



REVOLUTIONARY GOVERNMENT OF ZANZIBAR



OFFICE OF THE CHIEF GOVERNMENT STATISTICIAN

HOUSEHOLD BUDGET SURVEY: ZANZIBAR 2018/2019

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

SECTION 1: IDENTIFICATION

1. REGION _____

2. DISTRICT _____

3. WARD _____

4. VILLAGE/STREET _____

5. ENUMERATION AREA (EA) _____

6. HOUSEHOLD NUMBER _____

7. NUMBER OF HHD MEMBER

INTERVIEWER NUMBER _____

INTERVIEWER NAME.....

SUPERVISOR NUMBER _____

SUPERVISOR NUMBER.....

Enumerator's Opinion:

TIME ENUMERATION **Hours** **Minutes** **Date Of Interview**

EDITOR NAME

Data entry name.....

INTERVIEWER: TAKE CARE TO REMIND THE HOUSEHOLD OF THE DIFFERENT PERIODS OF TIME THE QUESTIONS REFER TO (ONE MONTH, THREE MONTHS, ONE YEAR).

SECTION 2: DATA ON BUILDING

A) MAIN BUILDING

| | |
|--|---|
| <p>1. Storeys in building</p> <ul style="list-style-type: none"> - No storey , building on 1 level1 - 1 storey, building on 2 levels.....2 - 2 or more stores, building on 3 or more levels.....3 - Other type, eg. House raised on poles etc.....4 | <input type="checkbox"/> |
| <p>2. How many rooms are used for sleeping in this household?</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>3. How many household members usually sleeping in this household?</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>3.A. Is there place of cooking/kitchen in this household?</p> <ul style="list-style-type: none"> Yes, inside the household.....1 Yes, outside the household.....2 No, there is no place for cooking/kitchen.....3 | <input type="checkbox"/> |
| <p>4. What is the main building material of the <u>floor</u>?</p> <ul style="list-style-type: none"> Cement.....1 Ceramic tiles2 Parquet or polished wood.....3 Tarazo4 Vinyl or asphalt strips.....5 Wood planks.....6 Palm/bamboo.....7 Earth/sand.....8 | <input type="checkbox"/> |
| <p>5. What is the main building material used for the <u>walls</u> of the main building?</p> <ul style="list-style-type: none"> Stones1 Cement bricks2 Sundried bricks3 Baked bricks.....4 Timber5 Timber and iron sheets.....6 Bamboo/Poles and mud.....7 Grass.....8 Tents.....9 | <input type="checkbox"/> |
| <p>6. What is the building material used for the <u>roof</u> of the main building?</p> <ul style="list-style-type: none"> Iron sheets1 Tiles.....2 Concrete.....3 Asbestos4 Grass/leaves5 Mud and leaves.....6 Plastics/pieces of tins.....7 Tents.....8 | <input type="checkbox"/> |

LEGAL STATUS OF THE MAIN BUILDING

| | |
|--|--------------------------|
| <p>7. What is the sex of the owner of this house?</p> <ul style="list-style-type: none"> Male1 Female2 Both male and Female.....3 Don't know.....4 | <input type="checkbox"/> |
| <p>8. What is the legal status of use of the dwelling/household?</p> <ul style="list-style-type: none"> Owned by household1 Lived in without paying any rent.....2 Rented privately3 Rented from public real estate company (ZSSF, Insurance, bank etc.).....4 Rented from employer including Government, Parastatal/Private/ Religious Organization5 Rented from employer including Government, Parastatal/Private at a subsidized rent6 Rented from a relative or friend at a subsidized rent7 Other (<i>specify</i>):9 | <input type="checkbox"/> |

SECTION 2: DATA ON BUILDING

If code 1,2 and 9 go to Qs 11

9. What is your monthly rent to which your household live?

(including garage and parking linked to the dwelling)

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

COICOP

04.1.1.1.01

TSH

10. When was rent last paid?

Month Year ⇒ Q12

NOTE: ASK THIS QUESTION IF THE ANSWER TO QUESTION 8 IS CODED EITHER 1, 2 OR 9

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

COICOP

04.2.1.1.01

TSH

12. Is this building used for:

- Dwelling only1
- Dwelling and business activity2
- Dwelling and renting.....3
- Dwelling, renting and business activity.....4

CURRENT EXPENDITURES FOR MAIN DWELLING (EXCLUDE EXPENDITURE FOR BUSINESS)

| | COICOP | Amount paid (TSH) |
|---|--------------|--|
| 13. How much did you pay for your <u>last monthly bill</u> for: | | If no expenditure, go to other item |
| a. Electricity (ZECCO) | 04.5.1.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Fixed telephone phone bill | 08.3.1.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Mobile telephone bill (including top-up cards) | 08.3.1.1.03. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| d. TV subscription (cable and digital TV included) | 09.4.2.3.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Internet subscription (excluding connection cost) | 08.3.1.1.06. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| f. Water | 04.4.1.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| g. Sewerage system..... | 04.4.3.1.01 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| h. Common expenditures in multi-occupied building (lift, common lighting, cleaning, running of generator, cost of the building manager, common garages, etc.) | 04.4.4.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| i. Waste removal | 04.4.2.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| j. Other current expenditures (<i>specify</i>): | 04.4.4.1.03. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 14. How much did you pay <u>in the last 3 months</u> for: | | |
| a. Gas in cylinders..... | 04.5.2.2.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Charcoal..... | 04.5.4.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Kerosene | 04.5.4.3.01 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| d. Firewood | 04.5.4.1.02. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Saw dust | 04.5.4.1.04. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

