

UNITED REPUBLIC OF TANZANIA



Quest. no. \_\_\_\_\_ of \_\_\_\_\_  
NATIONAL BUREAU  
OF STATISTICS  
P.O. BOX 796  
DAR ES SALAAM

**HOUSEHOLD BUDGET SURVEY 2006/07**

*This information is collected under the Act of the Parliament (Act No. 1 of 2002)*

**HOUSEHOLD QUESTIONNAIRE FORM I**

(For recording Social, Demographic and Economic features of the household)

**SECTION 1: IDENTIFICATION PARTICULARS**

Region: \_\_\_\_\_

District: \_\_\_\_\_

Ward: \_\_\_\_\_

STRATUM {High (1), Middle (2), Low (3)}: \_\_\_\_\_

Village or Branch name & EA Number or Village code:.....

If the Household is selected code 1, reserve code 2:

Sampled/reserved Household Number in the EA/Village:.....

Head of Household's name: \_\_\_\_\_

Household size:.....

Name of street/village Chairman: \_\_\_\_\_

Survey month & year: .....

**Field Data Monitoring Operations:**

Contact No.	1	2	3	4	5	6	7	8	9	10
Date of Contact/ Interview										
Informant's member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interviewer sign										
Enter code for response & reason for non- response*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Field edit date										
Sign										

Office Coding and Encoding	Code translator
Data Coder (Sign)	Data Encoder (Sign)

**\*Interview Results Codes**

- Completed interview ..... 1
- No one at home ..... 2
- Informant not at home..... 3
- Responsible informant not at home .... 4
- Informant busy ..... 5
- Not co-operative ..... 6
- Other (*specify*) ..... 7

Enumerator's name: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Editor's name: \_\_\_\_\_

Comments: \_\_\_\_\_

Enumerator's signature & date: \_\_\_\_\_

Supervisor's signature & date: \_\_\_\_\_

Editor's signature and date: \_\_\_\_\_

Identification

**SECTION 2: HOUSEHOLD PARTICULARS**

Line/ Member Number	1. Name (start with the name of head of household, do not forget infants and include visitors/relatives who spend at least a night in the household)	2. Relationship to the Head of household	3. Sex	4. Age	4a. IF AGE (Qn. 4) IS LESS THAN 18, THEN ASK:  Is (NAME)'s biological father and mother alive?	4b. Is (NAME) having birth certificate/  notification?	5. Marital Status
		(Enter Code)	(Enter Code)	Enter Age at last birth day	(Enter Code)	(Enter Code)	(Enter Code)
		Head of H/hold..... 1 Spouse..... 2 Son /Daughter of head of household..... 3 Child of spouse... 4 Grand child (or grand child of spouse) ..... 5 Parent (parent of spouse)..... 6 Other relatives ..... 7 Domestic servant.... 8 Other Non- relative..... 9	Male.....1 Female.....2	(If under one year of age enter '00'.  If age is 98 years and above enter '98')	Yes, only father alive .....1 Yes, only mother alive .....2 Yes, both alive .....3 No, both dead .....4 Father alive, mother don't know.....5 Mother alive, father don't know.....6 One parent dead, don't know about the other.....7 Don't know.....8	Yes ... .....1 Yes, notification .....2 No .....3 Don't Know ..8	Never married.....1 Married.....2 Living together.....3 Separated.....4 Divorced.....5 Widowed.....6
	1	2	3	4	4a	4b	5
0 1							
0 2							
0 3							
0 4							
0 5							
0 6							
0 7							
0 8							
0 9							
1 0							
1 1							
1 2							
1 3							
1 4							
1 5							
1 6							
1 7							
1 8							
1 9							
2 0							

