



ZANZIBAR REVOLUTIONARY GOVERNMENT

OFFICE OF CHIEF GOVERNMENT STATISTICIAN

ZANZIBAR HOUSEHOLD BUDGET SURVEY- 2014/2015

This information is collected under the Act of the Statistics (Act No. 9 of 2007)

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

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

FORM1: WEEK 1

GERESHO

1. REGION: _____

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2. DISTRICT _____

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3. WARD _____

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4. VILLAGE/STREET _____

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5. ENUMERATION AREA (EA) _____

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6. HOUSEHOLD NUMBER : _____

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7. NUMBER OF HOUSEHOLD MEMBERS : _____

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8. NAME OF HOUSEHOLD HEAD: _____

9. LOCAL LEADER _____

NAME AND CODE OF THE ENUMERATOR _____

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NAME AND CODE OF THE SUPERVISOR _____

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STARTING
HOUR MIN

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ENDING
HOUR MIN

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NAME OF THE EDITOR _____

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ENUMERATOR: DATE OF INTERVIEW
DAY MONTH YEAR

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SUPERVISOR: DATE OF SUPERVISING QUESTIONNAIRE
DAY MONTH YEAR

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NAME AND CODE OF THE DATA ENTRANT: _____

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



IDENTIFICATION NUMBER

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EDUCATION QUESTIONS: TO BE ASKED FOR HH MEMBER AGED 4 AND ABOVE (Q.9 TO 19)

I N D I V I D U A L I D	9.	10.	11.	12.	13.	CODE Q13 AND Q14 pre-primary or nursery...01 adult.....02 Primary year 1..... 11 year 2..... 12 year 3..... 13 year 4..... 14 year 5..... 15 year 6..... 16 year 7..... 17 year 8.....18 training after primary...19 Secondary form I..... 21 form II..... 22 form III.....23 form IV.....24 training after secondary...25 form V..... 31 form VI..... 32 training after form VI...33 diploma..... 34 other course..... 35 University year 1..... 41 year 2..... 42 year 3..... 43 year 4..... 44 year 5+..... 45 Masters..... 46 PhD..... 47	14.	15.	16.	17.	
	Did [NAME] ever go to school? Yes.....1 No.....2 If No ▶ 20	At what age did [NAME] start school?	Is [NAME] currently in school? Yes.....1 No.....2 If No ▶14	Is the school public or private? PUBLIC.....1 PRIVATE.....2	What grade is [NAME] currently attending? FOR ANY RESPONSE ▶16		What is the highest grade completed by [NAME]?	Why doesn't [NAME] attend school? Too Old.....01 Completed School.....02 Too far away.....03 Child is working.....04 School useless/ Uninteresting.....05 Illness.....06 Pregnancy.....07 Failed exam.....08 Caring for sick person.....09 Can't afford School..10 Too young.....11 Married.....12 Other, specify.....99 FOR ANY ANSWER ▶20 No. HHm _____ _____	How does [NAME] usually travel to school? On foot.....1 By bike.....2 Vespa/motorcycle...3 By private car/vehicle.....4 By public vehicle Minibus.....5 Other, specify.....6 Not Applicable...▶18	How long does it take [NAME] to get to school by this means of transportation? Exclude the time used to stop on the way by queuing or any other reason IF LESS THAN ONE MINUTE WRITE '00'	HR
01	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
02	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
03	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
04	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
05	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
06	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
07	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
08	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
09	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
10	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
11	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
12	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

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ECONOMIC QUESTION TO BE ASKED TO THE PERSON AGED 5 AND ABOVE (Q.20 TO 26)

I N D I V I D U A L I D	TO BE ASKED TO THE PERSON AGED 4 AND ABOVE				ECONOMIC ACTIVITIES		EMPLOYMENT STATUS	MAIN ACTIVITY AT WORKING PLACE		EMPLOYMENT	
	18		19		20	21	22	23		24	
	Has [NAME] missed any school in the last two schooling weeks?		Why was [NAME] absent from school?		What was [NAME]'s main status for the past 12 months?	What was [NAME]'s main status in the past week?	Was [NAME] employer, employee, self employee not in agriculture, self employee in agriculture, house work without pay or student who learn working during the last week	What is the main activity of the place where [NAME] works		During the last 7 days, what was [NAME]'s main activity	
	Yes.....1 No.....2(▶20)		Public holiday.....01 School closed not in break.02 School closed in break.....03 Absence of teacher.....04 Illness Of child.....05 Illness of hh member.....06 Funeral.....07 Disciplinary action.....08 Cannot meet costs.....09 Child refused.....10 Child had to work.....11 Other, specify.....12		Working with pay.....01 Working without pay.....02 Working for his/her own benefit.03 Not working but seeking for work.....04 Not seeking work but available for work.....05 Housework without economic activities(e.gcooking.....06 Student all the time.....07 Not working is too Old/too Young/Patient/Disabled08 I don't know.....09 Other (Specify).....10		Employer.....01 Employee.....02 Self employee(Not in agriculture, livestock keeping, fishing).....03 Self employee in Agriculture.....04 House work without pay.....05 Student who learn working.....06 Other (specify).....07 Not mentioned.....08	WRITE ATLEAST TWO WORD FOR MAIN ACTIVITY example: taxi driver			
		1	2	3	MAIN ACTIVITY	MAIN ACTIVITY	MAIN ACTIVITY	WRITE MAIN ACTIVITY	ISIC	WRITE MAIN ACTIVITY	MAIN ACTIVITY (TASCO)
01	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
02	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
03	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
04	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
05	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
06	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
07	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
08	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
09	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
10	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
11	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
12	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>

12	<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"/>	A	B	C	D	Z
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DISABILITY (QUEST 42 UP TO 47)

INDIVIDUAL ID	40.	41.	42.	43.	44.	45.	46.	47.
	Why did [NAME] not use medical care in the last 4 weeks?	Is [NAME] currently sick or injured?	Does [NAME] have difficulty seeing, even if he/she is wearing glasses?	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid?	Does [NAME] have difficulty walking or climbing steps?	Does [NAME] have difficulty remembering or concentrating?	Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting etc)?	Using your usual [NAME OF LANGUAGE] language, does [NAME] have difficulty communicating; for example understanding or being understood?
	No need.....1 Too expensive...2 Too far.....3 Had medicine at home.....4 Other,specify...9	Yes.....1 No.....2	No,not at all.....1 No,no difficulty with assistive device...2 Yes,some difficulty.....3 Yes,alot of Difficulty.....4 Cannot perform.....5 Not applicable.....6	USE CODES FROM Q42	USE CODES FROM Q42	USE CODES FROM Q42	USE CODES FROM Q42	USE CODES FROM Q42
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BECAUSE OF PHYSICAL ,MENTAL OR EMOTIONAL HEALTH CONDITION...

ENTER TIME OF FIRST INTERVIEW ENDED, NOW EXPLAIN HOW TO KEEP THE DIARY OF THE DAILY RECORD FOR EACH HOSEHOLD MEMBER AGED 4 AND ABOVE

HOUR

MINUTE

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Kiswahili

Wazazi wanapenda watoto wao.

Kilimo ni kazi ngumu.

Mtoto anasoma kitabu.

Watoto wanafanya bidii Skuli.

English

Parents love their children.

Farming is hard work.

The child is reading a book.

Children work hard at school.