SECTION 2: DATA ON BUILDING

MAINTENANCE OF MAIN BUILDING

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

YES 1

NO 2 ⇒ **Q19a**

16 - 17. What was the amount of the expenditures for regular work by specified item? (If done on your own, please specify materials only.)

| Type of work | Services | | Material | |
|---|--------------|-----------------------|--------------|-----------------------|
| | COICOP | 16. Amount paid (TSH) | COICOP | 17. Amount paid (TSH) |
| a. Painting | 04.3.2.1.01. | _____ | 04.3.1.1.01. | _____ |
| b. Maintenance and repair of clean water installations.. | 04.3.2.1.02 | _____ | 04.3.1.1.02 | _____ |
| c. Maintenance and repair of hydro-sanitary installations | 04.3.2.1.03. | _____ | 04.3.1.1.03. | _____ |
| d. Maintenance and repair of electrical and cooling installations | 04.3.2.1.05. | _____ | 04.3.1.1.05. | _____ |
| e. Maintenance and repair of carpentry and floors | 04.3.2.1.07. | _____ | 04.3.1.1.07. | _____ |
| f. Other unspecified work | 04.3.2.1.09. | _____ | 04.3.1.1.09. | _____ |

SECTION 2: DATA ON BUILDING

B) SECONDARY BUILDINGS

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

YES 1

NO..... 2 ⇒ **Q29**

19. How many secondary building(s) does your household use?

20. How many rooms in all the secondary building(s) are used for sleeping?

QNS 21- 22. INTENT TO KNOW THE BUILDING LEGAL STATUS; MONTHLY RENT IF RENTED OR SUBLETED; OWNERSHIP STATUS, LIVING FREE OF CHARGE OR WHAT WOULD BE THE ESTIMATED MONTHLY RENT?

| Legal status | 21. Dwelling | | | 22. Paid or estimated monthly rent | |
|---|----------------------------|----------------------------|----------------------------|------------------------------------|--|
| | First | Second | Third | COICOP | Total amount paid (TSH) |
| a. Owner or joint owner of dwelling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 04.2.2.2.01. | If no expenditure, go to other item <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| b. Rent or sublet..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 04.1.2.1.01. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| c. Free of charge (also life estate)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 04.2.2.1.01. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

CURRENT EXPENDITURES ON SECONDARY BUILDING

IF EXPENSES ALREADY INCLUDED WITH PRIMARY BUILDING “NOT APPLICABLE”

| 23. How much did you pay for your <u>last monthly bill</u> for: | COICOP | Amount paid (TSH) |
|---|--------------|--|
| | | If no expenditure, go to other item <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| a. Electricity (ZECO)..... | 04.5.1.1.02. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| b. Telephone services - fixed phone bill | 08.3.1.1.02. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| c. Mobile Telephone..... | 08.3.1.1.02 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| d. TV subscription (cable and digital TV included) | 09.4.2.3.02. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| e. Internet subscription (excluding connection cost) | 08.3.1.1.04. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| f. Water clean | 08.3.1.1.06 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| g. Sewerage system..... | 04.4.1.1.02. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| h. Common expenditures in multi-occupied building (lift, common lighting, cleaning, running the generator, costs of the building manager, common garages, etc.) | 04.4.4.1.02. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| i. Waste removal | 04.4.2.1.02. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| j. Other current expenditures (<i>specify</i>): | 04.4.4.1.04. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| | | |
|--|--------------|--|
| 24. How much did you pay during the <u>last 3 months</u> for: | | If no expenditure, go to other item <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| a. Gas in cylinders..... | 04.5.2.2.02. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| b. Charcoal..... | 04.5.4.1.01. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| c. Kerosene | 04.5.4.3.02 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| d. Firewood | 04.5.4.1.02. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| e. Saw dust | 04.5.4.1.04. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

SECTION 2: DATA ON BUILDING

MAINTENANCE OF SECONDARY DWELLING

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

YES 1

NO 2 ⇒

Q28

26 - 27. What was the amount of expenditures for regular work by specified items? (If done on your own, please specify the materials only.)

| Kind of works | 26. Services | | 27. Material | |
|---|--------------|-------------------|--------------|-----------------------|
| | COICOP | Amount paid (TSH) | COICOP | 27. Amount paid (TSH) |
| a. Painting | 04.3.2.1.02. | _____ | 04.3.1.1.02. | |
| b. Maintenance and repair of hydro-sanitary installations | 04.3.2.1.04. | _____ | 04.3.1.1.04. | _____ |
| c. Maintenance and repair of electrical and cooling installations | 04.3.2.1.06. | _____ | 04.3.1.1.06. | _____ |
| d. Maintenance and repair of carpentry and floors | 04.3.2.1.08. | _____ | 04.3.1.1.08. | _____ |
| e. Other unspecified work..... | 04.3.2.1.10. | _____ | 04.3.1.1.10. | _____ |

**C. DURABLE GOODS
(for main and secondary buildings)**

28 - 30. Does your household have any of the following items?

| Type of item | COICOP | 28. YES = 1 NO = 2 If no, go other item | For items bought in the <u>last 12 months</u> write in how many and write the total expenditure in TSH (also if bought by credit) IF NONE ENTER 0 | |
|--|--------------|--|---|---|
| | | | 29. How many | 30. Amount paid (TSH) |
| a. Electric or gas stove (including micro-wave 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"/> |