IF YOU SUBSTITUTED THE HOUSEHOLD MARK (V) IN THE BOX PROVIDED





**Identification**

**SECTION 2: HOUSEHOLD PARTICULARS**

Line/ Member Number	8. Did (NAME) have personal use of a mobile telephone during some or all of the last 12 months?	9. Was (NAME) sick or injured in the last 4 weeks?	10. What sort of sickness/injury did (NAME) suffer?
Circle serial Number of main respondent(s) during each contact	Yes, sometime in the last 12 months.....1 Yes, all of the last 12 months..2 Never.....3 Don't know.....4	Yes..... 1 No..... 2 <b>IF "NO" GO TO Q12</b>	Fever/Malaria..... 01 Malaria..... 02 Diarrhoea..... 03 Accident..... 04 Dental..... 05 Skin condition..... 06 Eye..... 07 Ear, Nose or Throat.....08 Chronic illnesses such as TB diabetes, heart, cancer, etc.. 09 Other (specify)..... 10  <b>YOU MAY MARK MORE THAN ONE ANSWER</b>
	(Enter Code)	(Enter Code)	(Circle the code)
	8	9	10
0 1	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
0 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
0 3	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
0 4	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
0 5	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
0 6	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
0 7	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
0 8	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
0 9	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
1 0	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
1 1	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
1 3	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
1 4	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
1 5	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8
1 6	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8

<p>11. How many days of work/school did (NAME) miss due to illness/injury?</p> <p>None..... 1            Week or less.. 2            1 to 2 weeks... 3            More than 2 weeks.....4</p> <p>(Enter Code)</p> <p>11</p>	<p>12. Did (NAME) consult a health provider or a traditional healer for any reason in the last 4 weeks?</p> <p>Yes ..... 1            No ..... 2</p> <p>IF "NO"            GO TO Q16</p> <p>(Enter Code)</p> <p>12</p>	<p>13. What kind of health facility did (NAME) attend?</p> <p>Private dispensary/hospital... 1            Public dispensary/hospital... 2            Public health Centre..... 3            Private health Centre..... 4            Private doctor/dentist..... 5            Traditional healer..... 6            Missionary hospital/dispensary..... 7            Pharmacy/chemist..... 8            Other..... 9</p> <p>YOU MAY MARK MORE THAN ONE ANSWER</p> <p>(Circle the Code)</p> <p>13</p>	<p>14. Did (NAME) have any problems at the time of the visit?</p> <p>No problem (satisfied)..... 1            Facilities were not clean..... 2            Long waiting time..... 3            No trained professionals..... 4            Too expensive ..... 5            No drugs available..... 6            Treatment unsuccessful..... 7            Other..... 8</p> <p>YOU MAY MARK MORE THAN ONE ANSWER</p> <p>(Circle the Code)</p> <p>14</p>	<p>15. SEE QNo. 4 IF AGE IS 60 YEARS OR ABOVE, ASK Qn. 16 ELSE GO TO NEXT MEMBER</p> <p>Did (NAME) pay for any of the following service?</p> <p>Consultation ..... 1            Lab/medical tests ..... 2            Drugs ..... 3            Operations/therapy ..... 4            No..... 5</p> <p>(Circle the Code)</p> <p>15</p>	<p>16. Why did (NAME) not use medical care in the last 4 weeks?</p> <p>No need ..... 1            Too expensive... 2            Too far..... 3            Had some medicines at home..... 4            Other (Specify)..... 5</p> <p>YOU MAY MARK MORE THAN ONE ANSWER</p> <p>GO THE NEXT PERSON, OTHERWISE GO TO SQn. 17</p> <p>(Circle the Code)</p> <p>16</p>
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5
<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5

IF YOU SUBSTITUTED THE HOUSEHOLD MARK (V) IN THE BOX PROVIDED

Identification

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION 3: HOUSING PARTICULARS

SECTION 3.1: Housing

1. Build-serial number	2. Storeys in building <i>(see code)</i>	3. No. of doors leading into building from outside used by this household	4. No. of windows in this building used by this household	5. No. of rooms in this building used by this household	6. No. of rooms in this building used by this household for sleeping	7. No. of persons in this household sleeping in this building	BUILDING MATERIALS					13. Tenure <i>(see codes)</i>	14. For all houses or flats state normal market rent in TShs. Per month	15. If the house or flat is <u>not</u> owned by household, state actual rent paid in TShs. Per month
							8. Foundation <i>(see codes)</i>	9. Floor <i>(see codes)</i>	10. Walls <i>(see codes)</i>	11. Roof-frame <i>(see codes)</i>	12. Roof <i>(see codes)</i>			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1														
2														
3														
4														
5														

2. Storey

- no storey, building on 1 level..... 1
- 1 storey, building on 2 levels..... 2
- 2 or more storeys, building on 3 or more levels..... 3
- other types, eg. Houses raised on poles, etc..... 4

8. Foundation

- no foundation..... 1
- stones in mud-mortar..... 2
- stones loosely laid..... 3
- concrete, cement, soil cement, baked/burnt bricks, stones in cement or in lime-mortar..... 4
- others (*specify*)..... 5
- .....

9. Floor

- earth..... 1
- concrete, cement, tiles, timber..... 2
- other (*specify*)..... 3
- .....

10. Walls

- poles (including bamboo), branches, grass..... 1
- poles and mud/mud and stones..... 2
- mud only..... 3
- mud bricks..... 4
- baked/burnt bricks..... 5
- concrete, cement, stones..... 6
- other (*specify*)..... 7
- .....

11. Roof-frame

- poles (including bamboo)... 1
- sawn timber..... 2
- iron bars..... 3
- other (*specify*)..... 4
- .....

12. Roof

- grass, leaves, bamboo..... 1
- mud and grass..... 2
- concrete, cement..... 3
- metal sheets (GCI)..... 4
- asbestos sheets..... 5
- tiles..... 6
- other (*specify*)..... 7
- .....

13. Tenure

- owned by household..... 1
- lived in without paying any rent..... 2
- rented privately..... 3
- rented from public real estate company (NHC, NSSF, PPF, etc).... 4
- rented from employer including Government, Parastatal/Private/ Religious Organization (excluding NHC, NSSF, PPF, etc)..... 5
- rented from employer including Government, Parastatal/Private at a subsidized rent..... 6
- rented from a relative or friend at a subsidized rent..... 7
- other (*specify*)..... 8

Identification

11 boxes for identification numbers

SECTION 3.2: Household facilities

1. Main Drinking Water Supply

- Private piped water in housing unit... 01
Private piped water outside housing unit ... 02
Piped water on neighbour's housing unit..... 03
Piped water on Community Supply..... 04
Rain catchment tank ..... 05
Public well (protected)..... 06
Public well (un-protected)..... 07
Private well (protected)..... 08
Private well (un-protected)..... 09
Spring (protected)..... 10
Spring (not protected)..... 11
River, dam, lake, etc..... 12
Water vendors ..... 13
Other (specify) ..... 14

2 boxes for public well (un-protected)

1a. What is the approximate time (in hours and minutes) taken to collect water for your household consumption (Time for going collecting and returning)

Hours: 2 boxes
Minutes: 2 boxes

2(a). Electricity from public utility

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

1 box for electricity response

2(b). Solar

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

1 box for solar response

3. Major fuel used for cooking

- Electricity ..... 01
Solar ..... 02
Generator/private sources ..... 03
Gas (Industrial)..... 04
Gas (Biogas)..... 05
Paraffin..... 06
Coal..... 07
Charcoal ..... 08
Firewood..... 09
Wood/farm residuals ..... 10
Animal residuals ..... 11
Other (specify) ..... 12

1 box for gas (biogas)

4. Major fuel used for lighting

- Electricity..... 1
Solar..... 2
Gas (Biogas)..... 3
Paraffin..... 4
Candles..... 5
Firewood..... 6
Other (specify) ..... 7

1 box for gas (biogas)

5. Does any member of this household have access to the Internet at home?

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

1 box for internet access

6. Toilet facilities

- No toilet..... 1
Flush toilet..... 2
Pit Latrine..... 3
VIP..... 4
Other (specify)..... 5

1 box for toilet facilities

6a. How many other households do share toilet facilities with your household?

2 boxes for toilet facilities

7. Cooling Facilities

- None..... 1
Fan..... 2
Air Conditioner..... 3
Air Conditioner & Fan..... 4
Other (specify)..... 5

1 box for air conditioner

8. Heating Facilities

- None..... 1
Heater..... 2
Firewood/Charcoal/C..... 3
Other (specify).. 4

1 box for heater

9. How do you dispose your garbage?

- Rubish pit inside compound..... 1
Rubish pit outside compound..... 2
Rubish bin..... 3
Thrown inside compound..... 4
Thrown outside compound..... 5
Other (specify)..... 6

1 box for rubbish disposal

10. During the last 12 months did you improve your housing condition? (For example: proper floor, mosquito gauze, better toilets, etc)

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

1 box for housing improvement

IF NO GO TO Q.12

11. How much did you spend on improvement?

Shs.

8 boxes for spending amount

GO TO SECTION FOUR (4)

12. State reason:-

- No need..... 1
No money..... 2
No time..... 3
Other (specify)..... 4
Not applicable..... 8

1 box for reason



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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: DISTANCE TO SOCIO-ECONOMIC FACILITIES**

**IF THE QUESTION IS NOT APPLICABLE CODE 998 IN THE SPACE FOR DISTANCE AND 98 IN THE SPACE FOR TIME. CONSIDER DISTANCE AND TIME FOR "GOING" ONLY**

PLACE	Distance in km (If less than 1 km code '000')	Time (hours and minutes')	
		Hours	Minutes
1. The nearest water supply in dry season	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. The nearest place for collecting firewood	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. The nearest place for buying charcoal	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. The nearest market place	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. The nearest Shop	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. The nearest Dispensary	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. The nearest Health centre	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. The nearest Hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. The nearest Primary School	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. The nearest Pre-School	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. The nearest Secondary School	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. The nearest Bank	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. The nearest Post Office	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. The nearest Police Post	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. The nearest main farm of the household	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. The nearest traditional birth attendant	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. The nearest Public transport	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. The nearest all-season passable road	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. The nearest Milling machine	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. The nearest Primary co-operative society	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. The nearest Community/Social centre	<input type="text"/>	<input type="text"/>	<input type="text"/>
22. The nearest Church/Mosque	<input type="text"/>	<input type="text"/>	<input type="text"/>
23. The nearest Primary court	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identification

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**INTERVIEWER: THE QUESTIONS IN SECTION 6 & 7 SHOULD BE ASKED DURING THE LAST CONTACT OF THE SURVEY**

**SECTION 6: HOUSEHOLD ASSETS**

**Does your household own any of the following? INTERVIEWER: IF 'NO' MARK 'X'**

Items/Assets	How many ...(ITEMS)... does your household own?	If you wanted to sell this/these ...(ITEMS)... today, how much money would you receive for it?
	Number	Tshs.
1. Radio and Radio Cassette		
2. Telephone (land line)		
3. Mobile phone		
4. Refridgerator or freezer		
5. Sewing Machine		
6. Television		
7. Video		
8. Chairs		
9. Sofas		
10. Tables		
11. Watches		
12. Beds		
13. Cupboards, chest-of-drawers, boxes, wardrobes, bookcases		
14. Lanterns		
15. Computer		
16. Cooking pots, Cups, other kitchen utencils		
17. Mosquito net		
18. Iron (Charcoal or electric)		
19. Electric/gas stove		
20. Other stove		
21. Water-heater		
22. Record/cassette player, tape recorder		
23. Complete music system		
24. Books (not school books)		
25. Motor Vehicles		
26. Motor cycle		
27. Bicycle		
28. Mopeds		
29. Cart		
30. Boat/canoe		
31. Wheel barrow		
32. Livestock		
33. Poultry		
34. Outboard engine		
35. Donkeys		
36. Fields/Land		
37. House(s)		
38. Fan/Air conditioner		
39. Dish antena/decoder		
40. Present working capital of the business		
41. Hoes		
42. Spraying machine		
43. Water pumping set		
44. Reapers		
45. Tractor		
46. Trailer for tractors etc.		
47. Plough etc.		
48. Harrow		
49. Milking machine		
50. Harvesting and threshing machine		
51. Hand milling machine		
52. Coffee pulping machine		
53. Fertilizer distributor		

---

Identification

Items/Assets	How many ...(ITEMS)... does your household own?	If you wanted to sell this/these ...(ITEMS)... today, how much money would you receive for it?
	Number	Tshs.
54. Incubator		
55. Tiller		
56. Feeding machine		
57. Fishing net and other equipment		
58. Beehives		
59. Wells		
60. Pit saw blades		
61. Other (Specify)		
<b>Total</b>		

**INTERVIEWER:** ASK Q.61 IF HOUSEHOLD OPERATES A BUSINESS, OTHERWISE CODE 98

**62.** What kind of Businesses do the household have (*SEE INSTRUCTION MANUAL IN THE SECTION DESCRIBING Q60 FOR CODES TO ENTER AND TYPE OF BUSINESS*)  
*[LIST IN ACCORDANCE WITH IMPORTANCE AS VIEWED BY HEAD OF HOUSEHOLD]*

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**63.** Which is the household's main source of cash income?

(Enter Code)

- Sales of food crops..... 01
- Sales of livestock..... 02
- Sales of livestock products..... 03
- Sales of cash crops..... 04
- Sales of charcoal..... 05
- Sales of timber/poles..... 06
- Sales of firewood..... 07
- Sales of other non-timber products (e.g. honey, medical plants, wild vegetables/fruits, etc)... 08
- Business income..... 09
- Wages or Salaries in cash..... 10
- Other casual cash earnings..... 11
- Cash remittances..... 12
- Fishing..... 13
- Selling of local brew ..... 14
- Other (*Specify*)..... 15

 

**64.** If your household generates some income from forest products (wood, charcoal, honey, fruits, herbs, etc) what is the monetary value of those products that you/your household:-

Sells

Consumes at home

**INTERVIEWER: Inquiries on the household's banking connections**

**65.** Does any member of this household operate a saving or current account?

Yes .....1

No.....2

- First member
- Second member
- Third member
- Fourth member

Member number (from section 2 household particulars)

   
   
   
 

**66.** Has any member of the household taken a bank loan during the last 12 months?

Yes .....1

No.....2

- First member
- Second member
- Third member
- Fourth member

**member number**

**Amount taken in Shs.**

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

**67.** Does any member participate in an informal savings group system?

Yes.....1

No.....2

Identification

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION 5: PURCHASE OF DURABLE ITEMS AND OTHER SERVICES**

Has any member of the household had any expenses for purchase of any of the following during the last 12 months?

INTERVIEWER: REQUEST DETAILS OF IRREGULAR PURCHASES OF CONSUMER DURABLES AND COSTS OF OTHER SERVICES DURING THE PREVIOUS TWELVE MONTHS EXCLUDING THE SURVEY MONTH FROM SECTION 5 OF THE INSTRUCTION MANUAL

From: \_\_\_\_\_

To: \_\_\_\_\_

Identify	Code	Name of the item Purchased/Service	If outright purchase	If hire purchase	
			Full price (in Shs.)	Amount paid in the last 12 months (in Shs.)	Total cost of the item to be paid including the amount paid in (4b) (in Shs.)
(1)	(2)	(3)	(4a)	(4b)	(4c)
		<b>1. Furniture</b>			
0101					
0102					
0103					
0104					
		<b>2. Linen, bed-clothes</b>			
0201					
0202					
0203					
0204					
		<b>3. Household durables</b>			
0301					
0302					
0303					
0304					
		<b>4. Other household equipment</b>			
0401					
0402					
0403					
0404					
0405					
0406					
		<b>5. Clothing and footwear for men and boys 15 years and over</b>			
0501					
0502					
0503					
0504					
0505					
		<b>6. Clothing and footwear for women and girls 15 years and over</b>			
0601					
0602					
0603					
0604					
0605					
99.01		<b>Sub Total</b>			

Identification

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION 5: PURCHASE OF DURABLE ITEMS AND OTHER SERVICES**

Has any member of the household had any expenses for purchase of any of the following during the last 12 months?

INTERVIEWER: REQUEST DETAILS OF IRREGULAR PURCHASES OF CONSUMER DURABLES AND COSTS OF OTHER SERVICES DURING THE PREVIOUS TWELVE MONTHS EXCLUDING THE SURVEY MONTH FROM SECTION 5 OF THE INSTRUCTION MANUAL

From: \_\_\_\_\_

To: \_\_\_\_\_

Identify	Code	Name of the item Purchased/Service	If outright purchase	If hire purchase	
			Full price (in Shs.)	Amount paid in the last 12 months (in Shs.)	Total cost of the item to be paid including the amount paid in (4b) (in Shs.)
(1)	(2)	(3)	(4a)	(4b)	(4c)
		<b>7. Clothing for children under 15 years</b>			
0701					
0702					
0703					
0704					
		<b>8. Other personal effects</b>			
0801					
0802					
0803					
0804					
		<b>9. Medical Care for Children under 5 years</b>			
0901					
0902					
0903					
0904					
		<b>10. Medical care (Women age 5 and over)</b>			
1001					
1002					
1003					
1004					
		<b>11. Medical care (Men age 5 and over)</b>			
1101					
1102					
1103					
1104					
		<b>12. Personal care</b>			
1201					
1202					
1203					
1204					
1205					
		<b>13. Education (Women)</b>			
1301					
1302					
1303					
		<b>14. Education (Men)</b>			
1401					
1402					
1403					
99.02		<b>Sub Total</b>			

Identification

--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION 5: PURCHASE OF DURABLE ITEMS AND OTHER SERVICES**

Has any member of the household had any expenses for purchase of any of the following during the last 12 months?  
**INTERVIEWER: REQUEST DETAILS OF IRREGULAR PURCHASES OF CONSUMER DURABLES AND COSTS OF OTHER SERVICES DURING THE PREVIOUS TWELVE MONTHS EXCLUDING THE SURVEY MONTH FROM SECTION 5 OF THE INSTRUCTION MANUAL**

From: \_\_\_\_\_ To: \_\_\_\_\_

Identify	Code	Name of the item Purchased/Service	If outright purchase	If hire purchase	
			Full price (in Shs.)	Amount paid in the last 12 months (in Shs.)	Total cost of the item to be paid including the amount paid in (4b) (in Shs.)
(1)	(2)	(3)	(4a)	(4b)	(4c)
		<b>15. Entertainment and Recreation</b>			
1501					
1502					
1503					
1504					
		<b>16. Transport</b>			
1601					
1602					
1603					
1604					
		<b>17. Cleaning materials etc.</b>			
1701					
1702					
1703					
1704					
		<b>18. Domestic household services</b>			
1801					
1802					
1803					
1804					
1805					
1806					
		<b>19. Contribution to religious and other organizations</b>			
1901					
1902					
1903					
1904					
1905					
99.03		<b>Sub Total</b>			

Identification

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION 5: PURCHASE OF DURABLE ITEMS AND OTHER SERVICES**

Has any member of the household had any expenses for purchase of any of the following during the last 12 months?

INTERVIEWER: REQUEST DETAILS OF IRREGULAR PURCHASES OF CONSUMER DURABLES AND COSTS OF OTHER SERVICES DURING THE PREVIOUS TWELVE MONTHS EXCLUDING THE SURVEY MONTH FROM SECTION 5 OF THE INSTRUCTION MANUAL

