>
LAND PLOT/PARCEL.....27	<input type="checkbox"/>	<input type="checkbox"/>
CATTLE.....28	<input type="checkbox"/>	<input type="checkbox"/>
GOAT.....29	<input type="checkbox"/>	<input type="checkbox"/>
SHEEP.....30	<input type="checkbox"/>	<input type="checkbox"/>
HOG.....31	<input type="checkbox"/>	<input type="checkbox"/>
POULTRY.....32	<input type="checkbox"/>	<input type="checkbox"/>
OTHERS,(SPECIFY).....94	<input type="checkbox"/>	<input type="checkbox"/>

8B.7 How are these owned?

INDIVIDUALLY ONLY.....1	<input type="checkbox"/>
JOINTLY ONLY.....2	
INDIVIDUALLY AND JOINTLY.....3	
ALL HOUSEHOLD MEMBERS.....4	
REFUSED TO ANSWER.....5	
DONT KNOW.....98	

8B.08. Whose [NAME] own?

[ENTER MEMBER ID]

SECTION 14: FURNITURE AND FURNISHINGS, TOOLS AND APPLIANCES FOR HOUSEHOLD MAINTANANCE

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

Articles	COICOP	YES=1 NO=2	14.02 What was amount paid for yourself (TSH)	14.03. What was amount paid as gift (TSH)
01. Bath furniture and accessories (excluding rugs) ..	05.1.1.1.07.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Outside furniture (wooden, metal or plastic)	05.1.1.1.08.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Bed sheets	05.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Towels	05.2.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Carpets and other floor covers	05.1.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Paintings, knick-knacks, mirror	05.1.1.1.09.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Kerosene lamps	05.1.1.1.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08. Light fittings, lamp covers	05.1.1.1.11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. Washing machine	05.3.1.2.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Solar system	05.3.1.4.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Solar lamp	05.3.1.4.13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Generator	05.3.1.7.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Brooms, brushes, broom heads	05.6.1.2.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Major tools for the house (electric drills, etc)	05.5.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SMALL ELECTRIC HOUSEHOLD APPLIANCES, DISHES, UTENSILS, ETC.

14.4. 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	YES=1 NO=2	14.05. What was amount paid for yourself (TSH)	14.06. What was amount paid as present (TSH)
01. Small electric appliances (food mixers, coffee mills, toasters etc.)	05.3.2.1.03.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Cutlery	05.5.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Plates, dishes etc	05.4.1.3.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Cups, mugs	05.4.1.3.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Thermos flask	05.4.1.3.03.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Other household non-electric articles (ironing boards, food scale, etc.)	05.4.1.3.04.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

YES = 1 NO = 2 ⇒ Section 15



Type of collaboration / service	COICOP	YES=1 NO=2	14.08. What was amount paid for yourself (TSH)	14.09. What was amount paid as presents (TSH)
01.Periodical services (cleaning, gardeners, etc.).....	05.6.2.2.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02.Services by paid workers (cooking, cleaning, baby sitters, etc.)...	05.6.2.1.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03.Services for non self-sufficient elderly and disabled, etc.....	12.4.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW GARMENTS AND FOOTWEAR

SECTION 15:

15.01. 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	YES=1 NO =2	NEW		
			15.02. How many did your household buy in the last 12 months?	15.03. In the last 12 months, how much has your household paid for yourself? (TSH)	15.04. In the last 12 months, how much has your household paid for a gift? (TSH)
Garments for men					
01.Men's overcoat (coat, jacket, raincoat).....	03.1.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02.Men's suit and jacket ...	03.1.2.1.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03.Men's trousers (including blue jeans)	03.1.2.1.03.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Men's shirts, T-shirts, blouses, sweaters, jerseys.....	03.1.2.1.04.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05.Men's underwear (pants, boxer shorts, undershirt, socks, bathrobe and pyjamas...	03.1.2.1.05.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06.Msuli/Kikoi, kanzu nk ...	03.1.2.1.06.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07.Men's sports garments.....	03.1.2.1.07.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garments for women					
08. Women's overcoat (coat, jacket, raincoat) ...	03.1.2.2.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. Women's dresses eg. Gown, baibui nk	03.1.2.2.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Women's trousers and skirts	03.1.2.2.03.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Women's shirts, T-shirts, blouses, sweaters, jerseys and dresses.....	03.1.2.2.04.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Women's underwear (bra, slip, socks, undershirt) bathrobe and pyjamas.....	03.1.2.2.05.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Kanga	03.1.2.2.06.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Kiten-ge.....	03.1.2.2.07.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Women's sports garments.....	03.1.2.2.08.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garments for children and babies					
16. Children's overcoat (coat, jacket, raincoat) and suit	03.1.2.3.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Children's trousers, dresses	03.1.2.3.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Children's shirt, T-shirt, blouses, sweaters, jerseys.....	03.1.2.3.03.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Children's pyjamas, pants, boxers or socks	03.1.2.3.04.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW GARMENTS AND FOOTWEAR

20. Children's school uni-form..... ...	03.1.2.3.05.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Children's sports garments.....	03.1.2.3.06.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Babies' (up to 2 years) garments (including nappies made of fabric, pampers)	03.1.2.3.07.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other articles and clothing accessories (caps, hats, turbans etc.).....	03.1.3.1.05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Material/Fabric for clothing	03.1.1.1.01.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Footwear for men					
25. Footwear for men (all footwear excluding sports footwear)	03.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
27. Slippers for men	03.2.1.1.03	<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"/>
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"/>
30. Slippers for women	03.2.1.2.03	<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"/>
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"/>
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"/>
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"/>
35. Slippers for children....	03.2.1.3.05.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECOND HAND GARMENTS AND FOOTWEAR