SECTION 2: DATA ON BUILDING

| | | | | |
|-------------------------|--------------|--------------------------|---|--|
| 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"/> |
| p. Clock | 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"/> |
| 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"/> |
| 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"/> |
| s. Mattress..... | 05.1.1.1.15 | <input type="checkbox"/> | | |

31. 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**

32 - 34. If YES, please specify the item and the amount paid in TSH:

| Type of appliance / equipment | 32. COICOP | 33. How many | 34. Amount paid (TSH) |
|-------------------------------|--|---|--|
| 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"/> |
| 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"/> |
| 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"/> |

SECTION 3: EXPENDITURES FOR FURNITURE, HOUSEHOLD APPLIANCES AND SERVICES

A) FURNITURE AND FURNISHINGS, TOOLS AND APPLIANCES FOR HOUSEHOLD MAINTANANCE

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

| Articles | Yes ...1 No.....2 ⇒ Go to next | COICOP | Amount paid (TSH) |
|--|--------------------------------------|--------------|---|
| a. Bath furniture and accessories (excluding rugs)..... | <input type="checkbox"/> | 05.1.1.1.10. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Outside furniture (wooden, metal or plastic) | <input type="checkbox"/> | 05.1.1.1.11. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Bed sheets | <input type="checkbox"/> | 05.2.1.1.06. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| d. Towels..... | <input type="checkbox"/> | 05.2.1.1.05. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Carpets and other floor covers..... | <input type="checkbox"/> | 05.1.2.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| f. Paintings, knick-knacks, mirror..... | <input type="checkbox"/> | 05.1.1.1.12. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| g. Kerosene lamps | <input type="checkbox"/> | 05.1.1.1.09 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| h. Light fittings, lamp covers | <input type="checkbox"/> | 05.1.1.1.13 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| i. Washing machine..... | <input type="checkbox"/> | 05.3.1.2.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| j. Solar system | <input type="checkbox"/> | 05.3.1.4.03 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| k. Solar lamp..... | <input type="checkbox"/> | 05.1.1.1.14 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| l. Generator..... | <input type="checkbox"/> | 05.3.1.7.01 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| m. Brooms, brushes, broom heads | <input type="checkbox"/> | 05.6.1.2.06. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| n. Major tools for the house (electric drills, non-electric etc).... | <input type="checkbox"/> | 05.5.1.1.01. | <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) 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 | COICOP | YES = 1 NO = 2 ⇒ Go to next | Amount paid (TSH) |
|--|-------------|-----------------------------------|---|
| a. Small electric appliances (food mixers, coffee mills, toasters etc.) | 05.3.2.1.04 | <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"/> |
| b. Cutlery | 05.4.1.2.01 | <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"/> |
| c. Plates, dishes etc..... | 05.4.1.1.01 | <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"/> |
| d. Cups, mugs | 05.4.1.1.02 | <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"/> |
| e. Thermos flask | 05.4.1.3.01 | <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"/> |
| f. Other household non-electric articles (ironing boards, food scale, etc.)..... | 05.4.1.3.02 | <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"/> |

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

YES 1

NO 2 ⇒ **Section 4**

| Type of collaboration / service | COICOP | YES = 1 NO = 2 ⇒ Go to next | Amount paid (TSH) |
|--|--------------|-----------------------------------|---|
| a. Periodical services (cleaning, gardeners, etc.)..... | 05.6.2.1.01. | <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"/> |
| b. Services by paid workers (cooking, cleaning, baby sitters, etc.)..... | 05.6.2.1.02. | <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"/> |
| c. Services for non self-sufficient elderly and disabled, etc..... | 12.4.1.1.01. | <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"/> |

SECTION 4: GARMENTS AND FOOTWEAR

A: NEW GARMENTS AND FOOTWEAR

| 1. Which of the following goods did your household buy <u>new</u> (in cash, by down-payment or on credit) for yourself or as a gift, in the last 12 months? | | | | |
|---|--------------|--|---|---|
| Articles / services | COICOP | YES = 1 NO = 2 ⇒ Go to next item | NEW | |
| | | | 1. How many | 2. Amount paid (TSH) |
| Garments for men | | | | |
| 1. Men's overcoat (coat, jacket, raincoat)..... | 03.1.2.1.14. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2. Men's suit and jacket..... | 03.1.2.1.05. | <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"/> <input type="checkbox"/> |
| 3. Men's trousers (including blue jeans)..... | 03.1.2.1.06. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4. Men's shirts, T-shirts, blouses, sweaters, jerseys..... | 03.1.2.1.01. | <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"/> <input type="checkbox"/> |
| 5. Men's underwear (pants, boxer shorts, undershirt, socks, bathrobe and pyjamas)..... | 03.1.2.1.09. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 6. Sarong..... | 03.1.2.1.13. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7. Men's sports garments..... | 03.1.2.1.31. | <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"/> |
| Garments for women | | | | |
| 8. Women's overcoat (coat, jacket, raincoat)..... | 03.1.2.2.18. | <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"/> |
| 8a. Women's suit and jacket..... | 03.1.2.2.19. | <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"/> |
| 9. Women's dresses..... | 03.1.2.2.06. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10. Women's trousers and skirts..... | 03.1.2.2.16. | <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"/> |
| 11. Women's shirts, T-shirts, blouses, sweaters, jerseys and dresses..... | 03.1.2.2.01. | <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"/> <input type="checkbox"/> |
| 12. Women's underwear (bra, slip, socks, undershirt) bathrobe and pyjamas..... | 03.1.2.2.04. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13. Kanga..... | 03.1.1.1.08. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 14. Kitenge..... | 03.1.1.1.07. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 15. Women's sports garments..... | 03.1.2.2.26. | <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"/> |
| 16. Mitandio/shungi/vilemba..... | 03.1.3.1.01. | <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"/> <input type="checkbox"/> |
| Garments for children and babies | | | | |
| 17. Children's overcoat (coat, jacket, raincoat) and suit..... | 03.1.2.3.18. | <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"/> |
| 18. Children's trousers, dresses..... | 03.1.2.3.06. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 19. Children's shirt, T-shirt, blouses, sweaters, jerseys..... | 03.1.2.3.01. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 20. Children's pyjamas, pants, boxers or socks..... | 03.1.2.3.10. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 21. Children's school uniform..... | 03.1.2.3.19. | <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"/> |
| 22. Children's sports garments..... | 03.1.2.3.20. | <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"/> |
| 23. Babies' (up to 2 years) garments (including nappies made of fabric)..... | 03.1.2.3.14. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 24. Other articles and clothing accessories (caps, hats, turbans etc.)..... | 03.1.3.1.15. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |

SECTION 4: GARMENTS AND FOOTWEAR

| | | | | |
|---|--------------|--------------------------|---|---|
| 25. Material/Fabric for clothing - men | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 26. Material/Fabric for clothing - women | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 27. Material/Fabric for clothing - children | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| Footwear for men | | | | |
| 28. Footwear for men (all footwear excluding sports footwear) | 03.2.1.1.01. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <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..... | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 30. Slippers for men | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| Footwear for women | | | | |
| 31. Footwear for women (all footwear excluding sports footwear)..... | 03.2.1.2.01. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <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 | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 33. Slippers for women | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| Footwear for children and babies | | | | |
| 34. Children's shoes (all footwear excluding sports footwear) | 03.2.1.3.01. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 35. Children's shoes for school | 03.2.1.3.02. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 36. Children's sports shoes | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 37. Babies' (up to 2 years) shoes (excluding shoes made of fabric)..... | 03.2.1.3.04. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 38. Slippers for children | 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"/> <input type="checkbox"/> <input type="checkbox"/> |

B: SECOND HAND GARMENTS AND FOOTWEAR

| 1. Which of the following goods did your household buy SECOND HAND (in cash, by down-payment or on credit) for yourself or as a gift, in the last 12 months? IF NONE ENTER 0 AND LEAVE AMOUNT BLANK | | | | |
|--|--------------|--------------------------------------|---|---|
| Articles / services | COICOP | YES = 1 NO = 2 Go to next Item | Second hand | |
| | | | 1. How many | 2. Amount paid (TSH) |
| Garments for men | | | | |
| 1. Men's overcoat (coat, jacket, raincoat) | 03.1.2.1.14. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2. Men's suit and jacket | 03.1.2.1.05. | <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"/> <input type="checkbox"/> |
| 3. Men's trousers (including blue jeans) | 03.1.2.1.06. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4. Men's shirts, T-shirts, blouses, sweaters, jerseys | 03.1.2.1.01. | <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"/> <input type="checkbox"/> |
| 5. Men's underwear (pants, boxer shorts, undershirt, socks, bathrobe and pyjamas).... | 03.1.2.1.09. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 6. Msuli/Kikoi | 03.1.2.1.13. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7. Men's sports garments | 03.1.2.1.31. | <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"/> |
| Garments for women | | | | |
| 8. Women's overcoat (coat, jacket, raincoat)..... | 03.1.2.2.18. | <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"/> |
| 8a. Women's suit and jacket | 03.1.2.2.19. | <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"/> |

SECTION 4: GARMENTS AND FOOTWEAR

| | | | | |
|---|--------------|--------------------------|---|---|
| 9. Women's dresses | 03.1.2.2.06. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10. Women's trousers and skirts | 03.1.2.2.16. | <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"/> |
| 11. Women's shirts, T-shirts, blouses, sweaters, jerseys and dresses | 03.1.2.2.01. | <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"/> <input type="checkbox"/> |
| 12. Women's underwear (bra, slip, socks, undershirt) bathrobe and pyjamas | 03.1.2.2.04. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13. Kanga | 03.1.1.1.08. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 14. Kitenge | 03.1.1.1.07. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 15. Women's sports garments..... | 03.1.2.2.26. | <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"/> |
| 16. Headscarves..... | 03.1.3.1.01. | <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"/> <input type="checkbox"/> |
| Garments for children and babies | | | | |
| 17. Children's overcoat (coat, jacket, rain-coat) and suit | 03.1.2.3.18. | <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"/> |
| 18. Children's trousers, dresses | 03.1.2.3.06. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 19. Children's shirt, T-shirt, blouses, sweaters, jerseys | 03.1.2.3.01. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 20. Children's pyjamas, pants, boxers or socks | 03.1.2.3.10. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 21. Children's school uniform..... | 03.1.2.3.19. | <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"/> |
| 22. Children's sports garments..... | 03.1.2.3.20. | <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"/> |
| 23. Babies' (up to 2 years) garments (including nappies made of fabric)..... | 03.1.2.3.14. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 24. Other articles and clothing accessories (caps, hats, turbans etc.) | 03.1.3.1.15. | <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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 25. Material/Fabric for clothing - men | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 26. Material/Fabric for clothing - women | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 27. Material/Fabric for clothing - children | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| Footwear for men | | | | |
| 28. Footwear for men (all footwear excluding sports footwear) | 03.2.1.1.01. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <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..... | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 30. Slippers for men | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| Footwear for women | | | | |
| 31. Footwear for women (all footwear excluding sports footwear) | 03.2.1.2.01. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <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 | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 33. Slippers for women | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| Footwear for children and babies | | | | |
| 34. Children's shoes (all footwear excluding sports footwear) | 03.2.1.3.01. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 35. Children's shoes for school | 03.2.1.3.02. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 36. Children's sports shoes | 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 37. Babies' (up to 2 years) shoes (excluding shoes made of fabric) | 03.2.1.3.04. | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 38. Slippers for children | 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"/> <input type="checkbox"/> <input type="checkbox"/> |