From: \_\_\_\_\_

To: \_\_\_\_\_

Identify	Code	Name of the item Purchased/Service	If outright purchase	If hire purchase	
			Full price (in Shs.)	Amount paid in the last 12 months (in Shs.)	Total cost of the item to be paid including the amount paid in (4b) (in Shs.)
(1)	(2)	(3)	(4a)	(4b)	(4c)
		<b>20. Other expenditure on services</b>			
2001					
2002					
2003					
		<b>21. Telephone and postage</b>			
2101					
2102					
2103					
		<b>22. Taxes, fines, payment of debts</b>			
2201					
2202					
2203					
		<b>23. Losses</b>			
2301					
		<b>24. Money transfers</b>			
2401					
2402					
		<b>25. Savings</b>			
2501					
2502					
		<b>26. Investments</b>			
2601					
2602					
2603					
		<b>27. Production Costs in Cash</b>			
2701					
2702					
2703					
		<b>28. Hire of Farming equipment and other equipments</b>			
2801					
2802					
2803					
2804					
99.04		<b>Sub Total</b>			



Identification

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION 5: PURCHASE OF DURABLE ITEMS AND OTHER SERVICES**

Has any member of the household mad any expenses for purchase of any of the following during the last 12 months?

INTERVIEWER: REQUEST DETAILS OF IRREGULAR PURCHASES OF CONSUMER DURABLES AND COSTS OF OTHER SERVICES DURING THE PREVIOUS TWELVE MONTHS EXCLUDING THE SURVEY MONTH FROM SECTION 5 OF THE INSTRUCTION MANUAL

From: \_\_\_\_\_ To: \_\_\_\_\_

Identify	Code	Name of the item Purchased/Service	If outright purchase	If hire purchase	
			Full price (in Shs.)	Amount paid in the last 12 months (in Shs.)	Total cost of the item to be paid including the amount paid in (4b) (in Shs.)
(1)	(2)	(3)	(4a)	(4b)	(4c)
		30. Extra page for expenditures in pages 5a to 5d			
99.05		Sub Total			

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**INTERVIEWER:** You have now come to the end of the initial interview. Make sure to do the following:

- i. Thank the respondent for the cooperation shown by the members of the household during the interview
- ii. Take enough time to examine all the entries/boxes on pages 1 - 5e. Make sure that no empty boxes are left, for which an entry is required. In particular work out, with the help of the main informant, how information (missing) relating to members of the household who happen to be absent at the time of the interview can be obtained.
- iii. Introduce the household to the Daily Record book (form III) as per instruction manual. Explain clearly that the record book should involve all members and not just the head or the main respondent. As much as possible encourage participation of all the members present including children, to exhaust the list of transactions for each day
- iv. Help the household to record all the transactions for the day. Make sure you code all the entries in the record book before leaving the household. You must do the same each day you visit to check on the progress of the record book.
- v. Make an appointment for the next visit to check on the record book, form II.

**Identification**

**SECTION 7: ANNUAL HOUSEHOLD INCOME**

Give details of household income during the previous twelve months excluding the survey month.

From: \_\_\_\_\_ To: \_\_\_\_\_

**INTERVIEWER:** SEE CODES FOR SECTION 7 FROM ANNEX TO BLOCK 7 IN THE INSTRUCTION MANUAL

Code	Source of Income	WHOSE INCOME?		Amount in Shillings
		Line/Member Number	Name of Household member	
(1)	(2)	(3a)	(3b)	(4)
	<b>1. Income from employment (in cash)</b>			
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
	<b>2. Income from employment (in kind)</b>			
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
	<b>3. Income from non-farm self employment</b>			
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
	<b>4. Household agricultural income</b>			
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
	<b>5. Income of members from producers' cooperative</b>			
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
	<b>6. Imputed rent of owner occupied dwellings</b>			
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
<b>Sub Total</b>				



Identification

--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION 7: ANNUAL HOUSEHOLD INCOME**

Give details of household income during the previous twelve months excluding the survey month.