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

Articles / services	COICOP	YES=1 NO=2	SECOND HAND		
			15.06. How many did your household buy second hand in the last 12 months?	15.07. In the last 12 months, how much has your household paid for second hand for yourself? (TSH)	15.08. In the last 12 months, how much has your household paid for second hand for a gift? (TSH)
Garments for men					
01. Men's overcoat (coat, jacket, rain-coat).....	03.1.2.1.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Men's suit and jacket ..	03.1.2.1.02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Men's trousers (including blue jeans) ..	03.1.2.1.03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Men's shirts, T-shirts, blouses, sweaters, jerseys.....	03.1.2.1.04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Men's underwear (pants, boxer shorts, undershirt, socks, bathrobe and pyjamas	03.1.2.1.05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Msuli/ Kikoi, kanzu nk	03.1.2.1.06	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Men's sports garments.....	03.1.2.1.07	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garments for women					
08. Women's overcoat (coat, jacket, rain-coat).....	03.1.2.2.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. Women's dresses eg. Gown , baibui nk ...	03.1.2.2.02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Women's trousers and skirts.....	03.1.2.2.03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Women's shirts, T-shirts, blouses, sweaters, jerseys and dresses.....	03.1.2.2.04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Women's underwear (bra, slip, socks, undershirt) bathrobe and pyjamas	03.1.2.2.05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Kanga	03.1.2.2.06	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Kitenge.....	03.1.2.2.07	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Women's sports garments	03.1.2.2.08	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garments for children and babies					
16. Children's overcoat (coat, jacket, rain-coat) and suit	03.1.2.3.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Children's trousers, dresses.....	03.1.2.3.02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Children's shirt, T-shirt, blouses, sweaters, jerseys	03.1.2.3.03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Children's pyjamas, pants, boxers or socks.....	03.1.2.3.04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECOND HAND GARMENTS AND FOOTWEAR

20. Children's school uniform.....	03.1.2.3.05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Children's sports garments	03.1.2.3.06	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Babies' (up to 2 years) garments (including nappies made of fabric).....	03.1.2.3.07	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other articles and clothing accessories (caps, hats, turbans etc.).....	03.1.3.1.05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Material/Fabric for clothing	03.1.1.1.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Footwear for men					
25. Footwear for men (all footwear excluding sports footwear)	03.2.1.1.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
27. Slippers for men	03.2.1.1.03	<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"/>
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"/>
30. Slippers for women	03.2.1.2.03	<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"/>
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"/>
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"/>
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"/>
35. Slippers for children....	03.2.1.3.05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cloth and shoes hiring for household members					
01.Cleaning, repair and hire of clothing	03.1.4.1.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02.Repair and hire of footwear	03.2.2.1.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.09. In the last 12 months did your household sell any clothes mentioned in Q15.1 and Q15.5?					
YES=1 NO = 2 ⇒ Section 16 <input type="checkbox"/>					
15.10. What types of clothes did you sell to other households					
Articles / services	15.11C. COICOP	15.11. How many were sold to other households?		15.12. What was the total amount paid for yourself? (TSH)	
				<input type="checkbox"/>	

SECOND HAND GARMENTS AND FOOTWEAR

			<input type="text"/>
15.13. What types of clothes did you sell to agents selling and buying clothes			
Articles / services	15.14C. COICOP	15.14. How many were sold to agents buying and selling clothes	15.15. What was the total amount received yourself for? (TSH)
			<input type="text"/>
			<input type="text"/>

HEALTH EXPENDITURES

SECTION 16

16.1. 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 health facilities **in the last month?**

YES = 1 NO = 2 ⇒ **Section 17**



16.2. What was the amount paid for specified items in the last 3 month?

Type of expenditure	COICOP	YES..... 1 NO.....2	Amount paid by the household (TSH)		
			Formal pay		16.5. What was the amount of in-formal expenditure made by the household in the last 3 month? (TSH)
			16.3. What was the amount of formal, public expenditure made by the household for in the last 3 month? (TSH)	16.4. What was the amount of formal, private expenditure made by the household in the last 3 month? (TSH)	
01. Pharmaceutical products (medicines, serum, vaccines)	06.1.1.1.01	<input type="checkbox"/>	_____	_____	_____
02. Other medical products (thermometers, bandages, plasters, first aid kits)	06.1.2.1.01	<input type="checkbox"/>	_____	_____	_____
Admissions to health facilities (includes medical services, food services, drinks, care, etc.)					
03. Services by general or specialised hospitals	06.3.1.1.01.	<input type="checkbox"/>	_____	_____	_____
04. Services by medical and rehabilitation centres, etc.	06.3.1.1.02.	<input type="checkbox"/>	_____	_____	_____
Out of hospital services and treatments					
05. Physicians in general or specialist practice	06.2.1.1.01.	<input type="checkbox"/>	_____	_____	_____
06. Dentist (repairs, oral hygiene, prosthetics, etc.).....	06.2.2.1.01.	<input type="checkbox"/>	_____	_____	_____
07. Medical laboratory findings.....	06.2.3.1.01.	<input type="checkbox"/>	_____	_____	_____
08. Other diagnostic control (X-rays, electrocardiogram, ultra sound, etc.).....	06.2.3.1.02.	<input type="checkbox"/>	_____	_____	_____
09. Paramedical (physiotherapist, remedial gymnastics, acupuncture, curettage, etc.).....	06.2.3.2.01.	<input type="checkbox"/>	_____	_____	_____
10. Other treatments (unqualified doctors such as healers, herbalist, etc.)	06.2.3.3.01.	<input type="checkbox"/>	_____	_____	_____
11. Other health services.....			_____	_____	_____
Therapeutic appliances and equipment					
12. Corrective eye-glasses and contact lenses	06.1.3.1.01.	<input type="checkbox"/>	_____	_____	_____
13. Hearing aids, prosthesis (except dental)	06.1.3.1.02.	<input type="checkbox"/>	_____	_____	_____
14. Blood pressure and blood sugar monitoring devices, etc. ...	06.1.3.1.03.	<input type="checkbox"/>	_____	_____	_____
15. Wheelchairs, special beds, orthopaedic shoes, braces, crutches, etc.	06.1.3.1.04.	<input type="checkbox"/>	_____	_____	_____
16. Repair of therapeutic appliances and equipment, etc.	06.1.3.1.05.	<input type="checkbox"/>	_____	_____	_____
16.6. Did your household buy any of the specified items in the last year?	YES.1 NO...2		16.7. What was the amount of formal, public expenditure made by the house-	16.8. What was the amount of formal, private expenditure made	16.9. What was the amount of informal expenditure made by the household in the