SECTION 5: HEALTH EXPENDITURES

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

| Type of expenditure | COICOP | Amount paid by the household (TSH) | | |
|--|--------------|------------------------------------|------------|-------------|
| | | 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) | 06.1.2.1.01 | _____ | _____ | _____ |
| 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 | 06.2.1.1.01. | _____ | _____ | _____ |
| 5.a Specialist practice..... | 06.2.1.1.02. | _____ | _____ | _____ |
| 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. | _____ | _____ | _____ |
| 13.a Blood sugar monitoring devices, etc..... | 06.1.3.1.06. | _____ | _____ | _____ |
| 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. | _____ | _____ | _____ |

SECTION 6: TRANSPORT AND COMMUNICATION

A) VEHICLES

| 1. What kind of vehicles does your family have (excluding vehicles for business purposes) ? | | | | | | | | | |
|--|--|--|--|---|--|--|----------------------|----------------------|-----|
| Kind of vehicle | COICOP | Tick yes or no for every item YES=1 NO=2 | 2. Ask for items ticked yes in previous question whether vehicle bought in the <u>last 12 months</u> . If yes write in how many bought new or second hand in last 12 months | | 3. Ask for new transport vehicle bought in the <u>last 12 months</u> . What was the total cost (even if on credit) | 4. Ask for second hand transport vehicle bought in the <u>last 12 months</u> . What was the total cost (even if on credit) | 5. Bought from | | |
| | | | NEW 2. How many | SECOND HAND 3. How many | | | New | SECOND HAND | New |
| 1. Diesel Car..... | 07.1.1.1.01. | <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"/> <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"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 2. Petrol car..... | 07.1.1.1.02. | <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"/> <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"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 3. Motorcycles | 07.1.2.1.01. | <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"/> <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"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 4. Motorbikes, scooters, moped | 07.1.2.1.02. | <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 5. Bajaji..... | 07.1.2.1.03. | <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"/> <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"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 6. Bicycles | 07.1.3.1.01. | <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 6. Did your family buy any of the above specified vehicles as a gift <u>in the last 12 months</u> (also, if bought on credit)? | | | | | | | | | |
| Yes..... 1 <input type="checkbox"/> | | | | | | | | | |
| No..... 2 Go to Q 12 <input type="checkbox"/> | | | | | | | | | |
| 7-11 If question 6 is yes please mention the other motor vehicle and amount in TZS | | | | | | | | | |
| Type of vehicle (new) | COICOP | 8. TOTAL | | 9. AMOUNT PAID | | Zanzibar1 Mainland..... 2 Abroad..... 3 | | | |
| 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"/> <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"/> <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"/> | | | | |
| Type of vehicle (second hand) | | 10. TOTAL | | 11. AMOUNT PAID | | | | | |
| 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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | | | | |

SECTION 6: TRANSPORT AND COMMUNICATION

| 12 . For the last 12 months have you sell any motor vehicle that mention in question 6 above Yes----- 1 <input type="checkbox"/> No.....2 Go Question 13 | | | | |
|---|--|---|--|--|
| If question 12 is yes please mention the other motor vehicle that sold and amount in TZS | | | | |
| Type of vehicle (new) | COICOP | TOTAL | AMOUNT RECIEVED | Zanzibar1 Mainland..... 2 Abroad..... 3 |
| 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"/> |
| 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"/> |
| Type of vehicle (second hand) | | TOTAL | AMOUNT RECIEVED | |
| 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"/> |
| 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"/> |
| 13. Does your household do any payment for the registration of vehicle (safety fee and other registration excluding business vehicles) for the last 12 month? | | | Amount paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| 14. What were the expenditures for all the vehicles of your family by specified items (excluding vehicles for business purposes)? IF HOUSEHOLD DOES NOT HAVE ANY VEHICLES AT Q1 SKIP TO Q13. | | |
|---|--------------|--|
| Type of expenditure | COICOP | Amount paid (TSH) |
| a. Annual registration of the vehicles (compulsory insurance, technical inspection and other costs for the registration: excludes camper vans | 12.5.4.1.02. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Annual inspection for the vehicle (excluding business vehicles)..... | 12.5.4.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Expenditures in the last 3 months: | | |
| c. Tyres (all types) | 07.2.1.1.02. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| d. Other spare parts and accessories (spark plugs, batteries, etc.) | 07.2.1.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Oil, lubricants etc..... | 07.2.2.1.01. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| f. Maintenance and repairs (mechanic, body work, car electrician, washing, etc.) | 07.2.3.1.02. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| g. Renting a garage or a parking space not linked to the dwelling unit | 07.2.4.1.02. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

SECTION 6: TRANSPORT AND COMMUNICATION

| | | |
|---|--------------|-------------------|
| h.No costs..... | □ 9 | |
| <p>13. Did your family make any expenditures for buses, train, airplane and ship (excluding refundable work travel expenditures), in the <u>last month</u>?</p> <p>YES □ 1</p> <p>NO □ 2 ⇒ Q15</p> | | |
| <p>14. What was the amount by specified items?</p> | | |
| Type of expenditure | COICOP | Amount paid (TSH) |
| a. Transport by road (bus and taxis)..... | 07.3.2.1.01. | □□□□□□□□ |
| b. Transport by railway | 07.3.1.1.01. | □□□□□□□□ |
| c. Transport by air..... | 07.3.3.1.01. | □□□□□□□□ |
| d. Transport by sea and waterway, etc..... | 07.3.4.1.01. | □□□□□□□□ |

B. COMMUNICATION

| <p>15 - 17. Which of the following does your family have?</p> | | | | |
|--|--------------|-------------------|--|-----------------------|
| Kind of equipment | COICOP | YES = 1 NO = 2 | For goods bought in the <u>last 12 months</u> write the total expenditures (also if by credit) | |
| | | | 16. How many | 17. Amount paid (TSH) |
| 1. Telephone landline | 08.2.1.1.01. | □ 1 □ 2 | □□ | □□□□□□□□ |
| 2. Mobile phone | 08.2.1.1.02. | □ 1 □ 2 | □□ | □□□□□□□□ |
| 3. Personal computer/laptop – without internet | 09.1.1.2.03. | □ 1 □ 2 | □□ | □□□□□□□□ |
| 4. Personal computer/laptop with internet | 08.2.1.1.04. | □ 1 □ 2 | □□ | □□□□□□□□ |
| 5. Satellite dish/decoder | 09.1.1.2.05. | □ 1 □ 2 | □□ | □□□□□□□□ |
| <p>18. Did your family buy in the <u>last 12 months</u> any of the above specified communication equipment to make a gift to relatives of the household not living here or to friends?</p> <p>YES □ 1</p> <p>NO □ 2 ⇒ Section 7</p> | | | | |
| <p>19. If YES, please specify the kind of equipment and the amount paid in TSH</p> | | | | |
| Kind of equipment | COICOP | | 20. Amount paid (TSH) | |

SECTION 6: TRANSPORT AND COMMUNICATION

| | | |
|----|--|--|
| 1. | <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"/> <input type="checkbox"/> |
| 2. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4. | <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"/> <input type="checkbox"/> |
| 5. | <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"/> <input type="checkbox"/> |
| 6. | <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"/> <input type="checkbox"/> |

SECTION 7: ENTERTAINMENT FACILITIES AND EDUCATION

A) ENTERTAINMENT FACILITIES

| 1. What type of equipment does your family have? | | | | | |
|---|--------------|--|--|--|---|
| Kind of equipment | COICOP | YES..... 1 NO... 2 → Next item | For goods bought in the <u>last 12 months</u> write how many and the total expenditures (also if by credit) | | BOUGHT FROM Zanzibar.....1 Mainland.....2 Abroad.....3 |
| | | | 2. How many | 3. Amount paid (TSH) | |
| a. Television | 09.1.1.2.01. | <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"/> <input type="checkbox"/> | <input type="checkbox"/> |
| b. Video Recorder/DVD player | 09.1.1.2.03. | <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"/> | <input type="checkbox"/> |
| c. Radio | 09.1.1.1.01. | <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"/> <input type="checkbox"/> | <input type="checkbox"/> |
| d. HI-FI system | 09.1.1.1.05. | <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"/> | <input type="checkbox"/> |
| e. Cassette/tape recorder..... | 09.1.1.1.04. | <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"/> | <input type="checkbox"/> |
| f. Books (not for school)..... | 09.5.1.1.02. | <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"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did your family buy in the <u>last 12 months</u> any of the above specified items to make a gift to relatives of the household not living here or to friends?? | | | | | |
| YES1 <input type="checkbox"/> | | | | | |
| NO.....2 ⇒ Q7 | | | | | |
| 5-6. If YES, please specify the kind of equipment and the amount paid in TSH | | | | | BOUGHT FROM Zanzibar.....1 Mainland.....2 Abroad.....3 |
| Kind of equipment | COICOP | 6. Amount paid (TSH) | | | |
| 1. | | <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"/> <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. | | <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"/> <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. | | <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"/> <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. | | <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"/> <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. | | <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"/> <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"/> |
| 6. | | <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"/> <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"/> |

