



REVOLUTIONARY GOVERNMENT OF ZANZIBAR



OFFICE OF THE CHIEF GOVERNMENT STATISTICIAN

HOUSEHOLD BUDGET SURVEY ZANZIBAR 2018/19

This information is collected under section 4 (1) (a-i) of the Statistics Act No. 9 of 2007

THE INFORMATION COLLECTED ARE STRICTLY CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY

DEMOGRAPHICS, EDUCATION, MIGRATION, HEALTH, DISABILITY

FORM 1:

GERESHO

- 1. REGION:
- 2. DISTRICT:
- 3. WARD:
- 4. VILLAGE/STREET:
- 5. ENUMERATION AREA (EA):
- 6. HOUSEHOLD NUMBER:

7. NAME OF HOUSEHOLD HEAD: _____

8. NUMBER OF HOUSEHOLD MEMBERS:

9. PHONE NO. OF HOUSEHOLD HEAD:

10. DOES THIS HOUSEHOLD REPLACE ANOTHER SAMPLE HOUSEHOLD CHOSEN FOR THE SURVEY?

FORM ____ OUT OF ____

TIME	Hour	Minut	Second
LATITUDO	<input type="text"/>	<input type="text"/>	<input type="text"/>
LONGITUDO	<input type="text"/>	<input type="text"/>	<input type="text"/>
ALTITUDI (M)	<input type="text"/>	<input type="text"/>	<input type="text"/>

YES..1 NO...2

11. RESULT OF INTERVIEW:

- Agreed to be Interviewed.....1
- No Household Member at Home during Time of Visit.....2
- Household Refused.....3
- Dwelling Not Found.....4
- The interview is not complete.....5
- Other (Specify).....9

NUMBER OF HOUSEHOLD SELECTED BEFORE

Interviwer Comment

NAME AND CODE OF THE ENUMERATOR _____

NAME AND CODE OF THE SUPERVISOR _____

VALIDATION _____

NAME AND CODE OF THE DATA ENTRY _____

STARTING TIME

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

SECTION A-2: SURVEY STAFF DETAILS

IDENTIFICATION:

A12 A11. NAME OF ENUMERATOR: _____

A13 A12. ENUMERATOR CODE:

A14 A16. DATE OF INTERVIEW:

	DD	MM	YY	FORM	RESULTS
First Visit	/	/			
Second Visit	/	/			
Third Visit	/	/			
Fourth Visit	/	/			
Fifth Visit	/	/			
Sixth Visit	/	/			
Seventh Visit	/	/			
Eighth Visit	/	/			
Ninth Visit	/	/			
Tenth Visit	/	/			
Eleventh Visit	/	/			
Twelve Visit	/	/			
Thirteenth Visit	/	/			
Fourteenth Visit	/	/			

RESULT OF INTERVIEW:

Completed..... 1

No Household Member at Home at Time of Visit ... 2

Refused..... 3

Dwelling Vacant4

Dwelling Not Found.....5

Postponed.....6

OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

SECTION 9: LABOUR STATUS

AGE 5 OR OLDER

INDIVIDUAL	20.10A_2	20.10B_1				20.10B_2				20.11	20.12A_1	20.12A_2	20.12B_1	20.12B_2	
	What type of product/ service is mainly produced/ rendered by the company/ business/ activities where [NAME]'s SECONDARY job was carried out last week? DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS	ENTER ISIC CODES AS PER TYPE OF ACTIVITY IN Q.20.10A_1 AND Q.20.10A_2								Who is the owner of this enterprise where the MAIN job of [NAME] is carried out? Central Government.....1 Local Government.....2 Parastatal Organization.....3 Political Party.....4 Partnership - Registered.....5 Non-governmental Organization.....6 Religious Organization.....7 Cooperative - Registered.....8 International/Regional Organization.....9 Private Own Account/Family Agriculture.....10 Private Sector Employed (Agriculture).....11 Household - Fetching Water/Collecting Firewood..12 Household - Other Economic Activities.....13 Cooperative - Unregistered.....14 Private Own Account (Non-agriculture).....15 Private Sector Employed (Non-agriculture).....16 Partnership Un-registered.....17 Other Private (Specify).....99	How much in cash was [NAME] paid or obtain from his/her jobs and what was the period for this income? FOR PERSONS IN AGRICULTURE AND BUSINESS REPORT NET INCOME TSH WEEK.....1 MONTH...2	PERIOD		WEEK.....1	MONTH...2
												ISIC CODE			
		MAIN JOB				SECONDARY JOB						MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS
1									<input type="checkbox"/>						
2									<input type="checkbox"/>						
3									<input type="checkbox"/>						
4									<input type="checkbox"/>						
5									<input type="checkbox"/>						
6									<input type="checkbox"/>						
7									<input type="checkbox"/>						
8									<input type="checkbox"/>						
9									<input type="checkbox"/>						
10									<input type="checkbox"/>						
11									<input type="checkbox"/>						
12									<input type="checkbox"/>						

SECTION 9: LABOUR STATUS

AGE 5 OR OLDER

I N D I V I D U A L I D	20.13A_1	20.13A_2	20.13B_1	20.13B_2	20.14	20.15	20.16	20.17
	How much did [NAME] receive in kind and what was the period for this payment in kind?		PERIOD WEEK.....1 MONTH...2		Was [NAME] available for work last week? YES...1 ► Q20.16 NO.....2	What is the MAIN reason why [NAME] WAS NOT available for work last week? Attending School.....1 Taking Care Of Those Who Need Assistance/Household Chores.....2 Forbidden By Spouse.....3 Retired.....4 Too Old/Too Young.....5 Sick.....6 Disabled.....7 Resting/Income Recipient, Remittances, Investments.....8 Do Not Want To Work.....9 END OF INTERVIEW FOR THIS SECTION	Has [NAME] taken any steps during the past four weeks to look for work? Yes..... 1 No..... 2	In the last 12 months, did [NAME] run a non-farm business of any size for themselves or another household member, even if for one hour? DO NOT INCLUDE FARMS YES..... 1 NO..... 2
	TSH		MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS		
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Because of a physical, mental or emotional health condition...