HEALTH EXPENDITURES

			hold in the last month? (TSH)	by the household in the last month? (TSH)	last month? (TSH)
Admissions to health facilities (includes medical services, food services, drinks, care, etc.)					
17. Services by general or specialised hospitals	06.3.1.1.01	<input type="checkbox"/>	_____	_____	_____
18. Services by medical and rehabilitation centres, etc.	06.3.1.1.02	<input type="checkbox"/>	_____	_____	_____

TRANSPORT AND COMMUNICATION

SECTION 17A:

VEHICLES

17.01. What kind of new vehicles does your household 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 vehicles in last 12 months . IF NONE ENTER "0"	
			17. 02. How many new has your household bought in the last 12 months?	17.03 What was the total amount paid for new purchased in the last 12 months
01. Diesel Car	07.1.1.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
02. Petroleum car	07.1.1.1.02.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
03. Motorcycles	07.1.2.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
04. Motorbikes, scooters, moped	07.1.2.1.02.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
05. Bajaji	07.1.2.1.03.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
06. Camper vans, trailer.....	09.2.1.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
07. Bicycle	07.1.3.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
08. Boat	07.3.4.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

1 7.01o What kind of old / second hand vehicles does your household 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 second hand in last 12 months . IF NONE ENTER "0"	
			17. 02o How many old (second hand) has your household bought in the last 12 months?	1 7.03o. What was the total amount paid for old (second hand) purchased in the last 12 months?
01. Diesel Car	07.1.1.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
02. Petroleum car	07.1.1.1.02.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
03. Motorcycles	07.1.2.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
04. Motorbikes, scooters, moped	07.1.2.1.02.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
05. Bajaji	07.1.2.1.03.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
06. Camper vans, trailers.....	09.2.1.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
07. Bicycles.....	07.1.3.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
08. Boat	07.3.4.1.01.	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

TRANSPORT AND COMMUNICATION

17.06. Did your household buy any NEW vehicles as a gift in the last 1 2 months (also, if bought on credit)

YES =1 NO = 2 ⇒ Q17.13



17.07. Which vehicle(s) did your household buy in NEW condition as gifts in the last 1 2 months?	COICOP	17.08. How many new did your household buy as gift in the last 1 2 months	17.09. What was the total amount paid for new purchased as gift in the last 12 months? (TSH)
	□ □ □ □ □ □ □ □	□ □	□ □ □ □ □ □ □ □
	□ □ □ □ □ □ □ □	□ □	□ □ □ □ □ □ □ □

17.06o. Did your household buy any OLD/second hand vehicles as a gift in the last 12 months (also, if bought on credit)?

1 7.07o. Which vehicle(s) did your household buy in OLD condition as gifts in the last 12 months?	COICOP	1 7.10. How many second hand did your household buy as gift in the last 12 months?	1 7.11. What was the total amount paid for second hand purchased as gift in the last 12 months? (TSH)
	□ □ □ □ □ □ □ □	□ □	□ □ □ □ □ □ □ □
	□ □ □ □ □ □ □ □	□ □	□ □ □ □ □ □ □ □

1 7.1 3. In the last 1 2 months, did your household sell any vehicles(s) mentioned previously (1 7.01 NEW and 17.01o OLD vehicle) (excluding vehicles for business purposes)? YES=1 NO =2 ⇒ Q 17.17

1 7.1 4. Which type of vehicle(s) did your household sell in the last 1 2 months?	COICOP	MULTIPLE SELECT
01.Diesel Car	07.1.1.1.01.	<input type="checkbox"/>
02.Petroleum car	07.1.1.1.02.	<input type="checkbox"/>
03.Motorcycles	07.1.2.1.01.	<input type="checkbox"/>
04.Motorbikes, scooters, moped	07.1.2.1.02.	<input type="checkbox"/>
05.Bajaji	07.1.2.1.03.	<input type="checkbox"/>
06.Camper vans, trailers	09.2.1.1.01.	<input type="checkbox"/>
07.Bicycles	07.1.3.1.01.	<input type="checkbox"/>
08.Boat	07.3.4.1.01.	<input type="checkbox"/>

1 7.14.2. Who did you sell to?

Other household.....1	COICOP	17.15. How many did you sell?	17.16. What was the total amount received for (TSH)
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TRANSPORT AND COMMUNICATION

	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Agent to sell or buy cars locally.....2			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Agent to sell or buy cars abroad.....3			
	<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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

17.17. What did your household pay for annual registration of the vehicles (compulsory insurance, technical inspection and other costs for the registration: excludes camper vans) in the last 12 months? (TSH)	Amount paid (TSH)	
	<input type="checkbox"/>	

17.18. Was there any expenditure of any of the following for any of your household's vehicles in the last month (excluding vehicles for business purposes)?			
Type of expenditure	COICOP	YES=1 NO=2	17.19. What was the total amount spent on for all your household's vehicles in the last month? (TSH)
<u>In the last month for:</u>			
01. Tyres (all types).....	07.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
02. Other spare parts and accessories (spark plugs, batteries, etc.) ...	07.2.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/>
03. Diesel, Petrol, Oil, lubricants etc.....	07.2.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
04. Maintenance and repairs (mechanic, body work, car electrician, washing, etc.).....	07.2.3.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
05. Renting a garage or a parking space not linked to the dwelling unit.....	07.2.4.1.02.	<input type="checkbox"/>	<input type="checkbox"/>
↓			

17.20. Did your household make any expenditures for the following types of transportation (excluding refundable work travel expenditures), in the last month? IF ALL NO GO SECTION 18			
Type of expenditure	COICOP	YES.....1 NO....2	17.21. What was the total amount spent by your household in the last month? (TSH)
01. Transport by road (bus, taxis, bajaji, motor cycle, bicycle, etc)	07.3.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
02. Transport by railway.....	07.3.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
03. Transport by air	07.3.3.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
04. Transport by sea and waterway, etc.	07.3.4.1.01.	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORT AND COMMUNICATION

18.00. Which of the following does your household 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)	
			18.01. How many has your household purchased in the last 12 months	18.02. What was the total amount paid for in the last 12 months? (TSH)
01. Telephone landline	08.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02. Mobile phone.....	08.2.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03. Personal computer/laptop	09.1.3.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04. Satellite dish/decoder.....	09.1.1.2.05.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05. Postal services	08.1.1.1,01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

18.03. Did your household buy in the last 1 2 months any of the following communication equipment to make a gift to relatives of the household not living here or to friends? IF ALL NO GO TO SECTION 19

Kind of equipment	COICOP	YES = 1 NO = 2	18.06. Amount paid (TSH)
01. Telephone landline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Mobile phone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Personal computer/laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Satellite dish/decoder.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Postal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 19:

EDUCATION

19.01 .Did your household make expenditures for the specified items in the <u>last 3 months</u>?			
Type of expenditure	COICOP	YES..1 NO..2	19.02.What was the amount paid (TSH)
01. Cost of Nursery school	10.1.1.1.01.	<input type="checkbox"/>	<input type="text"/>
02. Care center.....	12.4.1.2.01.	<input type="checkbox"/>	<input type="text"/>
03. Courses (vocational, language, computer, training courses, etc.).....	10.5.1.1.01.	<input type="checkbox"/>	<input type="text"/>
04. School bus (excludes city transport)	07.3.2.1.04.	<input type="checkbox"/>	<input type="text"/>
05.School books.....	09.5.1.1.01.	<input type="checkbox"/>	<input type="text"/>
06. Private tuition	10.5.1.1.02.	<input type="checkbox"/>	<input type="text"/>
07. Expenditure for accommodation of pupils and students in halls of residence and other educational institutions	11.2.1.1.01.	<input type="checkbox"/>	<input type="text"/>
08. Expenditure for private accommodation of pupils and students	11.2.1.1.02.	<input type="checkbox"/>	<input type="text"/>

19.03. Did your household make any <u>formal</u> expenditure for registration fees for <u>private</u> schools in the <u>last 12 months</u>? IF ALL NO GO Q19.06				
Type of expenditure	COICOP	YES ...1 NO... 2	19.04. How much was paid within Tanzania? (TSH)	19.05. How much was paid outside Tanzania (TSH)
01.Pre-primary education.....	10.1.1.1.01.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
02.Primary education.....	10.1.1.1.02.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
03.Secondary education	10.2.1.1.01.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
04.Tertiary and university education (including postgraduate studies).....	10.4.1.1.01.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
05.Vocational and other education	10.5.1.1.01.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

19.06. What type of informal expenditures for registration fees for private schools did your household make in the last 1 2 months? IF ALL NO GO Q19.09				
Type of expenditure	COICOP	YES1 NO 2	19.07. How much was paid within Tanzania? (TSH)	19.08. How much was paid outside Tanzania (TSH)
01.Pre-primary education.....	10.1.1.1.01.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
02.Primary education.....	10.1.1.1.02.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
03.Secondary education	10.2.1.1.01.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
04.Tertiary and university education (including postgraduate studies).....	10.4.1.1.01.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
05.Vocational and other education	10.5.1.1.01.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

19.09 What type of formal expenditures for registration fees or tuition fees for public schools did your household make in the last 1 2months? IF ALL NO GO Q19.12				
Type of expenditure	COICOP	YES = 1 NO = 2	19.10. How much was paid as registration fees? (TSH)	19.11. How much was paid as tuition fees (TSH)

01.Pre-primary education.....	10.1.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02.Primary education.....	10.1.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03.Secondary education	10.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04.Tertiary and university educa- tion (including postgraduate studies).....	10.4.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05.Vocational and other educa- tion	10.5.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.1 2. What type of informal expenditures for registration fees or tuition fees for public schools did your household make in the last 12 months? IF ALL NO GO SECTION 20

Type of expenditure	COICOP	YES1 NO2	19.13. How much was paid as registration fees (TSH)	19.14. How much was paid as tuition fees (TSH)
01.Pre-primary education.....	10.1.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02.Primary education.....	10.1.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03.Secondary education	10.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04.Tertiary and university educa- tion (including postgraduate studies).....	10.4.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05.Vocational and other educa- tion	10.5.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 20:

SPARE TIME

20.01. What type of equipment does your household own?

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)	
			20.02. How many does your household own?	20.03. What was the amount paid by your household (TSH)
01. Television	09.1.1.2.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02. Video Recorder/DVD player	09.1.1.2.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03. Radio	09.1.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04. HI-FI system.....	09.1.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05. Cassette/tape recorder.....	09.1.1.1.03.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
06. Books (not for school).....	09.5.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
07. Sub- woofer	09.1.1.1.04.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

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

YES =1

NO = 2 ⇒ Q20.07

↓

20.05. What types of equipment did your household buy in the last 12 months to make a gift to relatives of the household not living here or to friends?

Kind of equipment	COICOP		20.06. What was the amount paid by your household? (TSH)
-------------------	--------	--	---

01. Television	09.1.1.2.01.	<input type="checkbox"/>	<input type="checkbox"/>
02. Video Recorder/DVD player	09.1.1.2.02.	<input type="checkbox"/>	<input type="checkbox"/>
03. Radio	09.1.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
04. HI-FI system	09.1.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/>
05. Cassette/tape recorder.....	09.1.1.1.03.	<input type="checkbox"/>	<input type="checkbox"/>
06. Books (not for school)	09.5.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
07. Sub- woofer	09.1.1.1.04.	<input type="checkbox"/>	<input type="checkbox"/>

20.07. Did your household make expenditures (in cash, by down payment or on credit) to buy or rent any of the specified equipment (including gifts), in the last 3 months?

Type of expenditure	COICOP	YES.1 NO.2	20.08. What was the amount paid for yourself? (TSH)	20.09. What was the amount paid as a gift? (TSH)
01. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Sports: expenditures for swimming pools, gym, tennis courts, etc.	09.4.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Tickets to sporting shows	09.4.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Tickets for concerts, theatre, cultural events etc.....	09.4.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Tickets for museums, national parks, zoos.....	09.4.2.2.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Lottery tickets, bingo, betting	09.4.3.1.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Photographic equipment, video cameras, projectors, enlarges, microscopes, etc.	09.1.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08. Musical instruments	09.2.2.1.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. Parts and accessories for musical instruments.....	09.2.3.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Accessories for reception, reproduction and recording of sound and pictures (CD-ROMs, Memory card, flash disk, pre-recorded and un-recorded tapes, etc.).....	09.1.4.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Amusement: painting and dancing courses, etc.	09.4.1.1.03.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Durables for indoor recreation (billiard tables, etc).....	09.2.2.2.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Games, toys, hobbies	09.3.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Pets (purchase)	09.3.4.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Repair of audio-visual, photographic and information processing equipment.....	09.1.5.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Maintenance and repair of other major durables for recreation and culture	09.2.3.1.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Veterinary and other services for pets.....	09.3.5.1.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Newspapers and periodicals.....	09.5.2.1.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Miscellaneous printed mat-	09.5.3.1.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ter.....						
20. Stationery and drawing terials.....	ma-	09.5.4.1.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HOLIDAYS

20.10. 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			
01 YES TANZANIA	01 YES ABROAD	02 NO TANZANIA	02 NO ABROAD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇓			
20.11. How many people went on this trip?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20.12. Where did you go (REGION)?			Region <input type="checkbox"/> <input type="checkbox"/>
20.12.2. Where did you go? (DISTRICT)			DISTRICT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20.12.3. Where did you go? (COUNTRY ABROAD) NEEDS CODES		
20.13. What was the purpose of the visit? (TICK UP TO THREE)			
- Leisure and holidayA			
- Business.....B			
- Conference/seminars C			
- Visiting friends D			
- Other (specify) 94			
20.14. What was the activity during the trip? (TICK UP TO THREE)			
- National Park SafariA			
- Beach tourism.....B			
- Culture/Historical tourism..... C			
- FuneralD			
- Wedding.....E			
- HuntingF			
- Other (specify)94			
20.15. What was your main means of transport? (TICK ONE ONLY)			
- Aeroplane 1			
- Own car 2			
- Car-hire (includes taxi) 3			
- Bus.....4			
- Boat/Ferry.....5			
- Other(specify) 94			
20.16. What was the type of place you stayed for most of the trip?			
- Town hotel..... 1			
- Lodge 2			
- Guest house 3			
- Hostels 4			
- Private home..... 5			
- Other(specify) 94			
20.17. How many nights did you stay in that place?.....			<input type="checkbox"/> <input type="checkbox"/>
20.18. Have you spent any money on the following items for all <u>personal trips</u> in Tanzania for at least one overnight in the last 12 months?			
Type of expenditure	COICOP	YES..1 NO...2	20.19. How much did you spend for all personal trips in Tanzania for at least one overnight in the last 12 months? (TSH)
01.Food and drinks.....	09.6.1.1.01	<input type="checkbox"/>	<input type="checkbox"/>

02.Accommodation alone	09.6.1.1.02	<input type="checkbox"/>	<input type="checkbox"/>
03.Transport.....	09.6.1.1.03	<input type="checkbox"/>	<input type="checkbox"/>
04.Shopping.....	09.6.1.1.04	<input type="checkbox"/>	<input type="checkbox"/>
05.Recreational activities	09.6.1.1.05	<input type="checkbox"/>	<input type="checkbox"/>
06.Other (specify).....	09.6.1.1.06	<input type="checkbox"/>	<input type="checkbox"/>

20.20. Have you spent any money on the following items for all business trips in Tanzania for at least one overnight in the last 12 months?

Type of expenditure	COICOP	YES=1 NO=1	20.21. How much did you spend for all personal trips in Tanzania for at least one overnight in the last 12 months? (TSH)
01.Food and drinks.....	09.6.1.1.01	<input type="checkbox"/>	<input type="checkbox"/>
02.Accommodation alone	09.6.1.1.02	<input type="checkbox"/>	<input type="checkbox"/>
03.Transport.....	09.6.1.1.03	<input type="checkbox"/>	<input type="checkbox"/>
04.Shopping.....	09.6.1.1.04	<input type="checkbox"/>	<input type="checkbox"/>
05.Recreational activities	09.6.1.1.05	<input type="checkbox"/>	<input type="checkbox"/>
06.Other (specify).....	09.6.1.1.06	<input type="checkbox"/>	<input type="checkbox"/>

20.22. Have you spent any money on the following items for all personal trips abroad for at least one overnight in the last 12 months?

Type of expenditure	COICOP	YES..1 NO...2	20.23. How much did you spend for all personal trips abroad for at least one overnight in the last 12 months? (TSH)
01. Food and drinks.....	09.6.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
02.Accommodation alone	09.6.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/>
03.Transport to and from Tanzania	09.6.1.1.03	<input type="checkbox"/>	<input type="checkbox"/>
04. Transport while abroad.....	09.6.1.1.04	<input type="checkbox"/>	<input type="checkbox"/>
05.Shopping.....	09.6.1.1.05	<input type="checkbox"/>	<input type="checkbox"/>
06.Recreational activities	09.6.1.1.06	<input type="checkbox"/>	<input type="checkbox"/>
07.Other (specify).....	09.6.1.1.18	<input type="checkbox"/>	<input type="checkbox"/>

20.24. Have you spent any money on the following items for all business trips abroad for at least one overnight in the last 12 months?