SECTION 7: ENTERTAINMENT FACILITIES AND EDUCATION

| 7. Did your family make expenditures (in cash, by downpayment or on credit) to buy or rent any of the specified equipment (including gifts), in the last 3 months? | | | | BOUGHT FROM | |
|---|--------------|-----------------------------------|---|--------------------------|--------------------------------|
| Type of expenditure | COICOP | YES..... 1 NO... 2 → Next item | Amount paid (TSH) | Zanzibar.....1 | Mainland.....2 Abroad.....3 |
| a. Equipment for sport, camping and open-air recreation (hunting and fishing equipment, rackets, back-packs, sleeping bags, etc.) | 09.3.2.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sports: expenditures for swimming pools, gym, tennis courts, etc. | 09.4.1.1.02. | <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="checkbox"/> | <input type="checkbox"/> |
| c. Tickets to sporting shows | 09.4.1.1.03. | <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="checkbox"/> | <input type="checkbox"/> |
| d. Tickets for concerts, theatre, cultural events etc..... | 09.4.2.1.01. | <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="checkbox"/> | <input type="checkbox"/> |
| e. Tickets for museums, national parks, zoos..... | 09.4.2.2.01. | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Lottery tickets, bingo, betting | 09.4.3.1.01 | <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"/> | <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Musical instruments | 09.2.2.1.01 | <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="checkbox"/> | <input type="checkbox"/> |
| i. Parts and accessories for musical instruments | 09.2.3.1.01. | <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"/> | <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Amusement: painting and dancing courses, etc. | 09.4.1.1.04. | <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="checkbox"/> | <input type="checkbox"/> |
| l. Durables for indoor recreation (billiard tables, etc)..... | 09.2.2.2.01. | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Games, toys, hobbies..... | 09.3.1.1.01. | <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="checkbox"/> | <input type="checkbox"/> |
| n. Pets (purchase) | 09.3.4.1.01. | <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="checkbox"/> | <input type="checkbox"/> |

SECTION 7: ENTERTAINMENT FACILITIES AND EDUCATION

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 (TSH) |
| a. Nursery or day care centre..... | 12.4.1.2.01 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Courses (vocational, language, computer, training courses, etc.)..... | 10.5.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| c. School bus (excludes city transport)..... | 07.3.2.1.02. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| d. School books..... | 09.5.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Private tuition | 10.5.1.1.02. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| g. Expenditure for private accommodation of pupils and students..... | 11.2.1.1.02. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

YES.....1

NO.....2 ⇒ **Q11**

| Type of expenditure | COICOP | YES..... 1 NO... 2 → Next item | 10. Amount paid (TSH) |
|---|--------------|-----------------------------------|--|
| a. Pre-primary education | 10.1.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Primary education..... | 10.1.1.1.02. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Secondary education | 10.2.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| d. Tertiary (Certificate/Diploma)..... | 10.3.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Tertiary and university education (including postgraduate studies) | 10.4.1.1.01 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| f. Vocational and other education | 10.5.1.1.03. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

YES.....1

NO.....2 ⇒ **Q13**

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

SECTION 7: ENTERTAINMENT FACILITIES AND EDUCATION

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

YES..... 1

NO..... 2 ⇒ **Q15**

| Type of expenditure | COICOP | YES..... 1 NO... 2 ⇒ Next item | 13. Amount paid (TSH) |
|---|--------------|-----------------------------------|--|
| a. Pre-primary education | 10.1.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Primary education..... | 10.1.1.1.02. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Secondary education | 10.2.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| d. Tertiary (Certificate/Diploma)..... | 10.3.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Tertiary and university education (including postgraduate studies) | 10.4.1.1.01 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| f. Vocational and other education | 10.5.1.1.03. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

YES..... 1

NO..... 2 ⇒ **Q17**

| Type of expenditure | COICOP | YES..... 1 NO... 2 ⇒ Next item | 16. Amount paid (TSH) |
|---|--------------|-----------------------------------|--|
| a. Pre-primary education | 10.1.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Primary education..... | 10.1.1.1.02. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Secondary education | 10.2.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| d. Tertiary (Certificate/Diploma)..... | 10.3.1.1.01. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Tertiary and university education (including postgraduate studies) | 10.4.1.1.01 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| f. Vocational and other education | 10.5.1.1.03. | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

SECTION 8: SPARE TIME AND HOLIDAYS

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

YES1

NO2 ⇒ **Section 8**

18. How many people went on this trip?

SECTION 7: ENTERTAINMENT FACILITIES AND EDUCATION

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| <p>19 . Where did you go? WRITE IN DISTRICT OF TANZANIA OR COUNTRY ABROAD</p> <p style="text-align: center;">District of Tanzania _____</p> <p style="text-align: center;">Region in Mailand _____</p> <p style="text-align: center;">Country abroad _____</p> | <p>Region District</p> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | |
|--|---|
| <p>20. What was the purpose of the visit? (TICK UP TO THREE)</p> <p>Leisure and holiday.....</p> <p>Business</p> <p>Conference/seminars.....</p> <p>Visiting friends</p> <p>Hijja/Umra</p> <p>Other (specify)</p> | <p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> |
|--|---|

| | |
|--|---|
| <p>21. What was the activity during the trip? (TICK UP TO THREE)</p> <p>National Park Safari.....</p> <p>Beach tourism</p> <p>Culture/Historical tourism.....</p> <p>Hunting</p> <p>Hijja/Umra</p> <p>Other (specify)</p> | <p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> |
|--|---|

| | |
|--|--|
| <p>22. What was your main means of transport? (TICK ONE ONLY)</p> <p>Aeroplane</p> <p>Own car</p> <p>Car-hire (includes taxi).....</p> <p>Bus.....</p> <p>Motorcycle/Vespa</p> <p>Water/Marine Transport</p> <p>Other</p> | <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>9</p> |
|--|--|