Women (10-49)

DISABILITY (QUESTION 36 TO 42)

N A M B A Y A M W A N A K A Y A	44.	45.	46.	47.	48.	49.	WMP11	WMP12	WMP13	WMP14		
	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?	Weight in kilograms	Height in cm	Have you ever given birth to a son or daughter who was born alive but later died?	How many boys have died? And how many girls have died? Interviewer: If none, record 0		
	USE CODES FROM Q44 to Q49 No, not at all.....1 No, no difficulty with assistive device.....2 Yes, some difficulty.....3 Yes, a lot of Difficulty.....4 Cannot perform.....5 Not applicable.....6						Not Present.....9994 Refused.....9995 Other.....9996	Yes.....1 No.....2 Don't know.....98 Will not answer.....88	Interviewer Checkpoint: If no, probe - Any baby who cried or showed signs of life but did not survive?			
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
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"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
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"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Male Female	<input type="text"/>	Male Female	<input type="text"/>

Children (0-5)			Vifo vya watoto chini ya miaka 5		READING AND WRITING		
CMP11	CMP12	CMP13	CMP1.3a	CMP1.3b	55.	56.	57.
Child Weight in kilograms	Child Height in cm	Interviewer Checkpoint: Children under 2 years of age should be measure lying down	Any child has died in the household in the past 5 years	How many boys have died? And how many girls have died?	Can [NAME] read and write a short sentence in Kiswahili, English, Kiswahili and English or any other language?	CHECK QUESTION 20 AND 21 IF CODES 01 TO 18 HAVE BEEN ANSWERED	Now I would like you to read this sentence to me (SHOWCARD A IN KISWAHILI ON TOP AND ENGLISH UNDERNEATH) IF RESPONDENT CANNOT READ WHOLE SENTENCE , PROBE Can you read any part of the sentence to me? RESPONDENT FREE TO CHOOSE WHICHEVER LANGUAGE THEY PREFER
1. Child Weight (Alone): 2. Weight 1 (Mother + Child): 3. Weight 2(Mother): Not Present...9994 Refused.....9995 Other9996		Lying Down.....1 Standing Up.....2 Not Measured...3	Yes.....1 No.....2	Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	Kiswahili.....1 English.....2 Kiswahili na kisw&english....3 Other languages..4 None.....5	Yes.....1 No.....2	Cannot read at all.....1 Kiswahili Able to read only parts of sentence.....2 Able to read whole sentence.....3 Blind or visually impaired.....4 Not available.....5 IF CODE 4 OR 5 GOTO NEXT HH MEMBER
<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Fema <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <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"/>	<input type="checkbox"/>	Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	58.	59	60	61	62	63						64	65
	<p>Does,[NAME] have ability to count and perform simple mathematical calculation ?</p> <p>Yes...1 NO....2 if No (▶) 60</p>	<p>Now I would like you to do this calculation.(GIVE THE RESPONDENT CARD B) IF THE RESPONDENT CANT DO THE CALCULATION PROBE MORE CAN ABLE TO COUNTI.</p> <p>Cannot do at all.....1 Able to count2 Able to do simple calculation.....3 Blind or visually impaired.....4 Not found at home.....5</p> <p>SINGLE RESPONSE</p>	<p>Does,(NAME) Know any thing about computer,?</p> <p>Yes.....1 NO...2▶) Skip to another respondent</p>	<p>Do you use computer / tablet even if its not yours?</p> <p>Yes.....1 NO..2▶64</p>	<p>Where did you get computer / tablet skills??</p> <p>School.....1 Computer center....2 Instute/University ...3 At work4 Home.....5 Other6</p>	<p>What kind of skills do you have?</p> <p>Use Microsoft Word.....A Use microsoft excel.....B Production Presentation..C Intaneti.....D Downloading.....E Installing.....F</p> <p>MULTIPLE RESPONSE</p>						<p>Do you use mobile phone even if its not yours?</p> <p>Yes...1 No....2</p>	<p>Over the past 3 month did you use the internet?</p> <p>Yes.....1 No.....2</p>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	<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	E	F	<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	E	F	<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	E	F	<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	E	F	<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	E	F	<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	E	F	<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	E	F	<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	E	F	<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	E	F	<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	E	F	<input type="checkbox"/>	<input type="checkbox"/>

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.

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ENTER TIME OF FIRST INTERVIEW ENDED, NOW EXPLAIN HOW TO KEEP THE DIARY OF THE DAILY RECORD FOR EACH HOSEHOLD MEMBER AGED 5 AND ABOVE

FIRST INTERVIEW ENDED

Hour

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Minute

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Interviewer Observation: