

Identification number

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SECTION 2: DATA ON BUILDING

Form _____ Out of _____

Confidential



OFFICE OF CHIEF GOVERNMENT STATISTICIAN

ZANZIBAR REVOLUTIONARY GOVERNMENT

HOUSEHOLD BUDGET SURVEY: ZANZIBAR 2014/2015

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

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

DWELLING, UTILITY, WATER, SANITATION AND HOUSEHOLD EXPENDITURE

FORM II: 1st WEEK

SECTION 1: IDENTIFICATION

CODES

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 HHD MEMBER.....

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8. ENUMERATOR'S NAME AND CODE _____

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SUPERVISOR'S NAME AND CODE _____

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STARTING TIME

HRS		MINS	

DATE OF INTERVIEW

D	D	M	M	Y	Y	Y	Y

EDITOR'S NAME: _____

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NAME OF DATA ENTRANT: _____

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INTERVIEWER: REMIND THE HOUSEHOLD ABOUT THE DIFFERENT PERIODS OF THE QUESTIONS

(ONE MONTH, THREE MONTHS, ONE YEAR).

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SECTION 2: DATA ON BUILDING

C) DURABLE GOODS (for main and secondary buildings)

30-32 Does your household have any of the following items?				
Type of item	COICOP	30. Yes = 1 No = 2 ⇒ go to an- other item	For items bought in the last 12 months write the number and total expenditure in TSH (also if bought by credit)	
			31. Quantity	32. Amount paid (Tshs)
a. Electric or gas stove (including microwave oven)	05.3.1.3.01	<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"/> <input type="text"/> <input type="text"/>
b. Charcoal stove	05.3.1.3.03	<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"/> <input type="text"/> <input type="text"/>
c. Firewood and coal stove	05.3.1.3.04	<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"/> <input type="text"/> <input type="text"/>
d. Refrigerator, freezer or fridge-freezer	05.3.1.1.01	<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"/> <input type="text"/> <input type="text"/>
e. Chairs	05.1.1.1.01	<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"/> <input type="text"/> <input type="text"/>
f. Sofas	05.1.1.1.08	<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"/> <input type="text"/> <input type="text"/>
g. Tables	05.1.1.1.02	<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"/> <input type="text"/> <input type="text"/>
h. Beds	05.1.1.1.03	<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"/> <input type="text"/> <input type="text"/>
i. Cupboards	05.1.1.1.04	<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"/> <input type="text"/> <input type="text"/>
j. Lanterns	05.1.1.1.16	<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"/> <input type="text"/> <input type="text"/>
k. Iron (electric or charcoal)	05.3.2.1.01	<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"/> <input type="text"/> <input type="text"/>
l. Water heater	05.3.1.4.02	<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"/> <input type="text"/> <input type="text"/>
m. Mosquito net	05.2.1.1.04	<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"/> <input type="text"/> <input type="text"/>
n. Air conditioner	05.3.1.4.01	<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"/> <input type="text"/> <input type="text"/>
o. Sewing machine	05.3.1.6.01	<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"/> <input type="text"/> <input type="text"/>
p. Watch	12.3.1.1.03	<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"/> <input type="text"/> <input type="text"/>
q. Fan	05.3.2.1.03	<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"/> <input type="text"/> <input type="text"/>
r. Cooking pots	05.4.1.3.08	<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"/> <input type="text"/> <input type="text"/>
s. Mattress	05.1.1.1.15	<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"/> <input type="text"/> <input type="text"/>

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SECTION 2: DATA ON BUILDING

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

YES 1

NO .. .2 ⇒ **Section 3**

34 - 36. If YES, please specify the item and the amount paid in TSH: (LIST UP TO THREE MOST EXPENSIVE ITEMS)

Type of appliance / equipment	34. COICOP	35. Quantity	36. Amount paid (Tshs)
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Identification Number

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SECTION 3: EXPENDITURES FOR FURNITURE, HOUSEHOLD APPLIANCES AND SERVICES