| | |
|--|---|
| <p>23. What was the type of place you stayed for most of the trip? (TICK UP TO THREE)</p> <p>- Town.....</p> <p>- Hotel in the Park/Forestry/Lodge.....</p> <p>- Guest house</p> <p>- Hostels</p> <p>- Private home</p> <p>- Other.....</p> | <p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> |
|--|---|

| | | | | |
|---|--|--|--|--|
| <p>24. How many nights did you stay in that place?</p> | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> </table> | | | |
| | | | | |

| 25a. How much have you spent for <u>all personal trips within Zanzibar</u> for at least one overnight <u>in the last 12 months</u> | | | | | | | | | | |
|---|----------------------------|---|--|--|--|--|--|--|--|--|
| Type of expenditure | COICOP | Amount paid (TSH) | | | | | | | | |
| a. Food and drinks..... | 09.6.1.1.01 | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| b. Accommodation alone..... | 09.6.1.1.02 | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| c. Transport..... | 09.6.1.1.03 | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| d. Shopping | 09.6.1.1.04 | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| e. Recreational activities | 09.6.1.1.05 | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| f. Other (specify)..... | 09.6.1.1.06 | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| g. No purchase..... | <input type="checkbox"/> 9 | | | | | | | | | |

| 25b. How much have you spent for <u>all business trips in Tanzania</u> for at least one overnight <u>in the last 12 months</u> | | | | | | | | | | |
|---|-------------|---|--|--|--|--|--|--|--|--|
| Type of expenditure | COICOP | Amount paid (TSH) | | | | | | | | |
| a. Food and drinks..... | 09.6.1.1.01 | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |

SECTION 7: ENTERTAINMENT FACILITIES AND EDUCATION

| | | |
|----------------------------------|----------------------------|--|
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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) |
|---|----------------------------|--|
| 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"/> |
| 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"/> |
| c. Transport to and from Tanzania | 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"/> |
| d. Transport while abroad..... | 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| h. No purchase | <input type="checkbox"/> 9 | |

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

| Type of expenditure | COICOP | Amount paid (TSH) |
|---|----------------------------|--|
| 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"/> |
| 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"/> |
| c. Transport to and from Tanzania | 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"/> |
| d. Transport while abroad..... | 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| h. No purchase | <input type="checkbox"/> 9 | |

SECTION 9: INVESTMENT AT HOUSEHOLD LEVEL

| 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 → 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..... | 12.3.1.1.03. | <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"/> |
| 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) | 12.3.2.2.02. | <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"/> |
| f. Electric appliance to personal care (hairdryers, depilates, razors and cutters, etc.)..... | 12.1.2.1.01. | <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"/> |
| 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"/> |

| 2-3. 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 → 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"/> |
| o. 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"/> |

| 4-5. Did your family have any of the following expenditures, in the <u>last 12 months</u>: | | | |
|---|-------------|-----------------------------------|---|
| Type of expenditure | COICOP | YES..... 1 NO... 2 → Next item | 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"/> |

SECTION 9: INVESTMENT AT HOUSEHOLD LEVEL

| | | | |
|--|-------------|--------------------------|---|
| c. Charges for having an ATM card..... | 12.6.2.1.07 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| d. Charges for using mobile banking (M-Pesa; Zantel, ZAP (Airtel) and TIGO-Pesa)..... | 12.6.2.1.08 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| e. Expenditure for using the internet outside the home, internet cafes etc. | 12.6.2.1.09 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| f. Expenditure for money transfer in/outside of Zanzibar (banks/private/Western Union etc) | 12.6.2.1.10 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| g. Expenditure for mobile money transfer (M-Pesa; Ezy Pesa, Airtel pesa, TIGO-Pesa, nk) | 12.6.2.1.11 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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 hhld mem- bers | 8. Amount paid (TSH) |
|---|--------------------------|---|---|
| a. Life insurance | <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"/> |
| b. Housing loan to buy or construct a dwelling | <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"/> |
| c. Reimbursement of loans from banks, financial firms, friends, relatives, 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"/> |
| d. Court and administrative costs (excluding administrative tax) | <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"/> |
| e. Fines for traffic and other violations | <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"/> |

| Type of investment | YES..... 1 NO... 2 → Next item | 2. How much was spent in the last 12 months? TSH |
|--|-----------------------------------|---|
| 1. Purchase 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. Purchase 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. Purchase of building materials for own construction | <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"/> |
| 4. Payments for hiring labour for own construction | <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"/> |
| 5. Payments to subcontractors for own construction | <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"/> |
| 6. Expenditure for Drawing land site plan and connection to public-communal infrastructure | <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"/> |
| 7. Expenditure for acquiring construction permits | <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"/> |
| 8. Purchase of materials and reconstruction for own-repairs | <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"/> |
| 9. Purchase of repair services | <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"/> |

SECTION 10: SALES AT HOUSEHOLD LEVEL

| Type of Sale | YES..... 1 NO... 2 → Next item | 2. How much was received from this sale in the <u>last 12 months?</u> TSH |
|---|--|---|
| 1 Sale of house, apartment, garage, etc. | | <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 Sale of land for construction of dwellings | | <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 Sale of land for cultivation | | <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"/> |
| 4 Sale of durable good (specify the type of good) | <input type="checkbox"/> Specify _____ <input type="checkbox"/> Specify _____ <input type="checkbox"/> Specify _____ | <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"/> <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"/> |

MAONI YA MDADISI:

TIME OF VISIT ENDED

Hours

Minutes