Type of expenditure	COICOP	YES..1 NO...2	20.25. How much did you spend for all business trips abroad for at least one overnight in the last 12 months? (TSH)
01. Food and drinks.....	09.6.1.1.01	<input type="checkbox"/>	<input type="checkbox"/>
02.Accommodation alone	09.6.1.1.02	<input type="checkbox"/>	<input type="checkbox"/>
03.Transport to and from Tanzania	09.6.1.1.03	<input type="checkbox"/>	<input type="checkbox"/>
04.Transport while abroad.....	09.6.1.1.04	<input type="checkbox"/>	<input type="checkbox"/>

05.Shopping.....	09.6.1.1.05	<input type="checkbox"/>	<input type="checkbox"/>
06.Recreational activities	09.6.1.1.06	<input type="checkbox"/>	<input type="checkbox"/>
07.Other (Specify)	09.6.1.1.25	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 21:

OTHER ARTICLES AND SERVICES

21 .01. Did your household purchase any of the specified products in the last month (INCLUDE GIFTS)?				
Type of expenditure	COICOP	YES = 1 NO = 2	21 .2. What was the amount paid by your household in the last month? (TSH)	21 .3. What was the amount paid as a gift by your household in the last month? (TSH)
01. Bags, suitcase and other travel goods (travel bags, hands-bags, etc.)	12.3.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Jewellery, gold and silver personal effects, etc.	12.3.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Costume jewellery	12.3.1.1.03.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Other personal articles (articles for smokers, umbrellas, sunglasses, etc.)	12.3.2.2.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Articles for babies (baby carriages and similar articles, car seats)	12.3.2.2.02.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Electric appliance to personal care (hairdryers, depilates, razors and cutters, etc.)	12.1.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07.Hairdressing salons and personal grooming establishments.....	12.1.1.1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08.Other appliances, articles and products for personal care.....	12.1.3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. Other expenditures:	12.3.2.2.03.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21.04. Did your household purchase any of the following services in the last 12 months?			
Type of expenditure	COICOP	YES .. 1 NO .. 2	21.05.What was the amount paid by your household in the last 12 months? (TSH)
01. Contributions towards weddings and funerals	12.7.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
02. Other religious services (contribution to religious institutions and personnel, etc.)	12.7.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/>
03. Health Insurance – National Health Insurance Fund.....	12.5.3.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
04. Health insurance – the Community Health Fund	12.5.3.1.02.	<input type="checkbox"/>	<input type="checkbox"/>
05. Health Insurance – Tiba Kwa Kadi.....	12.5.3.1.03.	<input type="checkbox"/>	<input type="checkbox"/>
06. Health Insurance – Social Health Insurance Benefits	12.5.3.1.04.	<input type="checkbox"/>	<input type="checkbox"/>
07. Private Health insurance (e.g. AAR, Strategis)	12.5.3.1.05.	<input type="checkbox"/>	<input type="checkbox"/>
08. Community Health Insurance (e.g. UMIASITA, VIBINDO)	12.5.3.1.06.	<input type="checkbox"/>	<input type="checkbox"/>
09. Insurance connected with dwellings (theft, fire, damage, etc.).....	12.5.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
10. Insurance connected with items, jewellery, boats etc.	12.5.4.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
11. Driving lessons and driver's test (for motorcycles, cars, boats, airplanes)	07.2.4.1.03.	<input type="checkbox"/>	<input type="checkbox"/>

12. Fees for lawyer, notaries, architect, etc. (excludes doctor's fees)	12.7.1.1.03.	<input type="checkbox"/>	<input type="checkbox"/>
13. Removal transport of objects, hired means	07.3.6.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
14. Expenditures for provision of documents (passports, driving license, ID cards, birth, marriage certificates)	12.7.1.1.04.	<input type="checkbox"/>	<input type="checkbox"/>
15. Expenditures for other services (cost of damages, membership for sports and other organisations, rental of marriage celebration venues, administrative tax, etc.)	12.7.1.1.05	<input type="checkbox"/>	<input type="checkbox"/>

21.06. Did your household have any of the following expenditures, in the last 12 months:

Type of expenditure	COICOP	YES ... 1 NO 2	21.7. What was the amount paid in the last 12 months? (TSH)
01. Bank charges for having a bank account (s)	12.6.2.1.01	<input type="checkbox"/>	<input type="checkbox"/>
02. Membership for SACCOS	12.6.2.1.02	<input type="checkbox"/>	<input type="checkbox"/>
03. Charges for having an ATM card	12.6.2.1.03	<input type="checkbox"/>	<input type="checkbox"/>
04. Charges for using mobile banking (M-Pesa; Zantel, ZAP (Airtel) and TIGO-Pesa)	12.6.2.1.04	<input type="checkbox"/>	<input type="checkbox"/>
05. Expenditure for using the internet outside the home, internet cafes etc.	08.3.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/>
06. VICOBA.....	12.6.2.1.05.	<input type="checkbox"/>	<input type="checkbox"/>

21.08. Did your household have any of the following expenditures, in the last 12 months?

Type of expenditure	YES1 NO 2	21 .9. How many household members paid in the last 12 months?	21 .10. What was the amount paid in the last 12 months? (TSH)
01. Life insurance	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02. Housing loan to buy or construct a dwelling	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03. Reimbursement of loans from banks, financial firms, friends, relatives, etc.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04. Court and administrative costs (excluding administrative tax).....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05. Fines for traffic and other violations	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

INVESTMENT AND SALES AT HOUSEHOLD LEVEL

SECTION 22A:

22.01. Did the household have the following investment in the <u>last 12 months</u>?		
Type of investment	YES .. 1 NO ... 2 > next	22.02. How much was spent in the <u>last 12 months</u> ? TSH
01. Purchase of house, apartment, garage, etc.	<input type="checkbox"/>	<input type="checkbox"/>
02. Purchase of land for construction of dwellings	<input type="checkbox"/>	<input type="checkbox"/>
03. Purchase of building materials for own construction	<input type="checkbox"/>	<input type="checkbox"/>
04. Payments for hiring labour for own construction	<input type="checkbox"/>	<input type="checkbox"/>
05. Payments to subcontractors for own construction	<input type="checkbox"/>	<input type="checkbox"/>
06. Expenditure for connecting to public-communal infrastructure	<input type="checkbox"/>	<input type="checkbox"/>
07. Expenditure for acquiring construction permits	<input type="checkbox"/>	<input type="checkbox"/>
08. Purchase of materials and reconstruction for own-repairs	<input type="checkbox"/>	<input type="checkbox"/>
09. Purchase of repair services	<input type="checkbox"/>	<input type="checkbox"/>
22.03. Did the household have the following sale in the <u>last 12 months</u>?		
Type of Sale	YES 1 NO 2 > next	22.04. How much was received from the sale in the <u>last 12 months</u> ? TSH
01. Sale of house, apartment, garage, etc.	<input type="checkbox"/>	<input type="checkbox"/>
02. Sale of land for construction of dwellings	<input type="checkbox"/>	<input type="checkbox"/>
03. Sale of durable good (specify the type of good)	<input type="checkbox"/> Other specify _____	<input type="checkbox"/>

SECTION 22C:

22.05A. Does any member of this household operate a saving or current account?		
Yes1	<input type="checkbox"/>	
No.....2		
22.05B. Select the household members operating savings or current account?		
	Member number (from section 2 household particulars)	
First member	<input type="checkbox"/> <input type="checkbox"/>	
Second member	<input type="checkbox"/> <input type="checkbox"/>	
Third member	<input type="checkbox"/> <input type="checkbox"/>	
Fourth member	<input type="checkbox"/> <input type="checkbox"/>	
22.06A. Has any member of the household taken a bank loan during the last 12 months?		
Yes1	<input type="checkbox"/>	
No.....2		
22.06B. Select the household members that have taken a bank loan in the last 1 2 months		
	Member number (from section 2 household particu- lars)	Amount taken in Tshs.
First member	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Second member	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Third member	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Fourth member	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
22.7. Does any member participate in an informal savings group system?		
Yes1	<input type="checkbox"/>	
No.....2		
22.8. Does any member participate in any formal credit and savings group systems other than bank?		
Yes1	<input type="checkbox"/>	
No.....2		

SECTION 22D: GLOBAL FOOD INSECURITY EXPERIENCE SCALE – FAO

<p>22D.01. During the last 12 MONTHS, you, or any other adult in your household, were worried you would run out of food because of a lack of money or other resources?</p>	<p>YES.....1 NO.....2 DON'T KNOW...98 REFUSED.....99</p>
<p>22D.1_1. If “Yes”, was it...</p>	<p>ONLY ONCE OR TWICE.....1 IN SOME MONTHS BUT NOT EVERY MONTH...2 ALMOST EVERY MONTH.....3 DON'T KNOW.....98 REFUSED.....99</p>
<p>22D.02. During the last 12 MONTHS, you, or any other adult in your household, were unable to eat healthy and nutritious food because of a lack of money or other resources?</p>	<p>YES.....1 NO.....2 DON'T KNOW...98 REFUSED.....99</p>
<p>22D.2_1. If “Yes”, was it...</p>	<p>ONLY ONCE OR TWICE.....1 IN SOME MONTHS BUT NOT EVERY MONTH...2 ALMOST EVERY MONTH.....3 DON'T KNOW.....98 REFUSED.....99</p>
<p>22D.03. During the last 12 MONTHS, you, or any other adult in your household, ate only a few kinds of foods because of a lack of money or other resources?</p>	<p>YES.....1 NO.....2 DON'T KNOW...98 REFUSED.....99</p>
<p>22D.03_1. If “Yes”, was it...</p>	<p>ONLY ONCE OR TWICE.....1 IN SOME MONTHS BUT NOT EVERY MONTH...2 ALMOST EVERY MONTH.....3 DON'T KNOW.....98 REFUSED.....99</p>
<p>22D.04. During the last 12 MONTHS, you, or any other adult in your household, had to skip a meal because there was not enough money or other resources to get food?</p>	<p>YES.....1 NO.....2 DON'T KNOW...98 REFUSED.....99</p>

22D.04_1. If “Yes”, was it...	ONLY ONCE OR TWICE.....1 IN SOME MONTHS BUT NOT EVERY MONTH...2 ALMOST EVERY MONTH.....3 DON'T KNOW.....98 REFUSED.....99
22D.05. During the last 12 MONTHS, you, or any other adult in your household, ate less than you thought you should because of a lack of money or other resources?	YES.....1 NO.....2 DON'T KNOW...98 REFUSED.....99
22D.05_1. If “Yes”, was it...	ONLY ONCE OR TWICE.....1 IN SOME MONTHS BUT NOT EVERY MONTH...2 ALMOST EVERY MONTH.....3 DON'T KNOW.....98 REFUSED.....99
22D.06. During the last 12 MONTHS, your household ran out of food because of a lack of money or other resources?	YES.....1 NO.....2 DON'T KNOW...98 REFUSED.....99
22D.06_1. If “Yes”, was it...	ONLY ONCE OR TWICE.....1 IN SOME MONTHS BUT NOT EVERY MONTH...2 ALMOST EVERY MONTH.....3 DON'T KNOW.....98 REFUSED.....99
22D.07. During the last 12 MONTHS, you, or any other adult in your household, were hungry but did not eat because there was not enough money or other resources for food?	YES.....1 NO.....2 DON'T KNOW...98 REFUSED.....99
22D.07_1. If “Yes”, was it...	ONLY ONCE OR TWICE.....1 IN SOME MONTHS BUT NOT EVERY MONTH...2 ALMOST EVERY MONTH.....3 DON'T KNOW.....98 REFUSED.....99

<p>22D.08. During the last 12 MONTHS, you, or any other adult in your household, went without eating for a whole day because of a lack of money or other resources?</p>	<p>YES.....1 NO.....2 DON'T KNOW...98 REFUSED.....99</p>
<p>22D.08_1. If “Yes”, was it...</p>	<p>ONLY ONCE OR TWICE.....1 IN SOME MONTHS BUT NOT EVERY MONTH...2 ALMOST EVERY MONTH.....3 DON'T KNOW.....98 REFUSED.....99</p>

SECTION 22E: TANZANIA SOCIAL ACTION FUND

<p>22E.01 Has anyone in your household currently or ever received cash transfers from TASAF? Please do not include cash transfers paid as wages from public works. Please do not include cash transfers paid as wages from public works.</p> <p>1. Yes, in the last year 2. Yes, but not in the last year 3. Never benefitted → Skip to 22E.06</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
<p>22E.02. Which household member(s) normally picks up the money paid by TASAF at the payment site? (List roster ID of up to HH member)</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
<p>22E.03. How often does the household receive cash transfer payments from TASAF?</p> <p>1. Once every month 2. Once every two months 3. Once every three months 4. Twice a year 5. Once a year 6. Don't know</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
<p>22E.04. Last time the household went to pick up a payment, how much money did the households receive? Enter zero if you went but were not paid, regardless of the reasons</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>22E.05. Last time the households received payment, did the household receive the full amount expected</p> <p>1. Yes 2. No 3. I don't know what amount am supposed to receive</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
<p>Enumerator prompts 2. Now I want to ask you about cash/wages given to households in return for participating in PSSN public works. For these questions, please do not include other cash transfers besides those from PSSN public works.</p>					
<p>22E.06. In the last year, has anyone in the households ever received wages in return for participating in the TASAF public works (Miradi ya nguvu kazi/Miardi ya kutoaa ajira za muda) Please do not include other cash transfers received besides wages from public works?</p> <p>1. Yes, in the last year 2. Yes, but not in the last years 3. Never benefitted → skip to 22E.10</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
<p>22E.07 Last time the household participated in the TASAF public works, which household member(s) usually worked? (List roster ID of all HH members who worked in the public works)</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
<p>22E.08. Last time the household representative went to collect the money paid by TASAF public work, how much money did he/she received? Please do not consider other cash transfers besides those from TASAF public works</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

22E.09. How many days of work did this last payment for public work cover?	<input type="text"/> <input type="text"/>
22E.10. Did the representative have to pay any fee/token, even if small to pick up any TASAF cash transfer or wages from public works? Do not consider any transport costs. 1. Yes 2. No 3. Refused to respond	<input type="text"/> <input type="text"/>
22E.11. How do you use the transfer payment you receive from TASAF? 1. Food purchase 2. Pay school fees for the kids 3. Cover medical expenses 4. Purchase productive assets 5. Construction/improving residence house 6. Other specify.	<input type="text"/>



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United Republic of Tanzania
Ministry of Finance and Planning and National Bureau of Statistics

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HOUSEHOLD BUDGET SURVEY (HBS), 2017/2018 DWELLING, UTILITIES, WATER AND SANITATION

FORM II

SECTION A: HOUSEHOLD IDENTIFICATION

	CODE	
1. REGION:	<input type="text"/> <input type="text"/>	_____
2. DISTRICT	<input type="text"/> <input type="text"/>	_____
3. WARD / SHEHIA	<input type="text"/> <input type="text"/> <input type="text"/>	_____
4. VILLAGE/STREET	<input type="text"/> <input type="text"/>	_____
5. ENUMERATION AREA (EA)	<input type="text"/> <input type="text"/> <input type="text"/>	_____
6. HOUSEHOLD ID CODE (FROM LIST):	<input type="text"/> <input type="text"/> <input type="text"/>	_____
7. NAME OF COMMUNITY LEADER:		_____
8. PHONE NO. OF COMMUNITY LEADER:		_____
9. NAME OF HOUSEHOLD HEAD:		_____
10. PHONE NO. OF HOUSEHOLD HEAD:		_____

MARK BOX WITH AN 'X' AND NUMBER OF FORMS BELOW
IF YOU USE MORE THAN THIS SINGLE FORM TO
COLLECT INFORMATION FROM THIS HOUSEHOLD. IF
SO, BE SURE TO MARK IN THE SAME WAY THE OTHER
FORMS USED FOR THIS HOUSEHOLD

FORM ____ OF ____

GPS COORDINATES

	DEGREES	MINUTES	SECONDS
LATITUDE	<input type="text"/>	<input type="text"/>	<input type="text"/>
LONGITUDE	<input type="text"/>	<input type="text"/>	<input type="text"/>
ALTITUDE (M)	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. DOES THIS HOUSEHOLD REPLACE ANOTHER SAMPLE HOUSEHOLD CHOSEN FOR THE SURVEY? YES..1; NO..2

12. WHICH HOUSEHOLD IN THIS CLUSTER DOES IT REPLACE? HOUSEHOLD NUMBER OF ORIGINALLY SELECTED HOUSEHOLD

13. RESULT OF INTERVIEW:

ENUMERATORS OPINION

Completed.....	1	_____
No household member at home or no competent respondents at time of visit.....	3	_____
Entire household absents	4	_____
Refused.....	5	_____
Dwelling vacant or address not a dwelling.....	6	_____
Dwelling destroyed.....	7	_____
	8	_____
	9	_____

TIME TO START THE INTERVIEW

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