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

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

Articles	2a. Yes = 1 No = 2 ⇒ next item	COICOP	2b. Amount paid (TSH)
a. Small electric appliances (food mixers, coffee mills, toasters etc.).....	<input type="checkbox"/>	05.3.2.1.04	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Cutlery	<input type="checkbox"/>	05.4.1.2.05	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Plates, dishes etc.....	<input type="checkbox"/>	05.4.1.1.04	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Cups, mugs.....	<input type="checkbox"/>	05.4.1.1.03	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Thermos flask	<input type="checkbox"/>	05.4.1.3.07	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Other household non-electric articles (ironing boards, food scale, etc.)	<input type="checkbox"/>	05.4.1.3.17	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

Type of collaboration / service	3a. Yes= 1 No = 2 ⇒ next item	COICOP	3b. Amount paid (Tshs)
a. Periodical services (cleaning, gardeners, etc.)	<input type="checkbox"/>	05.6.2.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Services by paid workers (cooking, cleaning, baby sitters, etc.)	<input type="checkbox"/>	05.6.2.1.02.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Services for non self-sufficient elderly and disabled, etc.....	<input type="checkbox"/>	12.4.1.1.01.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION 4a: NEW GARMENTS AND FOOTWEAR

1. 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?

Articles / services	Yes = 1 No = 2 ⇒ GO TO NEXT ITEM	COICOP	NEW	
			1. Quantity	3. Amount paid (Tshs)
Garments for men				
1. Men's overcoat (coat, jacket, rain-coat).....	<input type="checkbox"/>	03.1.2.1.14	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Men's suit and jacket	<input type="checkbox"/>	03.1.2.1.05	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Men's trousers (including blue jeans)..	<input type="checkbox"/>	03.1.2.1.06.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Men's shirts, T-shirts, blouses, sweaters, jerseys	<input type="checkbox"/>	03.1.2.1.01	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Men's underwear (pants, boxer shorts, undershirt, socks, bathrobe and pyjamas	<input type="checkbox"/>	03.1.2.1.09	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Msuli/Kikoi/Kanzu/Shuka	<input type="checkbox"/>	03.1.2.1.13	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Men's sports garments.....	<input type="checkbox"/>	03.1.2.1.31	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Garments for women				
8. Women's overcoat (coat, jacket, raincoat).....	<input type="checkbox"/>	03.1.2.2.18	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Women's dresses	<input type="checkbox"/>	03.1.2.2.06	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Women's trousers and skirts.....	<input type="checkbox"/>	03.1.2.2.16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. Women's shirts, T-shirts, blouses, sweaters, jerseys and dresses	<input type="checkbox"/>	03.1.2.2.01	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12. Women's underwear (bra, slip, socks, undershirt) bathrobe and pyjamas	<input type="checkbox"/>	03.1.2.2.04	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13. Kanga	<input type="checkbox"/>	03.1.1.1.08	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. Kitenge.....	<input type="checkbox"/>	03.1.1.1.07	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
15. Women's sports garments	<input type="checkbox"/>	03.1.2.2.26	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16. Scarf.....	<input type="checkbox"/>	03.1.3.1.01	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Garments for children and babies (3 –13)yrs and infant (0 – 2)yrs				
17. Children's overcoat (coat, jacket, raincoat) and suit	<input type="checkbox"/>	03.1.2.3.18	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18. Children's trousers, dresses	<input type="checkbox"/>	03.1.2.3.06	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19. Children's shirt, T-shirt, blouses, sweaters, jerseys	<input type="checkbox"/>	03.1.2.3.01	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20. Children's pyjamas, pants, boxers or socks	<input type="checkbox"/>	03.1.2.3.10	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
21. Children's school uni-form.....	<input type="checkbox"/>	03.1.2.3.19	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Children's sports garments	<input type="checkbox"/>	03.1.2.3.20	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23. Babies' (up to 2 years) garments (including nappies made of fabric)	<input type="checkbox"/>	03.1.2.3.14	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 4a: NEW GARMENTS AND FOOTWEAR