From: \_\_\_\_\_ To: \_\_\_\_\_

**INTERVIEWER:** SEE CODES FOR SECTION 7 FROM ANNEX TO BLOCK 7 IN THE INSTRUCTION MANUAL

Code	Source of Income	WHOSE INCOME?		Amount in Shillings
		Line/Member Number	Name of Household member	
(1)	(2)	(3a)	(3b)	(4)
	12. Extra page for receipts in pages 8(a) and 8(b)			
		<b>Sub Total</b>		

Identification

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

68. Does any member participate in any formal savings group systems other than bank?

Yes.....1

No .....2

69. How many acres of land for farming/pastoralism are owned by the household this year? (Estimate area at one decimal place, e.g. 24.7) Acres 

--	--	--	--	--

 . 

--

**IF "NO" LAND OWNED CODE "0000" AND "0" THEN CONTINUE TO Q70**

70. How many acres of land for farming/pastoralism were owned by the household last year? (Estimate area at one decimal place, e.g. 24.7) Acres 

--	--	--	--	--

 . 

--

**IF "NO" LAND OWNED CODE "0000" AND "0" THEN CONTINUE TO Q71**

71. Does the household use land for farming/pastoralism that it does not own this year?

No..... 1 **IF "NO" OTHER LAND USED CODE "1" AND THEN GO TO Q72**

Rented..... 2

Sharecropped..... 3

Private land provided free.. 4

Open access land..... 5

72. How many acres of land (Q.66) do the household use that does not own this year? (Estimate area at one decimal place, e.g. 24.7)

Acres 

--	--	--	--	--

 . 

--

73. How many acres of land (Q.66) do the household use that did not own last year? (Estimate area at one decimal place, e.g. 24.7) Acres 

--	--	--	--	--

 . 

--

**IF "NO" LAND OWNED CODE "0000" AND "0" THEN CONTINUE TO Q74**

74. How many head of cattle and other large livestock are owned by the household this year?

Number 

--	--	--	--	--

**IF "NO" HEAD OF CATTLE AND OTHER LARGE LIVESTOCK CODE "0000" THEN CONTINUE TO Q75**

75. How many head of cattle and other large livestock were owned by the household last year?

Number 

--	--	--	--	--

**IF "NO" HEAD OF CATTLE AND OTHER LARGE LIVESTOCK CODE "0000" THEN CONTINUE TO Q76**

76. How many sheep, goat and other medium sized animals are owned by the household this year?

Number 

--	--	--	--	--

**IF "NO" SHEEP, GOAT AND OTHER MEDIUM SIZED ANIMALS CODE "0000" THEN CONTINUE TO Q77**

77. How many sheep, goat and other medium sized animals were owned by the household last year?

Number 

--	--	--	--	--

**IF "NO" SHEEP, GOAT AND OTHER MEDIUM SIZED ANIMALS CODE "0000" THEN CONTINUE TO Q77**

Identification

**FOOD SECURITY**

78. How many meals does your household usually have per day?

Number

79. In the past 30 days has your household ever had fewer meals than this usual number?

Yes 1  *If No go to Q.80*  
 No 2

80. If Yes, how many days? Number

81. In the past week how many days did the household consume the following?

Meat   
 Fish   
 Eggs   
 Milk/Dairy products   
 Beans/Legume types

82. How often in the last year did you have problems of satisfying the food needs of the household?

Never ..... 1  
 Seldom..... 2   
 Sometimes..... 3  
 Often..... 4  
 Always..... 5

83. Does your household have a separate/specific place/room for storage of food crops harvested?

Yes ..... 1  
 No ..... 2   
 Don't Know ..... 3

84. How do you compare the overall economic situation of the HOUSEHOLD with one year ago?

Much worse now..... 1  
 A little worse now..... 2   
 Same..... 3  
 A little better now..... 4  
 Much better now ..... 5  
 Don't know..... 6

85. How do you compare the overall economic situation of the COMMUNITY with one year ago?

Much worse now..... 1  
 A little worse now..... 2   
 Same..... 3  
 A little better now..... 4  
 Much better now ..... 5  
 Don't know..... 6

86. How does this household compare with others in this COMMUNITY?

Much worse now..... 1  
 A little worse now..... 2  
 Same..... 3   
 A little better now..... 4  
 Much better now ..... 5  
 Don't know..... 6