24. Other articles and clothing accessories (caps, hats, turbans etc.)	<input type="checkbox"/>	03.1.2.3.15	<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"/>
Material/Fabric for clothing				
25. Men's clothes	<input type="checkbox"/>	03.1.1.1.12	<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"/>
26. Women's clothes	<input type="checkbox"/>	03.1.1.1.13	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27. Children's clothes	<input type="checkbox"/>	03.1.1.1.14	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Footwear for men				
28. Footwear for men (all footwear excluding sports footwear)	<input type="checkbox"/>	03.2.1.1.01.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29. Men's sports footwear, leather, synthetic sole, with shoelace	<input type="checkbox"/>	03.2.1.1.02.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
30. Slippers for men	<input type="checkbox"/>	03.2.1.1.04	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Footwear for women				
31. Footwear for women (all footwear excluding sports footwear)	<input type="checkbox"/>	03.2.1.2.01.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32. Women's sports footwear, leather, synthetic sole, with shoelace	<input type="checkbox"/>	03.2.1.2.02.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
33. Slippers for women	<input type="checkbox"/>	03.2.1.2.04	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Footwear for children and babies				
34. Children's shoes (all footwear excluding sports footwear)	<input type="checkbox"/>	03.2.1.3.01.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35. Children's shoes for school	<input type="checkbox"/>	03.2.1.3.02.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36. Children's sports shoes	<input type="checkbox"/>	03.2.1.3.03.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
37. Babies' (up to 2 years) shoes (excluding shoes made of fabric)	<input type="checkbox"/>	03.2.1.3.04.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
38. Slippers for children	<input type="checkbox"/>	03.2.1.3.05.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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SECTION 5: EXPENDITURE ON HEALTH

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

Yes 1

No..... .. 2 ⇒ **SECTION 6**

2 - 4. What was the amount paid for specified items in the last month? if no expenditure go to the next item

Type of expenditure	COICOP	Amount paid by the household (Tshs)		
		Formal pay		4. Informal
		2. Public	3. Private	
1. Pharmaceutical products (medicines, serum, vaccines)	06.1.1.1.01	_____	_____	_____
2. Other medical products (thermometers, bandages, plasters, first aid kits)	06.1.3.1.01	_____	_____	_____
Admissions to clinics or hospitals (includes medical services, food services, drinks, care, etc.)				
3. Services by general or specialised hospitals	06.3.1.1. 01.	_____	_____	_____
4. Services by medical and rehabilitation centres, etc.	06.3.1.1.02.	_____	_____	_____
Out of hospital services and treatments				
5. Physicians in general or specialist practice.....	06.2.1.1.01.	_____	_____	_____
6. Dentist (repairs, oral hygiene, prosthetics, etc.).....	06.2.2.1.01.	_____	_____	_____
7. Medical laboratory findings	06.2.3.1.01.	_____	_____	_____
8. Other diagnostic control (X-rays, electrocardiogram, ultra sound, etc.)	06.2.3.1.02.	_____	_____	_____
9. Paramedical (physiotherapist, remedial gymnastics, acupuncture, curettage, etc.).....	06.2.3.2.01.	_____	_____	_____
10. Other treatments (unqualified doctors such as healers, herbalist, etc.)	06.2.3.3.01.	_____	_____	_____
Therapeutic appliances and equipment				
11. Corrective eye-glasses and contact lenses.....	06.1.3.1.01.	_____	_____	_____
12. Hearing aids, prosthesis (except dental).....	06.1.3.1.02.	_____	_____	_____
13. Blood pressure and blood sugar monitoring devices, etc....	06.1.3.1.03.	_____	_____	_____
14. Wheelchairs, special beds, orthopaedic shoes, braces, crutches, etc.	06.1.3.1.04.	_____	_____	_____
15. Repair of therapeutic appliances and equipment, etc.	06.1.3.1.05.	_____	_____	_____

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SECTION 7: SPARE TIME AND EDUCATION

c. Tickets to sporting shows	09.4.1.1.03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
d. Tickets for concerts, theatre, cultural events etc.....	09.4.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
e. Tickets for museums, national parks, zoos.....	09.4.2.2.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
f. Lottery tickets, bingo, betting	09.4.3.1.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
g. Photographic equipment, video cameras, projectors, enlarges, microscopes, etc.....	09.1.2.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
h. Musical instruments	09.2.2.1.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
i. Parts and accessories for musical instruments	09.2.3.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
j. Accessories for reception, reproduction and recording of sound and pictures (CD-ROMs, floppy disk, pre-recorded and un-recorded tapes, etc.)	09.1.4.1.01.	<input type="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"/>
k. Amusement: painting and dancing courses, etc.....	09.4.1.1.04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
l. Durables for indoor recreation (billiard tables, etc).....	09.2.2.2.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
m. Games, toys, hobbies.....	09.3.1.1.01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
n. Pets (purchase)	09.4.1.1.05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

B. EDUCATION

8. Did your household make expenditures for the specified items in the last 3 months?

Type of expenditure	COICOP	Yes = 1 No = 2 → Next item	Amount paid (Tshs)
a. Child care	12.4.1.2.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Courses (vocational, language, computer, training courses, etc.)	10.5.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. School bus (excludes city transport)	07.3.2.1.02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. School books	09.5.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Private tuition	10.5.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Expenditure for accommodation of pupils and students in halls of residence and other educational institutions.....	11.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. Expenditure for private accommodation of pupils and students	11.2.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9-10. Did your household make any formal expenditure for registration fees for private schools in the last 12 months?

Yes 1

No 2 → **Quest.11**

Type of expenditure	COICOP	Yes = 1 No = 2 if No go to next item	10. Amount paid (Tshs)
a. Pre-primary education.....	10.1.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Primary education.....	10.1.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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SECTION 7: SPARE TIME AND EDUCATION

c. Secondary education	10.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Non-Tertiary (Certificate/Diploma)	10.3.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Tertiary (university education including postgraduate studies).....	10.4.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Vocational and other education	10.5.1.1.03.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

11-12 Did your household make any informal expenditure for registration fees for private schools in the last 12 months?

Yes 1

No 2 ⇒ **Quest. 13**

Type of expenditure	COICOP	YES = 1 NO = 2 if No go to next item	12. Amount paid (Tshs)
a. Pre-primary education.....	10.1.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Primary education.....	10.1.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Secondary education	10.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. . Non-Tertiary (Certificate/Diploma)	10.3.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Tertiary (university education including postgraduate studies)	10.4.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Vocational and other education	10.5.1.1.03.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

13-14. Did your household make any formal expenditure for registration fees for public schools in the last 12 months?

Yes 1

No 2 ⇒ **Quest. 15**

Type of expenditure	COICOP	YES = 1 NO = 2 if No go to next item	14. Amount paid (TSH)
a. Pre-primary education.....	10.1.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Primary education.....	10.1.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Secondary education	10.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Non-Tertiary (Certificate/Diploma)	10.3.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Tertiary (university education including postgraduate studies).....	10.4.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Vocational and other education	10.5.1.1.03.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

15-16. Did your household make any informal expenditure for registration fees for public schools in the last 12 months?

Yes 1

No 2 ⇒ **Quest. 17**

Type of expenditure	COICOP	YES = 1 NO = 2 if No go to next item	14. Amount paid (TSH)
a. Pre-primary education.....	10.1.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Primary education.....	10.1.1.1.02.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Secondary education	10.2.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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SECTION 7: SPARE TIME AND EDUCATION

d. Non-Tertiary (Certificate/Diploma)	10.3.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Tertiary (university education including postgraduate studies)	10.4.1.1.01.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Vocational and other education	10.5.1.1.03.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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SECTION 7: SPARE TIME AND EDUCATION

C) HOLIDAYS AND BUSINESS TRIP

<p>17. Did your household or any members of your household make a trip for at least one overnight in the last 12 months? IF MORE THAN ONE TRIP SELECT MOST RECENT</p> <p>Yes 1 <input type="checkbox"/></p> <p>No 2 ⇒ Section 8</p>	
<p>18. How many people went on this trip?..... <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>19. Where did you go? WRITE IN DISTRICT FOR ZANZIBAR, REGION FOR TANZANIA MAINLAND OR COUNTRY ABROAD</p> <p>Districts of Zanzibar _____</p> <p>Region of Tanzania Mainland _____</p> <p>Country abroad _____</p>	<p>Region District</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>
<p>20. What was the purpose of the visit? (TICK UP TO THREE)</p> <p>Leisure and holiday..... A</p> <p>Business B</p> <p>Conference/seminars..... C</p> <p>Visiting friends D</p> <p>Attend to the Wedding/Funeral..... E</p> <p>Attending hospital for treatment..... F</p> <p>Other (specify) G</p>	
<p>21. What was the activity during the trip? (TICK UP TO THREE)</p> <p>National Park Safari..... A</p> <p>Beach tourism..... B</p> <p>Culture/Historical site..... C <input type="checkbox"/></p> <p>Hunting D</p> <p>Visiting friends/Relatives..... E</p> <p>Attend to the Wedding/Funeral..... F</p> <p>Attending hospital for treatment..... G</p> <p>Other (specify) H</p>	
<p>22. What was your main means of transport? (TICK ONE ONLY)</p> <p>Aeroplane 1</p> <p>Own car 2</p> <p>Car-hire (includes taxi)..... 3 <input type="checkbox"/></p> <p>Bus/Public transport 4</p> <p>Water transport (ex. Ship/boat)..... 5</p> <p>Motorcycle/Scooter..... 6</p> <p>Other (specify) 9</p>	
<p>23. What was the type of place you stayed for most of the trip? (TICK UP TO THREE)</p> <p>Hotels A</p> <p>Lodge B</p> <p>Guest house..... C</p> <p>Hostels D</p> <p>Private home E</p> <p>Other F</p>	
<p>24. How many nights did you stay in that place?..... <input type="text"/> <input type="text"/></p>	
<p>25a. Now some questions about how much has your household spent for all personal trips in Zanzibar for at least one overnight in the last 12 months?</p>	

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SECTION 7: SPARE TIME AND EDUCATION

Type of expenditure	COICOP	Amount paid (TSH) <i>if no expenditure go to the next iitem</i>
a. Food and drinks.....	09.6.1.1.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Accomodation.....	09.6.1.1.02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Transport.....	09.6.1.1.03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Shopping.....	09.6.1.1.04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Recreational activities.....	09.6.1.1.05	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Other (specify)	09.6.1.1.06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. No purchase	<input type="checkbox"/> 9	

25b. Now some questions about how much has your household spent for all business trips in Zanzibar for at least one overnight in the last 12 months

Type of expenditure	COICOP	Amount paid (TSH) <i>if no expenditure go to the next iitem</i>
a Food and drinks	09.6.1.1.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Accommodation alone	09.6.1.1.02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Transport.....	09.6.1.1.03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Shopping.....	09.6.1.1.04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Recreational activities.....	09.6.1.1.05	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Other (specify)	09.6.1.1.06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. No purchase	<input type="checkbox"/> 9	

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

Type of expenditure	COICOP	Amount paid (TSH) <i>if no expenditure go to the next iitem</i>
a. Food and drinks	09.6.1.1.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Accommodation alone	09.6.1.1.02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Transport to and from Zanzibar.....	09.6.1.1.07	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Transport while outside Zanzibar	09.6.1.1.08	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Shopping.....	09.6.1.1.04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Recreational activities	09.6.1.1.05	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g Other (specify))	09.6.1.1.06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. No purchase	<input type="checkbox"/> 9	

26b. How much has your household spent for all business/work trips outside of Zanzibar for at least one overnight in the last 12 months?

Type of expenditure	COICOP	Amount paid (TSH) <i>if no expenditure go to the next iitem</i>
a. Food and drinks.....	09.6.1.1.01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Accommodation alone	09.6.1.1.02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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SECTION 7: SPARE TIME AND EDUCATION

c. Transport to and from Zanzibar	09.6.1.1.07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transport while abroad.....	09.6.1.1.08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping.....	09.6.1.1.04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Recreational activities	09.6.1.1.05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	09.6.1.1.06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. No purchase	<input type="checkbox"/> 9								

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SECTION 8: OTHER ARTICLES AND SERVICES

1. What were expenditures for purchase of specified products for your household (including gifts) in the <u>last month</u> ?			
Type of expenditure	COICOP	YES = 1 NO = 2 if No go to next item	Amount paid (TSH)
a. Bags, suitcase and other travel goods (travel bags, hands-bags, etc.)	12.3.2.1.01	<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"/>
b. Jewellery, gold and silver personal effects, etc.....	12.3.1.1.02	<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"/>
c. Costume jewellery	12.3.1.1.04	<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"/>
d. Other personal articles (articles for smokers, umbrellas, sunglasses, etc.).....	12.3.2.2.01	<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"/>
e. Articles for babies (baby carriages and similar articles, car seats)	12.3.2.2.05	<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"/>
f. Electric appliance to personal care (hairdryers, depilates, razors and cutters, etc.).....	12.1.2.1.02	<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"/>
g. Other expenditures (<i>specify</i>):	12.3.2.2.03	<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"/>
2. What were the expenditures of your family for the following services in the <u>last 12 months</u> ?			
Type of expenditure	COICOP	YES = 1 NO = 2 if No go to next item	3. Amount paid (TSH)
a. Contributions towards weddings and funerals	12.7.1.1.01	<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"/>
b. Other religious services (contribution to religious institutions and personnel, etc.)	12.7.1.1.02	<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"/>
c. Health Insurance – National Health Insurance Fund.....	12.5.3.1.01	<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"/>
d. Health insurance – the Community Health Fund	12.5.3.1.02	<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"/>
e. Health Insurance – Tiba Kwa Kadi	12.5.3.1.03	<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"/>
f. Health Insurance – Social Health Insurance Benefits ..	12.5.3.1.04	<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"/>
g. Private Health insurance (e.g. AAR, Strategis)	12.5.3.1.05	<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"/>
h. Community Health Insurance (e.g. UMIASITA, VIBINDO).....	12.5.3.1.06	<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"/>
i. Insurance connected with dwellings (theft, fire, damage, etc.).....	12.5.2.1.01	<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"/>
j. Insurance connected with items, jewellery, boats etc. ...	12.5.4.1.02	<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"/>
k. Driving lessons and driver's test (for motorcycles, cars, boats, airplanes)	07.2.4.1.02	<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"/>
l. Fees for lawyer, notaries, architect, etc. (excludes doctor's fees).....	12.7.1.1.03	<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"/>
m. Removal transport of objects, hired means.....	07.3.6.1.01	<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"/>
n. Expenditures for provision of documents (passports, driving license, ID cards, birth, marriage certificates)	12.7.1.1.04	<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"/>
p. Expenditures for other services (cost of damages, membership for sports and other organisations, rental of marriage celebration venues, administrative tax, etc.).....	12.7.1.1.05	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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SECTION 8: OTHER ARTICLES AND SERVICES

4-5. Did your family have any of the following expenditures, in the last 12 months?

Type of expenditure	COICOP	YES = 1 NO = 2	5. Amount paid (TSH)
a. Bank charges for having a bank account (s).....	12.6.2.1.06	<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"/>
b. Membership for SACCOS.....	12.6.2.1.01	<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"/>
c. Charges for having an ATM card	12.6.2.1.07	<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"/>
d. Charges for using mobile banking (M-Pesa; Zantel, ZAP (Airtel) and TIGO-Pesa).....	12.6.2.1.08	<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"/>
e. Expenditure for using the internet outside the home, internet cafes etc.	12.6.2.1.09	<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"/>
f. Charge s for sending money inside/outside of Zanzibar (Bank, local money senderetc)	12.6.2.1.10	<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"/>

6-8. Did your family have any of the following expenditures, in the last 12 months?

Type of expenditure	YES = 1 NO = 2	7. No. of hhd mem- bers	8. Amount paid (TSH)
a. Life insurance	<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"/> <input type="text"/> <input type="text"/>
b. Housing loan to buy or construct a dwelling.....	<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"/> <input type="text"/> <input type="text"/>
c. Reimbursement of loans from banks, financial firms, friends, relatives, etc.....	<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"/> <input type="text"/> <input type="text"/>
d. Court and administrative costs (excluding administrative tax).....	<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"/> <input type="text"/> <input type="text"/>
e. Fines for traffic and other violations	<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"/> <input type="text"/> <input type="text"/>

Identification Number

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SECTION 10: SALES AT HOUSEHOLD LEVEL

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

ENDING TIME FOR SECOND VISIT

Hours

Minutes

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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Enumerator Comments